

Occupational therapy and early intervention: A family-centered approach

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How does this study relate to your research question?

PICO- How satisfied are parents of children receiving family-centered care within early intervention with the early intervention process?

My research question relates to this study by asking how satisfied parents are with family centered care and with early intervention process. The parents' interviews from this study give us insight into the factors that encourage or inhibit satisfaction with the process. Some of this information must be inferred from the results; this study gives a broad examination of their level of satisfaction. This study doesn't completely relate to my question because they were looking for other information, but my research question can still be answered after reading the article, even though it isn't directly asked therein. The researchers extracted two central themes for the parents and the occupational therapists to explore their research question. The two main themes for the parents were time and family support; the two main themes for the occupational therapist were time and natural routine.

What is the purpose of the study?

The purpose of the study is to research the best methods for implementing family-centered care. The research approach is to use grounded theory. This study incorporates interviews from the parents' perspective, interviews from the therapists' perspective and observations of an occupational therapy session in a natural environment. The researchers explored the shared experiences of parents and clinicians in order to explain factors that encourage or inhibit the family's participation in the occupational therapy intervention and planning process. The significance of this research article is that it focuses on the unique role of

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the family in the occupational therapy process as determined by parent interviews, therapist interviews and natural observations.

What are the research questions asked? If so, What are the research questions?

One question was: “What are the factors that encourage or inhibit family-centered practice in the occupational therapy intervention process?”

The researchers derived their question from Thompson’s 1998 research in which he explored specific family concerns and the development of alternative means to make early intervention more effective from the parents’ perspective. The purpose of this qualitative study was to research the best methods for implementing family centered care. This study identifies information that can help to reform and improve occupational therapy early intervention programs to advance family-centered philosophy.

What is the study design/ type of qualitative research?

The research design is a qualitative study based in grounded theory. This method of study helps the researchers to understand the shared experiences of parents and clinicians in order to develop a theory explaining factors that encourage or inhibit the family’s participation in the occupational therapy intervention and planning process. The level of evidence is adequate because they used triangulation. The data that was collected was triangulation data allowing the researchers to collect from three different sources. The three different sources that were collected were interviews from the families, interviews from the therapists, and observations of an occupational therapy session.

How were the participants recruited and selected?

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The participants were selected through a convenience sample. The convenience sample was comprised of registered occupational therapist working in an organization providing early intervention services to children. A letter describing the study was delivered to the therapists. The occupational therapists were asked to assist in recruiting the families by sharing information about the study and asking families if they wanted to join the study. After the researchers were informed of a willing participant, they followed up with a telephone call to provide more information and arrange a meeting. The meeting allowed the researchers to attain informed consent before starting an initial interview.

How many participants were in the study?

The participants were made up of six families and four occupational therapists. Only families with two parents living in the home were selected. Three of the mothers were stay-at-home mothers and three of the mothers had full-time jobs.

How are the participants described?

The children who were receiving occupational services included children under the age of three with developmental delay. The diagnoses of the children included developmental delay, cerebral palsy, coordination disorder and microencephalitis. The children were presumed to be healthy and there were no children who were medically unstable. The parents were predominantly white, two-parent families from middle- to upper-class urban areas of the northeastern region of the USA.

What is the relationship of the researcher to the participants?

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The research doesn't indicate a relationship between the researcher and the participants, but we can infer their relationship to some degree. The use of a convenience sample indicates that the researcher might know the participants, but we can't be certain.

What are the sources for data?

The sources for the data are from the initial interviews, transcripts of the parents and occupational therapists; these sources were looked over by all the researchers. Also, the researcher observation field notes were included. There are document reviews, interviews, and observations. No interview protocol was reported, so we don't have any idea of what kinds of questions were asked to interviewees. There weren't any surveys or questionnaires. The data that was analyzed was not very thorough—there were no verbatim transcriptions and the study did not explain the coding process. Since it is grounded theory we can assume the coding was selective. Analyzing data through open coding, axial coding, and selective coding are typical most for grounded theory studies, but this is not mentioned anywhere in the article.

How are the findings reported?

The findings are reported through interviews from the parent's perspective and the occupational therapists perspective. The findings were reported by figuring out several themes from asking questions. They didn't state what kind of questions they asked the participants. After the researchers analyzed the data from the family interviews there were six recognized that were determined; education, communication, relationship, parental roles, follow-through, and scheduling. The central themes that were found were time and support. After the researchers analyzed the data from the occupational therapists interviews there were six categories such as education, communication, relationship, siblings/family, follow-through and empowerment. The

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central themes that were found after occupational interviews were time and natural routine.

After the interviews, the themes were then compared between the occupational therapists and the families and the core concept was family individuality. The reporting discussed the central themes and the core concept. They provided a chart for navigating what information they found after interviewing the participants.

What are the findings?

Within the overarching category of family individuality, family perceptions of family-centered practice are divided into two major themes: time and support systems.

Caregiver/ parent's perspective

Time is a recurring factor that all caregivers identified as a barrier to family-centered practice. For those who worked, they had a hard time trying to balance therapy and work. Frequently, caregivers who worked would feel exhausted trying to attend therapy after work, so handouts worked best to help the families feel educated. Some families didn't have time to read the handouts, so they felt it hindered them from gaining progress with the intervention planning and the implementation process.

Factors that encourage participation: caregivers found that having the same occupational therapist throughout the early intervention process produced trust, empathy, and a genuine relationship. Parents felt listened to and cared about regarding the concerns they had with their child. Caregivers appreciated how the occupational therapists incorporated their child's siblings in the therapy session; this helped with incorporating therapy into everyday routine.

Therapist Perspective

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The factors that encouraged or inhibited the family's participation in the planning and implementation process were identified in the family and occupational therapist interviews. These factors were dependent on how empowered the family was in participating in successful family centered practice. Because of the diversity in families, each family needs to be considered a distinct unit to determine the optimum style of learning and preferred form of communication and support desired to empower the family in the planning and implementation process.

Time and natural routine appeared as the two main themes on analyzing the occupational therapists' perceptions of how they implemented family-centered practice. The concept of time included availability, flexibility, and scheduling. One therapist said that caregivers were inflexible with scheduling, would leave during sessions to take care of chores in the home, and did not fully participate. This hinders the therapist's ability to carry out tasks or empower parents. Other therapists felt that parents were flexible with their schedules. Therapists identified areas that parents can be involved in an occupational therapy session, including: including siblings in the intervention, working on the natural environment, diaper changing (if applicable), feeding (if applicable), and helping the child wake up from a nap.

How do the findings relate to previous research?

Previous research indicates that it is valuable for occupational therapists to be aware of who else might be available to help with time-consuming activities and must be prepared to limit the expectations placed on a mother who lacks support from others in household or childcare activities. Previous research notes that time is a barrier for the caregiver.

This article, Occupational Therapy and Early Intervention: A Family-Centered Approach, specifically identified that incorporating individual family needs into the intervention allows for

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more participation of the family. This finding agrees with Thompson's findings inasmuch that barriers are managed differently for each family because each family has unique needs.

One of the previous studies on family-centered care in early intervention emphasizes the importance of embracing a holistic picture of mind, body and environment. This study found that occupational therapy needs to always consider the relationship between the person and the environment to promote optimal function.

Does the author state any clinical implications for the findings?

One of the clinical implications for the findings can be used in the enhancement and re-organization of occupational therapy early intervention programs to increase family participation.

What are the limitations that the author identifies?

The demographics only consisted of a selective population and did not represent an all-inclusive range of demographics. Only one family with low socioeconomic status was represented, which may pose a limitation in that there was not sufficient data to represent families of low socioeconomic status. The rest of the families were either upper- or middle-class socioeconomic status. The population studied was not diverse: this population represented only white, two-parent families who were from the northeastern region of the United States. Three out of four occupational therapists who participated had three years of experience or less and they might not be as knowledgeable of the early intervention population.

Does the author discuss implications for future research?

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The author does discuss implications for future research. The future research should include families with more diverse demographics including families of wider range of socioeconomic status, cultures, and other geographical locations, and with a wider array of diagnoses and levels of care needed for the child. When occupational therapists are selected for participating in a study like this, they should have more extensive experience in early intervention. There should also be future research in developing an individualized family needs checklist and seeing how helpful a checklist is to assist in planning and implementing family-centered practice to see the benefited outcome.

What are potential sources of bias on the part of the researcher?

The potential sources of bias on the part of the researcher include not using 20-60 individuals to collect data and using fewer than 20 participants in the research study. They only indicate six families and four occupational therapists, but most of the results come from the mother or caregiver perspective. Siblings weren't interviewed and the author isn't clear about who was actually able to make it to the interviews and who they interviewed. In the results it only discusses the mothers' or caregivers' input. I think the researcher showed bias in leaving out the interview protocol and omitting the questions that were asked.

Did the researcher describe methods for avoiding bias?

The researcher did describe a potential source of bias on the part of the researcher and they indicated their sample size is not representative of the entire population because it is a small sample size.

Is there a rationale for the participant selection? Are the participants credible (believable)?

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The researchers did not state a rationale for the participation selection. The participants are credible, but they are very positive most of the time, so I think some information may have been omitted.

Did the researcher use methods to establish trustworthiness of the data? Do these methods seem adequate?

To address credibility, the researchers did use triangulation, but I thought it was weak triangulation. One of the reasons it is weak triangulation is that the description is trivial and obvious; the statements are personal interpretation. I don't see any data from observations throughout the article; they may have collected the data, but it is strange to me they didn't include it in the results or elsewhere in the article. This research does have some transferability in that the study is repeatable and transferable to a wider population; the conclusions are also transferable to other research. In addressing the issue of reliability, the article employs techniques to show that, if the work were repeated in the same context using the same methods and the same participants, similar results would be obtained. The only area where I see weakness in this article is ensuring the data is collected without bias. I question whether or not they actually collected data about the observation of the occupational session between the participants.

The confirmability in this article is documented and is substantial. Some of the research can be confirmed by others when the researchers had a second interview. In the second interview with the families and occupational therapists, this was conducted to make sure the researchers' interpretation of the families' and occupational therapists' experiences were investigated and any new data were re-analysed and categorized.

Are the themes presented consistent with the data presented?

Yes, the themes are consistent with the data presented. One of the problems I observed they didn't include data for every single parent or occupational therapist. They generalized and I think they could have used different tools for the users to read all the answers for the interview questions. They seemed to have omitted some occupational therapist and caregiver interviews in the result section. The results were also poorly organized; I think more charts and visual aids would be helpful. I would also like to see the data, rather than a generalization thereof.

Do the conclusions make sense to you or do you think the researcher was reading into the findings (or trying to find what he/she wanted to find)?

I think the researchers were trying to find what they wanted to find! I don't have enough information from the data to say that researcher wasn't reading into the findings. I think the researchers could have presented the data in a more organized manner. They didn't even include what specific questions they asked the interviewees. I think this is bizarre and thinking they might be trying to hide their bias. I do think the findings were accurate in what they told us, but I am think they left some information out that they didn't want to discuss. One of the reasons I think they would have bias is because the results would be revealed and maybe felt they couldn't be honest, knowing the research would eventually be published. There might be hurt feelings if participants' real comments were published.

Was the researcher flexible in the data collection process? Did he/she allow the data to guide the process?

The researcher was sometimes flexible with the data collection. There isn't enough information to form an opinion on this question. From what I know the data collection process

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wasn't guided very well. They need to add a rationale for using interviews and observations. The researchers should have included procedures for data collection; then I could form a more accurate opinion. I don't think the researcher allowed the data to guide the process. I think they may have skewed the findings to hear what they wanted.

How would you use this article as a therapist?

I would use this article as a therapist to give me a base-line of the most common barriers, but keep in mind that more research about this subject is needed. I would use this article to give me a better idea what the barriers are when delivering family-centered services in early intervention. This article gives ideas of how to encourage more participation from the families.

How does this article support/not support participation in occupation and the field of occupational therapy?

This article supports participation in occupation and the field of occupational therapy. This article does a great job making sure the occupational therapist's intervention adapts to the families in their natural routine. For example, the occupational therapist will make sure to include the siblings in the intervention. Another way this article supports participation in occupational therapy is by making sure to include the caregivers and child's routine, by incorporating therapy in whatever is occurring at the time into the implementation process. This article could help foster and improve occupational therapy early intervention programs to increase family participation.

Reference

Edward, M.A., Millard, P., Praskac, L., Wisniewski, P. A (2003). Occupational therapy and early intervention: 0041 family-centered approach. *Occupational Therapy International*, 10 (4), 239-252.