



Benefits and Challenges of Telehealth Feeding Intervention for Autistic Children

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Background

- **Eating and mealtime challenges** are common in autistic children (Leader et al., 2020), with **limited access to intervention** (Dahl-Popolizio et al., 2020; Fleet et al., 2022; Hines et al., 2019).
- COVID-19 required a **rapid shift** of intervention from in-person to **telehealth** (Abbott-Gaffney et al., 2022; Hoel et al., 2021).

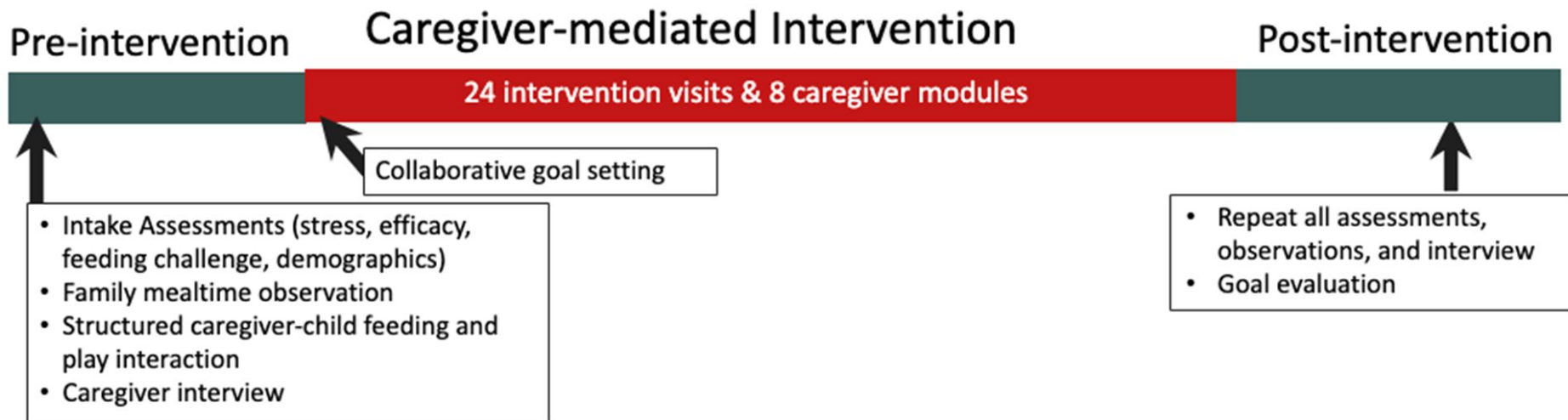
Study Purpose:

- Examine OTPs' perceptions of transitioning to a telehealth delivery model due to COVID-19
- Considering the impact on intervention accessibility, challenges, and benefits for families



Feeding Intervention

Engaged Eaters Program





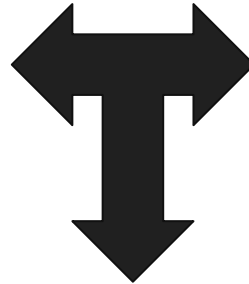
Methods

Engaged Eaters Program (EEP):
EEP-Telehealth (n = 13)
EEP- In-Home (n = 14)



**Descriptive Analysis of
Participant Characteristics
and Demographics**

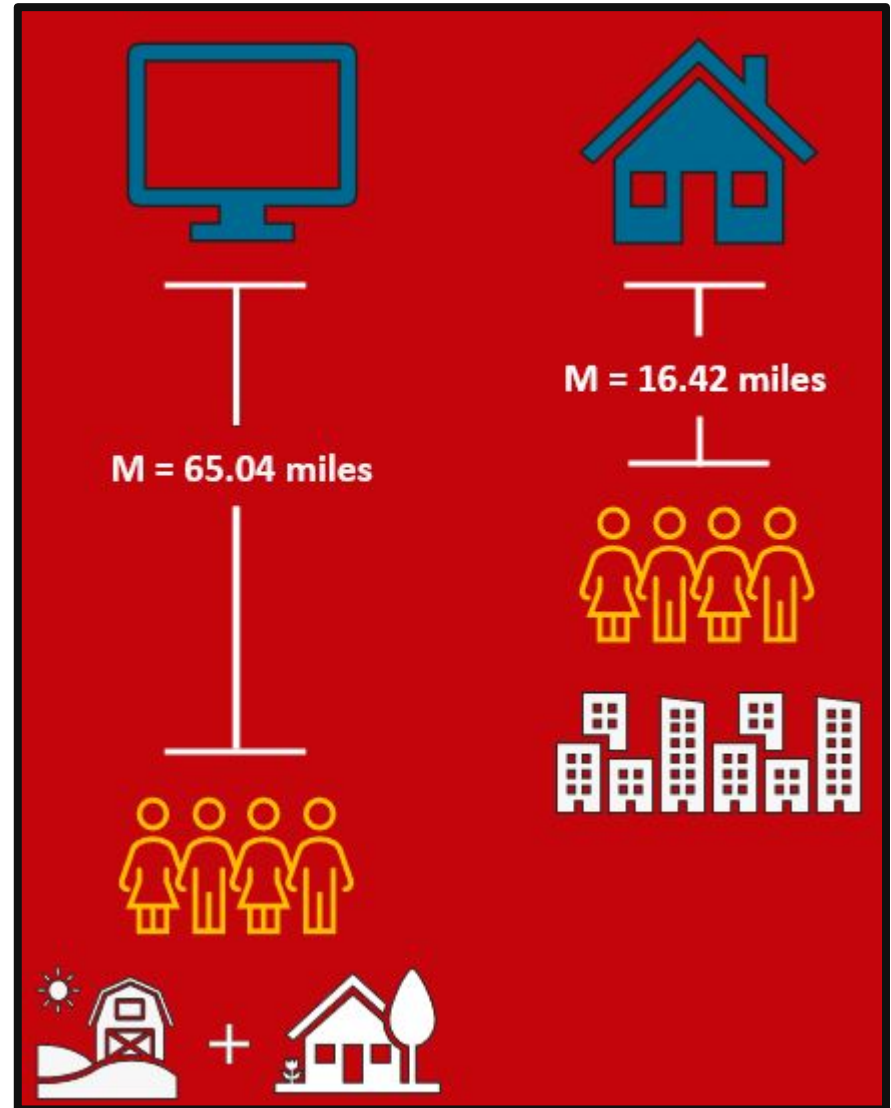
**Semi-Structured Interviews
with Occupational Therapists
delivering EEP-In-Home and
EEP-Telehealth**



**Integration
of Participant Descriptive Statistics and
Interview Thematic Analysis**

Results - Participant Demographics

Significant differences in **rurality** and **distance from the research center** were identified for families in the telehealth group.





Results - Interview Themes

- Confirmed **increased accessibility with telehealth delivery**
- Identified **areas to consider** for implementing telehealth interventions for autistic children

**Intervention
Adaptation**

Benefits

Challenges



Results - Interview Themes

Intervention Adaptation

Building Relationships and Communication

- "Developing rapport takes longer on Telehealth."

Context on Clinical Reasoning

- "Strict boundary around a Telehealth session."

Practitioners' Experience

- "I felt like I was sitting on my hands."



Results - Interview Themes

Benefits

Increased accessibility for participation

- “They just would not have been able to access the service if we weren't doing Telehealth.”

Engaged caregivers as facilities

- “It really empowered some parents.”



Results - Interview Themes



Technology troubles and internet issues

- "Almost feels like a game of telephone."

Loss of physical tools and environmental context

- "You lose a lot of your toolbox."

Missing telehealth sessions

- "It doesn't feel as significant."

Child engagement on a screen

- "It takes a lot of sustained attention."



Discussion

Telehealth offers increased accessibility to feeding interventions for autistic children.

- Telehealth delivery can improve **equity & access** to needed OT services, particularly speciality services
- Telehealth can **increase caregiver engagement** in caregiver-mediated interventions
- **Unique strategies** are needed to **engage child and caregiver** via Telehealth



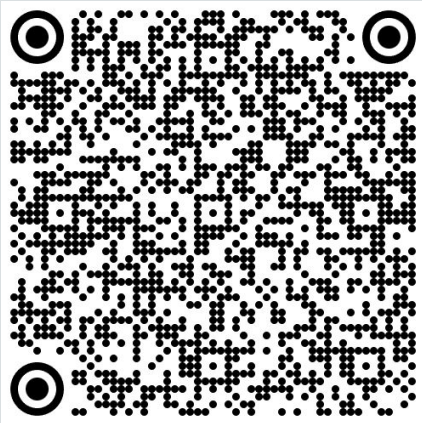
Implications for Occupational Science

- **Mealtimes are important family occupations** that need further investigation across populations
- **Telehealth can increase access** to needed, specialized therapy and related services
 - *Understanding practitioners' occupations can support training and adaptations required (Telehealth + Hybrid)*
- Caregiver-mediated interventions via telehealth can **increase caregiver engagement**
 - *Understanding why and what works for which parents is needed*



Link to Publication

OTJR: Journal of Occupational Therapy of Research



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Hladik, L., St. John, B., Carbery, M., Gray, M., Drew, J. R., & Ausderau, K. K. (2023). Benefits and Challenges of a Telehealth Eating and Mealtime Intervention for Autistic Children: Occupational Therapy Practitioners' Perspectives. *OTJR: Occupational Therapy Journal of Research*, 43(3), 540–548. <https://doi.org/10.1177/15394492231175069>



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Questions for Discussion

- 1. How can we further develop telehealth services to facilitate access to occupation-centered interventions for underserved populations in access to technology resources?*
- 2. What are important person and environment factors that should be considered when negotiating telehealth vs. to in-home interventions for families?*
- 3. How can occupational science support systematic access to multi-modal intervention development?*