

Building Bridges Across Sensory Education: The B.A.S.E. Program

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BACKGROUND

SIGNIFICANCE

- Children with autism spectrum disorder (ASD) on average receive a diagnosis around age four but often do not receive immediate services.¹
- Due to this delay, caregivers often report feeling abandoned by their community upon their children receiving an ASD diagnosis.²
- There is an economic burden placed on families when there is a prolonged time between diagnosis and service delivery.³

OVERVIEW

- The Behavioral Health Home Model Pilot Program is a grant funded program at the Center for Autism and Developmental Disorders (CADD) that aims to improve the model of service coordination for families of young children newly diagnosed with ASD.
- In partnership with CADD, this program was designed to address the lack of readily accessible educational materials for caregivers following an ASD diagnosis.

AIMS

1. Determine preferred delivery method of educational material based on caregiver feedback.
2. Increase caregiver ability to recognize and manage sensory processing related behaviors.
3. Increase caregiver self-efficacy and confidence in managing their child's behaviors related to sensory processing.

METHODS

POPULATION

- Caregivers (n=6) attended a live webinar and completed pre (6 questions) and post (9 questions) (9 questions) surveys
- Caregivers reported their children were ages 3-19
 - 89% of children were between the ages of 3 and 5

PROCEDURE

Caregivers were surveyed using Qualtrics electronic survey on preferred delivery method and topics of educational materials

Based on survey results a general sensory education webinar was created

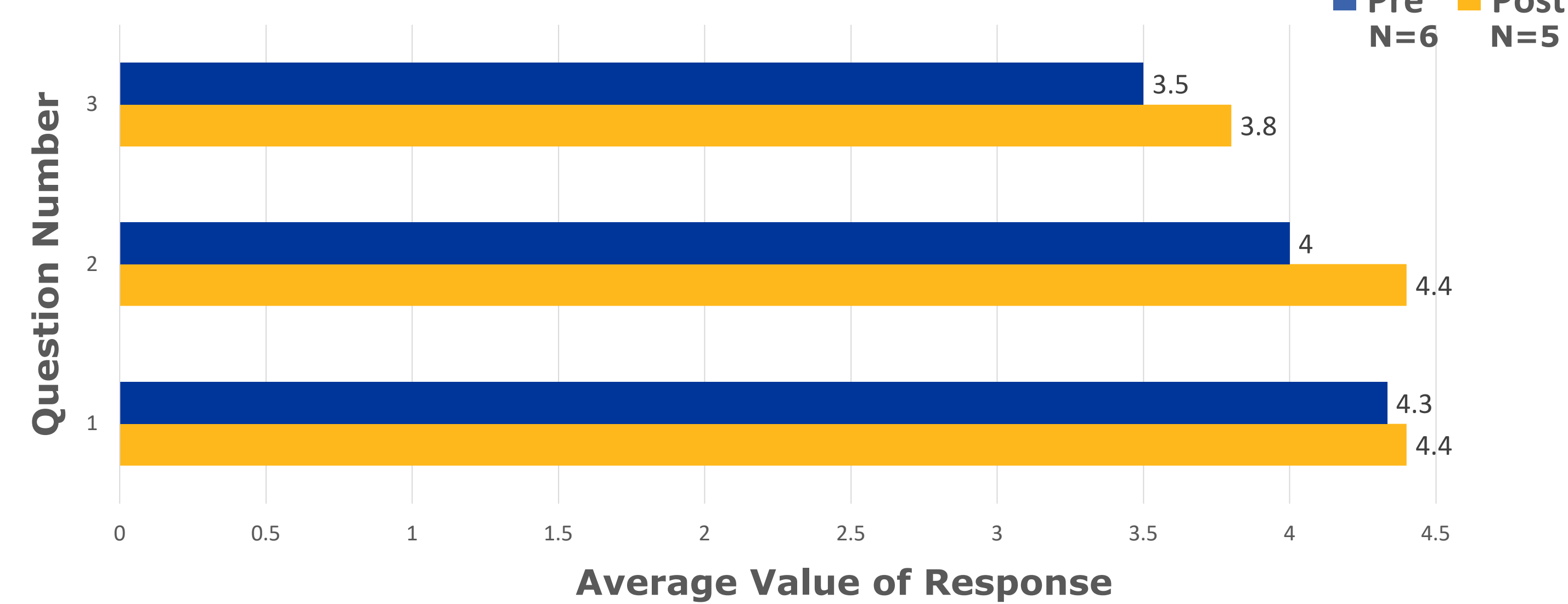
Material was disseminated through a live one-hour virtual webinar on Microsoft Teams. Pre- and post-event surveys were completed by all attendees

Webinar was recorded and provided to additional caregivers through email to watch asynchronously

An asynchronous video was created, incorporating changes based on survey feedback

RESULTS

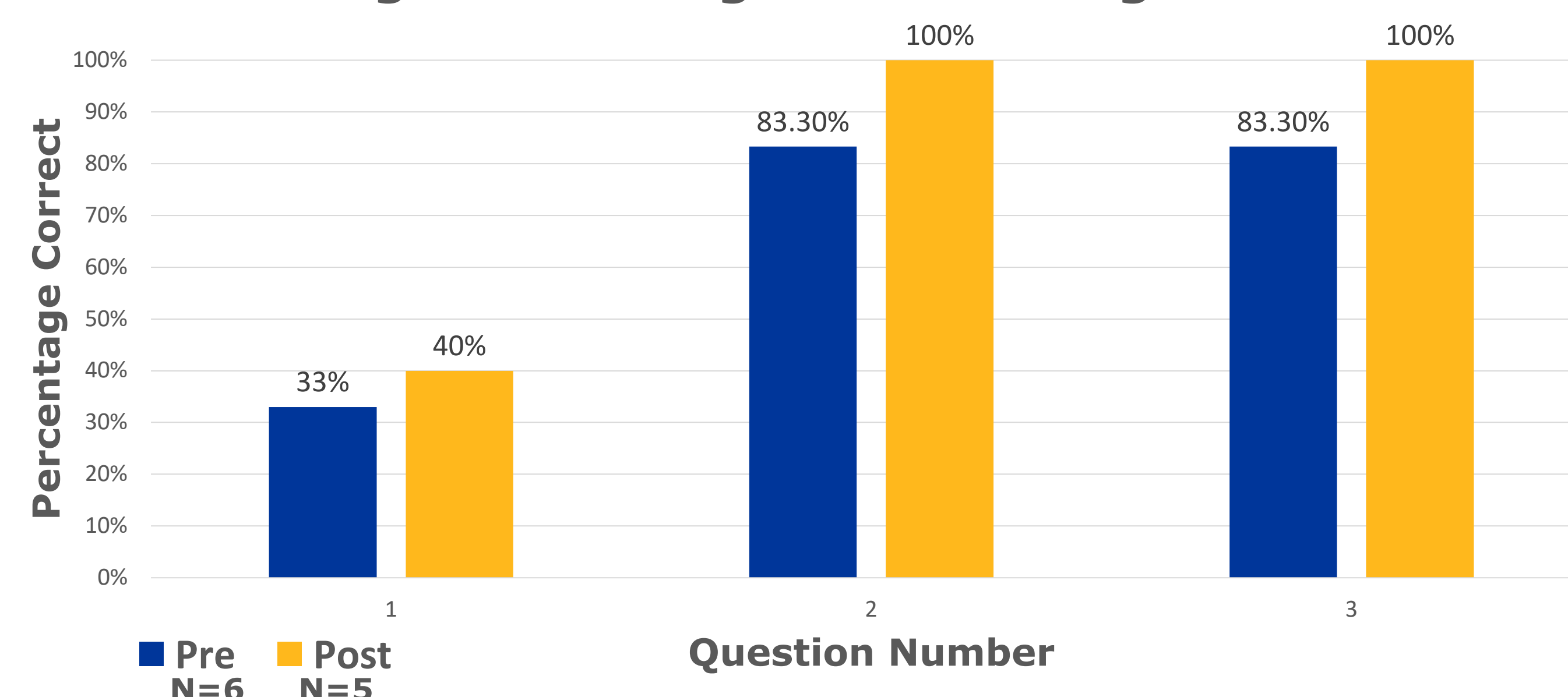
Figure 1: Caregiver Self-Efficacy



Question 1: I can identify when my child is having difficulty with sensory processing.
Question 2: I can use strategies to help my child with sensory processing.
Question 3: I am confident in dealing with my child's unexpected behaviors when they arise.
*These questions were adapted from the General Self-Efficacy Scale⁴

(5) Strongly Agree
(4) Agree
(3) Neutral
(2) Disagree
(1) Strongly Disagree

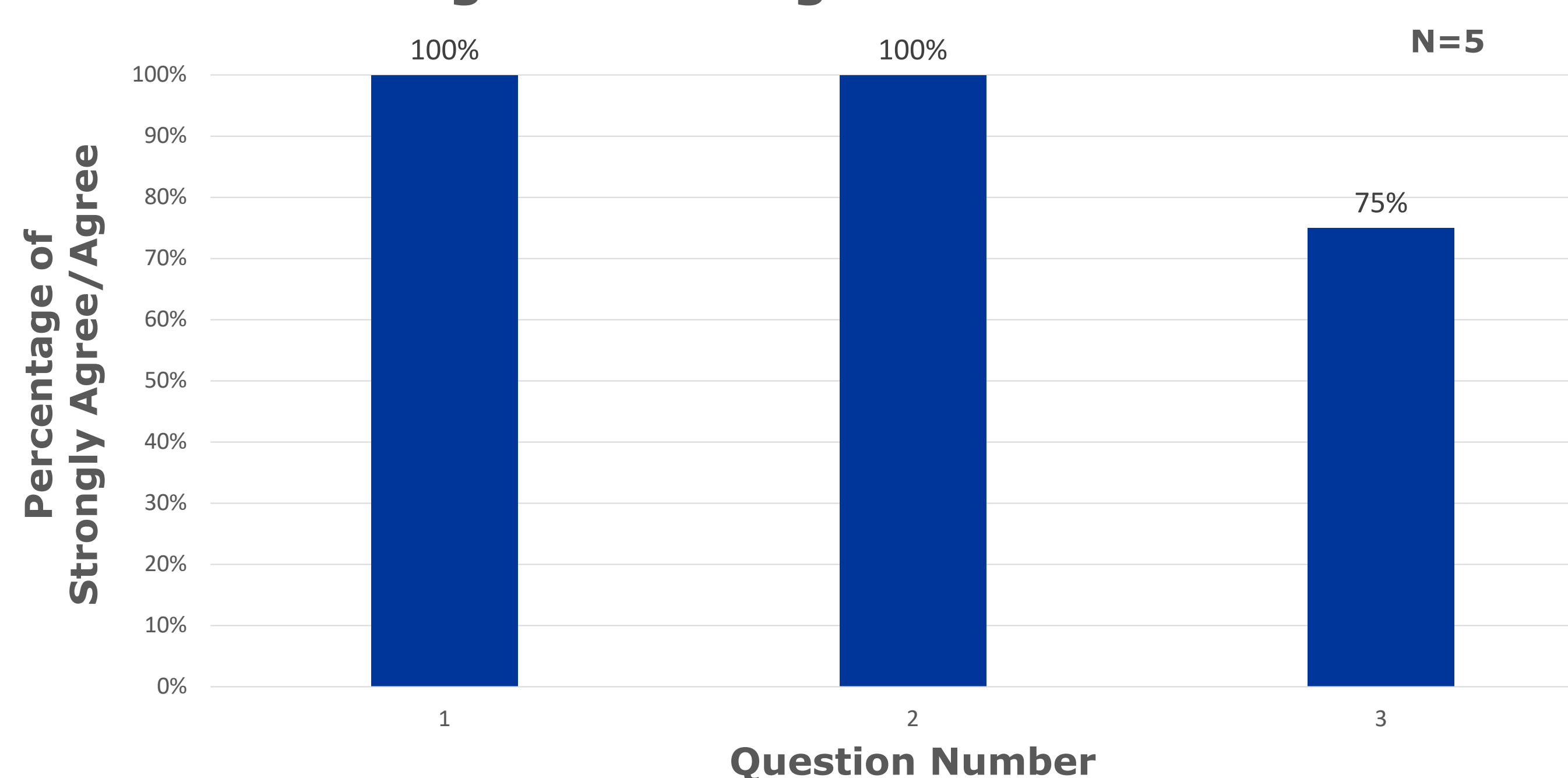
Figure 2: Caregiver Knowledge Check



Question 1: Which of the following is calming for the vestibular system?
Question 2: Which of the following is NOT a sensory system?
Question 3: What is the olfactory system?

Three multiple choice options were provided for each question

Figure 3: Caregiver Satisfaction



Question 1: The materials in the webinar were easy to understand.
Question 2: The information in the webinar was relevant to my child.
Question 3: I can use the information I learned to help my child.

(5) Strongly Agree
(4) Agree
(3) Neutral
(2) Disagree
(1) Strongly Disagree

DISCUSSION

- Results showed an increase in caregiver self-efficacy and knowledge between pre and post webinar surveys.
- Caregivers reported high satisfaction with the content of the webinar.
- There is an opportunity for continued growth through additional educational resources to further increase caregiver self-efficacy and knowledge in managing behaviors related to sensory processing.
- This project focused on providing educational resources focused on general sensory related behaviors and activities. However, to further improve the timeliness of services following diagnosis, multiple other areas remain where occupational therapists can provide valuable education to assist these caregivers.

LIMITATIONS

- An asynchronous recording following the live webinar presentation was provided by email for caregivers who did not attend. No caregivers chose to use this option during a two-week period therefore no additional data was gathered asynchronously.
- There was one less post-survey (n=5) response than pre survey (n=6) following the webinar which may limit generalizability.

IMPLICATIONS FOR CLINICAL PRACTICE

- Occupational therapists should include caregiver education as a key component of their treatment plans for children with ASD.
- Occupational therapists are uniquely qualified to make recommendations for accessible strategies in the home and community to address sensory processing challenges.
- Creating a trusting relationship with caregivers can increase opportunities for collaboration that improve family-centered care.

MATERIALS



Scan QR code to access a PDF of the webinar

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REFERENCES

- 1 CDC. (2018). *Spotlight On: Delay Between First Concern to Accessing Services*. Centers for Disease Control and Prevention. <https://www.cdc.gov/ncbddd/autism/addm-community-report/delay-to-accessing-services.html>
- 2 Moodie-Dyer, A., Joyce, H. D., Anderson-Butcher, D., & Hoffman, J. (2014). Parent-Caregiver experiences with the autism spectrum disorder service delivery system. *Journal of Family Social Work, 17*(4), 344-362. <https://doi.org/10.1080/10522158.2014.903581>
- 3 Zhou, W., Wu, K., Chen, S., Liu, D., Xu, H., & Xiong, X. (2021). Effect of time interval from diagnosis to treatment on economic burden in families of children with autism spectrum disorder. *Frontiers in Psychiatry, 12*, 679542. <https://doi.org/10.3389/fpsy.2021.679542>
- 4 Schwarzer, R., & Jerusalem, M. (1995). *General Self-Efficacy Scale (GSE)* [Database record]. APA PsycTests. <https://doi.org/10.1037/t00393-000>