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INFLUENCE OF THE COVID-19 PANDEMIC ON THERAPY DELIVERY FOR CHILDREN WITH ASD: PARENTAL EVALUATION OF PARTICIPATION, SIGNIFICANCE FOR FUNCTIONING AND SATISFACTION

WPLYW PANDEMII COVID-19 NA ZAPEWNIENIE TERAPII DZIECIOM Z ZABURZENIEM SPEKTRUM AUTYZMU: OCENA RODZICÓW DOTYCZĄCA UDZIAŁU, ZNACZENIA DLA FUNKCJONOWANIA I ZADOWOLENIA

Streszczenie: W naszym badaniu chcemy ustalić, jak rodzice dzieci ze spektrum autyzmu oceniali terapię swojego dziecka w trakcie i przed pandemią. Próbujeśmy określić udział dzieci

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w terapii, zmianę częstotliwości, formy i rodzaju terapii, rodzicielską ocenę kompetencji i satysfakcji z terapii. W tym celu posłużyliśmy się kwestionariuszem ankiety. Wyniki pokazały, że prawie wszystkie dzieci uczestniczyły w terapii w tym okresie pomimo ograniczeń spowodowanych pandemią. Zmniejszyła się jednak liczba godzin terapii dzieci przebywających w placówkach, a zwiększyła zdalnie. Efektywność prowadzonych terapii zmniejszyła się w porównaniu z okresem sprzed pandemii. Najbardziej negatywne zmiany w funkcjonowaniu dzieci wystąpiły w obszarach funkcjonowania społecznego, sensorycznego i integracji sensorycznej. Wyniki badań wykazały, że kompetencje rodziców albo wzrosły, albo utrzymały się na tym samym poziomie, natomiast ich satysfakcja z terapii dziecka znacząco spadła w czasie pandemii.

Słowa kluczowe: rodzice dzieci z ASD, terapia dzieci z ASD, usługi terapeutyczne, COVID-19.

Abstract: In our study, we wanted to determine how parents of children on the autistic spectrum, assessed their child's therapy during and before the pandemic. We tried to determine the children's participation in therapy, the change in frequency, the form and type of therapy, parental evaluation of competence and satisfaction with the therapy. For this purpose, we used a questionnaire. The results showed that almost all children participated in therapy during this period despite the limitations caused by the pandemic. However, the number of hours of therapy provided to children in institutions decreased, while that provided remotely increased. The effectiveness of the conducted therapies decreased compared to the time before the pandemic. The most negative changes in children's functioning occurred in the areas of social functioning, sensory and sensory integration. The results showed that the competence of the parents either increased or held at the same level, whilst their satisfaction in their child's therapy significantly decreased during the pandemic.

Keywords: parents of children with ASD, therapy for children with ASD, Therapy services, COVID-19.

Introduction

The relevance of parental participation in the therapy of their child with ASD

Due to the complex nature of autistic spectrum disorders, therapy for individuals with ASD affects almost every area of development and adaptive behaviour (Rogers and Vismara, 2008). Parents of children with ASD are centrally involved in their children's choice of therapy. They attempt to implement a variety of therapeutic interventions in the hope of improving their children's functioning and bear the greatest responsibility for making decisions about therapeutic interventions for their children (Runco & Schreibman, 1983).

Children with autistic spectrum disorders (ASD) benefit from parental involvement in their therapy. This involvement can also improve the functioning of the parents themselves (Tint, Maughan & Weiss, 2017). Parents report that informed involvement in their children's therapy makes them feel more capable of helping their children (Sofronoff & Farbotko, 2002). Meanwhile, surveys of Polish parents of children with ASD indicate their low level of knowledge about the autism

spectrum. They declare the need to deepen their knowledge of their children's developmental difficulties by expressing a desire to have an individual conversation with a specialist (Ślifirczyk et al., 2019).

According to data from a survey of parents prior to the Covid-19 pandemic, most of them would like to receive more therapeutic support for their children than is currently the case. While many caregivers declared satisfaction with the quality and type of therapeutic services provided to their children, concern was raised about the insufficient amount of support (OSA Report, 2016).

According to the NIK Report, there is a phenomenon of inadequate therapeutic support in Poland, not only for children and adolescents with ASD, but also for adults and those just entering adult life. Many limitations are faced when accessing specialised assistance, especially by high-functioning individuals with autism. Therapeutic support tailored to their needs is often unavailable (Supreme Chamber of Control Report, 2020).

The impact of the pandemic on access to therapy for children with ASD

The COVID-19 pandemic dramatically affected the system of therapy services provided to people with autism and their families (Ameis et al., 2020). However, knowledge about parents' satisfaction with their children's therapy during COVID-19 is still limited (Ferguson et al., 2021). During the COVID-19 pandemic, some of the services that were sometimes already in need of reform before the pandemic, ceased to exist altogether for a time. Many of the therapy centers providing support to people with ASD and their families suspended their operations, while others offered remote consultations to their patients and, over time, provided therapy online. Although remote therapy for low-functioning individuals or those with attention deficit difficulties often presented an insurmountable barrier, it was sometimes the only way to provide individualised therapy during the pandemic (Eshraghi et al., 2020). In the case of high-functioning children, this form of support made it possible to create a safe environment for talking, assessing mood and reducing the level of anxiety they felt (Narzisi, 2020). Gradually, the possibility of one-on-one meetings with a therapist, taking place under a sanitary regime of precautions, emerged in some facilities.

During the pandemic, parents and caregivers were confronted with the need to provide their children with specialised support. On the shoulders of many of them rested the responsibility for therapy, which, in the face of the need to balance child care with work and household responsibilities, may have seemed a challenge far beyond their resources (Baweja et al., 2021). Moreover, the social, emotional, and psychological support that parents received while interacting with therapists in person may have suffered significantly during the pandemic (Stankovic et al, 2020). The pandemic's isolation, which resulted in the closure of special education and

therapy providers, thus deprived parents of a vital support network-often their only support network (Latzer et al., 2020).

The present study

The purpose of the study was to determine how parents rated their children's participation in autistic spectrum disorder therapy, during and before the pandemic. We wanted to find out how children participated in therapy despite the lockdown, i.e., if there was a change in the frequency, form and type of therapy compared to before the pandemic. In the study, we also sought to find out how parents assessed their children's participation in therapy during the pandemic, taking into account the effectiveness of the therapy, changes in the child's functioning and their motivation to cooperate during therapy. We also wanted to determine how parents assessed their own competence and whether they were satisfied with therapy given during the pandemic.

Method

Participants

A total of 137 people participated in the study – 105 women (76.6%) and 32 men (23.4%) aged between 26 and 58 years ($M = 38.65$; $SD = 7.09$). Respondents had between 1 and 4 children ($M = 1.82$; $SD = 0.81$), of which 56 people (40.9%) had two children, 55 people had one child (40.1%), 22 people (16.1%) had three children and four people (2.9%) had four children. All respondents were raising at least one child on the autistic spectrum. Among the parents surveyed, 118 (86.1%) of the children had a diagnosis of autistic spectrum disorder only, while 19 (13.9%) had a diagnosis of both autistic spectrum disorder and an intellectual disability. In 54 cases (39.4%) the child on the autistic spectrum was at the early intervention stage in 46 children (33.6%) attended primary school grades I-III and in 37 (27%) children attended primary school grades IV-VIII. There were 43 (31.3%) non-working parents in the study, 45 (32.8%) worked from home (remotely) and 49 (35.80%) worked at their place of work (stationary).

Procedure

The study took place during the SARS-CoV-2 pandemic from early December 2020 to June 2021. During this period, some therapy centres were partially closed or therapies took place under a sanitary regime. Parents were recruited for the study through children's therapy venues and through associations of parents of children with ASD.

The study was conducted remotely. Each respondent was informed about the purpose of the study and invited to participate. The study was anonymous and no sensitive data were included about either parents or children. The conduct of the study followed the procedures for the implementation of academic research. The identities of the survey participants were coded for the preparation of the report and subsequent academic publication. Questionnaires were assigned codes. At each stage of the study, participants were allowed to opt out of completing the questionnaires.

Research instruments

We used a questionnaire in the study. The individual items allowed us to establish the variables. The first group of variables referred to the determination of how children participated in therapy, type of therapy and any changes as to where therapy was provided during and before the pandemic. The next group of variables related to the assessment of the effectiveness of therapy before and during the pandemic, whether this assessment had changed, and whether there had been a change in children's functioning (including regression) during the pandemic compared to before the pandemic. We also determined a comparison of the child's motivation to work with the therapist and parents during therapy, prior and during the pandemic. The next variable was parental satisfaction with the child's participation in therapy before and during the pandemic. A group of variables was also established on the implementation of therapy recommendations, parents' sense of competence before and during the pandemic, and difficulties in achieving therapy goals.

An analysis of parents' statements in online forums and one-to-one interviews with parents within their membership of associations and organisations working with people with ASD shortly after the introduction of remote working was used to create survey questions about the difficulty of implementing therapy recommendations and the support that parents received. The list of therapies included was based on an analysis of the offer of therapeutic centres operating in Poland.

Statistical analysis

In order to verify the hypotheses, statistical analyses were performed using the IBM SPSS Statistics 25 package. Frequency analyses, descriptive statistics analyses including the Kolmogorov-Smirnov test, Student's t tests for dependent samples and Wilcoxon tests were performed using this package. The classic threshold of $\alpha = .05$ was considered as the significance level.

Results

Participation of children with ASD in therapy during the pandemic

The study showed that, despite the pandemic, almost all children (99,3%) participated in therapy. Most of them received therapy at school (74,5%). It also emerged that some of them – 14,6% – participated in remote therapy. It is worth noting that about 30% of the children attended therapy in more than one place. Detailed data are shown in Figure 1.

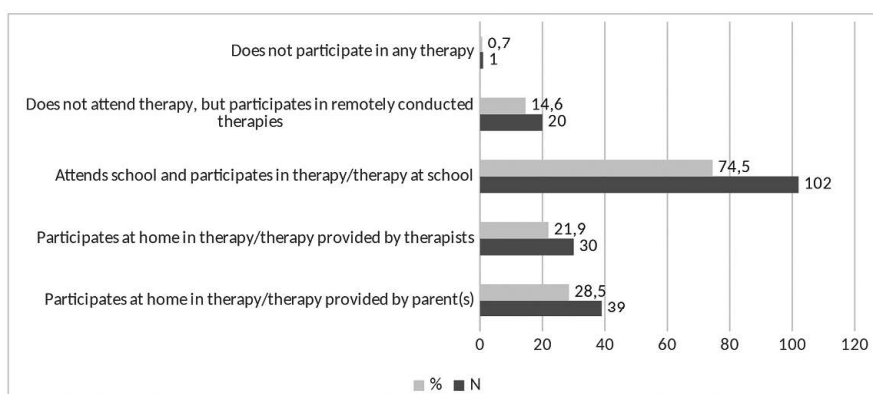


Figure 1. Participation of children in therapy during a pandemic

In order to investigate where and for how long the child with ASD received therapy before and during the pandemic, the number of hours the parents declared that their children attended therapy was counted. The results of the Student's test for the dependent groups showed (Table 1) statistically significant differences between the calculated data almost everywhere. Only in the case of therapist-directed therapy at home, the duration of therapy did not change. It appeared that the duration of therapy conducted remotely increased, while the duration of therapy conducted in both public and private facilities decreased. In addition, the duration of therapy conducted by parents at home increased.

The study also examined how the participation of children with ASD in different types of therapy changed before and during the pandemic. The results calculated using Student's t-test for dependent groups showed that changes – the time spent receiving therapy decreased – for TEACCH, ABA, cognitive behavioural method, speech/neurological therapy and supportive methods. These changes were statistically significant. Only for SI and RDI were the changes not at the statistically significant level. Table 3 shows the therapies ticked by parents and the length of time children with ASD participated in them before and during the pandemic.

Table 1. Average number of hours and place of therapy received by children with ASD before and during the pandemic

	Before the pandemic		During the pandemic		<i>t</i>	<i>p</i>	95% <i>CI</i>		<i>d</i> Cohena
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			<i>LL</i>	<i>UL</i>	
at home - conducted by a parent	1.12	1.72	1.57	2.14	-4.95	<.001	-0.63	0.27	0.42
at home - conducted by a therapist	0.37	1.18	0.40	0.98	-0.29	.774	-0.23	0.17	0.02
in an educational institution	3.41	2.54	2.30	2.19	8.34	<.001	0.85	1.37	0.71
in a public counselling centre - remotely	0.00	0.00	0.18	0.62	-3.44	<.001	-0.29	0.08	0.29
in a public counselling centre - stationary	0.50	1.20	0.25	0.95	4.06	<.001	0.13	0.37	0.35
in a private practice - remotely	0.03	0.24	0.24	0.68	-3.38	<.001	-0.34	0.09	0.29
in a private practice - stationary	1.23	1.74	0.60	1.22	5.63	<.001	0.41	0.85	0.48

Table 2. Length of time to participate in individual therapies in the period before and during the pandemic

	Before the pandemic		During the pandemic		<i>t</i>	<i>p</i>	95% <i>CI</i>		<i>d</i> Cohena
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			<i>LL</i>	<i>UL</i>	
SI	0.03	0.24	0.01	0.17	1.00	.319	-0.01	0.04	0.09
TEACCH	0.96	1.63	0.81	1.32	3.11	.002	0.05	0.24	0.27
RDI	0.04	0.31	0.01	0.17	1.35	.181	-0.01	0.05	0.12
GPS	0	0.00	0	0.00	-	-	-	-	-
ABA	0.24	1.05	0.17	0.78	2.16	.032	0.01	0.14	0.18
Cognitive-behaviour al method	0.65	1.18	0.47	0.82	3.92	<.001	0.09	0.28	0.33
Speech therapy/neurological therapy	1.38	0.88	1.09	0.77	5.74	<.001	0.19	0.38	0.49
TUS	1.12	1.06	0.55	0.76	7.26	<.001	0.41	0.72	0.62
Supportive methods	1.69	1.00	1.16	0.88	7.58	<.001	0.39	0.67	0.65

Parents' opinion on the effectiveness of therapy, changes in functioning (including regression) and children's motivation to participate in therapy before and during the pandemic

In order to verify whether parents assessed the effectiveness of their children's therapy in the same way before and during the pandemic, the Wilcoxon test was performed. A statistically significant result was recorded, $Z = -9.34$; $p < .001$. As can be seen in Table 3, there was a decrease in the evaluation of the effectiveness of the therapy for the 114 parents surveyed. No change was marked by 22 people,

while only one person noted an improvement in efficacy. The strength of the reported effect, as measured by the r coefficient, was very high at $r = 0.80$.

Table 3. Assessment of the effectiveness of treatment for children before and during the pandemic

		Effectiveness of pre-pandemic therapy					
		ineffective	not very effective	moderately effective	effective	very effective	
Effectiveness of therapy during a pandemic	ineffective	<i>N</i>	0	0	7	2	0
		%	0.0%	0.0%	5.1%	1.5%	0.0%
	not very effective	<i>N</i>	0	0	3	32	2
		%	0.0%	0.0%	2.2%	23.4%	1.5%
	moderately effective	<i>N</i>	1	0	7	27	14
		%	0.7%	0.0%	5.1%	19.7%	10.2%
	effective	<i>N</i>	0	0	0	12	27
		%	0.0%	0.0%	0.0%	8.8%	19.7%
	very effective	<i>N</i>	0	0	0	0	3
		%	0.0%	0.0%	0.0%	0.0%	2.2%

Parents were asked to assess their children's functioning in the proposed areas before and during the pandemic. The results showed that the largest group of parents (61.3%) observed changes – deterioration – in social functioning, sensory functioning and sensory integration. Only two people noticed an improvement in the latter area. It also turned out that 14.6% noticed an improvement in the area of independence and self-determination. In the areas of cognitive functioning, independence and capacity for self-determination and general physical fitness, the majority of parents did not perceive any changes due to the pandemic situation.

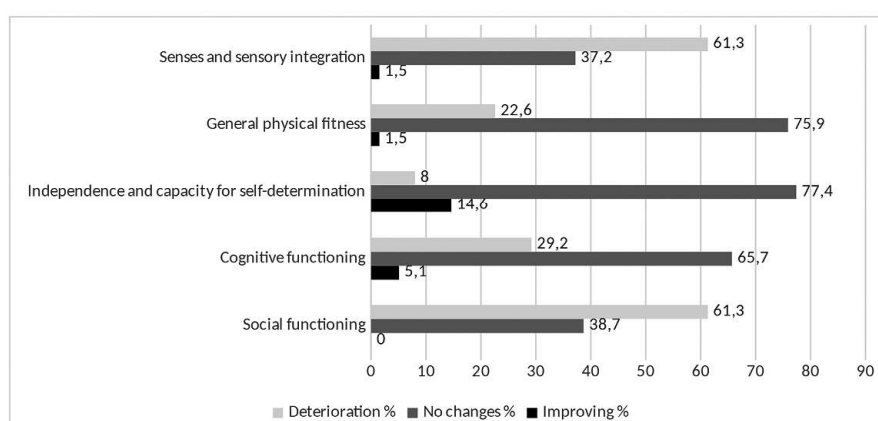


Figure 2. Changes in functioning of children with ASD particular areas

In addition, parents were asked to rate whether they had observed a regression in their children's skills during the pandemic. This turned out to be indicated by 45.2% (Table nr 6).

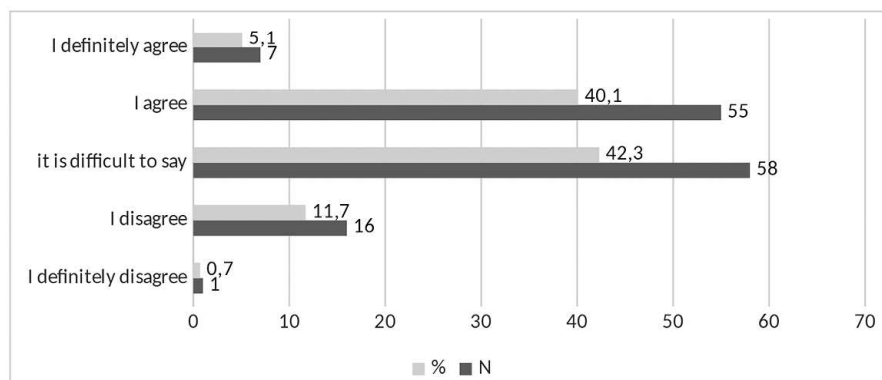


Figure 3. Parental assessment of skill regression in children with ASD

Wilcoxon tests were performed to determine parents' assessment of whether there was a change in their child's motivation to cooperate during therapy before and during the pandemic. First, data were analysed for the classes with the therapist (Table no. 7), which indicated a statistically significant result, $Z = -5.04$; $p < .001$. 34 parents reported a decrease in motivation, 2 parents indicated an increase in motivation. We also recorded 101 parents who noted no change in the area of their children's motivation for therapy. The strength of the reported effect, as measured by the r coefficient, was large, $r = 0.43$.

Table 5. Parental assessment of motivation of children with ASD to complete therapeutic tasks before and during pandemic – collaboration with the therapist

		During the pandemic					
		does not do exercises	very reluctant to do exercises	reluctant to do exercises	does not show any reluctance to exercise	not any willing to do the exercises	very willing to do the exercises
Before the pandemic	does not do exercise	<i>N</i> 0	0	0	0	0	0
		% 0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	very reluctant to do exercises	<i>N</i> 0	0	0	0	0	0
		% 0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	reluctant to do exercises	<i>N</i> 1	3	14	1	0	
		% 0.7%	2.2%	10.2%	0.7%	0.0%	
	does not show any reluctance to exercise	<i>N</i> 0	7	9	35	1	
		% 0.0%	5.1%	6.6%	25.5%	0.7%	
	very willing to do the exercises	<i>N</i> 0	1	2	11	52	
		% 0.0%	0.7%	1.5%	8.0%	38.0%	

We also asked whether there was a change in the child's motivation to cooperate with the parents during therapy. Again, we noted a statistically significant result, $Z = -5.79$; $p < .001$. Table 8 shows that 52 parents rated a deterioration in motivation, 5 parents rated an increase in motivation, while 80 parents felt no change. The strength of the recorded effect, as measured by the r coefficient, was large, $r = 0.49$.

Table 6. Parental assessment of motivation of children with ASD to complete therapeutic tasks before and during pandemic – cooperation with the parent

		During the pandemic					
		does do exercises	not do exercises	very reluctant to do exercises	reluctant to do exercises	does show reluctance to exercise	not any willing to do the exercises
Before the pandemi c	does not do exercises	N 18 % 13.1%	1 0.7%	1 0.7%	0 0.0%	0 0.0%	
	very reluctant to do exercises	N 17 % 12.4%	25 18.2%	2 1.5%	0 0.0%	0 0.0%	
	reluctant to do exercises	N 6 % 4.4%	17 12.4%	26 19.0%	1 0.7%	0 0.0%	
	does not show any reluctance to exercise	N 1 % 0.7%	4 2.9%	6 4.4%	11 8.0%	0 0.0%	
	very willing to do the exercises	N 0 % 0.0%	0 0.0%	1 0.7%	0 0.0%	0 0.0%	

Parental satisfaction with their child's participation in therapeutic activities before and during the pandemic

In order to assess parental change in satisfaction with therapeutic activities and during the pandemic, a *Student's t test for dependent samples* was performed. The calculations showed a statistically significant result of $p < .001$. It appears that satisfaction levels decreased significantly in the measurement during the pandemic. The strength of the observed effect, measured by d Cohena coefficient of 1.14, was large.

Table 7. Assessment of satisfaction with the child's participation in activities in the period before and during the pandemic

	Before the pandemic		During the pandemic		t	p	95% CI		d Cohena
	M	SD	M	SD			LL	UL	
Degree of satisfaction with therapy before the COVID-19 pandemic	3.02	0.68	2.15	0.84	13.29	<.001	0.74	1.00	1.14

Parental assessment of their own competence in implementing treatment recommendations before and during the pandemic

To find out whether there was a parental change in the assessment of their own competence before and during the pandemic, Wilcoxon tests were performed, which showed a statistically significant result, $Z = -3.14$; $p = .002$. It turns out (Table 10) that 11 parents marked a decrease in the assessment of their own competence, 31 parents marked an increase in their own competence and 61 parents recorded no change. The strength of the recorded effect was moderately large, $r = 0.27$.

Table 8. Parental assessment of own competence before and during a pandemic

		During the pandemic			
		low	average	high	
Before the pandemic	low	N	48	17	10
		%	46.6%	16.5%	9.7%
	average	N	8	8	4
		%	7.8%	7.8%	3.9%
	high	N	2	1	5
		%	1.9%	1.0%	4.9%

Parental assessment of difficulty in implementing therapeutic recommendations

We also wanted to establish how parents rated the difficulty of implementing treatment recommendations. The results obtained show that 89.1% of the respondents indicated that the biggest problem is motivating the child. For approximately 60% the difficulty was the lack of time and the lack of support in terms of regular monitoring of the therapeutic process by a qualified therapist. For almost 1/3 of the parents, the problem is their own motivation in implementing the therapeutic recommendations for their child.

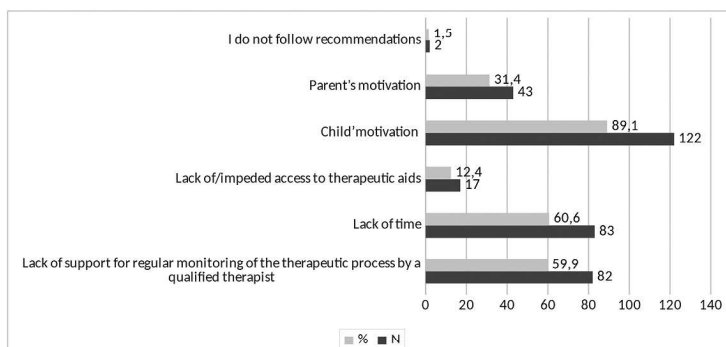


Figure 4. Parental assessment of difficulty in implementing treatment recommendations

Discussion

In our study, we wanted to determine how parents evaluated the participation of their children with ASD in therapy during and before the pandemic. The data obtained showed that when it came to assessing the participation of their children with ASD in therapeutic activities, it appeared that almost all children participated in therapy during this period despite the limitations caused by the pandemic. However, it turned out that compared to the pre-pandemic period, there were changes in the form and location of the therapies provided. The number of hours of therapy provided to children in institutions decreased, while that provided remotely increased. There were also more hours of therapy carried out by parents at home. Moreover, the number of therapy hours decreased for most types of therapy.

During the pandemic, many of the therapy and education services were temporarily halted. Their intensity was significantly reduced, and remote contact was introduced to ensure the continuity of the processes themselves. The disruption of services necessitated an almost immediate transition from real contact to therapy provided remotely through new technologies (Massey, 2022). Remote contact therapy can be viewed as an effective way to overcome barriers to accessing specialized services (Solomon and Soares, 2020). At the same time, people with autism often require special accommodations and support from a caregiver in order to participate and benefit from the services provided (Ingersoll and Berger, 2015). In the home environment, many parents have attempted to provide their children with specialised support, which can lead to increased stress and anxiety. Some caregivers see remote therapy as a viable alternative for maintaining continuity and sustaining the therapeutic process, even if it is not their preferred mode of service delivery (White et al., 2021).

In our research, we also wanted to find out how parents rated the effectiveness of ongoing therapies in the period before and during the pandemic. The results showed that in their opinion, the effectiveness of conducted therapies decreased compared to the time prior to spring 2020. The COVID-19 pandemic limited many children and their families' ability to access constant daily contact with therapists, causing differences in routine and decreasing the effectiveness of therapies. The intensity and frequency of challenging behaviours manifested by children also increased (Colizzi et al., 2020). Parental satisfaction was lower for behavioural therapy, speech therapy classes, as well as occupational therapy provided via the Internet (Ferguson et al., 2021). These findings are consistent with other reports from caregivers claiming that benefits from services provided through remote systems are reduced for all types of services during COVID-19 (White et al., 2021).

We asked parents if they felt there were changes in their child's functioning, due to increased difficulty in accessing treatment during the initial stages of the pandemic. Parents reported that the most negative changes occurred in

the areas of social functioning and senses and sensory integration. Although some parents noted improvements in functioning in terms of independence and decision-making abilities, the data showed that the vast majority reported no change or a deterioration in functioning. In addition, almost half noted a regression in their children's skills over this time period.

Social isolation negatively affects the ability to improve social skills. Access to therapeutic and educational services may be radically limited or completely prevented, interpersonal interactions have been reduced to only interacting with immediate family members, and many children with ASD have received minimal access to activities designed to improve their social functioning (Eshraghi et al., 2020). Individuals on the spectrum do best when they are able to anticipate changes that will occur in their environment. However, the COVID-19 pandemic has led to a deprivation of the need for predictability (Bellomo et al. 2020). The changing environment and lack of a safe and predictable structure are predictors for adaptive difficulties, resulting in increased emotional and behavioural problems-including aggression and self-aggression and anxiety-like behaviours (Huang et al. 2021). It has been shown that during the pandemic, the frequency and severity of challenging behaviours in children with ASD were higher than before the pandemic (Mutluer et al., 2020; Tokatly et al., 2021). According to parents, their children with an ASD diagnosis experienced significant changes in sensory processing, manifested by psychomotor hyperactivity, the formation of new stereotypes and obsessions with home isolation (Saliverou et al. 2021)

The parents assessed their child's motivation to cooperate with the therapist or parent during a therapy session, compared to before the pandemic. It turned out that both in working with the therapist and with the parent there was a decrease in motivation. However, the children had the least motivation to work when the parents were conducting the therapy. According to researchers, motivation for action can be lowered and the mechanism of avoidance to perform certain tasks increased when an individual faces the repeated experience of failure (MacMillan, 1971; Rodda, 1977; Clark and Rutter, 1979). This finding is particularly applicable to the situation of individuals with ASD. The widespread nature of their disorder can result in repeated exposure to situations of failure (Koegel and Mentis, 1985). Deficits in social motivation that are not conducive to cooperation play an important role in autism spectrum disorders (Chevallier et al., 2012).

In the surveys conducted, we wanted to see how parents evaluated their own competence in implementing treatment recommendations before and during the pandemic. The results showed that, in the opinion of parents, their competence either increased or remained the same. Parents' sense of their own parental competence increases when the parent feels involved in their child's therapy (Kurzrok et al., 2021). Qualitative data show that parents and caregivers are more likely to comply with recommendations if they have the time and opportunity to practice the skills taught in therapy (Rilveria, 2022). Therefore,

therapists are encouraged to create a simple but effective home program that parents and caregivers can easily use and that will not take too much time to prepare or implement (Menahem and Halash, 2000). Some studies have shown improved levels of parental self-efficacy among parents who participate in psycho-educational interventions and parent training (Deb et al., 2020).

In our study, parents assessed their satisfaction with therapy prior to, and during the pandemic. The data indicated that the degree of satisfaction dropped significantly during the pandemic. Parents who perceived increased difficulties in the emotional functioning in their children with ASD during the pandemic reported lower satisfaction with therapy services-especially behavioural therapy (Ferguson et al., 2021). Growing concerns about the mental health of children with ASD may have contributed to parents' lower satisfaction with some of the therapeutic support services provided to their children (Maddox et al., 2020). Parents perceive remote technologies as helpful in reducing the financial outlay and time associated with travel. However, they felt that the technical difficulties they encountered along the way were too frequent, and that remote strategies should complement face-to-face contact rather than completely replace it (Massey, 2022).

In our research, we also tried to determine how parents evaluate the difficulty of implementing treatment recommendations. The data obtained showed that the most common difficulty parents indicated was related to their child's lack of motivation to cooperate. A large group indicated difficulties related to lack of time and lack of regular support from a therapist. With the onset of the pandemic, many parents had to face the necessity of taking responsibility for their children's therapy, which, in the face of the need to balance childcare with work as well as household responsibilities, could prove to be a task significantly beyond their resources – including time (Baweja et al. 2021). The period of the Covid-19 pandemic dramatically reduced the regular psychological and social support that parents had previously received through personal meetings with specialists (Stankovic et al. 2020; White et al. 2021).

Conclusion

The study showed that therapy for children took place despite the difficulties caused by the pandemic. However, in the opinion of the parents, certain factors caused a deterioration in the therapy process. The form of classes, the number of hours allocated to therapy and the children's motivation to receive therapy all changed, which parents viewed negatively. Parents also noted a lower effectiveness of therapy and a deterioration in the children's functioning. Although their competence to carry out therapy recommendations has increased during the pandemic, they are experiencing a lot of difficulty in carrying them out. Which seems to have consequently lowered their sense of satisfaction with their children's therapy.

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