



Ministry of Health Malaysia



The 12th National QA Convention

IMPROVING PARENTS' COMPETENCY IN HANDLING AUTISM SPECTRUM DISORDER CHILDREN WITH SOCIAL-EMOTIONAL PROBLEM IN HOSPITAL PUTRAJAYA



OUR TEAM

Occupational Therapy Unit, Hospital Putrajaya

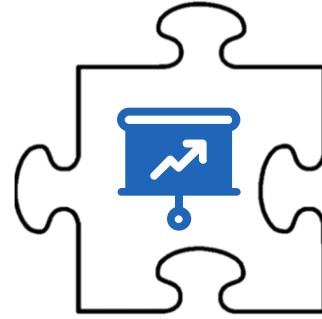
**ERICSON CLIFORD
TREVENT**
Team Member

**EBI SUFIAN
SALLIHI**
Team Member

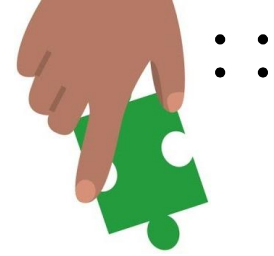
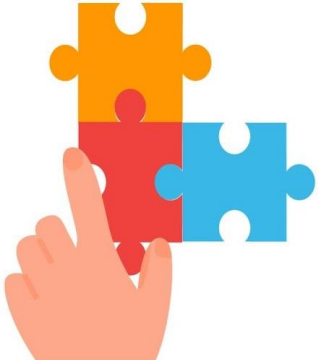
NORA HAMID
Team Leader

**NORZIE AZLAILI
PUDZI**
Presenter





SELECTION OF OPPORTUNITIES FOR IMPROVEMENT




Problem Identification and Verification

NO	PROBLEM	
1	Low referral of stroke cases to Occupational Therapy Unit	2% new stroke case referrals were received in 2022
2	Long interval time of follow-up outpatient pediatric occupational therapy appointment	2 - 3 months of follow up appointment distance
3	High default rate among pediatric outpatients in Occupational Therapy Unit	33% - 37% of defaulter rate from 2019 to 2022
4	Low parent competency in handling ASD children with social-emotional problem	70% parents with ASD children were found to have low competency in handling ASD children with social-emotional problem

Problem Prioritisation – “SMART Criteria”

Rating scale : 1-Low 2-Medium 3-High

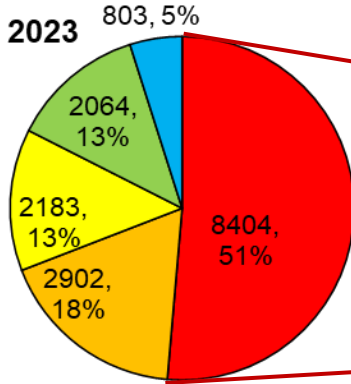
Team members : 

PROBLEM	S	M	A	R	T	SCORE
Low referral of stroke cases to Occupational Therapy Unit	5	6	5	5	7	28
Long interval time of follow-up outpatient pediatric occupational therapy appointment	6	7	7	5	8	33
High default rate among pediatric outpatients in Occupational Therapy Unit	7	8	9	5	5	34
Low parent competency in handling ASD children with social-emotional problem	11	9	12	10	9	51

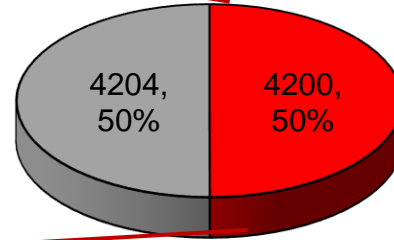
Reasons For Selection

OT Statistic in 2023

- Pediatric
- Ortho Case
- Medical
- Psychiatry
- Surgical

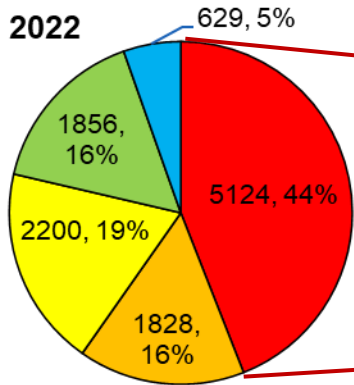


Pediatric Cases in 2023

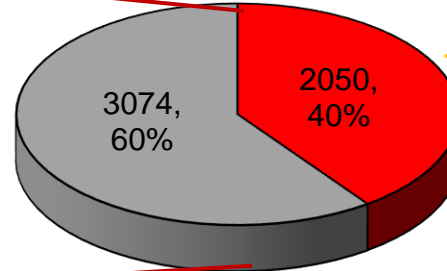


- ASD
- Other diagnosis

OT Statistic in 2022



Pediatric Cases in 2022



In **2022**, **18%** of ASD cases were referred, while in **2023**, **26%** were referred, indicating an **8% increase** from the previous year's OT statistic

as K et al.,

si OA et al.,

Reasons For Selection

S

- In OT Unit HPj, **26% ASD case** was referred in 2023, which makes it the **leading case received**.
- ASD **imposes great physical, mental, and social pressures on families, particularly parents.** (Ilias K et al., 2018)
- Low competency among parents with ASD children → **risk of poorer developmental outcomes** (Al-Farsi OA et al., 2016)

M

- 2 Standardized assessments were used: **PSOC & FEAS**
- Self-developed **survey questionnaire**

A

- Parent coaching intervention is an evidence based practice, **safe and inexpensive**
- Achieve optimal intervention outcome → **promote the quality of life of parents and the child with autism**

R

It is **remediable** by appropriate strategies of change (individual parents coaching and OT training)

T

Individual parent coaching can be completed via periodic evaluation within specific time-frame (**9 sessions within 6 months**)

Introduction

ASD

In OT Unit HPj, 26% ASD case was referred in 2023, which makes it the leading case received. This represent an increase of 8% from OT statistic in 2022

Parents with ASD Child

In February 2023, based on OT Unit statistics, 70% parents with newly diagnosed with ASD children were found to have low competency in handling ASD children with social-emotional problem.

Parents Coaching

In Malaysia, the majority of OTs in government healthcare facilities are practicing child-oriented approach. Only few states who practice parents coaching intervention which is in Hospital Sultan Ismail (HSI) & Hospital Umum Sarawak (HUS).

Literature Review

MOH (2020)	MOH (2021)
2020: 562 children <18 years old being diagnosed with ASD	2021: 589 children <18 years old being diagnosed with ASD

Parents with ASD children has **higher levels of anxiety, higher levels of depression, and more health-related problems**



Ineffective parenting behaviours, putting these children at risk of **poorer developmental outcomes.**

(The Vibes, 2024; CodeBlue, 2022; Kassim, et al., 2019; Ilias, et al., 2018; Al-Farsi, et al., 2016; Weiss, et al., 2014; Bitsika, et al., 2004).

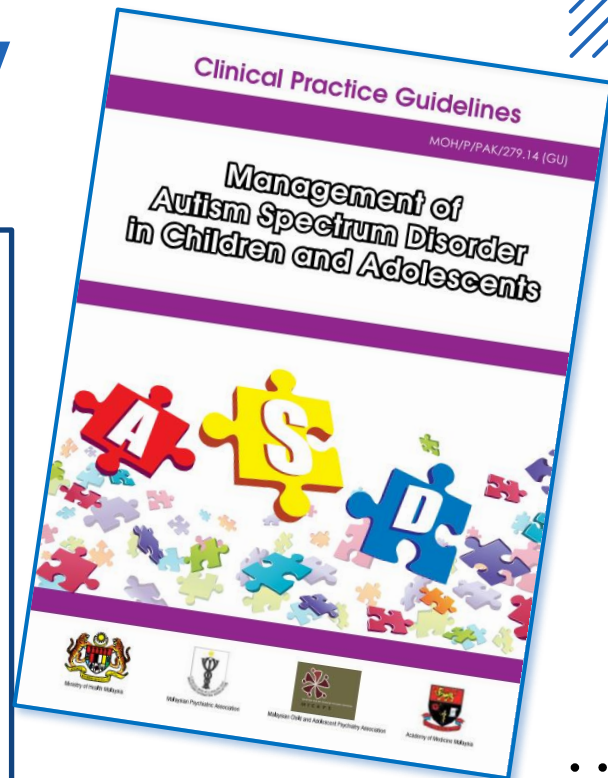


Literature Review



PARENTAL COACHING

- It should be offered to parents of children with ASD to improve parent-child interaction (CPG ASD MOH 2018)
- Rise in evidence supporting parent coaching for Autism Spectrum Disorder (ASD)
- Parent coaching can improve ASD children's cognitive ability, social functioning, functional behavior and daily living skills
- Inexpensive & safe



Clinical Practice Guidelines
Secretariat. (2018)

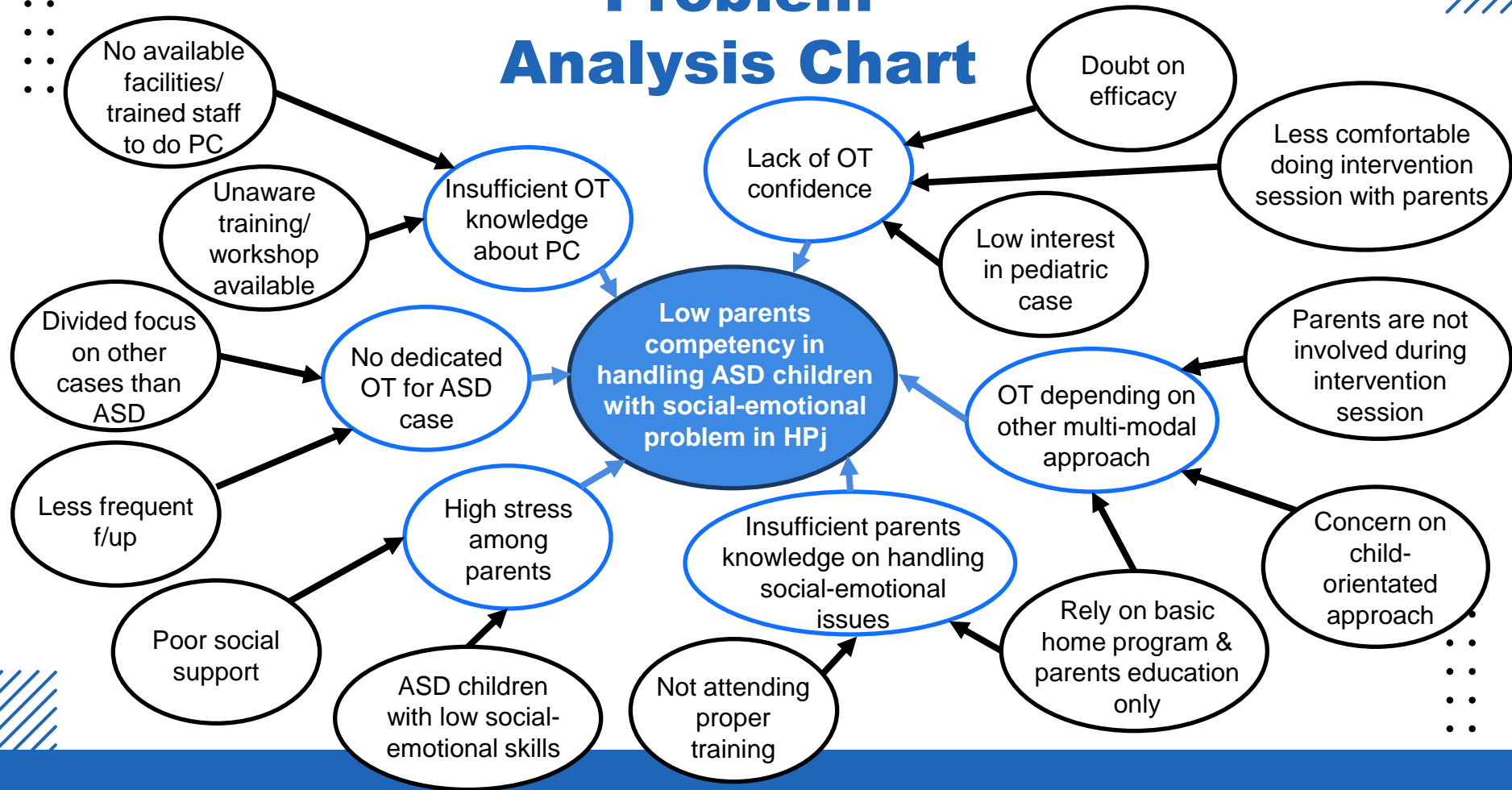
Terms & Definition

Term	Abbreviation	Definition
Occupational Therapy/ Occupational Therapist	OT	OT focus on enabling people with their disability to do what they want and need to do in their everyday lives (Hammond, 2004; Dunton, et al., 1957).
Autism Spectrum Disorder	ASD	Autism spectrum disorder is a condition related to brain development affects how a person sees and interacts with other people, leading to difficulties with communication and social interaction. (Lord, et al. 2020; DEd 2010; Lord, et al., 2018)
Social-emotional	-	Social-emotional skills are essential for connecting with others. They help us manage our emotions, build healthy relationships, and feel empathy. (Reid, et al., 2020; Malik, et al., 2018; Malti et al., 2016)
Parent Coaching	PC	Refers to when an OT seeks to support their pediatric patient by teaching their caregiver on how to be their children's intervention provider. (Althoff, et al., 2019; Nevill, et al., 2018; Kasari, et al., 2015).

Terms & Definition

Term	Abbreviation	Definition
DIR Floortime	-	<p>The DIR model provides a comprehensive understanding of human learning and development, emphasizing the crucial role of social-emotional growth in human development from birth to life. It highlights the role of emotional ties and relationships in fostering development, emphasizing the interconnectedness of individual experiences and worldviews.</p> <p>(Boshoff, et al., 2020; Mercer, 2017; Greenspan, et al., 2007)</p>
Parents Sense of Competency Scale	PSOC	<p>It is a 17-item scale developed to assess parenting self-esteem. The scale includes two rationally derived scales, Skill-Knowledge and Value-Comforting, referred to as Efficacy and Satisfaction.</p> <p>(Ohan, et al., 2000)</p>
Functional Emotional Assessment Scale	FEAS	<p>Provides a framework for observing and assessing a child's emotional and social functioning in the context of the relationship with his or her caregiver as well as the caregiver's capacity to support the child's functional emotional development.</p> <p>(Greenspan, et al., 2001; Greenspan, et al., 1991).</p>

Problem Analysis Chart



Problem Statement

70% parents with ASD children were found to have low competency in handling social-emotional problem.

This problem could lead to ineffective parenting behaviours, which put their children at **risk of poorer developmental outcomes** (Lin, et al., 2018).

Multiple factors **including insufficient OT knowledge about PC, no dedicated OT for ASD case, OT dependence on other multi-modal approach, lack of confidence among OT, high stress level and insufficient knowledge among parents** may lead to this problem.

This study aims to **improve parent competency in handling ASD children with social-emotional problem in Occupational Therapy Unit, Hospital Putrajaya.**





Study Objectives

General Objective

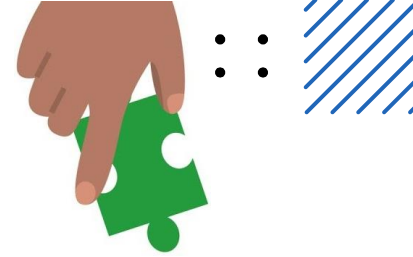
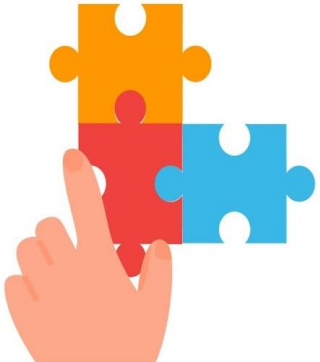
- To improve parent competency in handling ASD children with social-emotional problem in Occupational Therapy Unit, Hospital Putrajaya.

Specific Objectives

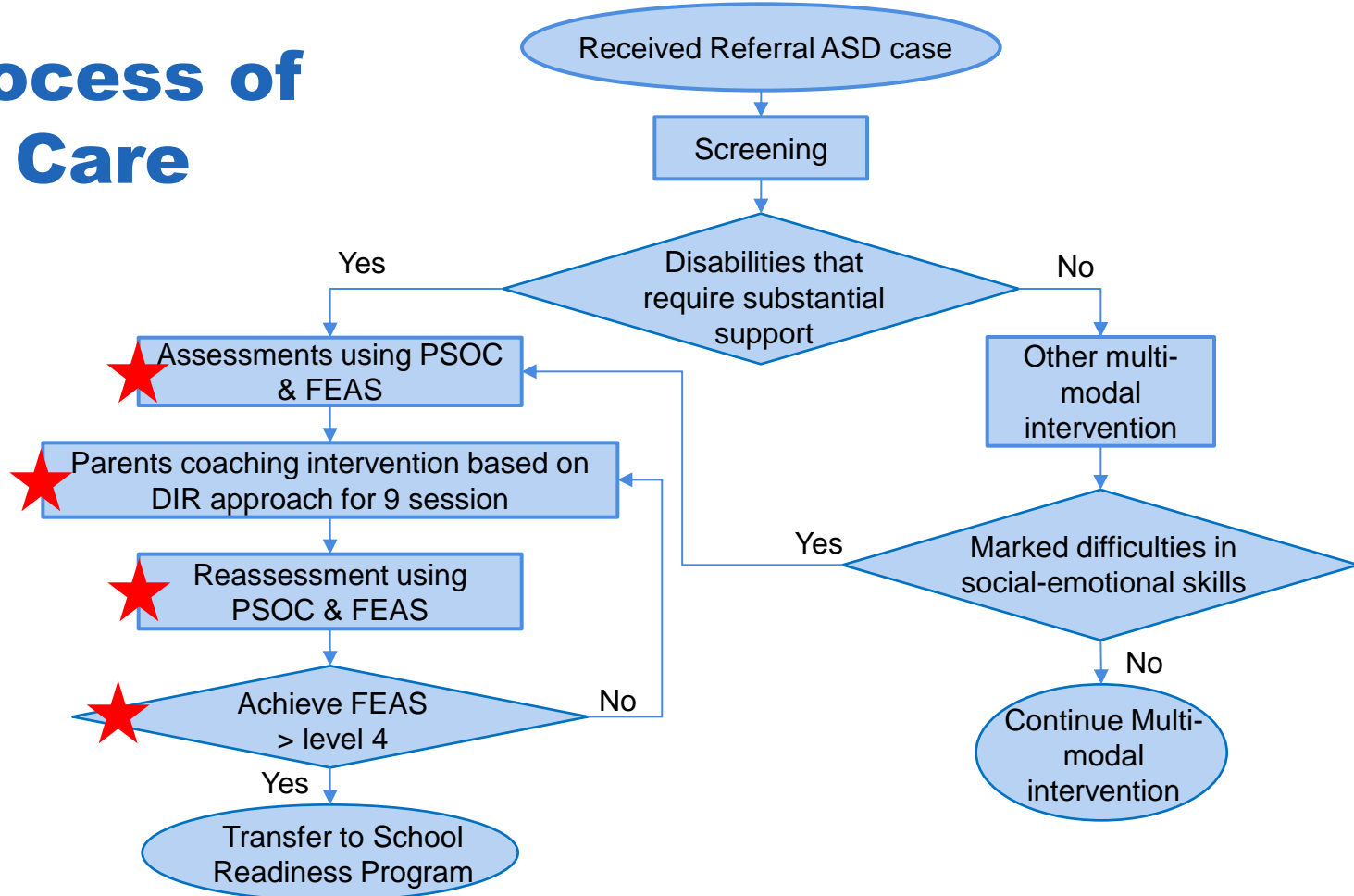
- To determine magnitude and severity of incompetent parent in handling their ASD child's social-emotional skills in Occupational Therapy Unit, Hospital Putrajaya.
 - To identify contributing factors to the incompetent parent in handling their ASD child's social-emotional skills in Occupational Therapy Unit, Hospital Putrajaya.
 - To formulate and implement proper remedial action
 - To evaluate the effectiveness of remedial action
- 
- 



KEY MEASURES FOR IMPROVEMENT



Process of Care



Model of Good Care

No	Critical Step	Criteria	Standard
1	Assessments using PSOC & FEAS	Identify parents with high competency using PSOC assessment	60%
		Determine whether ASD child has achieved > level 4 in FEAS assessment	100%
2	Parents coaching intervention based on DIR approach for 9 sessions	Ideally, OT should involve ASD child and their parents during treatment session. Using standardize intervention plan.	100%
3	Reassessment using PSOC & FEAS	OT administer PSOC & FEAS reassessment after 6 months to determined effectiveness PC & DIR	100%
4	Achieve FEAS > level 4	Transfer to SRP program when the child achieve FEAS level 4 & > 4 years old	100%

Indicator & Standard



Indicator

Percentage of parent with high competency in handling ASD children with social-emotional problem

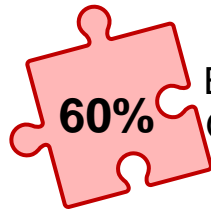


Formula

$$\frac{\text{Number of parents that scored high competency in PSOC}}{\text{Total parents undergo parents coaching program}} \times 100\%$$



Standard



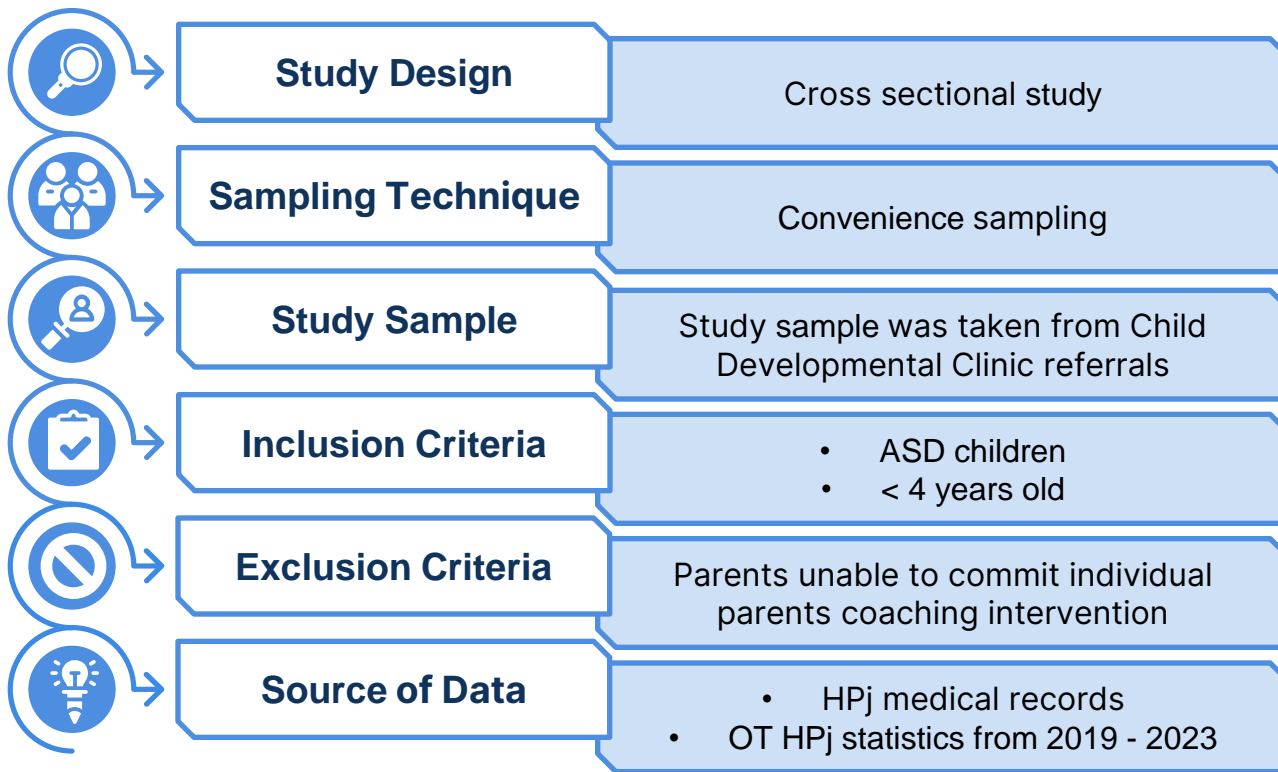
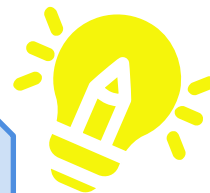
Based on Standard Operation Procedure (SOP) Occupational Therapy for Mental Health Patient 2018



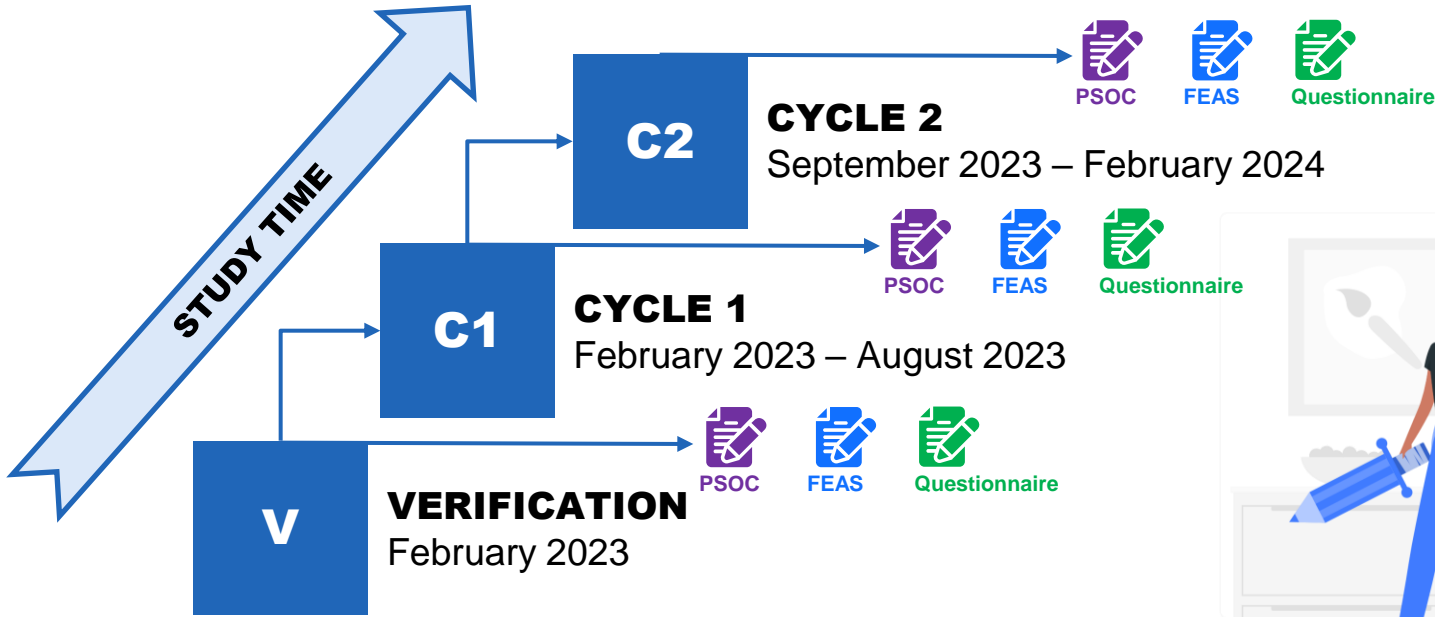


PROCESS OF GATHERING INFORMATION

Methodology



Methodology



PSOC



Parenting Sense of Competence Scale

(Gibaud-Wallston & Wandersman, 1978)

Please rate the extent to which you agree or disagree with each of the following statements.

Strongly Disagree	Somewhat Disagree	Disagree	Agree	Somewhat Agree	Strongly Agree
1	2	3	4	5	6

- The problems of taking care of a child are easy to solve once you know how your actions affect your child, an understanding I have acquired. 1 2 3 4 5 6
- Even though being a parent could be rewarding, I am frustrated now while my child is at his / her present age. 1 2 3 4 5 6
- I go to bed the same way I wake up in the morning, feeling I have not accomplished a whole lot. 1 2 3 4 5 6
- I do not know why it is, but sometimes when I'm supposed to be in control, I feel more like the one being manipulated. 1 2 3 4 5 6
- My mother was better prepared to be a good mother than I am. 1 2 3 4 5 6
- I would make a fine model for a new mother to follow in order to learn what she would need to know in order to be a good parent. 1 2 3 4 5 6
- Being a parent is manageable, and any problems are easily solved. 1 2 3 4 5 6
- A difficult problem in being a parent is not knowing whether you're doing a good job or a bad one. 1 2 3 4 5 6
- Sometimes I feel like I'm not getting anything done. 1 2 3 4 5
- I meet by own personal expectations for expertise in caring for my child. 1 2 3 4 5 6
- If anyone can find the answer to what is troubling my child, I am the one. 1 2 3 4 5 6
- My talents and interests are in other areas, not being a parent. 1 2 3 4 5 6
- Considering how long I've been a mother, I feel thoroughly familiar with this role. 1 2 3 4 5 6
- If being a mother of a child were only more interesting, I would be motivated to do a better job as a parent. 1 2 3 4 5 6
- I honestly believe I have all the skills necessary to be a good mother to my child. 1 2 3 4 5 6
- Being a parent makes me tense and anxious. 1 2 3 4 5 6
- Being a good mother is a reward in itself. 1 2 3 4 5 6

Parent Sense of Competency Scale (PSOC)

Scoring Instructions

The Parenting Sense of Competency Scale (PSOC) was developed by Gibaud-Wallston as part of her PhD dissertation and presented at the American Psychological Association by Gibaud-Wallston and Wandersman in 1978. The PSOC is a 17 item scale, with 2 subscales. Each item is rated on a 6 point Likert scale anchored by 1 = "Strongly Disagree" and 6 = "Strongly Agree". Nine (9) items (#s 2, 3, 4, 5, 8, 9, 12, 14, and 16) on the PSOC are reverse coded.

Nine items on the PSOC are reverse coded, this is important for accurate scoring. Reverse coded means that a high score on the individual item is not indicative of having a sense of competency; essentially, the item is worded negatively.

Scoring Instructions:

To aid scoring, the score / number for each item can be written in the in the right hand margin of the questionnaire once completed.

For items 1, 6, 7, 10, 11, 13, 15, and 17 simply write the number the participant indicated as their choice.

Reverse coding: For items 2, 3, 4, 5, 8, 9, 12, 14, and 16 substitute the following numbers and write in right hand margin for totaling:

Answer	Score
6	1
5	2
4	3
3	4
2	5
1	6

Total all numbers you have written in the right hand margin; this is participants PSOC score.

A higher score indicates a higher parenting sense of competency. There are no average scores or 'cut-off's' for this tool.

Interpreting the PSOC:

Low	Average	High
under 58	58 - 74	75 +



Functional Emotional Developmental Capacities Checklist

FM: Fully Mastered PM: Partially Mastered E: Emergent NM: Not Mastered

Functional Emotional Capacities	Description	FM (3)	PM (2)	E (1)	NM (0)	SCORE
Stage 1: Regulation and interest in world (0-3 months)	Attending to the sights and sounds of the world and some degree of calming and regulating?					
Stage 2: Engagement (2-4 months)	Falling in love- warm, emotional investment with joy and pleasure in the relationship?					
Stage 3: Two-way purposeful communication (4-9 months)	Two- way, purposeful interaction, completing at least 5-10 circles of communication in a row.					
Stage 4: Shared social problem solving (9-18 months)	Continuous flow of back-and-forth interaction, shared social problem solving with 40-50 circles of communication in a row					
Stage 5: Creative and meaningful use of ideas (18-30 months)	Uses symbols in pretend play meaningful use of language instead of repetitive phrases, full engagement, back and forth communication and emotional investment?					
Stage 6: Creation of logical bridges between emotion and ideas (30-48 months)	Combining emotionally meaningful ideas together, thinking at the symbolic level, reasoning why they feel the way they do and connect feelings together?					
TOTAL SCORE						



Level 1	Regulation and interest in the world
Level 2	Engagement (Forming relationships)
Level 3	Intentional two-way communications
Level 4	Shared social problem solving
Level 5	Creative and meaningful use of ideas
Level 6	Creation of logical bridges between emotion and ideas

Higher FEAS level indicates higher social-emotional skills

FEAS



Questionnaire



Bengkel Parent-Mediated Intervention Through DIR Floortime Peringkat Unit Terapi Cara Kerja HPJ

Soalan Pre - Test DIR Floortime.

[Sign in to Google](#) to save your progress. [Learn more](#)

* Indicates required question

Email *

Your email address

1. Pernahkah anda mendengar tentang DIR Floortime? *

- Ya
- Tidak

12. Apakah strategi yang boleh digunakan untuk membantu kanak-kanak dalam symbolic play? *

- A. Mengalakkan pertanyaan soalan berbentuk ya/tidak kepada anak (close-ended question)
- B. Anak-anak bermain seorang diri lebih menyeronokkan
- C. Memberi tindakbalas ke atas kemahuan kanak-kanak melalui lakonan imaginasi

13. Adakah anda MINAT untuk menggunakan DIR Floortime Approach semasa sesi rawatan? Nyatakan sebab. *

Your answer

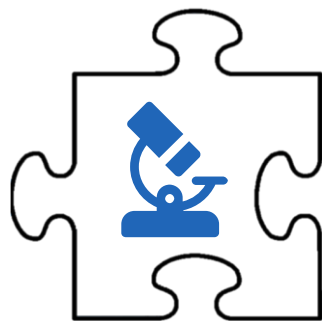
14. Apa pendapat anda tentang TAHAP PENGETAHUAN anda terhadap DIR Floortime Approach? *

- Rendah
- Sederhana
- Tinggi

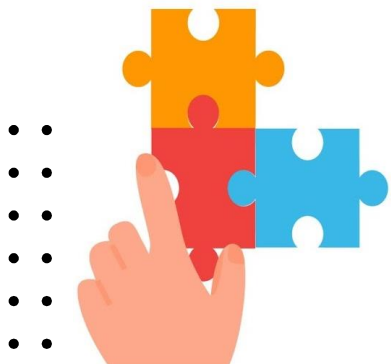
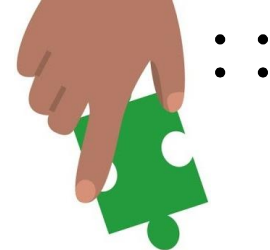
In our survey, a self-developed questionnaire consists 20 questions regarding occupational therapist's:



- Knowledge regarding PC & DIR
- Inclusion PC into their practice
- Interest in handling paediatric cases
 - Confidence in collaborating with parents during session



ANALYSIS AND INTERPRETATION



Verification Study



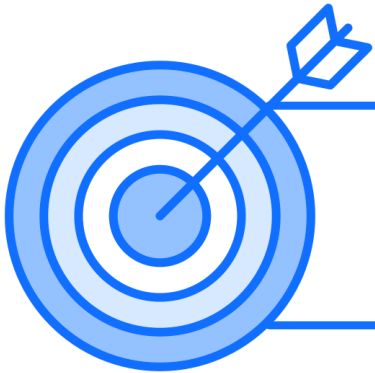
February 2023

Number of parent of ASD child with social-emotional problem (A) **35**

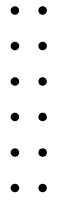
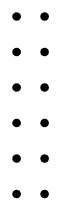
Number of parents scored high competency in PSOC (B) **1**



Percentage of parent with high competency in handling ASD children with social-emotional problem
[(B/A) X100%]
= 2.9%



GOAL FOR IMPROVEMENT
To increase percentage of parent with high competency in handling ASD children with social-emotional problem from:
2.9% to 60%



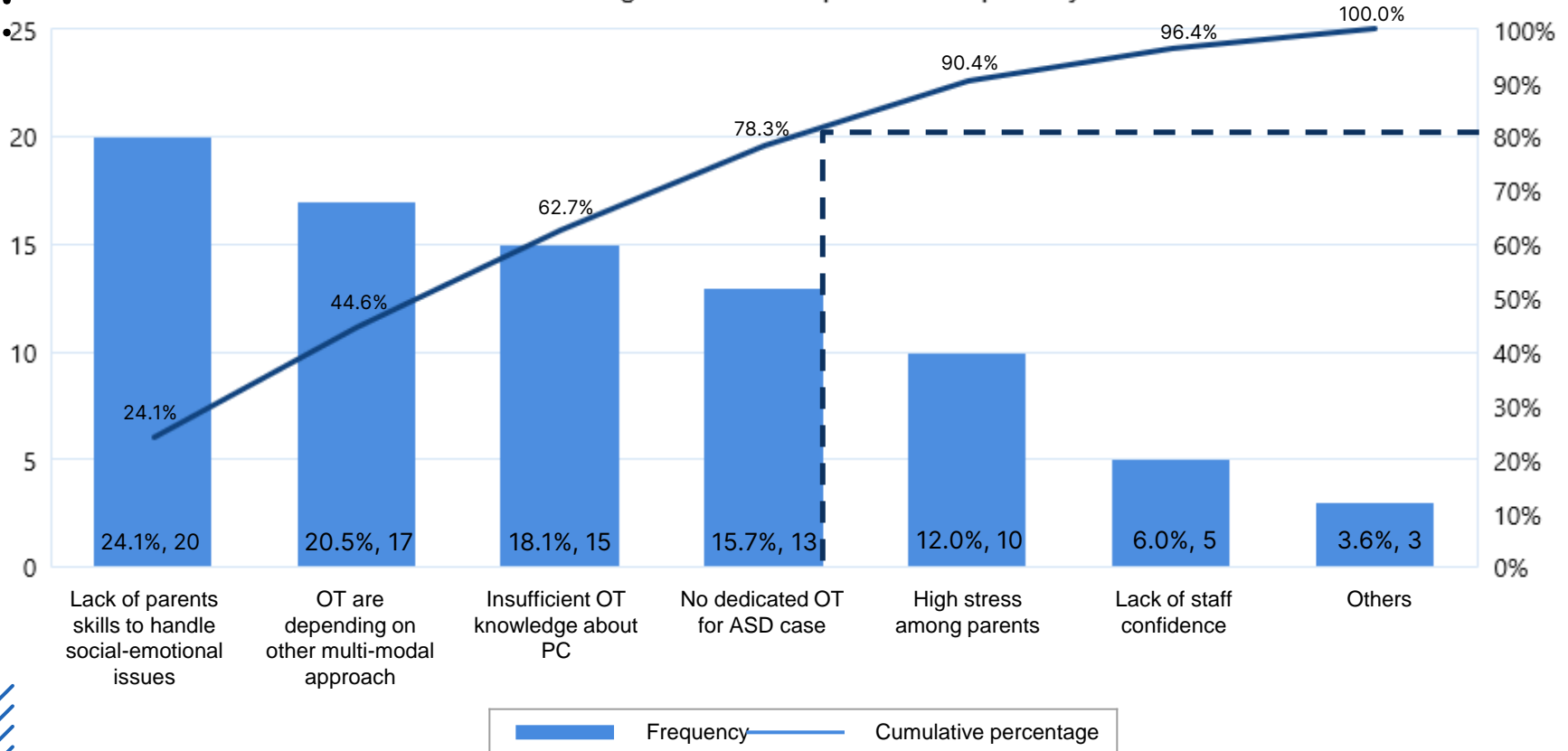
Model of Good Care

No	Critical Step	Criteria	Standard	Verification
1	Assessments using PSOC & FEAS	Identify parents with high competency using PSOC assessment	60%	2.9%
		Determine whether ASD child has achieved > level 4 in FEAS assessment	100%	0%
2	Parents coaching intervention based on DIR approach for 9 sessions	Ideally, OT should involve ASD child and their parents during treatment session. Using standardize intervention plan.	100%	0%
3	Reassessment using PSOC & FEAS	OT administer PSOC & FEAS reassessment after 6 months to determined effectiveness PC & DIR	100%	0%
4	Achieve FEAS > level 4	Transfer to SRP program when the child achieve FEAS level 4 & > 4 years old	100%	0%

Pareto chart

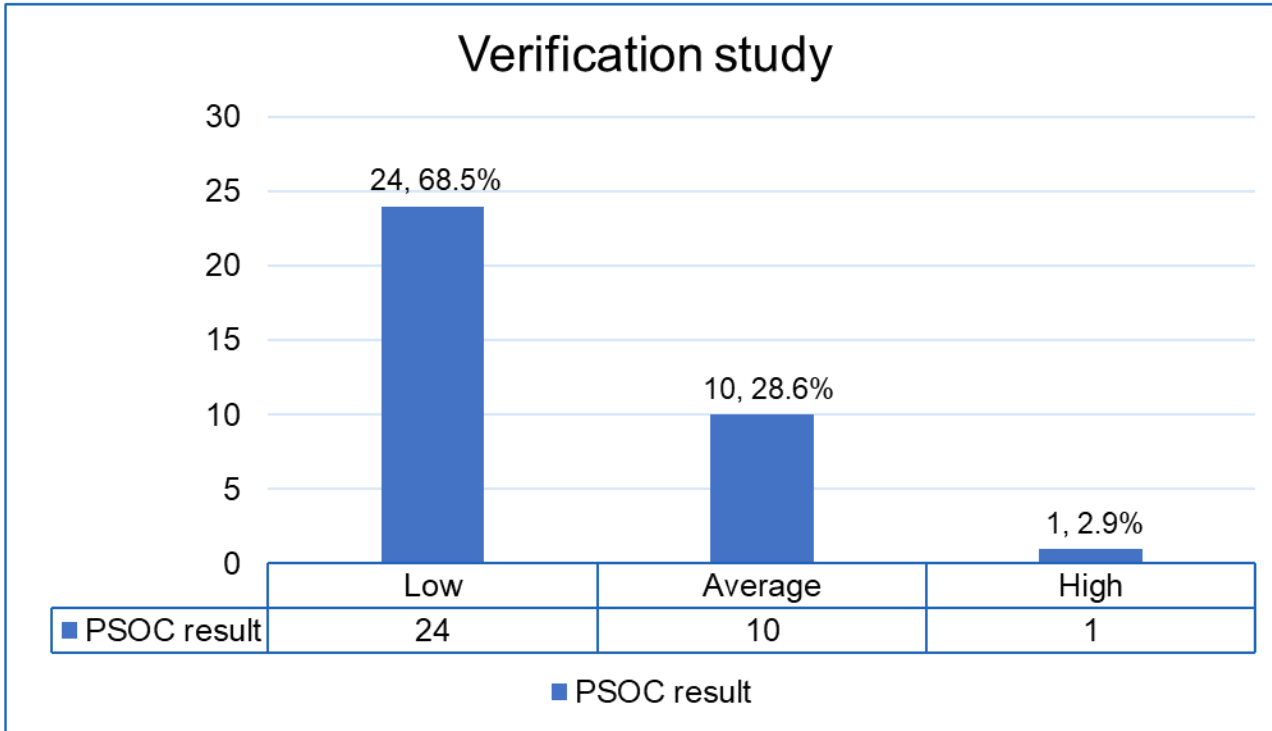
N = 19

Contributing factors to low parents competency



Parents Sense of Competency Scale (PSOC) Result

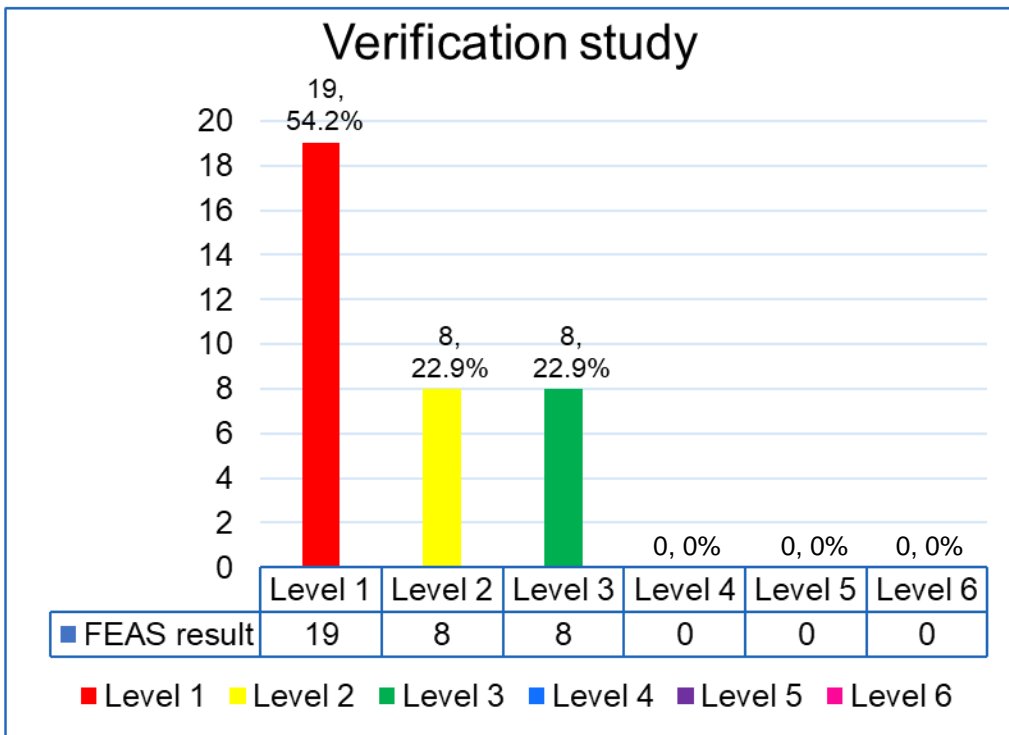
N = 35



Interpreting the PSOC:		
Low	Average	High
< 58	58 - 74	75 +

Functional Emotional Assessment Scale (FEAS) Result

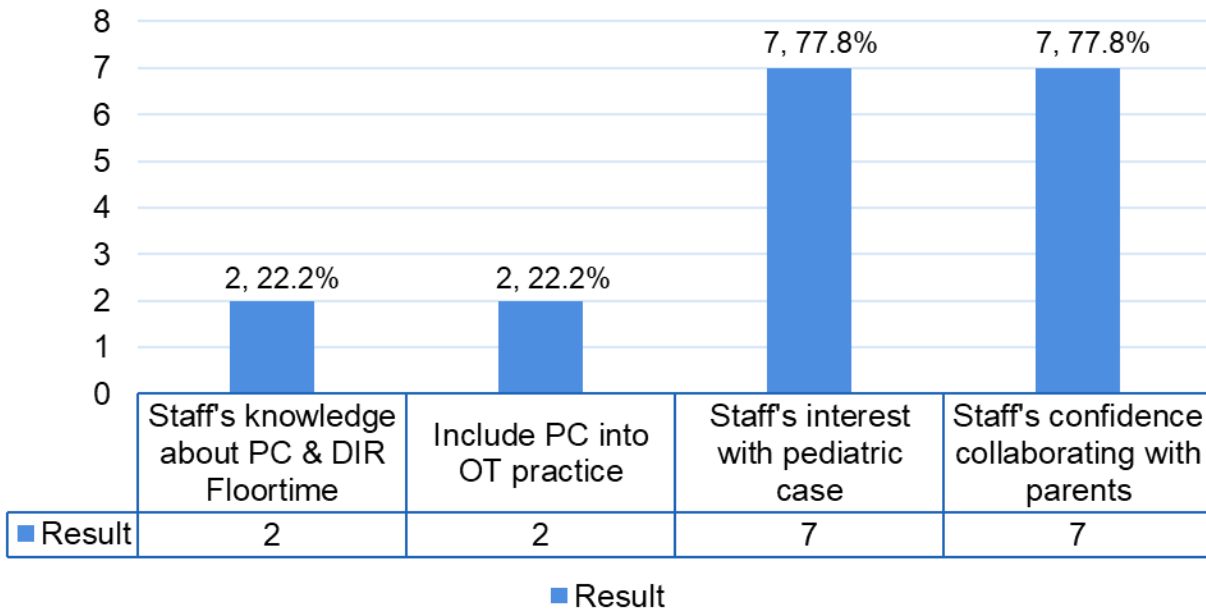
N = 35



Level 1	Regulation and interest in the world
Level 2	Engagement (Forming relationships)
Level 3	Intentional two-way communications
Level 4	Shared social problem solving
Level 5	Creative and meaningful use of ideas
Level 6	Creation of logical bridges between emotion and ideas

Findings from Questionnaires

Verification study



N = 9

Main Findings From Verification Study

Occupational
Therapists

OT are depending on
other multi-modal
approach

Insufficient OT
knowledge about PC

No dedicated OT for
ASD case

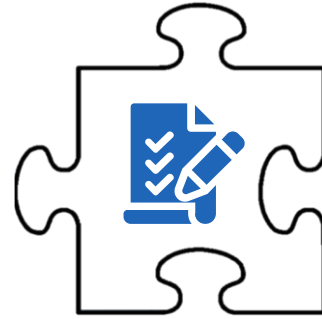
Lack of OT confidence

Lack of parents skills to
handle social-emotional
issues

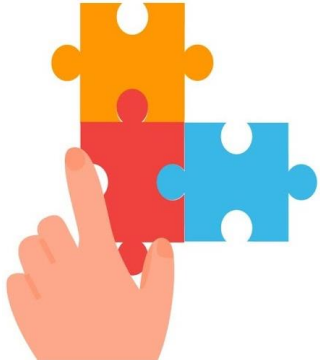
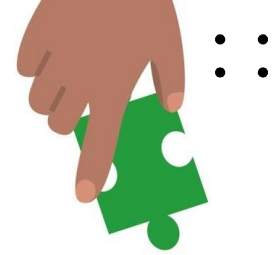
High stress among
parents

Parents





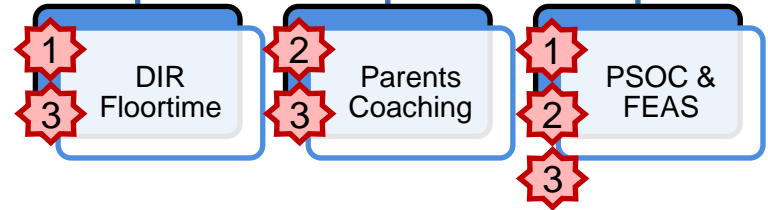
STRATEGIES FOR CHANGE



Strategies For Change



Workshop & training
for OTs HPj
(February 2023)



Contributing factors to low parents competency

Occupational
Therapist

Parents

1
OT are depending on
other multi-modal
approach

2
Insufficient OT
knowledge about PC

No dedicated OT for
ASD case

3
Lack of OT confidence

Lack of parents skills
to handle social-
emotional issues

High stress among
parents

Strategies For Change



Remedial Action

Contributing factors to low parents competency

Occupational Therapist

Parents

OT are depending on other multi-modal approach

Insufficient OT knowledge about PC

No dedicated OT for ASD case

Lack of OT confidence

Lack of parents skills to handle social-emotional issues

High stress among parents

- 4 { DIR appointment slot was created at the beginning of March 2023 specifically for ASD patients with severe social-emotional problems.
- 5 { Individual PC has been practiced by following the DIR floortime approach
- 5 { Parents were trained on how to improve their children's social-emotional skills as well as other occupational performance such as play and self-care.

1st month	2nd month	3rd month	4th month	5th month	6th month
2 sessions	2 sessions	2 sessions	1 session	1 session	1 session



Strategies For Change



Remedial Action

- Parents support group was established since March 2023 - not only to share knowledge but also to increase social support among parents of children with ASD
- This session is held every 3 months in the HPj
- Parents share problems and discuss solutions with each other and OTs.



Contributing factors to low parents competency

Occupational
Therapist

Parents

OT are depending on
other multi-modal
approach

Insufficient OT
knowledge about PC

No dedicated OT for
ASD case










Lack of OT confidence

Lack of parents skills
to handle social-
emotional issues

High stress among
parents

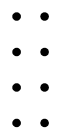
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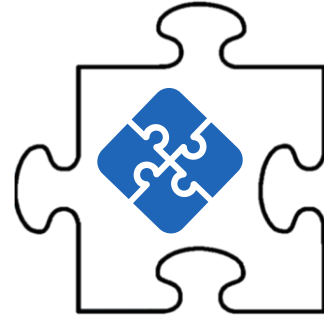
Strategies For Change

		Evaluation	OT workshop/ training	Evaluation	PC based on DIR floortime approach	Parents group support	Evaluation	PC based on DIR floortime approach	Parents group support	Evaluation
2023	Feb			 						
	Mar		✓		✓	✓				
	Apr				✓					
	May				✓					
	June				✓	✓				
	Jul				✓		  			
	Aug				✓					
	Sept							✓	✓	
	Oct							✓		
	Nov							✓		
2024	Jan						✓		  	
Feb							✓			

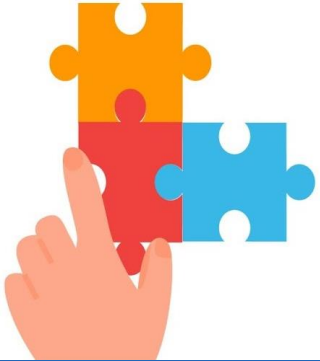
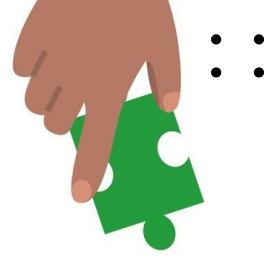
Cycle 1

Cycle 2





EFFECT OF CHANGE



Effect of Change (Cycle 1)

Number of parent of ASD child with social-emotional problem
(A)

35

Number of parents scored high competency in PSOC
(B)

10

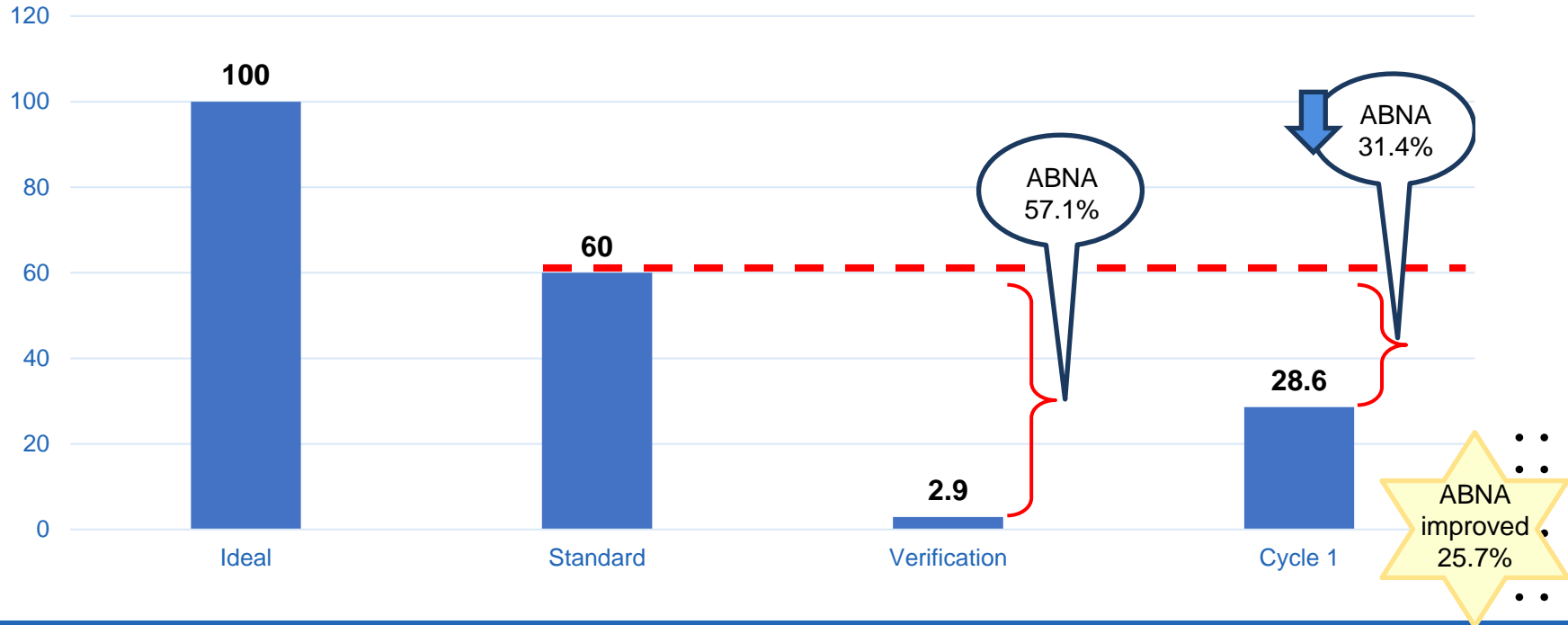
	V	C1
	Feb 2023	Aug 2023
<p>FORMULA</p> <p>Percentage of parent with high competency in handling ASD children with social-emotional problem [(B/A) X100%]</p>	<p>[(1/35) X100%] = 2.9%</p>	<p>[(10/35) X100%] = 28.6%</p>
<p>GOAL FOR IMPROVEMENT</p> <p>To increase percentage of parent with high competency in handling ASD children with social-emotional problem from:</p>	<p>2.9% to 60%</p>	<p>28.6% to 60%</p>

Model of Good Care (Cycle 1)

No	Critical Step	Criteria	Standard	V	C1
1	Assessments using PSOC & FEAS	Identify parents with high competency using PSOC assessment	60%	2.9%	28.6% ↑
		Determine whether ASD child has achieved > level 4 in FEAS assessment	100%	0%	14.3% ↑
2	Parents coaching intervention based on DIR approach for 9 sessions	Ideally, OT should involve ASD child and their parents during treatment session. Using standardize intervention plan.	100%	0%	100% ↑
3	Reassessment using PSOC & FEAS	OT administer PSOC & FEAS reassessment after 6 months to determined effectiveness PC & DIR	100%	0%	100% ↑
4	Achieve FEAS > level 4	Transfer to SRP program when the child achieve FEAS level 4 & > 4 years old	100%	0%	0%

Achievable Benefit Not Achieved (ABNA) (Cycle 1)

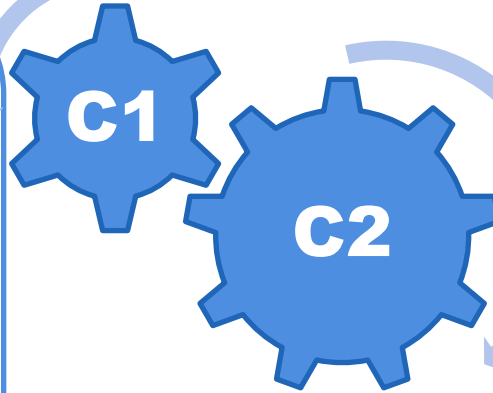
Percentage of parent with high competency in handling
ASD children with social-emotional problem



Strategies For Change

Cycle 1

- Conduct workshop and training for OTs HPj:
 - Parents coaching
 - DIR floortime
 - PSOC & FEAS
- Developed designated slot only for ASD case (DIR slot)
- Implement parents coaching intervention based on DIR approach for 9 sessions
- Developed parents group support to motivate parents



Cycle 2

- Continue:
 - parents coaching intervention (9 sessions)
 - parents group support to maintain parents motivation
- ASD children that scored FEAS level >4, will referred to School Readiness Program (SRP).

Effect of Change (Cycle 2)

Number of parent of ASD child with social-emotional problem
(A)

35

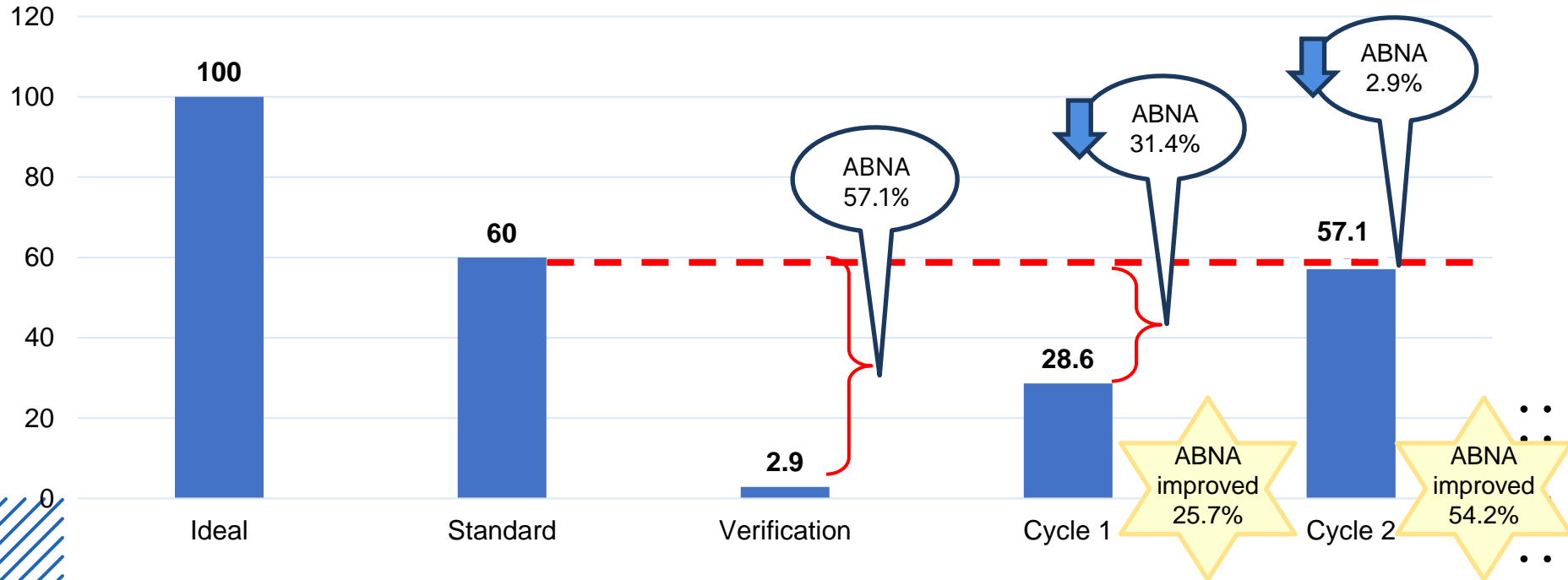
Number of parents scored high competency in PSOC
(B)

20

	V	C1	C2
	Feb 2023	Aug 2023	Feb 2024
<p>FORMULA</p> <p>Percentage of parent with high competency in handling ASD children with social-emotional problem [(B/A) X100%]</p>	<p>[(1/35) X100%] = 2.9%</p>	<p>[(10/35) X100%] = 28.6%</p>	<p>[(20/35) X100%] = 57.1%</p>
<p>GOAL FOR IMPROVEMENT</p> <p>To increase percentage of parent with high competency in handling ASD children with social-emotional problem from:</p>	<p>2.9% to 60%</p>	<p>28.6% to 60%</p>	<p>57.1% to 60%</p>

Achievable Benefit Not Achieved (ABNA) (Cycle 2)

Percentage of parent with high competency in handling
ASD children with social-emotional problem



Model of Good Care (Cycle 2)

No	Critical Step	Criteria	Standard	V	C1	C2
1	Assessments using PSOC & FEAS	Identify parents with high competency using PSOC assessment	60%	2.9%	28.6% ↑	57.1% ↑
		Determine whether ASD child has achieved > level 4 in FEAS assessment	100%	0%	14.3% ↑	77.1% ↑
2	Parents coaching intervention based on DIR approach for 9 sessions	Ideally, OT should involve ASD child and their parents during treatment session. Using standardize intervention plan.	100%	0%	100% ↑	100%
3	Reassessment using PCOS & FEAS	OT administer PSOC & FEAS reassessment after 6 months to determined effectiveness PC & DIR	100%	0%	100% ↑	100%
4	Achieve FEAS > level 4	Transfer to SRP program when the child achieve FEAS level 4 & > 4 years old	100%	0%	0%	77.1% ↑

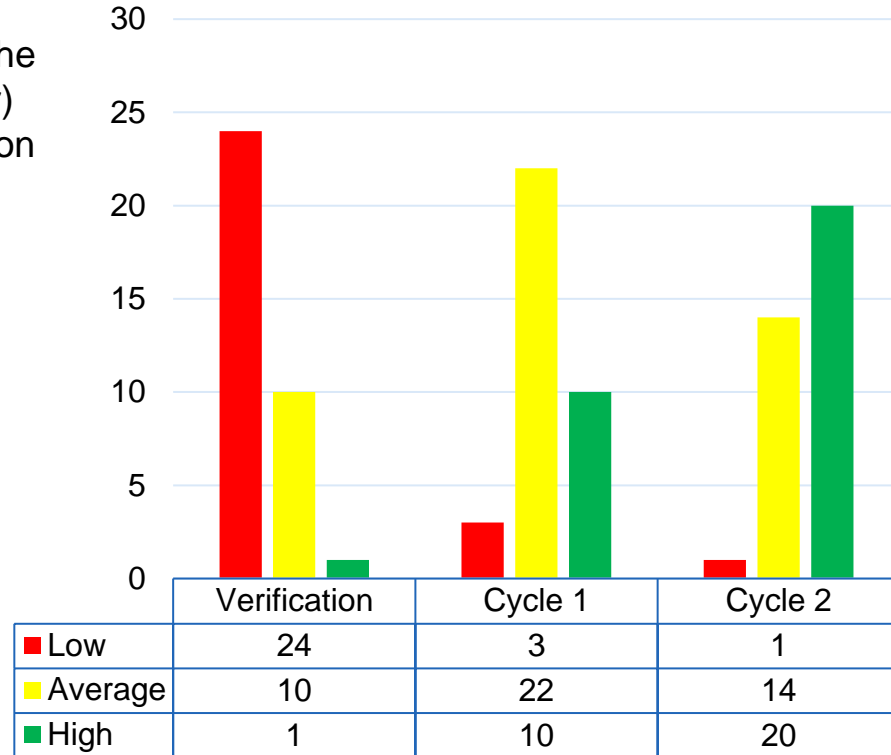
Impact – parents

35 parents were assessed using PSOC assessment. The main caregiver and/or parents (either mother or father) who scored higher in PSOC were selected for verification study.

Post-remedial, the percentage of parent with high competency in handling ASD children with social-emotional problem **increased from 2.9% (1) to 57.1% (20).**



PSOC Results

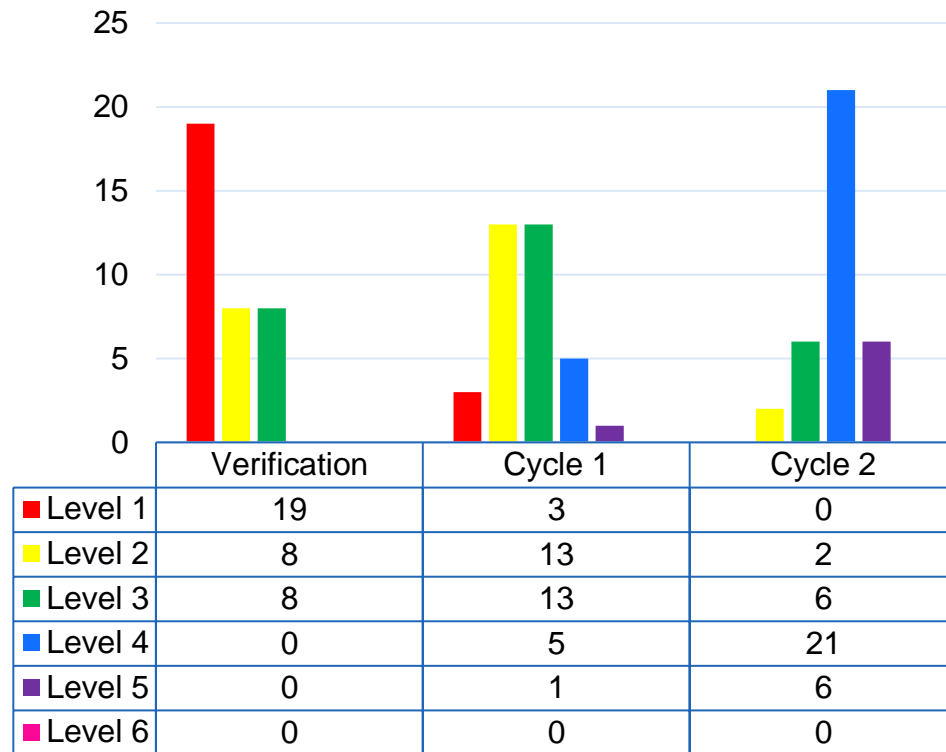


Impact – ASD Children

35 children were selected for this study. Using a standardized assessment FEAS, in post-remedial, the percentage of ASD children that scored > level 4 FEAS increased from 0% (0) to 77.1% (27).

FEAS Results

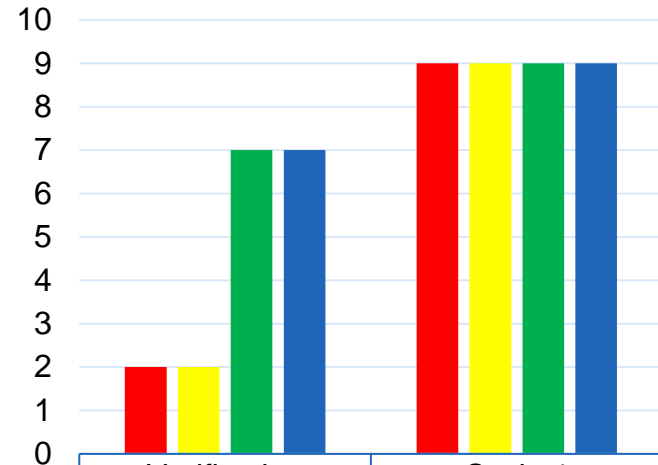
Level 1	Regulation and interest in the world
Level 2	Engagement (Forming relationships)
Level 3	Intentional two-way communications
Level 4	Shared social problem solving
Level 5	Creative and meaningful use of ideas
Level 6	Creation of logical bridges between emotion and ideas



Impact – Occupational Therapists HPj

During our survey that was conducted in February 2023, 9 OTs (who were in charge in paediatric cases) had completed the questionnaire.
The percentage of occupational therapist's:

- Knowledge increased from 22.2% (2) to 100% (9)
- Include PC into practice increased from 22.2% (2) to 100% (9)
- Interest increased from 77.8% (7) to 100% (9)
- Confidence increased from 77.8% (7) to 100% (9)

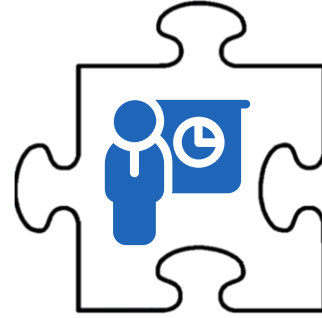
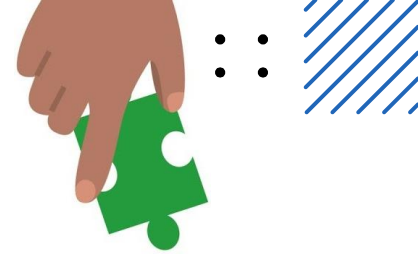
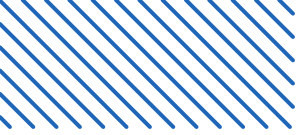


■ Staff's knowledge about PC & DIR Floortime	2	9
■ Include PC into OT practice	2	9
■ Staff's interest with pediatric case	7	9
■ Staff's confidence collaborating with parents	7	9

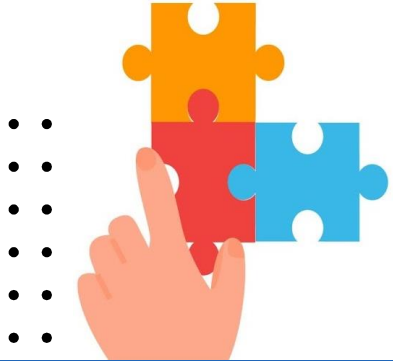


Conclusion

NO	OBJECTIVES	CONCLUSION
1	To determine magnitude and severity of incompetent parent in handling their ASD child social-emotional skills in Occupational Therapy Unit, Hospital Putrajaya.	Pre-remedial data showed that only 2.9% (1) of parents with high competency , which was significant below than the standard of 60%. Furthermore 0% (0) ASD children scored > level 4 FEAS , which indicates poor social-emotional development.
2	To identify contributing factors to the incompetent parent in handling their ASD child social-emotional skills in Occupational Therapy Unit, Hospital Putrajaya.	The main contributing factor to this problem is lack of parents skills to handle social-emotional issues . Other factors include OTs are depending on other multi-modal approaches, insufficient knowledge about PC among OTs, no dedicated OT for ASD case, high stress among parents and lack of OT confidence.
3	To formulate and implement proper remedial action	Strategies formulated include workshop & training for OTs HPj, DIR appointment slot was created, individual parents coaching based on DIR Floortime was practiced & parents support group was established.
4	To evaluate the effectiveness of remedial action	Post-remedial, the percentage of parent with high competency in handling ASD children with social-emotional problem increased from 2.9% (1) to 57.1% (20) .



THE NEXT STEP



The Next Step



Parents coaching and DIR Floortime will be introduced to other hospitals throughout Malaysia.



A national level clinical course 'Parent coaching & DIR Floortime' was organized by OT HPj on 5-6 March 2024 for all OTs in Malaysia

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ACKNOWLEDGEMENT

Pengarah Hospital Putrajaya

Dr. Suraya binti Amir Husin

Ketua Penolong Pengarah Kanan Perubatan I

Dr. Nur Zulaikha binti Nordin

Ketua Unit Kualiti

Dr. Nor Elliana binti Khairuddin

Ahli Jawatankuasa QA

Dr. Sabriena binti Ruslan

Special thanks to:

Dr Suriana binti Suaibun

En. Mohd Azmarul bin A Aziz (Lecturer & Speech-Language Pathologist)

Dr Charlotte Sundaraj (Former Pediatrician in HPj)

Occupational therapist HPj





THANKS!

Do you have any questions?

