

Feasibility RCT of culturally adapted, telehealth-delivered group-based intervention to support the social-emotional competence of autistic children in Malaysia | WFOT

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Why Telehealth-Delivered Group-Based Emotion Regulation (GBER) Intervention?



Limited access to **structured social-emotional regulation** services for autistic children in Malaysia^{1,2}.



The feasibility of **group-based emotion regulation (GBER)** interventions in Malaysian contexts remain **underexplored**³.



Westmead Feelings Program 1 (WFP1): a manualised, GBER intervention⁴.



Telehealth-delivered WFP1 offers a **scalable** and **culturally responsive** delivery model.

¹Abdullah Chow, H. Y., Salleh, N. S., Cheng, K. W., & Totsika, V. (2026). Families' experiences of accessing intervention for their children with neurodevelopmental disabilities in Malaysia: A systematic review. *International Journal of Developmental Disabilities*, 72(1), 148–161. <https://doi.org/10.1080/20473869.2024.2331815>

²Marshall, J., Kirby, A. V., & Girdler, S. (2019). Service pathways and unmet needs for families of autistic children: A qualitative study. *Journal of Autism and Developmental Disorders*, 49(8), 3184–3198. <https://doi.org/10.1007/s10803-019-04006-4>

³Jasni, S. H., Graham, F., Bell, E., & Tan, V. T. Y. (2025). Systematic review of group-based emotion regulation interventions for autistic children's socio-emotional competence. *OTJR: Occupational Therapy Journal of Research*, OnlineFirst. <https://doi.org/10.1177/15394492251330507>

⁴Ratcliffe, B., Wong, M., Grahame, V., Brice, L., Carroll, L., & Dossetor, D. (2017). *Westmead Feelings Program 1: Emotion-based learning for children with autism spectrum disorder and mild intellectual disability*. Australian Council for Educational Research.

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What Did We Do?

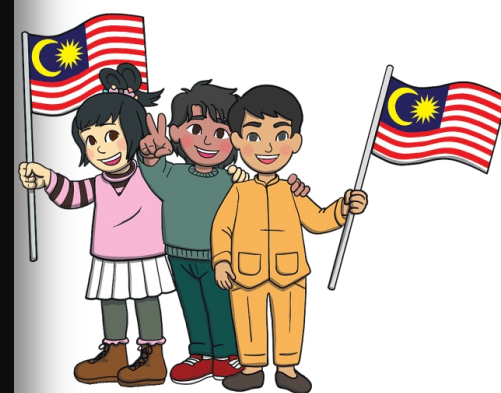
Feasibility RCT (Phase II)

12 Malaysian parent-child dyads recruited from the Klang Valley (intervention $n = 6$; waitlist control $n = 6$).

Telehealth-delivered WFP1 (group-based).

Feasibility outcomes: recruitment, attendance, homework adherence, facilitator fidelity, parent engagement, and outcome measure completion.

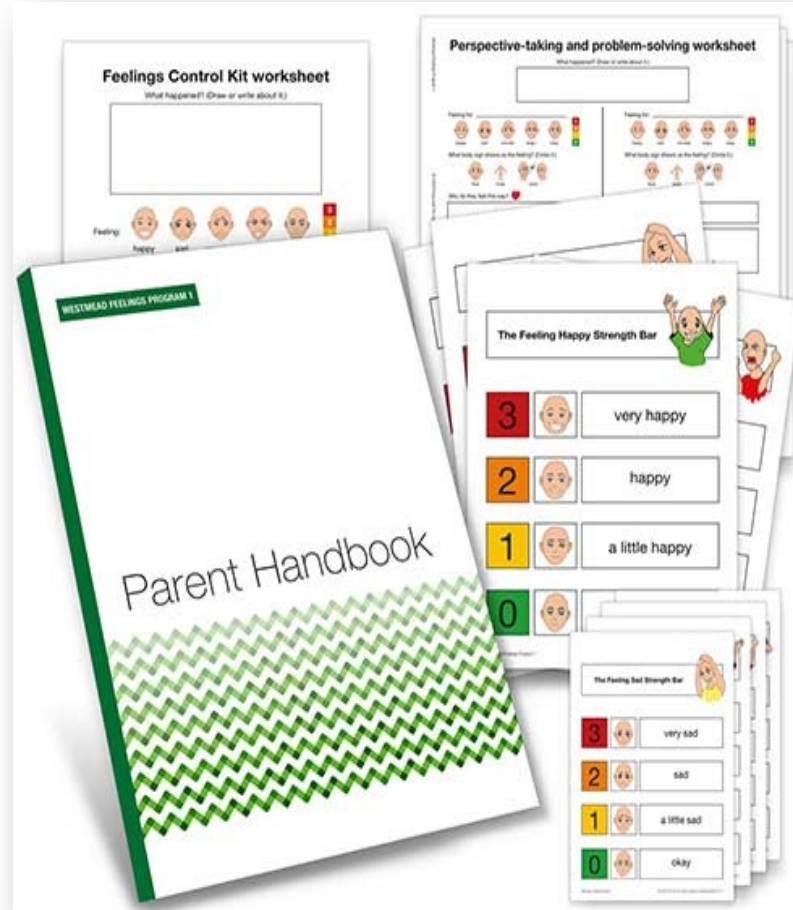
'Group-Based' Context



Child Materials



Parent Materials



Key Findings

Feasibility Outcomes – Attendance and Session Duration (Intervention Group)

Feasibility Domain	Value
Parent-only session attendance (<i>M</i> %)	81
Parent-child session attendance (<i>M</i> %)	82
Duration of parent-only sessions, <i>M</i>	1 hr 44 min (<i>SD</i> = 23 min)
Duration of parent-child sessions, <i>M</i>	54 min (<i>SD</i> = 7 min)

Facilitator Fidelity, Homework Adherence, and Parental Engagement (Intervention Group)

Implementation indicator	Value	Details
Facilitator Fidelity		
– Content adherence (%)	96	Across all parent sessions
– Process fidelity (%)	98	Facilitator behaviours/strategies
Homework Adherence, <i>M</i> (<i>SD</i>)	98.9 (4.45)	Based on returned WFP1 takeaway tasks per session across 14 parent-child sessions, excluding Session 5 in Module 3 and the Booster Session (Session 16), which did not include homework tasks.
Parent Engagement (PRIME-P), <i>M</i> (<i>SD</i>)		Based on session scores
– Plan Appropriateness (PA)	6.43 (1.02)	Maximum score = 12
– Positive Outcome Expectancy (POE)	6.21 (1.21)	Maximum score = 12
– Partnering (P)	4.64 (1.26)	Maximum score = 9

Outcome measure completion: high (83–100%)

OT Implications & Conclusion

OTs can play a key role in **advancing telehealth interventions**, ensuring accessible, high-fidelity, and culturally responsive care. Overall, this feasibility study offers **promising groundwork** for advancing equitable and culturally responsive telehealth-delivered GBER interventions for autistic children in Malaysia.