SECOND EDITION

Occupation-Centred Practice with Children

A Practical Guide for Occupational Therapists

Edited by
Sylvia Rodger
Ann Kennedy-Behr

WILEY Blackwell

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Edited by

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Foreword

Design and delivery of effective occupational therapy for children is both an art and a science. This book is undoubtedly the da Vinci Einstein of paediatric occupational therapy textbooks! It is a master class in painting and inventive thinking, underpinned by exceptional contemporary science.

The art of working with children involves listening and respecting children's goals, aspirations and insights. After that, it entails using these learnings to design individualised occupation-based interventions at the just-right challenge that are motivating, fun and contribute to the child's sense of positive self-worth. Children are not miniature adults and cannot be given a list of pre-set prescribed exercises, with a regimen to follow. Designing intervention that responds to children's goals, preferences and decisions requires vision and the kind of skilled perseverance da Vinci spent carving David from a single slab of marble. Like marble, children have boundless potential, but are vulnerable. We must respect their fragility yet resilience and handle their personhood with care and dignity! As a sculptor, the occupational therapist must also consider the structural contributions arising from the marble's physical attributes – the knowledge, values, strengths, preferences and skills of the child's family, school and community.

Imagine that a physician referred an 8-year-old boy with cerebral palsy to you for occupational therapy. The doctor's goal is to optimise fine-motor function following injection of a muscle relaxant. The mother's goal is for her son to write more legibly in his schoolbooks. The boy's goal is to thread sinkers onto a fishing line so he can fish by himself. The art is to resolve – who is the client? Can your intervention plan address all the team members' priorities and still remain child-centred? Is shared decision-making possible or is negotiation required? What does empirical evidence suggest will work?

This book elegantly outlines the principles of contemporary occupational science in a compelling and accessible way. Contemporary paediatric occupational science fundamentally involves evidence-based practice. That is, after hearing what the child and family want to achieve, the therapist plans, collaborates and implements the most effective interventions known to help the child achieve their goal, in partnership with the family. Scientific occupational therapists will examine trustworthy sources of empirical research, interpreting what to do within the context of the child's goals and setting plus their own clinical experience. The book explains the science and evidence behind: goal-setting; working with families using the family centred-approach; partnering with schools to develop universal design solutions that promote all children's learning and inclusion; the Cognitive Orientation to Occupational Performance (CO-OP) intervention approach; Occupational Performance Coaching; task-analysis with consideration of the child's cognitive abilities; participation-based interventions; and how to creatively use magic, art, animals and leisure activities to stimulate children's curiosity and enjoyment of learning.

The senior editor, Professor Sylvia Rodger, is an inspirational, world-renowned paediatric occupational therapist, whose research, leadership and writings have transformed the way we think and act when working with children. She is a voice of hope for vulnerable children with disabilities and their families, and an academic with noble purpose – her contributions to paediatric occupational therapy leave an enduring legacy. Her book is a must read for occupational therapists wishing to make a real difference in children's and families' lives.

Professor Iona Novak, PhD, MSc Hons, BAppSc OT
Head of Research, Cerebral Palsy Alliance, The University of Sydney

Preface

The first edition of *Occupation-Centred Practice with Children* was very well received by students and practitioners alike across a range of countries. Given the expansion of literature in occupation-centred practice over the past six to seven years, revision of the first edition became timely. Of note, there has been development of a number of new goal setting tools, assessments of occupations, roles and participation for children and adolescents, further research on occupation-centred interventions such as Cognitive Orientation for daily Occupational Performance (CO-OP Approach™), coaching approaches such as Occupational Performance Coaching, use of performing arts such as circus and magic as basis for more occupational interventions, particularly for children with cerebral palsy, adjunct interventions such as animal-assisted therapy and a range of whole-of-class and school-based interventions. This second edition provides an update of a number of chapters from the first edition, but also adds new chapters relevant to the changes evident in the literature and clinical practice. Consistent with the first edition, we have aimed to continue a strong theoretical basis within each chapter and also to provide practice examples and strategies to enable therapists to envisage use of many tools, interventions and techniques in practice. Each chapter starts with preliminary questions to assist with consideration of current knowledge and then reflection questions at its conclusion to allow revision of key content and a focus on what has been learnt, supporting independent learning and consideration of application of new learning in practice. In addition, an Appendix outlining all the assessments referred to in the book has been compiled.

Chapters 1 and 2 provide a background to occupation-centred practice and its characteristics. Chapter 3 goes on to update readers on child- and family-centred practice at individual and organisational levels. Cultural influences are considered in Chapter 4 enabling reflection on culture from a range of perspectives. This is followed by a review of the latest goal setting tools for children and families in Chapter 5. Chapter 6 provides a much-needed new chapter addressing transitions that are part of childhood and youth and how occupational therapists need to consider these times of change. Chapter 7 updates readers on all English language occupation-centred assessments available for children and young people. The next three chapters provide overviews of the latest research on three occupation-centred interventions (CO-OP Approach, Chapter 8; Perceive, Recall, Plan and Perform, Chapter 9; and Occupational Performance Coaching, Chapter 10). These are followed by two chapters focusing on practice within school settings. Chapter 11 addresses school-based occupation-centred practice with a focus on the individual child, while Chapter 12 provides a guide to intervention with the whole class and school, based on Partnering for Change (P4C) using universal design and response to intervention. Additionally, an intervention approach based

on whole-of-classroom observation, teacher discussion and reasoning is presented. Chapters 13–15 address children's leisure pursuits, the use of magic, dance and circus as motivations for engagement in specific therapy and creative pursuits and animal-assisted therapies and their role in occupational therapy. The final chapter, Chapter 16, provides an overview of professional reasoning as it is used in occupation-centred practice combining research evidence, clinical expertise and shared decision-making.

We have aimed to bring together occupational therapy researchers and authors from a range of countries who have expertise in particular areas of occupation-centred practice and education of students and practitioners. It is our hope that this edition provides inspiration to try new ways of doing occupational therapy, while ensuring practice is theoretically grounded and evidence based.

Sylvia Rodger
Ann Kennedy-Behr

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We wish to thank our chapter authors who have worked with us over the past 12 months to bring this edition together. In addition, we are grateful to Linda Cartmill, research assistant extraordinaire for her attention to detail, willingness to go the extra mile and persistence with helping us to follow up all the fine details required of an edited book with many authors. In addition, we wish to thank the book reviewers for their suggestions and the staff at Wiley-Blackwell for their assistance, encouragement and responsiveness to our hundred and one questions.

From Sylvia – I am grateful to Ann Kennedy-Behr for agreeing to take on the challenge of editing this second edition with me. The task is so much easier with two people and was assisted by having good processes, regular lunches and the odd glass of wine! I dedicate this edition to the children who will benefit from occupational-centred practice into the future.

From Ann – I am indebted to Sylvia for the opportunity to be part of this project. You are a wonderful mentor and friend. I dedicate this to my children, Jacqueline and Markus, and to all the children I have had the privilege of working with.

Chapter 1

Introduction to Occupation-centred Practice for Children

Sylvia Rodger and Ann Kennedy-Behr

If we don't stand up for children, then we don't stand for much.

Marian Wright Edelman

Preliminary questions

1. Why a book on occupation-centred practice for children?
2. Think about your childhood: what did you most like doing?
3. Think about your childhood: what did you least like doing?
4. What were the environments that you engaged in (e.g. home, park, school, neighbourhood)? How did they afford opportunities for occupation?
5. Did you play sports, learn an instrument or go to clubs or organised activities?
6. How might your childhood be different to those of children today?
7. How might living in the city vs country, suburb vs. high rise impact on children's occupations?

Introduction

The primary aim of this chapter is to set the scene for this book and in doing so to fulfil the following objectives:

1. Briefly describe the resurgence of occupation within the occupational therapy profession.
2. Outline some global trends that have occurred in parallel with the refocusing of the profession.

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3. Describe some of the challenges to traditional developmental theory that has historically informed occupational therapy practice with children, as well as emerging views and theories of occupational development that have the potential to better inform our practice with children and their families.
4. Identify the impact of these professional and global trends on occupational therapy practice with children.

Children engage in many social and occupational roles every day. They are variously grandchildren, children, nieces/nephews, siblings, friends, peers and playmates. In addition, they are school or kindergarten students, players or self-carers/maintainers, albeit they are developing independence and autonomy in these latter roles (Rodger, 2010; Rodger and Ziviani, 2006). Healthy active children engage in occupations relevant to these roles all the time: they play, dress, eat, manage their personal care needs, engage in household chores and schoolwork tasks and extra-curricular activities, such as soccer, ballet, scouts, tae kwon do and playing musical instruments. Children engage in these occupations in a range of environments, such as with their families at home, friends at school and in their communities (e.g. church, neighbourhoods, local parks, sports clubs) (Rodger and Ziviani, 2006).

The children's artwork in Figure 1.1 and Figure 1.2 illustrates the daily occupations of two boys, one growing up in metropolitan Brisbane, Australia and the other in a village in East Timor. Figure 1.1 illustrates the boy's daily life with family, friends and his occupations of schoolwork, playing sports, ball games, listening to music and the importance

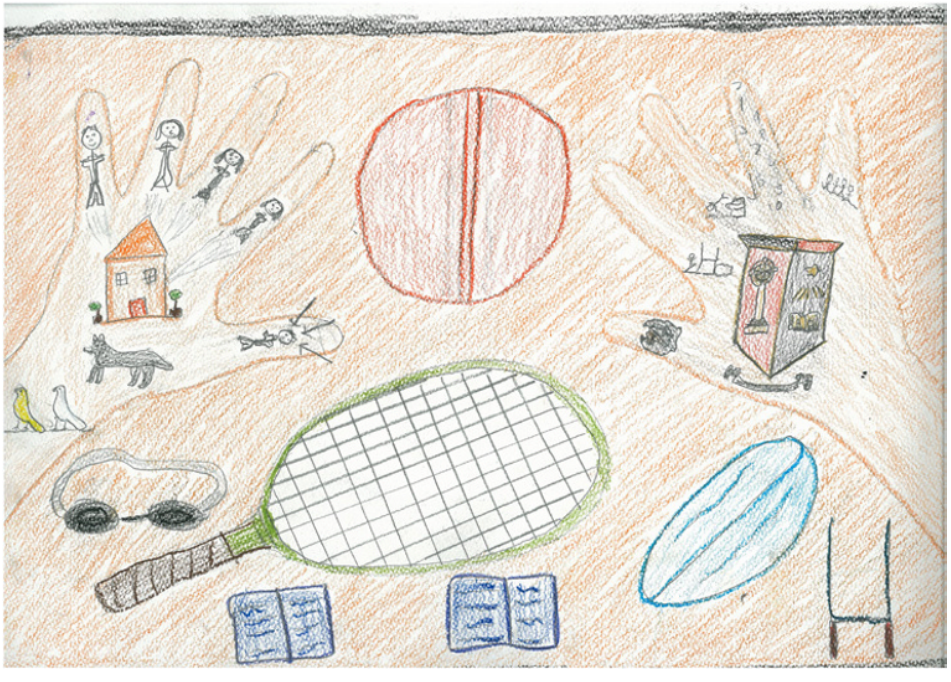

Figure 1.1 Daily life and occupations of a boy aged 11 years in metropolitan Brisbane. Source: Courtesy of Thomas Beirne (2008).

of school. By contrast, Figure 1.2 illustrates the outdoor environment in which this Timorese boy lives, his home, the hills, his village and his role in tending crops. These drawings demonstrate some of the many cultural differences in children's occupations and daily lives.

Typically, occupational therapists come into contact with children when there are concerns about their occupational performance (e.g. ability to engage fully in their roles, issues with performance of tasks or activities associated with various occupations, or environmental hindrances to their performance and participation). However, it has been proposed (Rodger and Ziviani, 2006) that as a profession we also have a role in advocating for children's place and rights in society, their need for health-promoting occupations and for safe, supportive, healthy environments that can optimise their occupational performance and participation. This may be through supporting campaigns promoting healthy lifestyle choices such as: having smoking banned in children's playgrounds, lobbying for traffic calming and pedestrian footpaths/pavements to enable safe walking to school, advocating for more green spaces, such as parks, and raising awareness about excessive involvement in virtual environments (e.g. computers and handheld games) which may lead to decreased engagement in physical activity and social isolation. In recent times, issues of children's health and well-being in detention centres have been raised in Australia, and elsewhere in conflict zones and refugee camps. From an occupational perspective, these environments lead to significant occupational deprivation for detainees, and impact negatively on children's development and mental health (Australian Human Rights Commission, 2014). In essence,

Figure 1.2 Daily life and occupations of a boy aged 15 years in East Timorese village. Source: Courtesy of Jorge do Rosario (2008).

occupational deprivation is caused by the lack of access to the typical activities, routines and objects (toys, books, games, outdoor recreation spaces) that support children's development and skill acquisition due to the restrictive institutional environment of detention centres.

There are many advocacy and professional groups whose websites provide information for parents about children's health and well-being issues such as the American Academy of Pediatrics (http://www2.aap.org/obesity/community_advocacy.html?technology=2) and Play Australia, which promotes the value of children's play (https://www.playaustralia.org.au/).

In addition, we have a role as individuals, health professionals and occupational therapists to advocate for children whose lives are deprived of health-giving occupations and safe environments as a result of war, natural disasters, dislocation, social disadvantage, poverty or neglect/abuse, for example the World Federation of Occupational Therapists Position Statement on Human Rights (WFOT, 2006) and the Occupational Opportunities for Refugees and Asylum Seekers (OOFRAS, 2016). The WFOT (2006, p. 1) Position Statement declares occupation a human right. Specifically it espouses a series of principles:

- People have the right to participate in a range of occupations that enable them to flourish, fulfil their potential and experience satisfaction in a way consistent with their culture and beliefs.
- People have the right to be supported to participate in occupation, through engaging in occupation, to become valued members of their family, community and society.
- People have the right to choose for themselves, to be free from pressure, force or coercion, in participating in occupations that may threaten safety, survival and health, and those occupations that are de-humanising, degrading or illegal.
- The right to occupation encompasses civic, educative, productive, social, creative, spiritual and restorative occupations.
- At a societal level the right to occupation is underpinned by the valuing of each person's unique contribution to the valued and meaningful occupations of society and is ensured by equitable access to participation regardless of difference.
- Abuses to the right to occupation may take the form of economic, social or physical exclusion through attitudinal or physical barriers, or through control of access to necessary knowledge, skills, and resources, or venues where occupation takes place.
- Global conditions that threaten the right to occupation include poverty, disease, social discrimination, displacement, natural and man-made disasters, and armed conflict.

While this book focuses primarily on the occupational therapy practitioner engaging with children and their families at an individual, group or family level, it also addresses occupation-centred practice in school environments (Chapter 11) and in the context of community-based leisure pursuits (Chapter 13). The broader benefits of occupational engagement for children who are deprived of occupations is not specifically addressed; however, readers are encouraged to consider the opportunities they may have for advocacy and engagement at a societal and political level in instances where children experience poor health (Spencer, 2008) or occupational deprivation, alienation and injustice (Kronenberg *et al.*, 2005; Whiteford and Wright St-Clair, 2005).

Re-affirming occupation: The core of occupational therapy

Over the past several decades, there has been a major focus within occupational therapy on the provision of client-centred services, with its counterparts in child- and family-centred practice. Emanating from Canada, the emphasis on guidelines for enabling occupation- and client-centred practice has spread throughout the occupational therapy profession internationally (CAOT, 1991; Sumsion, 1996). This is discussed at length in Chapters 2 and 3.

There has also been a resurgence of interest in occupation at the core of occupational therapy. This occurred in response to critical reflection by a number of occupational therapy theorists and researchers (e.g. Clark, 1993; Fisher, 1998; Kielhofner, 2007; Molineux, 2004; Pierce, 2001; Yerxa, 1998). This has led to the reclamation of occupation as the defining feature of our profession and practice focused on occupation, its meaning for individuals, its importance for health and well-being (Kielhofner, 2007; Molineux, 2001; Wilcock, 1998) and the importance of an individual's occupational identity as a way of defining self within relevant social and cultural contexts (Christiansen, 1999). The centrality of occupation to occupational therapy practice was referred to by some as the 'renaissance' of occupation (Whiteford *et al*., 2000).

This in turn resulted in a call for the use of occupation-based assessment (Coster, 1998; Hocking, 2001) as a key way of focusing our resulting interventions on the healing power of occupations (e.g. particular schoolwork or play activities), rather than focusing specifically on performance components (e.g. fine-motor or visual-perceptual skills) that may not lead to significant changes in an individual's occupational functioning. Assessments that facilitate goal setting are addressed in Chapter 5 and those that are occupation-centred in Chapter 7. Paediatric frames of reference have also been developed that specifically enhance children's occupations such as Synthesis of Child, Occupational Performance and Environment in Time (SCOPE-IT) (Haertl, 2009; Poulsen and Ziviani, 2004).

Despite the international movement in occupational therapy calling for a focus on occupation, there has been discussion within the profession as to how that looks in practice (Fisher, 2014; Rodger *et al*., 2010, 2012) and recognition that contemporary practice is not always consistent with contemporary theory (Gillen and Greber, 2014; Gustafsson *et al*., 2014).

There has also been an increased interest in scholarship about occupation and the growth of a body of research in the field of occupational science. Since the start of the new millennium, there has been an emphasis on meeting the needs of underserved groups, with seminal books by Kronenberg *et al.* (2005) and the writing of advocates of occupational justice (Townsend and Whiteford, 2005; Townsend and Wilcock, 2004; Whiteford, 2002). Townsend and colleagues described occupational alienation (where occupational choice is limited by external forces), occupational apartheid (where individuals are denied access to meaningful occupation due to organised political or social agendas) and occupational deprivation (prolonged blocking of access to meaningful occupation due to environmental restrictions) (Polatajko *et al*., 2007; Townsend and Whiteford, 2005; Townsend and Wilcock, 2004). Children may be caught up in warzones and refugee camps or detention centres, where they experience occupational alienation and deprivation or are victims of neglect and impoverished environments.

Coinciding with these trends within occupational therapy, a number of global influences and other changes within health/social care systems have occurred which have also impacted on our practice.

Within our discipline, there has also been a growing emphasis on children's participation as being a desired outcome of improving children's occupational performance and activity engagement. Participation is defined as an individual's involvement in life situations (WHO, 2001) and it is conceptually influenced by the individual's health condition and a range of intrinsic and extrinsic factors. Children with disabilities are at risk of restricted participation. Promoting children's participation is increasingly recognised as a clinically important goal and outcome for healthcare and rehabilitation (King *et al.*, 2003; Law *et al.*, 2004). The role of environments in children's participation is also recognised in the International Classification of Functioning, Disability and Health (ICF) and in theoretical models (Kang *et al.*, 2014; King *et al.*, 2003). There is accumulating qualitative knowledge (Bedell *et al.*, 2011; Harding *et al.*, 2009) that supports the role of environment in enhancing participation. Recent concepts such as 'helicopter parenting' and 'bubble wrapped children' are likely to have negative impacts on children's occupations and participation through restrictions on their occupational engagement (in playgrounds, walking to school, playing ball in a cul-de-sac out of sight and not being able to take risks/solve problems because of hovering parents). The move towards playgrounds that are so safe they no longer provide sufficient 'just right challenge' for children has been criticised by developmental and education experts alike (Bundy *et al.*, 2011; Hyndman and Telford, 2015).

External influences impacting occupational therapy practice

Changes in health and social care impacting on occupational therapy practice over the past two decades include: (1) the emergence of evidence-based practice (Sackett *et al.*, 1996; Taylor 2007; Whiteford, 2005); (2) managed health care (Pierce, 2003) and health care reform (Mackey, 2014; Russi, 2014); (3) increased incidence of lifestyle-related diseases (e.g. Rippe *et al.*, 1998; Sokol, 2000); (4) diseases of meaning such as mental illness (Christiansen, 1999); (5) increasingly informed consumers; and (6) increased global awareness of human rights' abuses amongst marginalised groups, refugees, and asylum seekers (many of whom are children) (Kronenberg *et al.*, 2005). Figure 1.3 illustrates the influences both external to and within the profession that have led to the evolution of occupation-centred practice with children and families.

Media reports of schools banning physical activities such as handstands due to the risk of injury are frequent in the media (e.g. *Courier Mail*, 2014). Such societal concerns reinforce the importance of vigilance and for our profession to contribute to the enhancement of children's health and well-being.

Furthermore in service contexts, reduced funding, mergers and new models of care (e.g. clinical pathways, diagnostic related groups, managed care) have changed the way allied health services are delivered in the health/human service sectors (Layman and Bamberg, 2003). From a health sector perspective, significant changes have occurred with respect to financing and the organisation of health care (such as programme

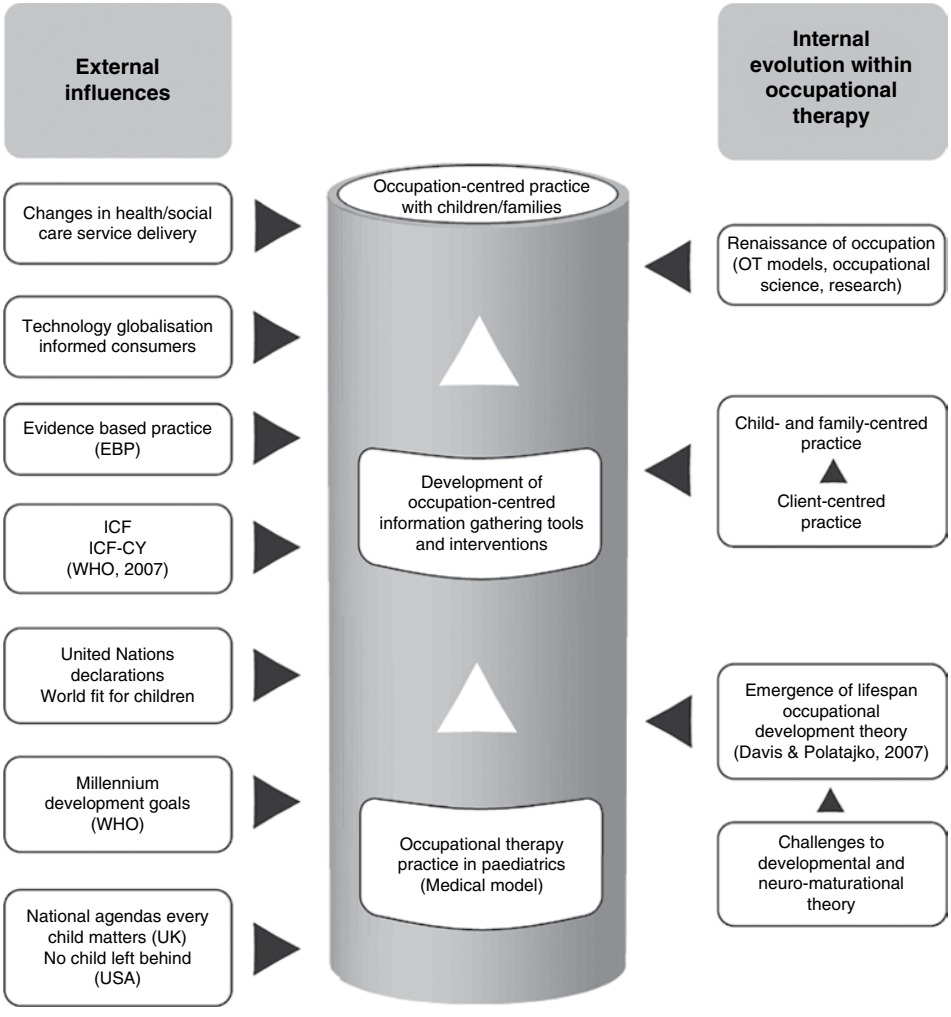

Figure 1.3 External influences and internal evolution within the profession leading to occupation-centred practice with children and families.

management, regionalisation) and service delivery (such as technological advances impacting on life span, quality of life and the shift of care from institutions to the community) (Layman and Bamberg, 2003).

According to Wood (1998), occupational therapists have not easily implemented occupation-centred and evidence-based practices. Wood *et al.* (2000) challenged us to think outside the box to fully meet the occupational wants and needs of persons receiving our services. Chapter 16 in this book highlights how professional reasoning can be utilised along with evidence-based and occupation-centred practice to better meet the needs of children and families. The next section turns to international classifications/frameworks and declarations that have impacted on our practice.

International Classification of Functioning, Disability and Health (ICF)

On the international stage, the World Health Organization (WHO; 2001) released the ICF, which evolved from an earlier iteration, International Classification of Impairments, Disabilities and Handicaps (Wood, 1980). It was proposed as a scientific framework for understanding and studying health and health-related states, outcomes and determinants. Its authors also argued that it would enhance communication between health-care workers, researchers and the public by providing a classification system for a person with a given health condition (WHO, 2001). See Figure 1.4. This re-conceptualisation outlined the impact of a health condition on an individual's functioning at the levels of body structures and functions, activities and participation. The domains of activity and participation are of special interest to occupational therapists and include: learning and applying knowledge; general tasks and demands; communication; mobility; self-care; domestic life; interpersonal interactions and relationships; major life areas; and community, social, and civic life (WHO, 2001). Equally it illustrates the importance of understanding the personal characteristics and environmental factors that impact on how a health condition may be experienced and how these may help or hinder the person's engagement in activities and participation in life situations. Under environmental factors, one needs to consider the physical, social and attitudinal environment in which people live and conduct their lives. Personal factors, though not classified in the ICF, comprise features such as a person's gender, race and age, which are features of an individual but not part of a health condition or health states.

In adopting a 'biopsychosocial approach' (WHO, 2001), the ICF acknowledges the bidirectional impact of body functions on the ability to perform activities and hence enable participation, but also that environmental factors can impact on the performance and even modify body function and structures. International Classification of Functioning, Disability and Health for Children and Youth (ICF-CY) (WHO, 2007) was designed for the purpose of recording characteristics of the developing child and the influence of his/her environment. For children, the mediating roles of environment and

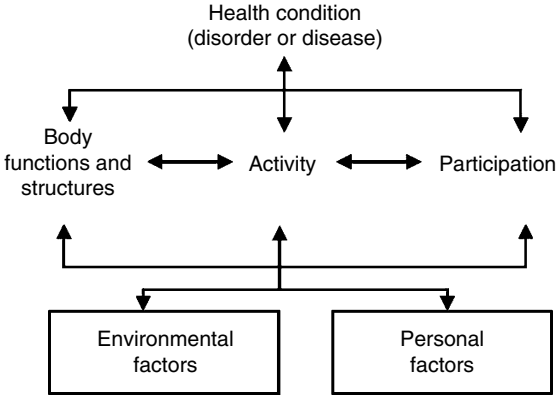

Figure 1.4 Interactions between the components of the ICF. Source: Reproduced with permission of World Health Organization.