**Title**: Parent Participatory Engagement in Virtual and In-Person Community Early Intervention Services for Autism

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**Introduction**: As the delivery of telehealth services has increased throughout the years, so has the interest in virtual intervention services for autism spectrum disorders (Ingersoll & Berger, 2015). In 2020, in-person early intervention (EI) services abruptly stopped due to the COVID-19 pandemic, prompting many EI services to shift to virtual sessions via telehealth (Cheung et al., 2023). Past literature suggests that telehealth for EI services has significant advantages over traditional in-person services, including reduced wait times, increased flexibility, enhanced safety during illness outbreaks, and expanded access (Cheung et al., 2023). Parent engagement is essential in EI as it fosters consistent support, reinforces learned skills, and promotes the child’s developmental progress outside of structured sessions (Cristea et al., 2011). Learning about how engagement compares for telehealth and in-person services may shed light on whether caregivers participate in these services differently and emphasize potential areas for care improvement. This study aims to 1) assess differences in parent participatory engagement between community EI sessions conducted virtually and in person, and 2) assess differences in therapist use of engagement strategies across virtual and in-person EI sessions.

**Method**: The present study analyzed data from a community effectiveness trial for Project ImPACT, an evidence-based, naturalistic developmental behavioral intervention aimed at empowering parents to enhance their child's social and communication skills (Stahmer et al., 2020). Participants include parents (N = 91; 48.4% Latinx) and therapists (N = 49; 40.8% Latinx) who submitted video recordings of their EI sessions. A total of 268 sessions were coded for parent engagement; 175 with in-person modality and 93 with telehealth modality. The PPEM Observational Coding system was used to assess levels of parent participatory engagement (Haine-Schlagel & Martinez, 2014). Observational coding measuring the therapist’s alliance, collaboration, and engagement (ACEs) with the child’s caregiver, is ongoing (N=68 sessions coded to date).

**Results**: Two-tailed independent sample t-tests were conducted to assess for differences in PPEM ratings (individual, total) and ACES ratings (individual, total) by session modality. Analyses indicate significantly higher levels of parent engagement in virtual as compared to in-person service sessions, in terms of parents generally sharing their perspectives (t = 3.909, p < .001), asking questions (t = 3.535, p < .001), and demonstrating commitment (t = 3.271, p = .001). No significant differences were found for sharing perspectives on home actions, agreeing with home actions, participating in session activities, and the average of totaled PPEM scores. Preliminary results suggest that there are significantly higher levels of therapist engagement strategies in virtual compared to in-person service sessions for: actively listening, conveying parent-therapist partnership, communicating positive regard, seeking parent input, incorporating parent input, recognizing parents' strengths and efforts, and the total ACES score (all p < .05). No significant differences were found for offering suggestions, involving the parent in therapeutic activities, collaboratively attending to outside actions, addressing barriers to parent participation, and providing psychoeducation about child development and services.

**Discussion:** The study found that telehealth modality is associated with higher levels of parents of specific dimensions of parent engagement (e.g. sharing perspectives, asking questions) which reaffirms the promise of telehealth services, which often promote accessibility of EI services to many families, to include elements of high-quality care. Therapists utilized significantly more engagement strategies while working with families virtually, suggesting that telehealth modality may even has some benefits over in-person services in terms of encouraging therapist to use more evidence-based engagement methods. Overall, these heightened observations of parent engagement and therapeutic strategies may support positive outcomes for children and their families and motivate favorable views toward virtual EI sessions. However, no differences were found in involving parent in therapeutic activities and parent engagement in these activities, which may be a key determinant of child outcomes. Future work should assess individual engagement strategies with child outcomes, as well as identify and address barriers to parent participation in therapeutic activities in telehealth sessions.

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