

Occupational Therapy's Distinct Value

CHILDREN & YOUTH

Resource for Administrators and Policy Makers

Occupational therapy's distinct value is to improve health and quality of life through facilitating participation and engagement in occupations, the meaningful, necessary, and familiar activities of everyday life. Occupational therapy is client-centered, achieves positive outcomes, and is cost-effective.

Occupational therapy distinctly focuses on participation by:

- Using a *holistic* approach to consider all components of the individual and his or her goals
- Focusing on *inclusion* by supporting engagement in activities in their natural contexts
- Increasing an individual's capacity and/or modifying environments and activities for greater participation (*Person-Environment-Occupation fit*)
- Providing expertise in both *mental and physical health*
- Offering a *lifespan approach*
- Providing evidence-based and cost-effective services

Research Supports the Importance of Active Engagement

- Life skills development has been found to be a good prognostic indicator for future employment of individuals with autism (Klinger, Klinger, Mussey, Thomas, & Powell, 2015).
- Student engagement in school activities such as recess has been correlated to positive behavior and greater attention (Barros, Silver, & Stein, 2009; Holmes, Pellegrini, & Schmidt, 2006).
- Some research indicates that individuals with disabilities who used activity modification strategies report positive quality of life and health (Lindberg & Iwarsson, 2002).
- "When working in interprofessional collaboration, speech-language pathologists and occupational therapists agree that occupational therapy is indispensable to early intervention in enabling communication in ASD" (Hebert, Kehayia, Prelock, Wood-Dauphinee, & Snider, 2014, p. 594).

Occupational Therapy Enables Participation in Daily Routines

- Children and their families experience a greater sense of satisfaction, and their health and wellness outcomes increase, when they are able to participate successfully and independently in daily and meaningful routines and tasks at home, at school, and in community environments (Fingerhut, 2013).
- Children with disabilities are vulnerable to participation restrictions in their physical and social environments (Harding et al., 2009).
- For children and youth with disabilities, health, wellness, and a sense of belonging in social communities can be enhanced and promoted by successful participation in roles, routines, and occupations of meaning and value (Dunst & Dempsey, 2007).
- Occupational therapists promote health and wellness and establish healthy habits and routines that lead to active participation across the life span by:
 - › Adapting activities and environments to enhance participation in meaningful roles and routines (American Occupational Therapy Association, 2014; Doll, 2014)
 - › Enhancing development and skill acquisition in motor coordination, social interaction, problem solving, and self-advocacy (Case-Smith, 2013; Cohn & Lew, 2010; Doll, 2014)
 - › Facilitating independence across the spectrum of occupational routines in feeding, bathing, dressing, and other self-care activities (Cohn & Lew, 2010)

"Occupational therapists play a key role to parents of young children with special needs. They adapt, empower, and build confidence in parents to successfully care for their child's basic daily needs, overcoming environmental barriers and meeting developmental milestones."

—Case Manager

Occupational Therapy Supports Everyday Skills

Self-Care

Taking care of personal needs such as dressing, hygiene, eating, and sleep are essential skills for children to develop independence and autonomy. For children with special needs, mastering these skills is especially important. Occupational therapists may:

- Make suggestions to modify the environment or routines to facilitate sleep (Fung, Wiseman-Hakes, Stergiou-Kita, Nguyen, & Colantonio, 2013; Jan et al., 2008)
- Use play to address visual-motor or fine motor goals (Case-Smith, 2000)
- Focus on strategies to increase independence in skills such as dressing, toileting, brushing teeth, or bathing
- Use play and cognitive strategies to motivate a child to practice challenging skills, such as eating (Benson, Parke, Gannon, & Muñoz, 2013)

“OT is a great value to children with disabilities. It helped with potty training for [our daughter]. The instruction she received enabled her to pull her pants up and down independently.”

—Parent of a school-aged child

Play and Leisure Skills

Play is a child’s primary occupation; it is the foundation of exploration, creativity, and mastery of one’s environment and its tools (Grove & Davis, 2010). Through play, children are provided a strong bedrock for cognitive, physical, social, and emotional development (Brazelton & Cramer, 1990; Bruner, 1972; Greenspan & Lewis, 1999). Play enriches healthy brain growth, fosters creativity, and supports a child’s learning and development (Barnett, 1990; Widerstorm, 2005). Active engagement between peers and family members toward a shared purpose and goal through sharing, resolution, and cooperation occurs during play (Cook, Tessier, & Klein, 2000). Play is the ultimate learning tool for children, and occupational therapy practitioners utilize play often when providing interventions and services for children and youth.

- All children learn through daily life activities such as play and leisure skills. Occupational therapy practitioners provide services to children and youth in order to:
 - › Enhance play and leisure skills by assisting children to adapt to the environment, negotiate barriers, and find supports in friends, pets, and neighbors (Harding et al., 2009)
 - › Connect children’s interests and abilities to create positive experiences in play and leisure (Frolek Clark & Kingsley, 2013; Harding et al., 2009)
 - › Improve social interactions, and physical, cognitive, communication, and sensory processing skills (Frolek Clark & Kingsley, 2013; Harding et al., 2009)

“Occupational therapists are the ground floor to all other therapy when it comes to helping a child develop. They show children how to function with their hands and eyes—a couple of the most important senses humans need to survive. OTs help children learn how to play, which is imperative in children’s social and emotional development. The OTs that my family has worked with have been nothing but patient, kind, and knowledgeable about everything pertaining to their field, and they genuinely want to see my child succeed.”

—Parent

Social Participation

- Children and families that socialize together have a stronger emotional bond and demonstrate higher levels of family engagement and communication (Cooksey & Fondell, 1996; Zabriski & McCormick, 2001).
- Research suggests that family socialization has a positive impact on school performance and success (Weiss, Lopez, & Stark, 2011). With strong social bonds in place among families and peer groups early on, evidence suggests that there are fewer behavioral problems in the teenage years (Pearce et al., 2003).
- Occupational therapists are health care providers who are trained in mental health evaluation and intervention. They work with children and youth of all ages in the home, school, and community to facilitate self-regulation, develop social communication skills, and enhance participation in meaningful occupations with family members and friends. Occupational therapy practitioners improve social participation, interaction, and well-being. They provide services to children and youth so they can participate in daily life activities (occupations) including:
 - › Promoting mental health through bullying prevention programs, stress management, programs to increase social and physical skills, and parent education to improve child compliance (Bazyk & Arbesman, 2013)
 - › Promoting social behavior, social confidence, and self-regulation (Bazyk & Arbesman, 2013)

“During OT, my son is learning correct behaviors and how to socially participate with friends. This was hard for him before, and friends bullied him.”

—Parent

- › Using cognitive-behavior therapy, in conjunction with other approaches, for children with autism spectrum disorder to reduce parent-reported anxiety (Bazyk & Arbesman, 2013)
- › Engaging students in play, recreation, and leisure occupations (Bazyk & Arbesman, 2013)
- › Analyzing and teaching skill components to understand social cues and respond to social contexts in flexible and adaptive ways (Barnes, Vogel, Beck, Schoenfeld, & Owen, 2008; Lamb-Parker, LeBuffe, Powell, & Halpern, 2008; Stoffel & Tomlinson, 2011)
- › Facilitating community-wide social-emotional learning opportunities (positive relationships, behavior management, mental health literacy) (Elbaum & Vaughn, 2001; Pizur-Barnekow, Doering, Cashin, Patrick, & Rhyner, 2010; Steed, Noh, & Heo, 2014).

Work and Volunteer Service

- Youth who obtain paid or unpaid jobs before graduation are more successful in obtaining and maintaining paid work in the community as adults (Bruder, 2010).
- Employment preparation is critical for transitioning from school to work, including daily living and community living skills, socialization skills, self-determination, and self-advocacy skills (Bruder, 2010).
- Occupational therapy practitioners work with youth to prepare them for work (employed or volunteer) and independent lives.
 - › Occupational therapists may provide job coach services, task and environmental adaptations, safe transportation alternatives, and assistive technology.
 - › Occupational therapists work with the youth and the team to evaluate all aspects of paid and unpaid employment and to match the youth with the environments and activities that best support his or her interest and preferences.

“Our daughter, Katie, has shown continued growth and progress through the efforts of her OT. Our therapist has had consistent forethought in making sure she will have the skills needed to work and live independently. Whether it is mundane tasks such as being able to open packages and utilize a can opener in the kitchen, or more office-centered skills such as using a three-hole punch and collating papers, Shannon has been there every step of the way. We couldn’t do it without her!”

—Parent

Occupational Therapy Practitioners Work in Many Settings

Occupational therapy practitioners support children of all ages and their families in many contexts, including:

- Homes
- Communities
- Clinics
- Daycares
- Schools
- Hospitals

Early Childhood Services (0–5 years). Occupational therapists work with parents and other caregivers to enhance early development through early intervention and preschool services. These services may include:

- Provide family-centered service delivery that incorporates support to strengthen the family to improve satisfaction, well-being, social support, child performance (e.g., cognitive, motor, self-care), and parenting skills (Frolek Clark & Kingsley, 2013).
- Use interventions such as modeling, play-based activities, cognitive-behavioral strategies, and social toys to promote cooperative play and positive social outcomes (Frolek Clark & Kingsley, 2013).

Learning and School Environments (3–21 years). Schools, including preschools, are for learning academic, nonacademic, and functional skills. Occupational therapists enhance participation in daily life activities in school for children with disabilities or at risk for disabilities, including:

- Assist the child to benefit from his or her educational program (Individuals with Disabilities Education Improvement Act of 2004 [IDEA]) by focusing on activities of daily living (e.g., dressing, hygiene, eating, rest and sleep), instrumental activities of daily living (e.g., community mobility, safety), learning (e.g., handwriting, computer use, attention), play and leisure, social participation, and work (Frolek Clark & Chandler, 2014)
- Provide services in the least restrictive environment and assist in transition planning to prepare children for further education, employment, and independent lives (IDEA; Landmark, Ju, & Zhang, 2010)
- Work with the student as well as family, educational staff, and community members to promote educational, physical, and social aspects of participation for the student

“School OTs are invaluable team members. They help the children with handwriting. They also help children with anxiety and focus, by finding the right kind of sensory input, or adjusting their seating or tables.”

—Educator

- Enhance access to the school environment through modifications and supports (e.g., ability to open locker, play on playground) and access to school meals with modifications or substitutions of appropriate foods (Frolek Clark & Chandler, 2014; IDEA)
- Promote evidence-based initiatives such as Early Intervening Services (multi-tiered system of services), Universal Design for Learning, and School Health and Wellness (e.g., backpack safety, nutritional foods, activity to increase health and decrease obesity, stop school bullying) (Frolek Clark & Chandler, 2014)

References

- American Occupational Therapy Association (2011). The philosophical base of occupational therapy. *American Journal of Occupational Therapy*, 65(Suppl.), S65. <http://dx.doi.org/10.5014/ajot.2011.65S65>
- American Occupational Therapy Association. (2014). Occupational therapy practice framework: Domain & process (3rd ed.). *American Journal of Occupational Therapy*, 68(Suppl. 1), S1–S48. <http://dx.doi.org/10.5014/ajot.2014.682006>
- Barnes, K. J., Vogel, K. A., Beck, A. J., Schoenfeld, H. B., & Owen, S. V. (2008). Self-regulation strategies of children with emotional disturbance. *Physical & Occupational Therapy in Pediatrics*, 28, 369–387.
- Barnett, L. A. (1990). Developmental benefits of play for children. *Journal of Leisure Research*, 22(2), 138–153.
- Barros, R. M., Silver, E. J., & Stein, R. E. (2009). School recess and group classroom behavior. *Pediatrics*, 123, 431–436.
- Bazyk, S., & Arbesman, M. (2013). *Occupational therapy practice guidelines for mental health promotion, prevention, and intervention for children and youth*. Bethesda, MD: AOTA Press.
- Benson, J. D., Parke, C. S., Gannon, C., & Muñoz, D. (2013). A retrospective analysis of the sequential oral sensory feeding approach in children with feeding difficulties. *Journal of Occupational Therapy, Schools, & Early Intervention*, 6(4), 289–300.
- Brazelton, T. B., & Cramer, B. G. (1990). *The earliest relationship: Parents, infants and the drama of early attachment*. Toronto, Ontario: Addison-Wesley.
- Bruder, M. B. (2010). Early childhood intervention: A Promise to children and families for their future. *Exceptional Children*, 76(3), 339–355.
- Bruner, J. S. (1972). Nature and uses of immaturity. *American Psychologist*, 27, 687–708. <http://dx.doi.org/10.1037/H0033144>
- Case-Smith, J. (2000). Effects of occupational therapy services on fine motor and functional performance in preschool children. *American Journal of Occupational Therapy*, 54, 372–380. <http://dx.doi.org/10.5014/ajot.54.4.372>
- Case-Smith, J. (2013). Systematic review of interventions to promote social-emotional development in young children with or at risk for disability. *American Journal of Occupational Therapy*, 67, 395–404. <http://dx.doi.org/10.5014/ajot.2013.004713>
- Cohn, E. S., & Lew, C. (2010). Occupational therapy's perspective on the use of environments and contexts to support health and participation in occupations. *American Journal of Occupational Therapy*, 64(Suppl.), S57–69. <http://dx.doi.org/10.5014/ajot.2010.64S57>
- Cook, R., Tessier, A., & Klein, D. (2000). *Adapting early childhood curricula for children in inclusive settings* (5th ed.). New York: Charles E Merrill.
- Cooksey, E. C., & Fondell, M. M. (1996). Spending time with his kids: Effects of family structure on fathers' and children's lives. *Journal of Marriage and the Family*, 58, 693–707. <http://dx.doi.org/10.2307/353729>
- Doll, J. (2014). Establishing routines for the healthy development of children. *OT Practice*, 19(18), 15–17.
- Dunst, C. J., & Dempsey, I. (2007). Family-professional partnerships and parenting competence, confidence, and enjoyment. *International Journal of Disability, Development and Education*, 54(3), 305–318.
- Elbaum, B., & Vaughn, S. (2001). School-based interventions to enhance the self-concept of students with learning disabilities: A meta-analysis. *Elementary School Journal*, 101(3), 303–329. <http://dx.doi.org/10.1086/499670>
- Fingerhut, P. E. (2013). Life participation for parents: A tool for family-centered occupational therapy. *American Journal of Occupational Therapy*, 67, 37–44. <http://dx.doi.org/10.5014/ajot.2013.005082>
- Frolek Clark, G., & Chandler, B. (2014). *Best practices for occupational therapy in schools*. Bethesda, MD: AOTA Press.
- Frolek Clark, G., & Kingsley, K. (2013). *Occupational therapy practice guidelines for early childhood: Birth through 5 years*. Bethesda, MD: AOTA Press.
- Fung, C., Wiseman-Hakes, C., Stergiou-Kita, M., Nguyen, M., & Colantonio, A. (2013). Time to wake up: Bridging the gap between theory and practice for sleep in occupational therapy. *British Journal of Occupational Therapy*, 76, 384–386.
- Greenspan, S. I., & Lewis, N. B. (1999). *Building healthy minds*. New York: Perseus.
- Grove, R. A., & Davis, F. A. (2010). Play in early childhood. In B. E. Chandler (Ed.), *Early childhood: Occupational therapy services for children birth to five* (pp. 217–252). Bethesda, MD: AOTA Press.
- Harding, J., Harding, K., Jamieson, P., Mullally, M., Politi, C., Wong-Sing, E., ... Petrenchik, T. M. (2009). Children with disabilities' perceptions of activity participation and environments: A pilot study. *Canadian Journal of Occupational Therapy*, 76, 133–144.
- Hebert, M., Kehayia, E., Prelock, P., Wood-Dauphinee, S., & Snider, L. (2014). Does occupational therapy play a role for communication in children with autism spectrum disorders? *International Journal of Speech-Language Pathology*, 16, 594–602.

- Holmes, R. M., Pellegrini, A. D., & Schmidt, S. L. (2006). The effects of different recess timing regimens on preschoolers' classroom attention. *Early Child Development and Care, 176*, 735–743.
- Individuals with Disabilities Education Improvement Act of 2004. Pub. L. 108-446, 20 U.S.C. §§ 1400–1482.
- Jan, J. E., Owens, J. A., Weiss, M. D., Johnson, K. P., Wasdell, M. B., Freeman, R. D., & Ipsiroglu, O. S. (2008). Sleep hygiene for children with neurodevelopmental disabilities. *Pediatrics, 122*, 1343–1350.
- Klinger, L. G., Klinger, M. R., Mussey, J. L., Thomas, S. P., & Powell, P. S. (2015). Correlates of middle adult outcome: A follow-up study of children diagnosed with ASD from 1970–1999 Retrieved from <https://imfar.confex.com/imfar/2015/webprogram/Paper20033.html>
- Lamb-Parker, F., LeBuffe, P., Powell, G., & Halpern, E. (2008). A strength-based, systemic mental health approach to support children's social and emotional development. *Infants and Young Children, 21*, 45–55.
- Landmark, L., Ju, S., & Zhang, D. (2010). Substantiated best practices in transition: Fifteen plus years later. *Career Development for Exceptional Individuals, 33*(3), 165–176.
- Lindberg, L., & Iwarsson, S. (2002). Subjective quality of life, health, I-ADL ability, and adaptation strategies in fibromyalgia. *Clinical Rehabilitation, 16*, 675–683.
- Pearce, M. J., Jones, S. M., Schwab-Stone, M. E., & Ruchkin, V. (2003). The protective effects of religiousness and parent involvement on the development of conduct problems among youth exposed to violence. *Child Development, 74*, 1682–1696. <http://dx.doi.org/10.1046/j.1467-8624.2003.00631.x>
- Pizur-Barnekow, K., Doering, J., Cashin, S., Patrick, T., & Rhyner, P. (2010). Functional health literacy and mental health in urban and rural mothers of children enrolled in early intervention programs. *Infants and Young Children, 23*, 42–51.
- Steed, E. A., Noh, J., & Heo, K. H. (2014). A cross-cultural comparison of positive behavioral interventions and supports in early childhood classrooms in the United States and South Korea. *Infants & Young Children, 27*, 30–42. <http://dx.doi.org/10.1097/IYC.0b013e3182a4ec46>
- Stoffel, V. C., & Tomlinson, J. (Ed.). (2011). *Communication and social skills*. Philadelphia: F.A. Davis.
- Weiss, H. B., Lopez, M. E., & Stark, D. R. (2011). *Breaking new ground: Data systems transform family engagement in education* [Issue Brief]. Retrieved from <http://www.hfrp.org/publications-resources/browse-our-publications/breaking-new-ground-data-systems-transform-family-engagement-in-education2>
- Widerstorm, A. H. (2005). *Achieving learning goals through play: Teaching young children with special needs* (2nd ed.). Baltimore: Brookes.
- Zabriski, R. B., & McCormick, B. P. (2001). The influences of family leisure patterns on perceptions of family functioning. *Family Relations, 50*(3), 281–289.



Copyright © 2016 by the American Occupational Therapy Association.
This material may be copied and distributed for personal or educational uses without written consent.
For all other uses, contact copyright@aota.org.

www.aota.org