CORRELATION BETWEEN THE LEVEL OF IMPLEMENTATION AND THE LEVEL OF EFFECTIVENESS OF THE DRESSING HOME PROGRAM (D-HOPE)

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ABSTRACT

Autism spectrum disorder (ASD) is one of the most common neurodevelopmental disorders among children that needs to be diagnosed and managed through multi-disciplinary interventions such as occupational therapy (OT). OT practitioners provide interventions for children with ASD that are aimed at increasing their independence in performing age-appropriate occupations such as activities of daily living (ADLs), play participation, and school participation. The aim of this study was to determine the following: level of acceptability of the newly developed Dressing Home Program (D-HOPE), its level of implementation, its level of effectiveness on parents' knowledge and skills, the correlation between its level of implementation and level of effectiveness, and the problems encountered in its implementation. The D-HOPE is a newly developed comprehensive dressing home program created by the main researcher. It is composed of two (2) components: written guide and online parent coaching. Its main goal is to support parents' knowledge and skills on how to help their child learn dressing skills and to establish a strong collaboration between them and their child's OT practitioner. A descriptive-correlational research design was employed. The study revealed that the D-HOPE was very highly acceptable as evaluated by OT practitioners and developmental pediatricians. It also yielded a very high level of implementation as evaluated by parents. It was also very highly effective on parents' knowledge and skills regarding their child's OT dressing intervention. Correlations suggested that the higher the implementation of the D-HOPE, the higher its effectiveness on parents' knowledge ($r=0.546$, $p=0.002$).
The D-HOPE's very high level of acceptability suggests that it can be used by OT practitioners in providing a dressing home program for parents of children with ASD. The results of the study supporting the relationship between its level of implementation and level of effectiveness on parents' knowledge should be considered when creating and implementing home programs for parents of children with ASD.

Keywords: D-HOPE, Home Program, Dressing, Parent Training, Parent Coaching, Autism, ASD.

INTRODUCTION

Autism spectrum disorder (ASD) describes a range of conditions that includes certain degree of impairment in social behavior, communication and language, and a limited number of interests and activities that are done repetitively and are unique to the individual (World Health Organization [WHO], 2019). Children with ASD require various services and interventions to help them live independently, and one of these services is Occupational Therapy (OT). They often have difficulty obtaining age-appropriate basic activities of daily living (BADLs) such as dressing skills due to the complexity required in performing these tasks. Therefore, they need to be taught on how to perform these skills in a manner that will ensure repeated practice in their everyday lives to achieve independence (Iscan et al., 2016). OT practitioners follow a process, which they refer to as the OT process in delivering client-centered services to their clients. This OT process is comprised of three major processes: evaluation, intervention, and

targeting of outcomes (American Occupational Therapy Association [AOTA], 2020). They provide interventions using occupation-based activities to help develop children's skills necessary for performance of BADLs, play participation, and school participation. In the intervention implementation, aside from the OT session, a home program – which is an individualized set of activities incorporated into the child's daily routine, may be provided by the OT practitioner to increase generalization of skills in different settings. Therefore, it is important that home programs are properly implemented by parents to ensure carryover of skills (Novak & Berry, 2014) [as cited in Chen et al., 2016]. Due to the current Coronavirus Disease 2019 (COVID-19) pandemic, the use of home programs as a type of OT intervention is helpful to continually address intervention goals even if face-to-face OT sessions cannot be conducted (Keen, 2020).

Home programs fall under the Parent Education and Training type of OT intervention. Parent education and training is considered as one way to actively involve parents and for them to collaborate with OT practitioners regarding the OT intervention of their child. Their active involvement is highlighted as an essential factor in providing OT services for pediatric clients nowadays as seen in the increase of interventions that include parent training programs to empower families in supporting their child's progress (Ward et al., 2019). A limited number of existing literatures have focused on the development and implementation of home programs and parent coaching for parents of children with ASD that targets development of BADLs, such as dressing. This contrasts with the effort of the OT profession to move to an occupation-based practice. Moreover, only a limited number of literatures focused on the acceptability, implementation, and effectiveness of home programs that focus on BADLs. Further, the correlation between the level of implementation and the level of effectiveness of home programs have not been explored.

The objective of this study is to determine the correlation between the level of implementation and the level of effectiveness of the newly developed Dressing Home Program (D-HOPE) for parents of children with ASD. The D-HOPE, composed of two major components (written guide and online parent coaching) was developed by the main researcher through semi-structured interviews with OT practitioners and developmental pediatricians and through incorporation of reviewed literature. It aimed to help parents to be actively involved with their child's OT dressing intervention and ensure proper carryover of dressing skills from the clinic to their homes. This study aimed to determine the following: (1) level of acceptability of the D-HOPE as evaluated by OT practitioners and developmental pediatricians, (2) level of implementation of the D-HOPE as evaluated by parents, (3) level of effectiveness of the D-HOPE on parents' knowledge and skills, (4) relationship between the level of implementation and the level of effectiveness of the D-HOPE, and (5) problems encountered in the implementation of the D-HOPE. The following hypotheses were formulated and served as the tentative answer to the research problem: Ho1. There is no significant relationship between the level of implementation and the level of effectiveness of the D-HOPE on parents' knowledge; Ho2. There is no significant relationship between the level of implementation and the level of effectiveness of the D-HOPE on parents' skills.

METHODS

A descriptive-correlational research design was utilized in this study. By using this research design, the researcher was able to determine if there is a significant relationship between the level of implementation and the level of effectiveness of the D-HOPE as evaluated by parents of children with ASD. For the level of acceptability of the D-HOPE, the actual sample size was

drawn using purposive sampling due to the specific criteria that the study needs and the limited population of OT practitioners and developmental pediatricians in the setting of the study. There were thirty-two (32) respondents consisting of OT practitioners and developmental pediatricians who responded to the questionnaire regarding the acceptability of the D-HOPE. Inclusion criteria for OT practitioners are the following: 1) have an active OT license in the Philippines, 2) have at least three (3) years of professional experience in handling children with ASD, and 3) are practicing in the provinces of Cavite, Laguna, or Batangas. For the level of implementation and level of effectiveness, purposive sampling was also employed for the actual sample size due to the specific criteria that the study needs. Thirty (30) parent participants who provided consent participated in determining the level of implementation and the level of effectiveness of the D-HOPE. The inclusion criteria for participation were the following: 1) parents of children with ASD whose child is aged two to seven (2 to 7) years, 2) able to speak and understand both the Filipino and English language, 3) attending at least once-a-week online or face-to-face OT sessions in the provinces of Cavite, Laguna, or Batangas, 4) have attended OT sessions for at least three (3) months prior to the study, 5) were willing to participate with the study, and have provided consent to participate. Exclusion criteria were: 1) parents whose child did not meet the inclusion criteria mentioned above, 2) parents whose child has a medical comorbidity that may influence use of the D-HOPE, 3) parents who indicated difficulty in consistently implementing the D-HOPE (time constraints, internet connection issues, medical condition, etc.), 4) those who were receiving any form of parent training/coaching aside from the D-HOPE, and 5) those who did not provide consent to participate with the study.

Three (3) sets of instruments were used to measure the variables of the study. The first instrument was a 5-point Likert scale survey questionnaire that measured the level of acceptability of the D-HOPE in terms of perceived ease of use, usefulness, and satisfaction (5 = Strongly Agree/Very Highly Acceptable, 4 = Agree/Highly Acceptable, 3 = Neutral/Moderately Acceptable, 2 = Disagree/Lowly Acceptable, and 1 = Strongly Disagree/Very Lowly Acceptable). The second was another 5-point Likert scale survey questionnaire that measured the level of implementation of the D-HOPE as evaluated by the parents (5 = Very High Implementation, 4 = High Implementation, 3 = Moderate Implementation, 2 = Low Implementation, and 1 = Very Low Implementation), as well as the problems that they encountered. The third was pretest and posttest regarding the effectiveness of the D-HOPE on parents' knowledge and skills (p-value of < 0.001 = Very High Effectiveness, < 0.01 = High Effectiveness, 0.01 to 0.05 = Moderate Effectiveness, 0.05 to 0.1 = Low Effectiveness, and > 0.1 = Very Low Effectiveness). Since all the instruments used in this study were researcher made, they were submitted to experts from the field and were subjected for face and content validity. For the questionnaire regarding level of acceptability, a Cronbach's alpha (α) of 0.859 was obtained while for the questionnaire regarding level of implementation, a Cronbach's alpha (α) of 0.927 was obtained. Both show an acceptable level of internal consistency or scale reliability.

An online letter of permission was sent to OT practitioners and developmental pediatricians together with the online survey questionnaire that collected data regarding their level of acceptability of the D-HOPE. It also included a link that brought them to a copy of the D-HOPE written guide for their reference. It was distributed by sending the online Google Forms links to the respondents via Facebook Messenger and electronic mail. This was the most appropriate choice to collect data for this study, owing to its practicality and ability to gather data quickly. All the thirty-two (32) OT practitioners and developmental pediatricians responded to the online survey questionnaire. Prior to collection of data regarding the level of

implementation and level of effectiveness of the D-HOPE, five (5) participating OT practitioners who were trained by the main researcher on how to provide the D-HOPE, implemented both of its components (written guide and online parent coaching) to a group of thirty-two (32) parent participants. However, two (2) parent participants withdrew participation in the middle of the D-HOPE implementation, making the final number of parent participants thirty (30). For the collection of data regarding the level of implementation of the D-HOPE and problems encountered, a separate online letter of permission together with the online survey questionnaire was sent to the parent participants through a Google Forms link sent to their Facebook Messenger. Thirty (30) out of thirty-two (32) parent participants responded to this questionnaire. Finally, for the collection of data regarding the D-HOPE's level of effectiveness on parents' knowledge and skills, parent participants were also provided with a letter of permission together with an online survey questionnaire for pretest to gather demographic data, data regarding their child's specific dressing skill concern and their knowledge about this dressing skill. They were also asked to demonstrate how they perform the specific dressing skill concern they have with their children, which was evaluated by the implementing OT practitioner using a 4-point Rubric grading scale. During the last day of the program implementation, a posttest was conducted using the same instruments used in the pretest.

Descriptive statistics was used in this study to interpret and analyze data in answering the research problems. To describe the frequency and percentage of the problems encountered during the implementation of the D-HOPE, frequency and percentage distribution were used. In interpreting data regarding the level of acceptability of the D-HOPE as evaluated by OT practitioners and developmental pediatricians and the level of implementation of the D-HOPE as evaluated by the parents, weighted mean was used. Criteria of OT practitioners' and developmental pediatricians' level of acceptability of the D-HOPE, parents' level of implementation, and the problems they encountered in the implementation were also ranked based on their positional importance. The level of effectiveness of the D-HOPE on parents' knowledge and skills were also described using probability value. Finally, to determine if there was an existing relationship between the level of implementation and level of effectiveness of the D-HOPE, Pearson correlation coefficient (r) was used. A significance level of 0.05 was used to denote significant relationship in testing the hypotheses.

RESULTS AND DISCUSSION

The discussion regarding the study's research problems is presented in the succeeding tables and textual presentations.

Table 1. Level of Acceptability of the D-HOPE as Evaluated by OT practitioners and Developmental Pediatricians

Indicators	**Weighted Mean**	**Verbal Interpretation**	**Rank**
Perceived Satisfaction			
I am satisfied with the contents and the proposed implementation of the D-HOPE.	4.78	Very Highly Acceptable	
I will recommend the use of D-HOPE to my colleagues.	4.66	Very Highly Acceptable	
Average	**4.72**	**Very Highly Acceptable**	**1**
Perceived Usefulness			

The D-HOPE can improve collaboration between therapists and parents.	4.81	Very Highly Acceptable	
Using the D-HOPE can help me in clearly providing dressing home instructions to parents.	4.59	Very Highly Acceptable	
The D-HOPE supports the client-centered provision of OT services.	4.59	Very Highly Acceptable	
The D-HOPE can help in achieving client intervention goals for dressing.	4.63	Very Highly Acceptable	
Average	**4.66**	**Very Highly Acceptable**	**2**
Perceived Ease of Use			
The information included in the written guide is clearly written in terms that are easy to understand.	4.66	Very Highly Acceptable	
The items are written in an organized manner.	4.53	Very Highly Acceptable	
The pictures support the textual information and can be clearly visualized.	4.69	Very Highly Acceptable	
The allotted time for parent coaching is feasible.	4.31	Highly Acceptable	
Average	**4.55**	**Very Highly Acceptable**	**3**
Overall Average	**4.64**	**Very Highly Acceptable**	

An overall average of 4.64 indicated that OT practitioners and developmental pediatricians consider the D-HOPE's level of acceptability as "Very Highly Acceptable". Among all the criteria for the level of acceptability, the criterion "Perceived Satisfaction" ranked the highest with an average weighted mean of 4.72, while the criterion "Perceived Ease of Use" ranked the lowest with an average weighted mean of 4.55. This very high level of acceptability of the D-HOPE as evaluated by OT practitioners and developmental pediatricians can be attributed to the study of Milton et al. (2020) which stated that OT practitioners consider home programs as successful if they are a combination of evidence-based practices, occupation-based intervention goals, and incorporation of parents' preferences regarding implementation, all of which are included in the D-HOPE components.

Table 2. Level of Implementation of the D-HOPE as Evaluated by Parents

Indicators	**Weighted Mean**	**Verbal Interpretation**	**Rank**
D-HOPE Written Guide			
I have referred to the typical developmental sequence of dressing to learn about age-appropriate dressing skills.	4.70	Very High Implementation	
I used the general principles in teaching dressing skills in our dressing practice.	4.63	Very High Implementation	
I used the provided steps for dressing in our dressing practice.	4.57	Very High Implementation	

I used short scripts in teaching steps of the dressing task to my child.	4.57	Very High Implementation	
I used the pictures from the written guide to show my child how to perform each step of the dressing task.	4.57	Very High Implementation	
Average	**4.61**	**Very High Implementation**	**1**
D-HOPE Parent Coaching Sessions			
I joined the online parent coaching sessions.	4.53	Very High Implementation	
I reviewed and modified my child's dressing goals together with his/her OT practitioner.	4.70	Very High Implementation	
I discussed and practiced my child's dressing concern together with his/her OT practitioner.	4.50	Very High Implementation	
I recorded our dressing practice throughout each week via pictures and videos and showed it to my child's OT practitioner.	4.57	Very High Implementation	
I used the Notetaking and Monitoring Worksheets throughout the implementation of the D-HOPE.	4.53	High Implementation	
Average	**4.57**	**Very High Implementation**	**2**
Overall Average	**4.59**	**Very High Implementation**	

An overall average of 4.59 indicated that parents had a "Very High Implementation" of the D-HOPE. Both components of the D-HOPE had a "Very High Implementation", but the D-HOPE written guide had a higher average weighted mean of 4.61 than the D-HOPE parent coaching sessions which obtained an average weighted mean of 4.57. The very high level of implementation of the D-HOPE may be attributed to the content and the overall provision of the program. The collaborative relationship between the parent and the OT practitioner is greatly needed by parents to learn intervention strategies which they can use at home (Benson et al., 2015). Moreover, it is helpful when OT practitioners are receptive and approachable to what the parents need in learning and applying skills taught from the clinic to their homes. They are also likely to be more actively involved when they feel empowered that they have enough knowledge and skills to perform the strategies to their own children (D'Arrigo et al., 2019). They should also be provided with knowledge of basic information such as the typical development of children, so they know what skills they should be expecting from them at their age (Schranz et al., 2015). Further, parents are greatly satisfied when they are provided with modules and other materials such as pictures and videos to guide them on how to implement intervention strategies (Iadarola et al., 2020). These components are all included in the D-HOPE, which may have contributed to the parents' very high level of implementation as shown in Table 2.

Table 3. Level of Effectiveness of the D-HOPE on Parents' Knowledge and Skills

Knowledge				
Test	Mean	t-test	p-value	Interpretation
Pretest	9.30	-8.040	0.000	Significant
Posttest	13.33			

Skills				
Test	Mean	t-test	p-value	Interpretation
Pretest	7.33	-20.116	0.000	Significant
Posttest	17.03			
Significance level @ 0.05				

As shown in Table 3, the difference in the knowledge and skills scores of parent participants between pretest and posttest had a p-value of 0.000 which was less than the 0.05 significance level, in determining the level of effectiveness of the D-HOPE both on parents' knowledge and skills. This supports the findings of Gee and Peterson (2016) that there was a significant difference in parents'/caregivers' pretest and posttest results of their knowledge and comprehension of necessary information regarding sensory processing of children with ASD after the provision of a structured parent/caregiver education and training program. This is also consistent with the findings of some literatures regarding the effectiveness of home programs that include parent education and training in increasing parents' skills. According to Ahmadi Kahjoogh et al. (2018), parents who received coaching from their child's OT practitioner had improved their own skills and performance in managing their child and in achieving their identified goals. Additionally, parents who were included in a therapist-assisted learning program with coaching as a major component had more improvements in using their newly gained skills to apply the intervention strategies that they have learned, compared to parents who were included in a self-directed learning program (Ingersoll et al., 2016).

Table 4. Relationship between the Level of Implementation and the Level of Effectiveness of the D-HOPE

Implementation	Effectiveness	
	Knowledge	Skills
Written guide	r=0.549** Moderate correlation p=0.002	r=-0.179 Low correlation p=0.345
Parent coaching sessions	r=0.492** Moderate correlation p=0.006	r=-0.339 Low correlation p=0.066
Overall	r=0.546** Moderate correlation p=0.002	r=-0.267 Low correlation p=0.154
**Significant @ 0.01		

As shown in Table 4, there was a significant relationship between the level of implementation of the D-HOPE and its level of effectiveness on parents' knowledge with a p-value of 0.002 for the written guide (r=0.549) and overall implementation (r=0.546), and 0.006 for parent coaching (r=0.492). These were both less than the 0.01 significance level. This suggests that the higher the level of implementation, the higher the effectiveness of the D-HOPE on parents' knowledge. This finding led to the rejection of the null hypothesis regarding the relationship of the level of implementation of the D-HOPE on parents' knowledge. This can be attributed to the study of Simpson (2015) which stated that implementation of parent coaching strategies consisting of knowledge-sharing, collaboration between OT practitioner and parents, demonstration, practice of strategies with feedback, and direct teaching were related to increasing parents' knowledge and competence to carryover interventions from the clinic to the child's natural environments. Additionally, implementation of parent training such as parent coaching sessions provide parents with a deeper knowledge regarding their child's

condition (Beckers et al., 2020). These are evident on the results of the significant relationship between level of implementation and level of effectiveness on parents' knowledge as shown in Table 4.

However, no significant relationship existed between the level of implementation of the D-HOPE and its level of effectiveness on parents' skills with a p-value of 0.345 for the written guide (r=-0.179), 0.066 for parent coaching sessions (r=-0.339) and 0.154 for the overall implementation (r=-0.267) which were all greater than the significance level of 0.05. This implies that the skills gained by parents from the D-HOPE are not related to their implementation of the D-HOPE. This finding accepts the null hypothesis about the relationship of the D-HOPE and its effectiveness on parents' skills. Although there is no current literature that describes correlation between level of implementation and level of effectiveness of home programs, some studies of home program implementations that are aimed at effectiveness on parents' skills contradicts this finding. The study of Ahmadi Kahjoogh et al. (2018) states that implementation of home programs/parent coaching sessions is aimed at increasing skills of parents to execute the needed tasks in home programs.

Table 5. Problems Encountered in the Implementation of the D-HOPE

Problems Encountered	Frequency	Rank
Adjustment in changing dressing strategies	3	4.5
Schedule/time of parent coaching sessions	7	1
Child's compliance with dressing practice	3	4.5
Parent's compliance with dressing practice	5	2.5
Language barrier	1	6
Internet connection	5	2.5

The most common problem encountered by parent participants in the implementation of the D-HOPE is the difficulty in adhering to the schedule or time of the parent coaching sessions. Other problems consisted of difficulty in complying with the dressing practice, internet connection, difficulty in adjusting to the dressing strategies taught by the OT practitioners, child's compliance with the dressing practice, and language barrier. Several findings across literatures regarding the most common problems encountered by parents in the conduct of home programs are congruent with the results of the present study. Parents have difficulty finding a time or schedule in their everyday lives to comply with all the needs to properly implement home programs (Smidt et al., 2020; Evans-Rogers et al., 2015). This is consistent with the problem that most of the parent participants have encountered in the conduct of the D-HOPE, as shown in Table 5.

CONCLUSION

Based on the findings of the study, the following conclusions were drawn: the very high level of acceptability of the D-HOPE means that it can be implemented to parents of children with ASD to help in addressing OT dressing intervention goals of their child; the very high level of implementation of parents of the D-HOPE shows that they were able to appropriately utilize the components of the D-HOPE in addressing their child's OT dressing intervention goals; the significant difference between the pretest and posttest scores of parents' knowledge and skills shows that the D-HOPE is very highly effective in increasing parents' knowledge and skills regarding their child's OT dressing intervention. Moreover, the significant relationship between D-HOPE's level of implementation and its level of effectiveness on parents' knowledge suggests that the higher the level of implementation, the higher the effectiveness of

the D-HOPE on parents' knowledge. However, the skills gained by parents from the D-HOPE are not related to their implementation of the D-HOPE as there was no significant relationship between the level of implementation of the D-HOPE and its level of effectiveness on parents' skills. This study contributes to the growing body of research that explores Parent Education and Training as one of the types of OT interventions to use in the pediatric setting through the provision of home programs and parent coaching. Finally, this study provided data to understand the relationship between the level of implementation and the level of effectiveness of home programs such as the D-HOPE. This is necessary in the development of interventions that are focused on parental education and training.

RECOMMENDATIONS

The present study revealed a very high level of acceptability of the D-HOPE as evaluated by OT practitioners and developmental pediatricians. Therefore, the D-HOPE can be used by OT practitioners in providing a dressing home program to their clients, and developmental pediatricians can also recommend the use of the D-HOPE as part of their referral for OT. Likewise, the very high level of implementation of the D-HOPE as evaluated by parents shows that its implementation can be replicated to provide a comprehensive home program for parents of children with ASD. It is also recommended to further test the D-HOPE's level of implementation in a larger population and/or in a different client population. Moreover, the D-HOPE also showed a very high level of effectiveness which means that it can be used in the OT practice as an effective intervention to provide home programs for children with ASD in targeting their child's OT dressing intervention goals.

The strength of correlation between D-HOPE's level of implementation and its level of effectiveness on parents' knowledge was just moderate. It is recommended to test this on a larger and more diverse sample, to have a broader range of scores and to have a stronger evidence of correlation. An unexamined variable which is the OT practitioner's manner of providing the parent coaching sessions might be related to the D-HOPE's high level of effectiveness on parents' skills. Therefore, it is suggested to conduct studies that explore their correlation. Moreover, the whole course of the D-HOPE implementation was conducted online. It is recommended to use the D-HOPE, especially its parent coaching component, in face-to-face sessions whenever feasible and to compare if there are any differences between these two methods of program delivery. Further, the parent participants in the present study were all mothers. It is recommended to conduct the study with a population consisting of fathers only and compare if there are any differences between the level of implementation and level of effectiveness when provided by these two different parent roles.

The timeline of the D-HOPE implementation was relatively short, therefore further research is warranted to determine its effectiveness across extended time as well as to discover ways to facilitate maintenance and adherence to the program over time. The D-HOPE parent coaching sessions can also be conducted more frequently than in a once-a-week basis and determine if it can further increase its effectiveness on parents' knowledge and skills. Finally, The D-HOPE focused on one BADL alone, which is dressing. It is recommended to develop other home programs that are patterned with the components of the D-HOPE, such as home programs for feeding, bathing, toileting, etc.

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