

**Current Perspective of School-Based Occupational Therapy Among Parents**

Lesley George, OTR/L

Submitted to the Graduate Faculty  
in partial fulfillment  
of the requirements for the degree of  
Occupational Therapy Doctorate  
Gannon University

© 2024

Author Note

No known conflict of interest

Correspondence concerning this project should be addressed to Lesley George,  
Gannon University Post-Professional Occupational Therapy Program, 109 University Square,

Erie, PA, 16541 Email: [george040@gannon.edu](mailto:george040@gannon.edu)

### **Abstract**

Occupational therapy has been an integral part of the educational system since the 1960s. However, there remains a significant gap in understanding parents' perspectives regarding school-based occupational therapy, which hinders the integration of family-centered principles. Using a quantitative design, this study investigated the influence of parental educational level on parent perspective and preference for engagement in their child's school-based occupational therapy. For this capstone, parents and guardians of children receiving occupational therapy services in the Columbus City School District participated in a survey regarding their perspective of school-based occupational therapy services and communication preferences. The findings of this capstone project provided meaningful insights into the communication preferences and information needs of parents and guardians of children receiving occupational therapy services in the Columbus City School district. Occupational therapists can use this information to tailor their communication strategies, coaching methods, and training approaches to better meet the needs of families whose children are undergoing school-based occupational therapy services. Moreover, this project paves the way for exploring additional factors that may influence communication preferences and informational needs, such as socioeconomic status, cultural background, and past experiences with therapy services.

**Table of Contents**

List of Tables .....	6
List of Figures .....	7
Acknowledgements .....	8
Chapter I.....	9
Introduction .....	9
Research Objective .....	9
Background .....	9
Rational .....	14
Significance to the Field of Occupational Therapy .....	15
Possible Implications .....	15
Summary.....	16
Chapter II .....	17
Literature Supporting Capstone .....	17
The Research Objective.....	17
The Critically Appraised Topic (CAT) Portfolio.....	17
Methodology of Literature .....	17
Description of Portfolio .....	17
Narrative Synthesis of Critically Appraised Topic (CAT) Portfolio .....	18
Needs and Wants of Parents.....	19
The Challenge of School-based Occupational Therapy.....	20
The Importance of therapist and family relationships .....	21
Programs to support parent participation .....	22

Parent education level .....	23
Family socioeconomic status .....	24
Summary .....	25
Chapter III .....	26
Theory Guiding Capstone Project .....	26
Correlation of the Family-Centered Care Theory and the Capstone .....	28
Chapter IV .....	31
Activities in the Capstone Project .....	31
Description of the Setting .....	31
Participants.....	31
Human Subject Protection .....	32
Methods and Procedures .....	32
Tools and Outcome Measures.....	33
Data Analysis .....	34
Assumptions .....	34
Limitations .....	35
Supports .....	35
Barriers .....	35
Summary .....	36
Chapter V .....	37
Capstone Project Outcomes .....	37
Description of the Participants .....	37
Capstone Results .....	42

Quantitative Outcomes.....	42
Discussion.....	45
Limitation .....	46
Recommendations for Practice .....	46
Future Research Recommendations .....	47
Final Reflections .....	47
Chapter VI .....	48
Poster.....	48
References .....	49
APPENDICES .....	55
Appendix A: Institutional Review Board Approval Letter .....	56
Appendix B: Communication with Columbus City Schools.....	58
Appendix C: Approval from CanChild .....	59
Appendix D: Recruitment Flyers.....	60
Appendix E: Informed Consent-English Version .....	61
Appendix F: Informed Consent-Spanish Version .....	62
Appendix G: Critically Appraised Topic Portfolio .....	63

**List of Tables**

Table 1: Between-Subjects Factors.....	44
Table 2: Descriptive Statistics .....	44
Table 3: Multivariate Tests <sup>a</sup> .....	44
Table 4: Tests of Between-Subjects Effects .....	45

**List of Figures**

Figure 1: Demographic Data Participants' Level of Education .....	38
Figure 2: Demographic Data Participants' Age.....	38
Figure 3: Demographic Data Participants' Gender .....	38
Figure 4: Demographic Data Participants' Relationship to Child .....	39
Figure 5: Demographic Data Childs' Age .....	39
Figure 6: Demographic Data Childs' Gender .....	40
Figure 7: Data for Preferred Methods of Communication .....	40
Figure 8: Data for Preferred Methods of Communication and Less than School Education.....	40
Figure 9: Data for Preferred Methods of Communication and High School Diploma or GED...41	
Figure 10: Data for Preferred Methods of Communication and Some College Education.....	41
Figure 11: Data for Preferred Methods of Communication and Bachelor's Degree.....	41
Figure 12: Data for Preferred Methods of Communication and Master's Degree.....	42
Figure 13: Data for Preferred Methods of Communication and Doctorate Degree.....	42

### **Acknowledgments**

Several individuals enabled me to complete this capstone project, and I would like to take a moment to acknowledge them. First, I would like to acknowledge my family. Their support, understanding, and flexibility during the past several years have been vital to my success and completion of my capstone. My family has respected and understood the time I needed to dedicate to this project. Specifically, my daughter, Ella, has been one of my biggest cheerleaders and has encouraged me along the way. Several friends and colleagues also provided support and encouragement along the way. I started this process soon after my father passed, following a short battle with cancer. He would be one of my biggest cheerleaders if he were still here.

I would also like to express my deepest appreciation and gratitude to the staff at Gannon University that supported me every step of the way. Dr. Michelle Karnes served as a mentor during the first two years of my coursework and provided a flexible course schedule that met my needs during difficult times. Due to her retirement plan, she encouraged me to change my course schedule to graduate in 2024 and provided additional time to teach me how to do Critically Appraised Papers (CAPs) since I had to get “up to speed” in the fall of 2023 due to my course schedule changing. Dr. Blair Carstone, my capstone advisor, provided unlimited guidance throughout my capstone project and additionally served as my primary writing mentor.

Finally, I want to thank my amazing cohort for supporting, providing feedback, and encouraging each other. Specifically, my capstone partner, Allison Blakely, supported me along the way and gave me insightful feedback on my project. All of these individuals played an instrumental role, and I would not have made it without each one of them.

## **Chapter I**

### **Introduction**

This chapter provides information regarding the research question. The background for the capstone project is established, including the statement of the problem and rationale for the capstone project, the significance of the issue to the field of occupational therapy, the project objective, and possible implications of the project.

#### **Capstone Project Research Question**

Using a quantitative design, this research study investigated the influence of parental educational level on parent perspective and preference for engagement in their child's school-based occupational therapy. The research question was: Does the parent's highest level of education positively impact perception in families who have children receiving occupational therapy services in Columbus, Ohio schools? The hypothesis was that the parent's level of education will positively impact the perception of families who have children receiving occupational therapy services in Columbus, Ohio schools. The null hypothesis was that the parent's level of education has no effect on the perception of families who have children receiving occupational therapy services in Columbus, Ohio schools.

#### **Background**

Occupational therapy (OT) has been part of the education system since the 1960s (Colman, 1988). In the early 1970s, educational opportunities for children with disabilities began to develop due to the demand for equal educational rights for individuals with disabilities. The legislative expression of civil rights for children with disabilities was led by teachers, school administrators, and parents. By 1975, forceful lobbying by these groups at the federal level led to the passage of Public Law 94-142, the Education for All Handicapped Children Act of 1975. The

enactment ensured equal, adequate, and appropriate educational opportunities for children with disabilities aged 3-21 by providing various programs to meet the needs of children with disabilities through an interdisciplinary approach. With the passage of this law, the education system not only taught children with disabilities but also allowed children with disabilities to improve their readiness for learning skills. One of the programs included providing related services, including OT (Colman, 1988).

In 1981, the American Occupational Therapy Association (AOTA) produced an official document outlining the role of the OT profession as an education-related service. This document explained how occupational therapists provide preventive or restorative intervention regarding functional task performance for children with disabilities in the school setting. In 1986, Congress drafted a new bill expanding the age for services to include birth through 2 years, expanded the age of services in the Education for All Handicapped Children Act of 1975 to include preschool children aged 3-5 years old, and mandated an interactive, interdisciplinary approach at the state level. In 1990, the law's name changed to the Individuals with Disabilities Education Act, or IDEA (Individuals with Disabilities Education Act, 2020). In 2004, IDEA made changes aligned with the No Child Left Behind Act requirements, including early intervention (EI) services in the general education setting, increased accountability and outcomes, and improved standards for special education teachers. From 2006-2017 several regulations were revised in IDEA. Some of the revisions included providing equitable services for students attending private schools, parental consent requirements, infants, and toddlers with disabilities program, and further defining Free Appropriate Public Education (FAPE) and least restrictive environment (LRE) (Individuals with Disabilities Education Act, 2020).

Even though the laws regarding therapy services have evolved, the role of OT in the school setting remains the same. OT services are to help children participate in their educational curriculum by providing intervention, strategies, support, and accommodations. However, occupational therapists have been challenged with finding ways to engage in their practice by blending models of education, medicine, and rehabilitation for decades (Colman, 1988).

In the school system, occupational therapists are part of the multidisciplinary team who works to determine the needs for special education services and service delivery. This team includes intervention specialists, paraeducators, administrators, a general education teacher, related service providers, and the family (AOTA, 2015). The intervention specialists, educators, and other school staff provide specialized instruction that can include modifications and adaptations to the curriculum to support the student's learning abilities and to meet state learning standards. The paraeducators collaborate with educators to aid in implementing specially designed instruction, interventions, modifications, and adaptations, as well as providing daily care and promoting safety within the school environment. Administrators are responsible for training students, staff, and parents, ensuring the curriculum and building are accessible to all. The families communicate their child's needs and collaborate with the other team members to ensure their child's successful participation in school (AOTA, 2015).

Students who need services delivered by the multidisciplinary team can be provided through 504 plans or Individualized Education Plans (IEP). An IEP is a working document that outlines goals for students based on their strengths and needs and includes direct services from intervention specialists and related services providers (Jones, 2022). A 504 plan is a document that provides accommodations, support, and services for a student with a disability that interferes with the child's ability to learn in the general education setting. Therefore, the goal of a 504 plan

is to remove barriers to improve academic functioning in the general education environment. For example, a 504 plan can provide extended time and small group administration for tests, modified assignments, assistive technology, preferential seating, guided notes, and various health care needs (Corsetto, 2020; Jones, 2022).

School-based occupational therapy services are available to students who are found eligible for special education and are determined through the IEP process that begins with an initial Evaluation Team Report (ETR). During the ETR process, each specified team member completes an evaluation, shares the results at the ETR meeting, and collaborates to determine the services the child needs to receive FAPE in the least restrictive environment. After the ETR process, if the child is found eligible to receive special education services, a meeting is held with all team members to develop an IEP. OT services are included in the IEP when the team decides that the child needs OT to meet their goals. Students who are not eligible to receive special education services under IDEA may be eligible to receive services, including OT, under the federal laws of Section 504 of the Rehabilitation Act or the Americans with Disabilities Act (AOTA, 2015).

Whether through an IEP or a 504 Plan, school-based OT provides services to promote improved participation in their daily school activities, including curricular and extracurricular activities (AOTA, 2015). The role of school-based OT is to support academic areas such as math, reading, literacy, and unified arts (art, physical education, and music) as well as non-academic areas such as social skills, behavior management, self-help skills, pre-vocation and vocational skills, and participation in recess and sports. School-based OT can deliver direct intervention and support services for school staff to address the child's needs. School-based OT can provide education and training to parents and school staff in general and special education and participate

in curriculum and program development. School-based OT also offers valuable input to positive behavior intervention and support and response to intervention (AOTA, 2015).

IDEA retains the critical role of the parent in their child's education. Schools must include the parent in any decision-making team as a collaborative relationship between the school and the family (Benson et al., 2015). When an ETR and an IEP are established for a student, the parent is a vital team member. Therefore, families should be involved in each step of the process (Benson et al., 2015; Individuals with Disabilities Education Act, 2020).

Family involvement is crucial for the student and the team because they are experts in knowing their child's strengths and weaknesses and background information regarding the child's history and development (Benson et al., 2015). A study by Benson et al. (2015) investigated the parent's perceptions of school-based OT services in suburban school districts in Pennsylvania and New York and found that parents had more than basic knowledge about OT in the schools. There is limited literature that explores parents' knowledge about OT in the schools in urban school districts.

Family involvement can be impacted by the family's socioeconomic status (SES) and the parent's level of education (Shao et al., 2022). Poverty adversely affects parents' abilities to provide emotional and educational support for children due to parental stress, low levels of educational exposure, and parental depression (Mendez, 2009). Conversely, families with higher SES are more involved in their child's education (Ankrum, 2016).

Two studies indicated the negative impact of lower SES. Hoover-Dempsey et al. (2005) found that SES influenced parental involvement due to resources associated with SES. Resources are often denied and less available for lower SES families due to schools' assumptions of the ability of those parents to be involved (Hoover-Dempsey et al., 2005). In a more recent study by

Sime and Sheridan (2014), parents expressed the importance of being engaged in their children's education and had high expectations for their children; however, they experienced limitations of cultural, social, and economic resources. Barriers that negatively impacted parental engagement included worrying about providing the daily needs for the children, limited financial resources, low confidence, and limited educational knowledge to make decisions about their children's education and help them with schoolwork (Sime & Sheridan, 2014).

Another facet that impacts parental involvement is the parent's level of education. It has been found that parents with higher levels of education are more likely to be involved in their child's education, leading to increased academic achievement (Clearinghouse for Military Family Readiness at Penn State, 2020; Shao et al., 2022). In addition, parents with more years of education have higher expectations of success for their children (Idris et al., 2020). Therefore, they are better able to set realistic expectations based on their children's abilities, leading to greater academic success than low-income or less-educated parents (Clearinghouse for Military Family Readiness at Penn State, 2020).

Two other studies indicated the negative effects associated with diminished formal education. A study by Aldosari (2021) found that parents with lower levels of education reported lower involvement in school and home-based activities with children with an intellectual disability. While a study in Britain illustrated how mothers with higher education levels influenced greater academic achievement and were a significant predictor of placing students with Down's syndrome in mainstream schools (Szumski & Karwowski, 2012). Overall, SES and level of education play an important role in family involvement.

## **Rationale**

This capstone project identified the current perspectives of parents in a large urban school district about OT in the school. In addition, this project determined parents' preference(s) for communication. Understanding the parents' perceptions and preferences are the first two steps to providing meaningful training, education, and coaching to families in a large urban school district (Keltly & Wakabayashi, 2020).

### **Significance to the Field of Occupational Therapy**

Direct family participation can improve the development of children receiving OT services in various settings (Lin et al., 2018). However, communication and involvement are often limited after the child is evaluated for services, especially in the school setting (Egilson, 2010; Fingerhut et al., 2013). Families lack access to information and struggle to transfer task performance from therapy sessions to the home environment (Egilson, 2010). It is critical for OT practitioners to know how to facilitate effective communication to promote consistent engagement and carryover of services from school to home.

The results of this study demonstrated the influence of parental educational level on parent perspective and preference for engagement in their child's school-based occupational therapy. Therefore, this study can help school-based occupational therapists develop efficient communication, appropriate education, and effective coaching strategies that meet the families' needs. The improved collaboration can potentially increase parent involvement, carryover at home, and advocacy for the child's needs in and out of school. As a result of the increased family involvement, students may experience more success at school and home.

### **Possible Implications**

**Students:** The results of the study provided school-based occupational therapists with the information necessary to develop training, education, and coaching for families to implement

strategies at home. Family engagement in the therapeutic process can positively increase student performance. In addition, improved communication between the occupational therapist and family can reduce stressors at home, increasing a child's confidence and independence in their home, school, and community environments.

**Families:** Parents and caregivers shared their perceptions about OT services. They also indicated how they want to receive information from their child's school-based therapist. Active engagement in the OT process has the ability to empower parents.

**Educators:** Information and data from the study results can be shared with other team members. Understanding how parents want to receive information can increase the effectiveness of educators when determining how and when to communicate with parents. In addition, students may perform better during classroom tasks when there is an effective collaborative approach between the school and families.

### **Summary**

This chapter provided the research objective, background, statement of the problem, and rationale for the capstone project. In addition, information regarding the significance of the project to the field of OT and the possible implications of the project were delineated. Chapter II will provide a detailed explanation of the literature supporting this capstone project.

## **Chapter II**

### **Literature Supporting Capstone**

Chapter II describes the literature that supported this capstone project. The Critically Appraised Topic (CAT) Portfolio presented the appraised relevant literature regarding occupational therapy services in the school setting. Additional information about families and school-based occupational therapy was synthesized to support the research study further.

### **PIO**

Throughout this capstone project, the researcher sought to answer the following research question: *Does the level of education (I) positively impact perception (O) in families who have children receiving occupational therapy services in Columbus, Ohio schools (P)?*

### **The Critically Appraised Topic (CAT) Portfolio**

#### **Methodology of Literature Search**

To provide a substantive and thorough understanding of what was already known about occupational therapy in the school setting, an exhaustive literature search was conducted using the Gannon University Nash Library databases, Google Scholar, and the American Journal of Occupational Therapy (AJOT). Keywords were used in various combinations of the following search terms: occupational therapy, school-based occupational therapy, parent and school involvement, family engagement, parental satisfaction, parent perspectives, parental education, academic achievement, and school communication. The literature search was refined with limiters of peer-reviewed full-text articles with publication dates from 2010 to 2023.

#### **Description of Portfolio**

The portfolio included eight qualitative, six quantitative, and one mixed-methods article from national and international journals. Ninety-three percent of the articles appraised had low

levels of evidence as a result of their research design. All of the qualitative articles were level VI, utilizing the following data collection techniques: focus groups, semi-structured interviews, and a descriptive survey design. Five quantitative articles were level IV, using surveys and questionnaires. One quantitative article was a level III that included a non-randomized control trial with an experimental and control group with a pre and post-test.

### **Narrative Synthesis of Critically Appraised Topic (CAT) Portfolio**

According to the current literature, evidence needs to be provided regarding parents' perceptions of occupational therapy in the school setting (Benson et al., 2015). Occupational therapists would benefit from more knowledge regarding parents' perspectives on school-based OT to have positive parent-therapist relationships and to provide effective and meaningful therapy (Aldosari, 2021; Benson et al., 2015; Kelty & Wakabayashi, 2020; Sime & Sheridan, 2014; Snell et al., 2018).

The articles provided information gathered from multi-disciplinary and specifically related to occupational therapy. Since school-based OT occurs in an educational setting, including educational professionals and their work related to parental engagement was vital. Studies related to arts and sciences, rehabilitation, and child development were also included, which helped identify gaps in knowledge about parents' perspectives of school-based occupational therapy. Themes were developed after a critical analysis of the fifteen articles that spanned internationally. The themes were based on surveys, focus groups, and interviews completed by parents, occupational therapists, and educators. The six themes that emerged were the needs and wants of parents, the challenge of school-based occupational therapy, the importance of therapist and family relationships, programs to support parent participation, parent education level, and family socioeconomic status (Aldosari, 2021; Ankrum, 2016; Benson et al.,

2015; D'Arrigo et al., 2019; Egilson, 2010; Fingerhut et al., 2013; Idris et al., 2020; Jansen et al., 2013; Kelty & Wakabayashi, 2020; Kennedy et al., 2022; Lin et al., 2018; Rodriguez et al., 2014; Sime & Sheridan, 2014; Snell et al., 2018; Tayo et al., 2022).

### **Needs and Wants of Parents**

Based on the studies found in the literature, the notion that parents want to be engaged in their child's OT and education, their voices to be heard, and to have effective parent-therapist and teacher-therapist relationships repeatedly arose in articles. Eight articles (Aldosari, 2021; Benson et al., 2015; D'Arrigo et al., 2019; Egilson, 2010; Jansen et al., 2013; Kelty & Wakabayashi, 2020; Sime & Sheridan, 2014; Snell et al., 2018) reinforced the importance of knowing and understanding what parents need and want regarding their child's education and therapy services.

Parents desire the freedom to make decisions regarding their children (Egilson, 2010). Therefore, family-centered care is essential to supporting parents (Jansen et al., 2013). Professionals must have opportunities to prioritize and meet each family's needs and values, to foster engagement, effective communication, parent education, and activities that include the whole family (Egilson, 2010; Kelty & Wakabayashi, 2020; Sime & Sheridan, 2014). However, many barriers that contribute to ineffective family engagement include fear of judgment, decreased parental confidence, lack of communication, language barriers, family structure, socioeconomic status, and cultural differences (Kelty & Wakabayashi, 2020; Sime & Sheridan, 2014). Families often face various circumstances that affect their ability to be engaged in therapy. Occupational therapists must be understanding and flexible to modify therapy to meet the family's needs (D'Arrigo et al., 2019). Understanding barriers and what parents want could help occupational therapists improve family engagement (Aldosari, 2021).

Parents report that communication is the most significant factor influencing the parent-therapist relationship and that the quality of communication is more effective than the frequency (Benson et al., 2015). Parents are interested in strategies to use with their children to help them reach their goals and report improved carry-over and outcomes at home when involved in the goal-setting process (Benson et al., 2015). According to Egilson (2010), parents reported receiving less guidance and being less involved when their child reached school age compared to more involvement in the earlier years. In addition, parents reported frustration with receiving information that was clear and easy to access, a need for more communication, and environmental considerations between home and school.

### **The Challenge of School-Based Occupational Therapy**

Three articles (D'Arrigo et al., 2019; Kennedy et al., 2022; Fingerhut et al., 2013) included focus groups and interviews with occupational therapists that illustrated the challenges of providing school-based OT services. Fingerhut et al. (2013) examined the barriers and challenges to implementing family-centered care principles in the school setting versus home-based and clinic settings, where parents are typically more available and involved due to the nature of the setting. Specifically, occupational therapists report limited time to engage with parents in the school setting as policies define the school-based occupational therapist's role as primarily supporting teachers and students rather than parents (D'Arrigo et al., 2019). Similarly, parents often see the teacher as a critical component of family engagement. Teachers are often the first to connect with parents regarding OT services and facilitate communication between parents and therapists (Kennedy et al., 2022).

Kennedy et al. (2020) described a metaphor that emerged as one participant was a dancer and explained how every dancer has their learning style and approach when learning a dance. In

the same way, parents require opportunities to engage in activities that meet their learning styles and needs (Kennedy et al., 2020). Understanding each person's role and how that role contributes to family engagement is essential. However, the roles were often not discussed and defined as a team, leading to confusion and unmet expectations regarding who should be doing what (Kennedy et al., 2022; Fingerhut et al., 2013). A study by Fingerhut et al. (2013) found that school-based occupational therapists did not consider their setting to be family-centered due to the number of barriers to implementing family-centered. School-based occupational therapists see their roles within the education environment as supporting and optimizing a child's education which primarily occurs at school (Fingerhut et al., 2013). They see the need to involve families more but are still determining what that should look like and how to overcome barriers of limited time and high caseloads (Fingerhut et al., 2013).

### **The Importance of Therapist and Family Relationships**

The therapist-family relationship was a theme that emerged from several studies primarily based on the results of interviews and focus groups and was found to be essential for effective therapy (Benson et al., 2015; D'Arrigo et al., 2019; Kelty & Wakabayashi, 2020; Snell et al., 2018). When occupational therapists responded to parents' needs, the parents felt supported and engaged. A positive relationship between therapists and families occurs when the relationship is built on parents' trust, confidence in the occupational therapist, and hope (D'Arrigo et al., 2019; Rodriguez et al., 2014). This positive relationship was established when parents felt understood, respected, supported, empowered, and valued as team members, which improved parent engagement (D'Arrigo et al., 2019; Sime & Sheridan, 2014). Similarly, Rodriguez et al. (2014) stated that positive collaboration and communication occurred when schools were open to and sought out parent input and when parents felt that school staff was

accessible. In addition, good school-family relationships and direct help from school staff enabled parents to address issues and better support their child's learning (Sime & Sheridan, 2014).

Parents reported that school-based occupational therapists should be approachable, flexible, and transparent (Kennedy et al., 2022). There was a desire from parents for the occupational therapist to check in with them periodically rather than the occupational therapist waiting to hear from the parent (Kennedy et al., 2022). It was noted that parents became more involved when their child's needs were not met, with negative feelings associated with having to advocate for what they felt their child needed (Rodriguez et al., 2014).

Occupational therapists see the need to improve parent-therapist communication, as Fingerhut et al. (2013) found that communication with the occupational therapist was rare following the initial evaluation. Occupational therapists can improve communication by sending home notes or emails about therapy, in-person meetings, and phone calls (Kennedy et al., 2022). Similarly, parents have reported their need and responsibility to be involved and initiate regardless of how much or how little the school engages with them (Rodriguez et al., 2014). Incorporating parents from the beginning would help determine meaningful goals and provide meaningful parental coaching and education (Fingerhut et al., 2013).

### **Programs and Activities to Support Parent Participation**

Three articles illustrated that parent participation in a child's education and therapy is essential for providing meaningful and positive outcomes (Fingerhut et al., 2013; Kelty & Wakabayashi, 2020; Lin et al., 2018; Snell et al., 2018). Lin et al. (2018) found that when OT services included parental participation, developmental age scores increased significantly more than those of the children who received OT without parental participation.

Snell et al. (2018) found that 93% of families use technology to communicate with teachers, with texting being the highest. Families shared that texting supported home involvement as teachers provided specific things to do with their children to continue learning at home. Other benefits of texting included reaching busy families easier and improved communication with non-English speaking families due to translation capabilities. However, many teachers and families preferred in-person contact with more personal issues such as behavioral concerns. Both teachers and families said texting helped create positive relationships, mutual support, and improved parent-school participation (Snell et al., 2018).

A study by Kelty & Wakabayashi (2020) found that inclusive opportunities at school must be provided to meet families' needs that foster family engagement. Activities and programs to foster family engagement can include home visits by school staff, family engagement liaisons, parent education opportunities, after-school activities that involve the whole family, translation services, utilizing multiple ways of communication with families, and opportunities for families to connect (Kelty & Wakabayashi, 2020).

### **Parent Education Level**

The parent's education level was a theme that emerged from two studies based on survey results comparing parents' education levels and involvement in their child's education and educational outcomes (Aldosari, 2021; Idris et al., 2020). Parents' education level is a barrier that hinders effective parental participation in school-based OT (Aldosari, 2021; Kelty & Wakabayashi, 2020; Sime & Sheridan, 2014). Finding ways to overcome barriers and understand parents' perspectives could help occupational therapists improve family engagement (Aldosari, 2021). A study by Aldosari (2021) showed that parents with higher education levels reported higher involvement levels than parents with less education (Aldosari, 2021). Similar to

the Aldosari (2021) study, Idris et al. (2020) showed that the highest percentage of tenth-grade students with passing marks were the students of highly educated parents, followed by parents with higher secondary education. Students with parents who were illiterate or had primary education had the lowest percentage of passing students. Therefore, parents' education level can directly impact their involvement in their child's education and educational outcomes (Aldosari, 2021; Idris et al., 2020).

### **Family Socioeconomic Status**

The impact of family socioeconomic status (SES) is the last theme that emerged based on surveys completed by parents. Family SES can impact parental involvement and engagement in a child's OT and education (Aldosari, 2021; Kelty & Wakabayashi, 2020; Sime & Sheridan, 2014). Aldosari (2021) compared family income levels with parental involvement in home and school-based activities and found no significant differences with school-based activities. However, parents with the highest income level reported more involvement with home-based activities than the middle and low-income groups, with no significant difference between the middle and low-income groups.

Research has shown that a parent's SES can significantly impact children's educational success partly due to how teachers view and communicate with families with low SES (Ankrum, 2016; Aldosari, 2021; Kelty & Wakabayashi, 2020; Sime & Sheridan, 2014). Ankrum (2016) examined how SES impacted teachers' interactions with parents. Over 50% of the teachers said that low-income families were less involved in their children's education than more affluent families, and over 60% of the teachers believe that SES does impact how they interact with parents. Over 85% of teachers believe parental communication is critical to students' success. In

summary, SES does play a role in how teachers interact with parents, and regardless of SES, parents want to be involved in their child's education.

### **Summary**

This chapter provided the literature supporting this capstone project. According to the literature, many parents desire to be engaged in their child's education and OT services. However, many barriers affect parental participation in school-based OT (Aldosari, 2021; Kelty & Wakabayashi, 2020; Sime & Sheridan, 2014). Therefore, understanding parents' perspectives could help overcome the barriers and improve family engagement (Aldosari, 2021). Limited OT research investigates parents' perspectives and satisfaction in pediatric settings, especially in school settings (Benson et al., 2015; D'Arrigo et al., 2019; Fingerhut et al., 2013; Kennedy et al., 2022). Chapter III will describe the family-centered care theory that guided this capstone project.

### **Chapter III**

Chapter III describes the theory selected for this project. The family-centered care (FCC) theory foundationally supports the exploration of families' perceptions. The guidance and support provided by the theory for this project is explained.

#### **Theory Guiding Capstone Project**

The FCC theory, also known as family-centered practice, supports the capstone project. The FCC theory began to develop over fifty years ago and is now widely implemented in child healthcare services (Bamm & Rosenbaum, 2008). The FCC theory was heavily influenced by the client-centered approach to address the value of the family in children's development and well-being (Kyler, 2008). The FCC theory is grounded in the partnership between clients, families, and providers when evaluating, planning, and delivering healthcare services. The FCC theory recognizes the importance of the family in the child's growth, development, and overall well-being (Franck & O'Brien, 2019). The FCC theory additionally stresses the significance of working with children and families in their environment, as every family is unique (Franck & O'Brien, 2019). The tenets of the FCC theory align with the values of occupational therapy.

Occupational therapists acknowledge the uniqueness of every family, aligning with the FCC theory's postulate that every family differs in its strengths, weaknesses, values, perceptions, and culture (Bamm & Rosenbaum, 2008; Jansen et al., 2013; Kyler, 2008). One of the critical features of the FCC theory is that parents are recognized as the experts on their children and are the primary sources of support and strength (Bamm & Rosenbaum, 2008). Therefore, families are equal and vital members of their children's medical and educational teams (Kyler, 2008).

Other key features of this theory include the importance of recognizing and celebrating family diversity, services that are flexible and meet the family's needs, concerns, and priorities (Hanna & Rodger, 2002; Kyler, 2008). Because families know the most about their children, they

are the ones that provide valuable information that should be respected and included when developing an IEP or 504 plan for services in the school setting.

Occupational therapists have always understood the importance of involving families in the therapy process with children (Hanna & Rodger, 2002). Collaboration with families facilitates shared decision-making in evaluating, planning, and service delivery, resulting in meaningful and relevant therapy outcomes (Hanna & Rodger, 2002; Jansen et al., 2013). Prior to the FCC theory, services for children were based on a client-centered approach where the professionals set the goals and focused on child-specific outcomes, treating specific symptoms of chronic illness or disabilities, and not taking into considering the unique needs and preferences of the family (Hanna & Rodger, 2002; Jansen et al., 2013; Kyler, 2008). In contrast, services based on the FCC theory incorporate the family and emphasize family-centered outcomes, such as addressing the needs of a child's disability within the context of the family. For example, parents must be informed about all available treatment options before they can make an informed decision that best supports the needs of their child and family (Jansen et al., 2013). Including the family when providing services to a child sets the expectations for the family participating and assuming facilitatory roles such as a teacher or therapist at home (Hanna & Rodger, 2002).

Despite the importance of collaboration with family members and providers, there are barriers to implementing FCC in the school setting. One common barrier is decreased competence and confidence of the provider being able to uphold the tenets of the FCC. Healthcare professionals are unclear on what family-centered collaboration looks like (Fingerhut et al. 2013). Another common barrier is the limited time for families and school-based therapists to communicate. Unlike the home-based and clinic-based settings where the parents are typically more available and involved due to the nature of the setting, finding a conducive communication

platform to collaborate with families in the school-based setting is challenging (Fingerhut et al., 2013). Cultural values and differences can also create barriers when implementing FCC, as families may have differing beliefs regarding the roles and expectations of the school-based therapist (Bamm & Rosenbaum, 2008). With all of these barriers, the key to effectively implementing FCC is respecting each family's wishes, which requires flexibility and open-mindedness from therapists (Bamm & Rosenbaum, 2008; Jansen et al., 2013; Kyler, 2008).

Akin to the principles in the FCC theory, the IDEA recognizes the valuable role of parents in planning and decision-making on behalf of their children (Kyler, 2008). When embedding FCC with school-based OT services, parents are expected to participate by carrying over intervention strategies to continue to work towards the established goals of the child and family. Conversely, therapists are expected to consider each family's unique needs and preferences when recommending home programs and activities (Hanna & Rodger, 2002). Therapists and families are able to make significant strides in goal attainment by uploading the shared values of FCC and IDEA.

The FCC theory views the family and therapist relationship as a partnership, which underpins the driving force of this capstone project. The need for a successful and symbiotic partnership is crucial to the effectiveness of school-based OT extending beyond the school walls. FCC theory also recognizes the uniqueness and expertise of families, maintaining occupational therapy's family-centered care. It is crucial to uphold the values of the profession throughout this capstone project. FCC guided the development of the capstone project to ensure the study's focus was soundly supported and evidence-based.

### **Correlation of the Family-Centered Care Theory and the Capstone Project**

In special education services, IDEA mandates that parents be included and viewed as vital multidisciplinary team members (Individuals with Disabilities Education Act, 2023). Therefore, FCC supports best practices for therapists because the theory postulates that families know their children best and should be included in the therapeutic process (Benson et al., 2015). Occupational therapists should emphasize the parent's role as collaborators when developing a plan with the multidisciplinary team at the school to support student success (Dias & Cadime, 2019). Therefore, the school-based interventions should be flexible, adapted to the unique characteristics of the family, and aim to support and strengthen family functioning by providing school-based services that increase the family's knowledge and skills (Fingerhut et al., 2013).

Fingerhut et al. (2013) study explored the use of FCC principles in various settings, including the home, clinic, and school. Study results revealed that communication with parents occurred the least in the school setting and contact from the occupational therapist was rare following the initial evaluation. The school-based occupational therapists did not consider their setting family-centered due to the number of barriers adhering to FCC. They reported the need to involve families more but were uncertain how to do so in the school setting. Occupational therapists from the included settings said a parent questionnaire regarding parent participation would help determine meaningful goals and provide meaningful parental coaching and education.

This capstone project was derived from the findings of Fingerhut et al. (2013) and supported the utilization of a parent questionnaire. The study was based on the FCC principles that are the foundation for providing meaningful communication, coaching, and training with families. The results will promote families being empowered and viewed as vital members of

their child's intervention team to improve their child's performance at school, at home, and in the community.

## Chapter IV

### Activities of the Capstone Project

This chapter provides a detailed description of the prospective setting and potential participants that will be utilized in the proposed study. The chapter also describes the methodology and data analysis procedures that will ensure viewpoints of parents are quantitatively obtained.

#### Description of the Setting

The setting for the study was a large urban public school district in Columbus, Ohio. The school district, Columbus City Schools, is the largest in Ohio, with approximately 47,000 students in 116 schools enrolled in grades PreK through 12 (Niche, 2023). Of the Columbus student population, 53% are African American, 21.5% are White, 14.2% are Hispanic, 7.6% are Multiracial, and 3.4% are Asian (Niche, 2023). Within the diverse school district, 95 languages are reported to be spoken by students' families. The five most prevalent non-English languages are Spanish, Somali, Nepali, Arabic, and French (Columbus City Schools, 2023). When accounting for the Columbus student population, approximately 18% of the students are identified as having special needs (Columbus City Schools, 2023). Additionally, more than half the enrolled students qualify for free or reduced lunch (*2023 Largest School Districts in Ohio*, 2023), and 37.6% of students' parents have a bachelor's degree or higher (U.S. Census Bureau, 2021), illustrating the socioeconomic climate in the Columbus school district.

#### Participants

Participants for this capstone project included parents and guardians of children receiving OT services in Columbus City Schools. Participants in the study were limited to Columbus City Schools families. Eligibility criteria for participants include their child(ren) must be enrolled in grades PreK through 12 at Columbus City Schools, the student must be currently receiving OT services in the school district, and the parent or guardian can understand written questions in

English or Spanish. The study employed convenience sampling. Participants in Columbus City Schools were recruited through emails, flyers, and social media explaining the nature and purpose of the study. Participants that met the inclusion criteria utilized the link or QR code containing informed consent and the online survey to ensure anonymity.

### **Human Subjects Protection**

Gannon University IRB granted approval prior to conducting this capstone project (See Appendix A). All participants received informed consent information prior to completing the electronic survey. The anonymous survey data was collected and stored on the principal investigator's password-protected computer. The de-identified data was only accessed by the researchers. After three years, the data will be deleted from the principal investigator's password-protected computer.

### **Methods/ Procedures**

The researcher determined the best measure of parents' perceptions based on previous research studies (Jansen et al., 2013; King et al., 1996; King et al., 2004; Tayo et al.) and obtained the necessary permissions to utilize it in this study. The informed consent was composed in English and Spanish, and approval was obtained to conduct the proposed study from Gannon University's IRB Committee. Following IRB approval, the principal investigator obtained approval from the Columbus City Schools administration before posting flyers and sending emails. A list of potential participants was obtained through the school district's caseload reports and the student information system. The approved flyers were sent to potential participants via email, home in students' backpacks, and on social media.

The principal investigator also emailed other occupational therapists in the school district and requested the recruitment flyer be shared with their families. The online survey was closed

after six weeks of data collection. The researcher collected the participants' responses via Google Forms and analyzed the data through Statistical Product and Service Solutions (SPSS) Version 29.0. Finally, the researchers interpreted the data results and summarized the findings.

### **Tools /Outcome Measures**

The principal investigator requested and received permission to use the Measure of Process of Care (MPOC) from CanChild and input the MPOC self-report measure into Google Forms in English and Spanish. The MPOC is a self-report measure of parents' perceptions of the extent to which the health services they and their children receive are family centered (CanChild, 2023). The questions on the MPOC were developed with families to identify what aspects of services were important to them (CanChild, 2023; King et al., 1996). The measure has been validated on samples of children ranging from 0-17+ years with various developmental disabilities.

The MPOC-20 is a shortened version of the original MPOC-56 and is available in many languages including English and Spanish (King et al., 2004). Various reliability and validity studies of the MPOC-20 have been conducted that demonstrated good internal consistency, test-retest reliability, and validity (CanChild, 2023; King et al., 1996; King et al., 2004). The internal consistency of each scale was determined using Cronbach's coefficient alpha with alphas ranging from 0.63 to 0.92 (King et al., 2004). The test-retest reliability was analyzed using intraclass correlation coefficients (ICC) with scales ranging from 0.81 to 0.86, demonstrating good stability (King et al., 1996; King et al., 2004).

The measure's purpose is to rate the behavior of a professional working with a child. Higher scores on the survey indicate more family-centered care being implemented, which leads to increased parent satisfaction with services (CanChild, 2023). The MPOC-20 is a 7-point

response scale with the following response options: 7 indicated that the service provider engaged in this behavior "to a very great extent", 6 = "to a great extent", 5 = "to a fairly great extent", 4 = "to a moderate extent", 3 = "to a small extent", 2 = "to a very small extent", and 1 = "not at all". A score of 0 indicated that the item was "not applicable" (CanChild, 2023). Reported responses on the MPOC allow for the service site to look at patterns of scores in five areas, including enabling and partnership, providing general information, providing specific information, coordinated and comprehensive care, and respectful and supportive care resulting in identifying areas of strengths and areas that need improvement. The MPOC-20 takes 5-10 minutes for most to complete and is not designed for a specific discipline (CanChild, 2023; King et al., 2004).

### **Data Analysis Methods**

Data collection through the employment of Google Forms served as the primary source to answer the research question: Does the parent's highest level of education positively impact perception in families who have children receiving OT services in Columbus, Ohio schools? Once the survey was closed, the collected data was analyzed through SPSS. The one-way multivariate analysis of variance (MANOVA) was utilized to determine whether there were any statistically significant differences between the groups of parents based on level of education and scores on the MPOC. The participants were grouped as less than a high school education, high school diploma/GED, some college education, bachelor's degree, master's degree, or doctorate degree. The scores from the MPOC regarding perceptions of occupational therapists were derived from the two patterns of providing specific and general information.

### **Assumptions of the Capstone Project**

The capstone project proposal was based on a series of assumptions strengthened by the author's OT knowledge and experience, research findings, and existing OT concepts. These assumptions were:

1. OT professionals can improve the quality of life of children with special needs.
2. There is interest in learning more about how to improve the collaboration of school-based occupational therapists and families.

### **Limitations**

This capstone project contained limitations in its implementation.

1. The participant sample was limited to one large urban school district; therefore, there was insufficient data to represent a variety of school settings such as suburban and rural.
2. The participant sample was limited to English and Spanish readers, potentially excluding families that read other languages in the district.
3. The research design is another limitation because online surveys have an average response of 44.1% (Wu et al., 2022).

### **Supports**

This doctoral student has the support of the Gannon PPOTD faculty, including my capstone advisor, my student cohort group, this student's worksite, colleagues, and a writing mentor. The support was very helpful in providing guidance to support the project's completion. This student belongs to the AOTA, which supports occupational therapists with up-to-date evidence-based practice and research. My family, friends, and colleagues are another important support that enabled me to complete this journey.

### **Barriers**

Due to the data being collected via an online survey, this doctoral student anticipated limited participation. Time demands, limited online accessibility, and limited literacy were additional barriers to families participating in the current study. Another barrier was the focus on collecting quantitative data without further insight being sought through qualitative data collection.

### **Summary**

This chapter provided the description of the setting, participants, human subject protection, procedures, tools, data analysis, and assumptions of this capstone project.

## **Chapter V**

### **Capstone Project Outcomes**

The outcomes of the capstone project are presented in this chapter. The limitations of the capstone project are discussed, as well as recommendations for practice, education, policy, and program development.

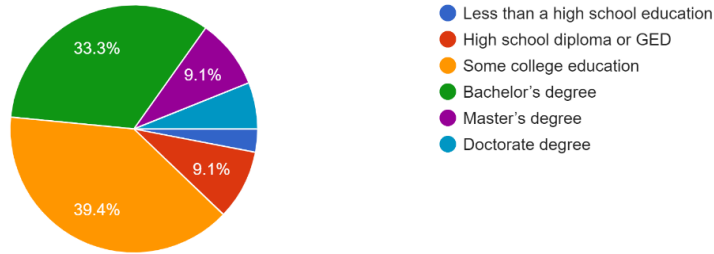
#### **Description of the Participants/Data**

A total of 33 surveys were submitted, and two participants were excluded from the study due to incomplete participation in the survey. Data revealed that a total of thirty-one ( $n = 31$ ) participants completed the survey after accepting the informed consent terms by clicking the survey link (Table 1). All participants affirmed that they were parents or guardians of a child currently receiving OT services in the Columbus City School district.

Demographic information was gathered regarding the participants' level of education, age, gender, relationship to the child, and their child's age and gender. The demographic information of the participants is illustrated in Figures 1 to 6. Data regarding parents' preferred method of communication was collected and depicted in Figure 7. Delving further into the parents' preferred method of communication and their level of education is captured in Figures 8 to 13.

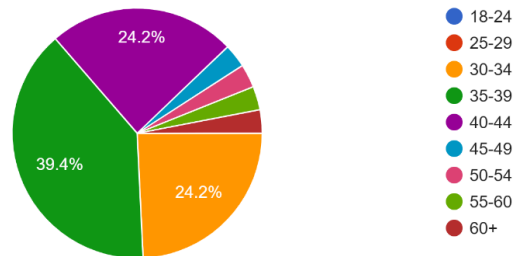
**Figure 1**  
*Demographic Data Participants' Level of Education*

What is your highest educational level?  
33 responses



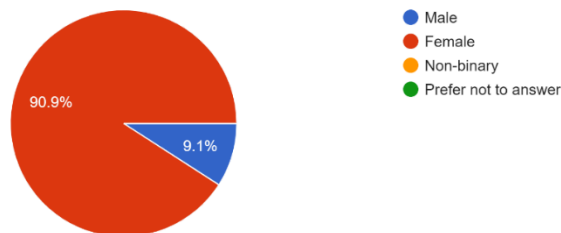
**Figure 2**  
*Demographic Data Participants' Age*

What is your age?  
33 responses



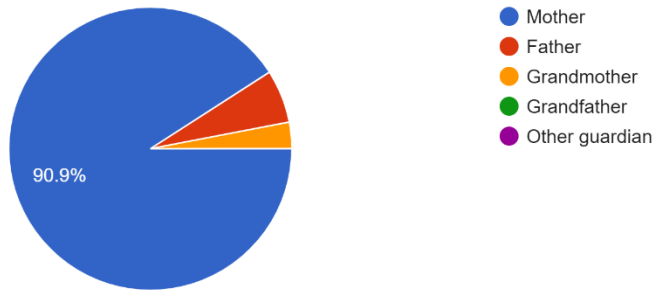
**Figure 3**  
*Demographic Data Participants' Gender*

What is your gender?  
33 responses



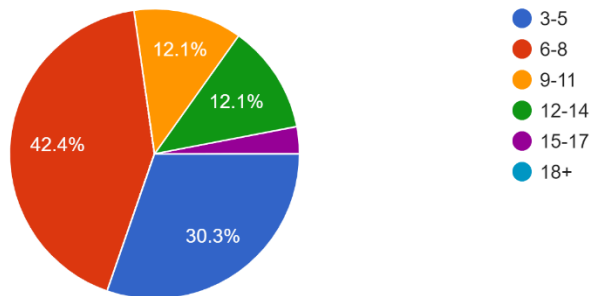
**Figure 4**  
*Demographic Data Participants' Relationship to Child*

What is your relationship with your child?  
33 responses



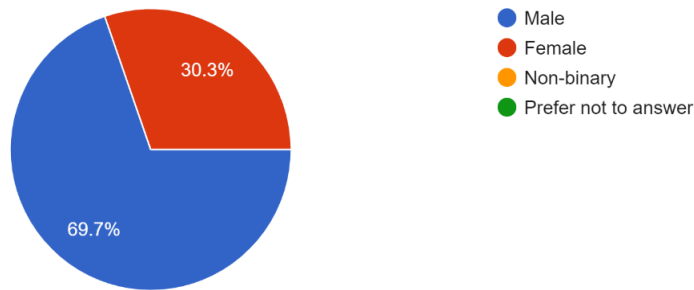
**Figure 5**  
*Demographic Data Childs' Age*

What is your child's age  
33 responses



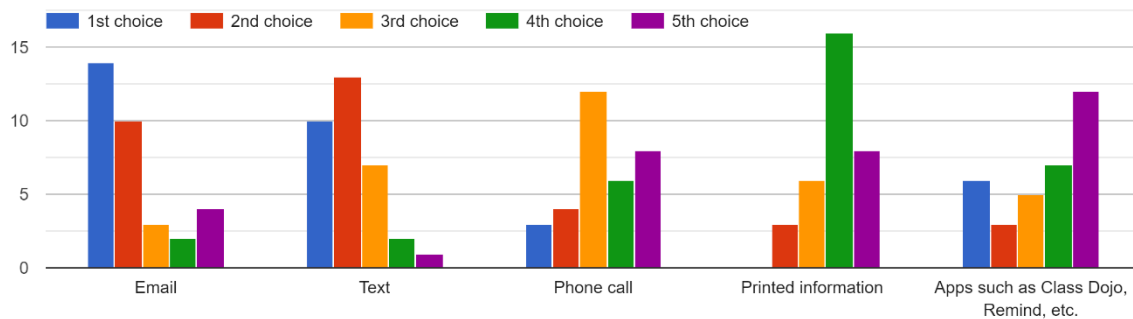
**Figure 6**  
*Demographic Data Childs' Gender*

What is your child's gender?  
33 responses

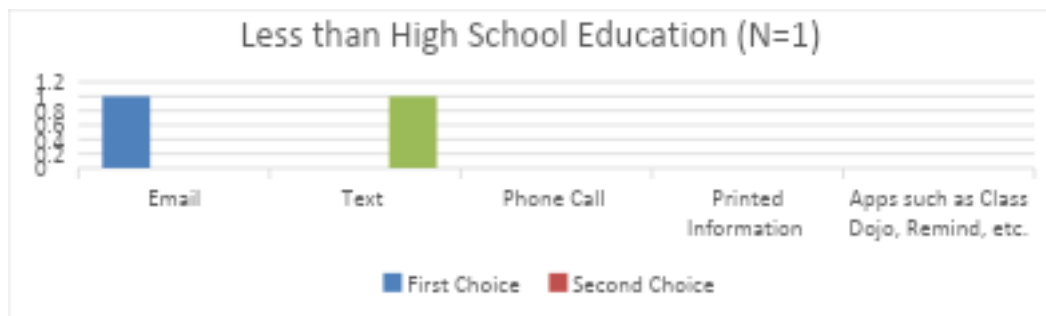


**Figure 7**  
*Data for Preferred Methods of Communication*

What is your preferred method of communication with your child's occupational therapist?

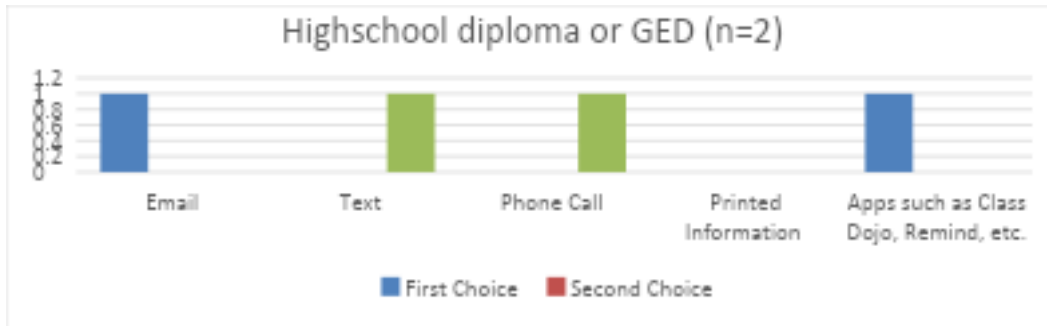


**Figure 8**  
*Data for Preferred Methods of Communication and Less than School Education*



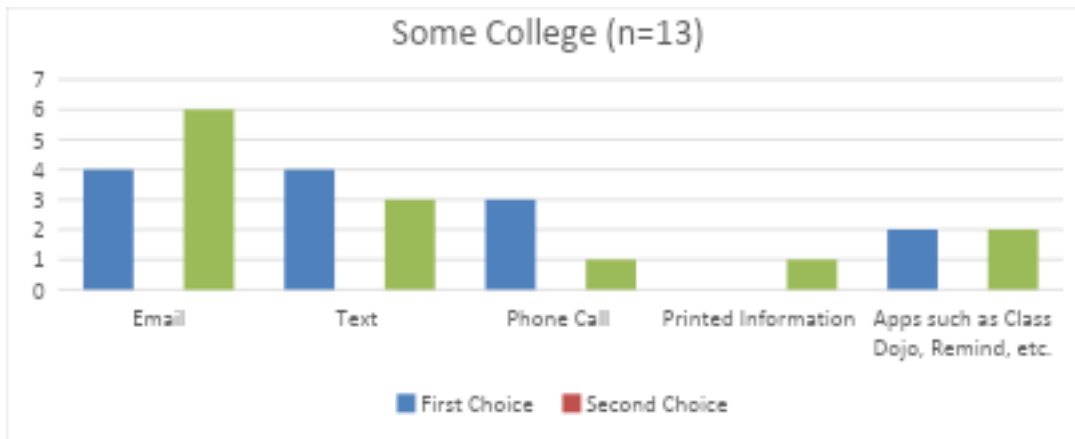
**Figure 9**

*Data for Preferred Methods of Communication and High School Diploma or GED*



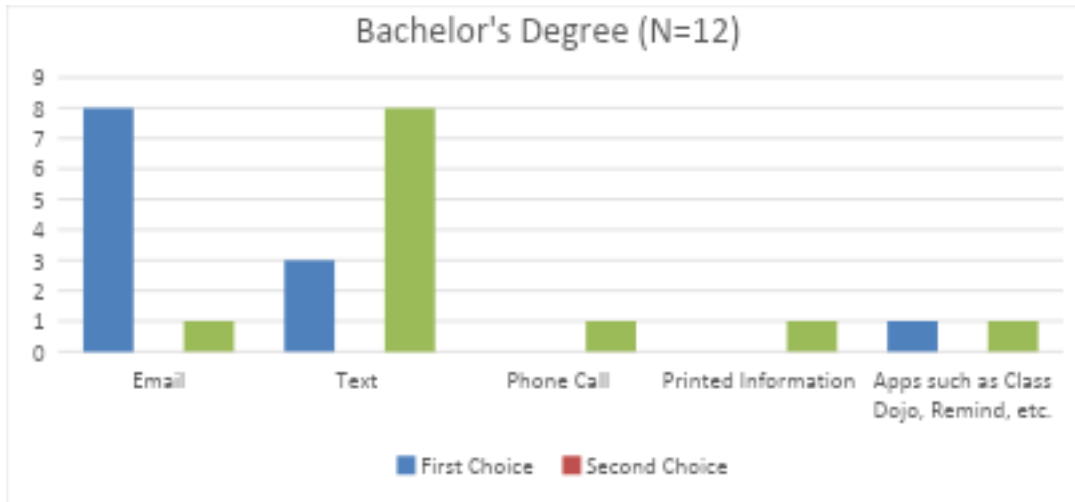
**Figure 10**

*Data for Preferred Methods of Communication and Some College Education*



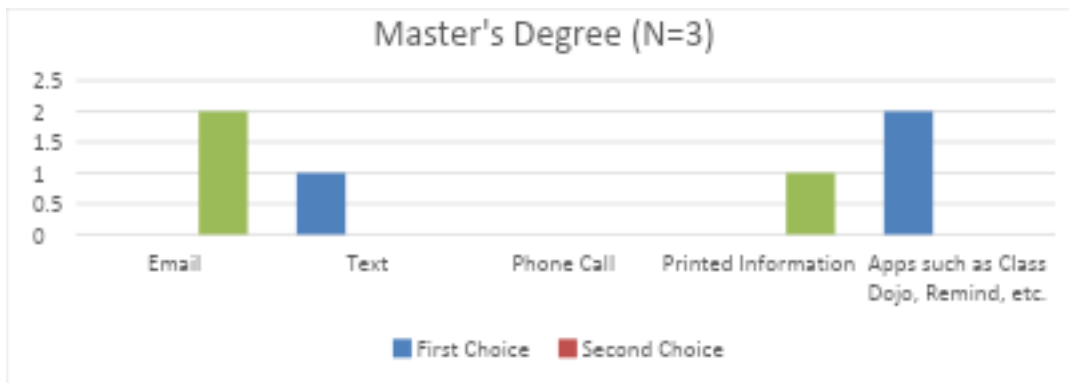
**Figure 11**

*Data for Preferred Methods of Communication and Bachelor's Degree*



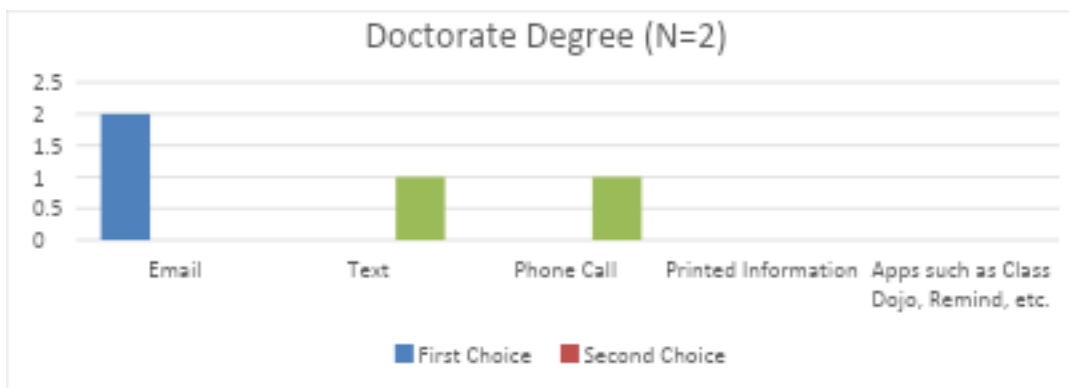
**Figure 12**

*Data for Preferred Methods of Communication and Master's Degree*



**Figure 13**

*Data for Preferred Methods of Communication and Doctorate Degree*



## Capstone Results

### *Quantitative Outcomes*

Across all education levels, email emerged as the consistently preferred first and second choice for communication, as reflected in Figures 8 to 13. However, the preference for phone calls increased with higher levels of education, reaching the highest among individuals with some college background. Communication apps like Class Dojo and Remind were more widespread among those with a high school diploma/GED and some college background. Overall, a noticeable trend indicated an increasing reliance on digital communication methods as the level of education increased, as illustrated in Figures 8 to 13. This analysis highlighted the influence of educational background on communication preferences, emphasizing the importance of recognizing and understanding these preferences for effectively tailoring communication strategies between families and school-based occupational therapists.

The descriptive statistics (Table 2) revealed insights into the influence of educational background on receiving general and specific information preferences. The multivariate analysis of variance (MANOVA) revealed findings regarding the intercept effect and the level of education effect. The intercept effect is strongly significant, as indicated by Pillai's Trace, Wilk's Lambda, Hotelling's Trace, and Roy's Largest Root statistics, all yield high F-values and p-values  $<.001$ . On the other hand, the analysis of the effect of the level of education produced mixed results. While Pillai's Trace, Wilk's Lambda, and Hotelling's Trace suggest non-significance (p-values  $>0.05$ ), Roy's Largest Root presents a significant p-value of .031 (Table 3). The analysis of the Tests of Between-Subjects effects (Table 4) shows the impact of the level of education and general and specific information. The level of education appears to have a limited impact on general and specific information, as indicated by non-significant

F-values. On the other hand, the intercept has a highly significant impact ( $p$ -value  $<0.001$ ) on general and specific information, implying that additional factors beyond the education level significantly influenced the data variations. In summary, the MANOVA did not indicate a statistically significant difference in parents' perceptions of occupational therapists providing specific and general information based on the level of education, nor were the findings generalizable due to the small sample size.

**Table 1**  
*Between-Subjects Factors*

	Level of Education
Highschool/GED	2
Some College	13
Bachelor's Degree	11
Master's Degree	3
Doctorate Degree	2

Note.  $n = 31$

**Table 2**  
*Descriptive Statistics*

	Mean	Standard Deviation	N
<u>General Information</u>			
Highschool/GED	6.5	.707	2
Some College	3.727	1.999	13
Bachelor's Degree	3.509	1.392	11
Master's Degree	2.6	2.771	3
Doctorate Degree	3.4	1.697	2
Total	3.6984	1.87992	31
<u>Specific Information</u>			
Highschool/GED	6.335	.9405	2
Some College	4.486	1.779	13
Bachelor's Degree	4.697	1.305	11
Master's Degree	5.110	2.009	3
Doctorate Degree	4.665	.474	2
Total	4.752	1.534	31

**Table 3**  
*Multivariate Tests<sup>a</sup>*

	Value	F	Hypothesis df	Error df	Sig.	Partial Eta Squared
<u>Intercept Effect</u>						
Pillai's Trace	.883	94.137 <sup>b</sup>	2.000	25.000	<.001	.883
Wilk's Lambda	.117	94.137 <sup>b</sup>	2.000	25.000	<.001	.883
Hotelling's Trace	7.531	94.137 <sup>b</sup>	2.000	25.000	<.001	.883
Roy's Largest Root	7.531	94.137 <sup>b</sup>	2.000	25.000	<.001	.883
<u>Level of Education Effect</u>						
Pillai's Trace	.413	1.694	8.000	52.000	.122	.207
Wilk's Lambda	.615	1.719 <sup>b</sup>	8.000	50.000	.117	.216
Hotelling's Trace	.580	1.739	8.000	48.000	.114	.225
Roy's Largest Root	.484	3.147 <sup>c</sup>	4.000	26.000	.031	.326

Note. a. Design: Intercept + level of education

b. Exact statistic

c. The statistic is an upper bound of F that yields a lower bound on the significance level.

**Table 4**  
*Tests of Between-Subjects Effects*

Source	Dependent Variable	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial eta Squared
Corrected Model	General information	19.900 <sup>a</sup>	4	4.975	1.502	.231	.188
	Specific Information	6.363 <sup>b</sup>	4	1.591	.644	.636	.090
Intercept	General information	259.472	1	259.472	78.334	<.001	.751
	Specific Information	426.174	1	426.174	172.693	<.001	.869
Level of Ed	General information	19.900	4	4.975	1.502	.231	.188
	Specific Information	6.363	4	1.591	.644	.636	.090
Error	General information	86.122	26	3.312			
	Specific Information	64.174	26	2.468			
Total	General information	530.043	31	2.468			

## Discussion

The findings of this capstone project provide meaningful insights into the communication preferences and information needs of parents and guardians of children receiving OT services in the Columbus City School district. The data showed that most people, regardless of their level of education, preferred using email to communicate. However, the preference for phone calls increased slightly among individuals with higher levels of education, indicating a need for flexibility in communication strategies to accommodate diverse preferences. Additionally, the

analysis highlighted an increasing reliance on digital communication methods, such as communication apps, particularly among participants with lower educational backgrounds. These findings emphasize the importance of recognizing and understanding the influence of educational background on communication preferences to effectively tailor communication strategies between families and school-based occupational therapists.

Furthermore, the descriptive statistics provided an understanding of the influence of educational background on caregivers' perception when receiving general and specific information. While there was some variability in responses, overall, people tended to have a slightly better perception of receiving specific information than general information. However, the multivariate analysis of variance (MANOVA) revealed mixed results regarding the impact of education level on parent and guardian views, suggesting that other factors besides education significantly influence the differences in data.

### **Limitations**

This capstone education and research contained limitations in its implementation. The limitations are as follows:

1. The sample size was small due to the low survey response rate.
2. There is a need for more generalizability of the findings due to being limited to one large urban school district.
3. The reliance on self-reported data introduces the possibility of biases.

### **Recommendations for Practice**

In practice, occupational therapists can improve communication and collaboration with parents or guardians of children receiving services by implementing several key strategies. First, therapists should engage in training on effective communication techniques tailored to diverse

parental preferences. Then, they should make plans for how to talk to each family in a way that works best for them, focusing on regular and clear conversations to keep open communication channels throughout the therapy process. Utilizing digital communication tools and platforms and providing training and support to families unfamiliar with such technologies can ensure equitable access to information and resources. Additionally, cultural competence training should be integrated to understand and respect the cultural backgrounds and communication norms of diverse families. Information regarding therapy services should be presented in clear, accessible formats, and they should ask families for their input regularly to ensure everyone's on the same page, allowing for continuous improvement of communication strategies.

### **Future Research Recommendations**

Suggestions for future research utilizing a survey include several ideas. First, a shorter survey may enhance participant engagement, potentially increasing the number of respondents due to the reduced time required. Consequently, more participants could provide significant statistical results, strengthening the reliability and generalizability of findings. Utilizing several open-ended questions could provide qualitative data about specific strengths and concerns related to parental perceptions of school-based OT services. Additionally, investigating additional factors that may influence communication preferences and information needs, such as socioeconomic status, cultural background, and prior experiences with therapy services, could provide a better understanding of factors that influence parents' perceptions, preferences, and experiences.

### **Final Reflections**

Completing this capstone project has been challenging, but it has given me tremendous satisfaction and a sense of accomplishment. I have learned to manage my expectations and

navigate through unexpected obstacles. This capstone project provided me with valuable insights into parent's perspectives and communication preferences regarding school-based occupational therapy services. I aim to use these insights to explore further what parents want to know and understand about school-based OT services. I plan to use the findings of this project to provide more meaningful and effective communication, coaching, and training to families whose children receive school-based OT services.

Chapter VI

Poster



# Current Perspective of School-Based Occupational Therapy Among Parents

Lesley George, OTR/L  
george040@gannon.edu

Capstone Advisor:  
Dr. Blair Carsone PhD, MOT,  
OTR/L carsone001@gannon.edu

### Introduction

- OT has been part of the education system since the 1960s
- IDEA mandates that parents are included in any decision-making team
- Studies have shown that family involvement can be impacted by the family's socioeconomic status and the parent's level of education
- This study investigated the influence of parental educational level on parents' perspective and preference for engagement in their child's school-based OT in a large urban school district
- OTs can use this information to tailor their communication strategies, coaching methods, and training approaches to better meet the needs of families receiving school-based OT services

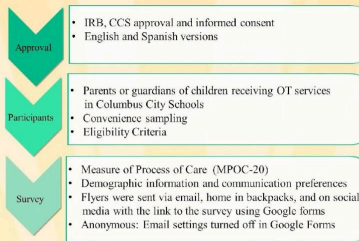
### Research Question

Does the level of parental education positively impact perception in families who have children receiving occupational therapy services in Columbus, Ohio schools?

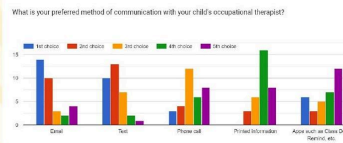
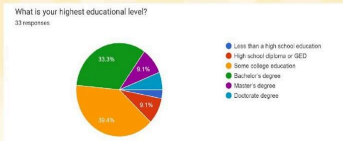
### Background

- Growing need for improved parent engagement in the therapy process
- Education for All Handicapped Children Act of 1975 was passed
- 1981 AOTA outlined the role of the OT profession as an education-related service
- Role of OT in the school: help children participate in their education by providing intervention, strategies, support, and accommodations
- OTs challenged with blending models of education, medicine, and rehabilitation for decades.
- OTs are part of the multidisciplinary team who work to determine the needs for special education services and service delivery
- The Family Centered Care theory supports the capstone project

### Methods



### Results



- MANOVA results showed that the level of education had a limited impact on parent's perspective of receiving general and specific information
- Intercept had a highly significant impact (p-value<0.001)
- Additional factors influenced data variations

### Discussion

- Findings provided meaningful insights into communication preferences and information needs of parents of children receiving OT services in the Columbus City School district.
- Most prefer email and other digital communications methods
- OTs can implement several key strategies to improve communication and collaboration with parents or guardians of children receiving services.
  - Engage in training regarding communication techniques tailored to diverse backgrounds
  - Incorporate family preferences
  - Use digital communication tools and provide training to families
  - Participate in cultural competence training

### Future Recommendations

- Shorter survey
- Open-ended questions can add qualitative data
- Investigate additional factors that may influence communication preferences and information needs, such as socioeconomic status, cultural background, and prior experiences with therapy services

### Conclusion

This capstone project provided valuable insights into parents' perspectives and communication preferences regarding school-based occupational therapy services. These insights can be used to explore further what parents want to know and understand about school-based OT services and to provide more meaningful and effective communication, coaching, and training to families whose children receive school-based OT services.

Please contact Lesley George or scan the QR code for a complete list of references



SCAN ME

### References

- Aldosari, M. (2021). The influence of parental characteristics on parental involvement in programs for students with intellectual disabilities. *International Journal of Disability Development and Education*, 1-15. <https://doi.org/10.1080/1034912x.2021.1904505>
- American Occupational Therapy Association. (2015). *Occupational therapy's role with school settings*.  
<https://www.aota.org/-/media/corporate/files/aboutot/professionals/whatisot/cy/fact-sheet/s/school%20settings%20fact%20sheet.pdf>
- Ankrum, R. J. (2016). Socioeconomic status and its effect on teacher/parental communication in schools. *Journal of Education and Learning*, 5(1), 167-175.  
<https://doi.org/10.5539/jel.v5n1p167>
- Bamm, E. L., & Rosenbaum, P. (2008). Family-centered theory: Origins, development, barriers, and supports to implementation in rehabilitation medicine. *Archives of Physical Medicine and Rehabilitation*, 89(8), 1618–1624. <https://doi.org/10.1016/j.apmr.2007.12.034>
- Benson, J. D., Elkin, K., Wechsler, J., & Byrd, L. (2015). Parent perceptions of school-based occupational therapy services. *Journal of Occupational Therapy, Schools, & Early Intervention*, 8(2), 126–135. <https://doi.org/10.1080/19411243.2015.1040944>
- Brown, S. M., Humphry, R., & Taylor, E. (1997). A model of the nature of family–therapist relationships: Implications for education. *American Journal of Occupational Therapy*, 51(7), 597–603. <https://doi.org/10.5014/ajot.51.7.597>
- CanChild. (2023). *MPOC-20*.  
<https://canchild.ca/en/shop/1-mpoc-20#:~:text=What%20is%20it%3F,the%20original%2056%2Ditem%20version.>

- Clearinghouse for Military Family Readiness at Penn State. (2020). *Parents' educational levels influence on child educational outcomes: Rapid literature review*.  
[https://militaryfamilies.psu.edu/wp-content/uploads/2020/01/Parents-Educational-Levels-Influence-on-Child-Educational-Outcomes.20Jan06.final\\_.pdf#:~:text=Numerous%20behavior%20and%20child%20development%20theories%20exist%20that,Brief%20descriptions%20of%20each%20theory%20are%20provided%20below](https://militaryfamilies.psu.edu/wp-content/uploads/2020/01/Parents-Educational-Levels-Influence-on-Child-Educational-Outcomes.20Jan06.final_.pdf#:~:text=Numerous%20behavior%20and%20child%20development%20theories%20exist%20that,Brief%20descriptions%20of%20each%20theory%20are%20provided%20below).
- Colman, W. (1988). The evolution of occupational therapy in the public schools: The laws mandating practice. *American Journal of Occupational Therapy*, 42(11), 701–705.  
<https://doi.org/10.5014/ajot.42.11.701>
- Columbus City Schools. (2023). *Our district*. <https://www.ccsok.us/domain/154>
- Corsetto, K. (2022, June 11). *Understanding the Differences Between an IEP and a 504 Plan*. N2y. <https://www.n2y.com/blog/iep-vs-504-plan/>
- D'Arrigo, R., Copley, J. A., Poulsen, A. A., & Ziviani, J. (2019). Parent engagement and disengagement in paediatric settings: an occupational therapy perspective. *Disability and Rehabilitation*, 42(20), 2882–2893. <https://doi.org/10.1080/09638288.2019.1574913>
- Dias, P. C., & Cadime, I. (2019). Child and family-centered practices in early childhood education and care services: An empirical study with families and practitioners in Portugal. *Child and Adolescent Social Work Journal*, 36(3), 285–294.  
<https://doi.org/10.1007/s10560-019-00599-7>
- Egilson, S. T. (2010). Parent perspectives of therapy services for their children with physical disabilities. *Scandinavian Journal of Caring Sciences*, 25(2), 277–284.  
<https://doi.org/10.1111/j.1471-6712.2010.00823.x>

- Fingerhut, P. E., Piro, J., Sutton, A., Campbell, R., Lewis, C., Lawji, D., & Martinez, N. (2013). Family-centered principles implemented in home-based, clinic-based, and school-based pediatric settings. *American Journal of Occupational Therapy*, 67(2), 228–235.  
<https://doi.org/10.5014/ajot.2013.006957>
- Franck, L. S., & O'Brien, K. (2019). The evolution of family-centered care: From supporting parent-delivered interventions to a model of family integrated care. *Teratology*, 111(15), 1044–1059. <https://doi.org/10.1002/bdr2.1521>
- Hanna, K., & Rodger, S. (2002). Towards family-centred practice in paediatric occupational therapy: A review of the literature on parent-therapist collaboration. *Australian Occupational Therapy Journal*, 49(1), 14–24.  
<https://doi.org/10.1046/j.0045-0766.2001.00273.x>
- Hoover-Dempsey, K., Walker, J., Sandler, H., Whetsel, D., Green, C., Wilkins, A., & Closson, K. (2005). Why do parents become involved? Research findings and implications. *Elementary School Journal*, 106(2), 105–130. <https://doi.org/10.1086/499194>
- Idris, M., Kim, H., & Ahmad, N. (2020). Relationship between parents' education and their children's academic achievement. *Journal of Arts and Social Sciences*, 7(2), 82–92.  
[https://doi.org/10.46662/jass-vol7-iss2-2020\(82-92\)](https://doi.org/10.46662/jass-vol7-iss2-2020(82-92))
- Individuals with Disabilities Education Act (IDEA). (2023). Individuals With Disabilities Education Act. <https://sites.ed.gov/idea/>
- Individual with Disabilities Education Act. (2020). A history of the Individuals with Disabilities Education Act. <https://sites.ed.gov/idea/IDEA-History#1950s-60s-70s>
- Jansen, S. L., Van Der Putten, A. A. J., & Vlaskamp, C. (2013). What parents find important in the support of a child with profound intellectual and multiple disabilities. *Child Care*

*Health and Development*, 39(3), 432–441.

<https://doi.org/10.1111/j.1365-2214.2012.01381.x>

Jones, C. (2022, March 31). *Parents' guide to 504 plans and IEPs: What they are and how they're different*. EdSource.

<https://edsource.org/2022/parents-guide-to-504-plans-and-ieps-what-they-are-and-how-theyre-different/669493>

Kelty, N. E., & Wakabayashi, T. (2020). Family engagement in schools: Parent, educator, and community perspectives. *SAGE Open*, 10(4), 215824402097302.

<https://doi.org/10.1177/2158244020973024>

Kennedy, J. N., Moll, S., Missiuna, C., Yost, J., Terreberry, S., & Campbell, W. N. (2022). The dance of family engagement in school-based occupational therapy: An interpretive description. *Journal of Occupational Therapy, Schools, & Early Intervention*, 15(2), 181–204. <https://doi.org/10.1080/19411243.2021.1941494>

King, S., Rosenbaum, P., & King, G. (1996). Parent's perceptions of caregiving: Development and validation of a measure of process. *Developmental Medicine & Child Neurology*, 38(9), 757–772. <https://doi.org/10.1111/j.1469-8749.1996.tb15110.x>

King, S., King, G., & Rosenbaum, P. (2004). Evaluating health service delivery to children with chronic conditions and their families: Development of a refined measure of processes of care (MPOC-20). *Children's Health Care*, 33(1), 35-57.

Kyler, P. L. (2008). Client-centered and family-centered care: Refinement of the concepts. *Occupational Therapy in Mental Health*, 24(2), 100–120.

<https://doi.org/10.1080/01642120802055150>

- Lin, C. L., Lin, C. K., & Yu, J. J. (2018). The effectiveness of parent participation in occupational therapy for children with developmental delay. *Neuropsychiatric Disease and Treatment*, *14*, 623–630. <https://doi.org/10.2147/ndt.s158688>
- Mendez, J. L. (2009). How can parents get involved in preschool? Barriers and engagement in education by ethnic minority parents of children attending Head Start. *Cultural Diversity & Ethnic Minority Psychology*, *16*(1), 26–36. <https://doi.org/10.1037/a0016258>
- Niche. (2023). *Largest school districts in Ohio*.  
<https://www.niche.com/k12/search/largest-school-districts/s/ohio/>
- Rodriguez, R. J., Blatz, E. T., & Elbaum, B. (2014). Parents' views of schools' involvement efforts. *Exceptional Children*, *81*(1), 79–95. <https://doi.org/10.1177/0014402914532232>
- Shao, M., He, W., Li, H., & Su, Y. (2022). The influence of parental involvement on parent satisfaction: The moderating effect of parental educational level and the number of children. *Frontiers in Psychology*, *12*. <https://doi.org/10.3389/fpsyg.2021.752802>
- Sime, D., & Sheridan, M. (2014). 'You want the best for your kids': Improving educational outcomes for children living in poverty through parental engagement. *Educational Research*, *56*(3), 327–342. <https://doi.org/10.1080/00131881.2014.934556>
- Snell, E. K., Hindman, A. H., & Wasik, B. A. (2018). Exploring the use of texting to support family-school engagement in early childhood settings: Teacher and family perspectives. *Early Child Development and Care*, *190*(4), 447–460.  
<https://doi.org/10.1080/03004430.2018.1479401>
- Szumski, G., & Karwowski, M. (2012). School achievement of children with intellectual disability: The role of socioeconomic status, placement, and parents' engagement.

*Research in Developmental Disabilities*, 33(5), 1615–1625.

<https://doi.org/10.1016/j.ridd.2012.03.030>

Tayo, E. S., Blessing, E., & Adebola, O. E. (2022). The dynamics of the parental satisfaction of the children receiving occupational therapy services in a resource-limited setting.

*European Journal of Medical and Health Sciences*, 4(4), 130–137.

<https://doi.org/10.34104/ejmhs.022.01300137>

U.S. Census Bureau. (2021). *American Community Survey 5-year estimates*. Census Reporter Profile page for Columbus City School District, OH.

<http://censusreporter.org/profiles/97000US3904380-columbus-city-school-district-oh/>

Wu, M-J., Zhao, K., & Fils-Aime, F. (2022). Response rates of online surveys in published research: A meta-analysis. *Computers in Human Behavior Reports*, 7(2022), 100206.

<https://doi.org/10.1016/j.chbr.2022.100206>

**APPENDICES**

**Appendix A: Institutional Review Board Approval Email**

August 31, 2023

Lesley George,  
Gannon University  
109 University Square  
Erie, PA

**RE: IRB Log Number GUIRB-2023-6-7115**

Dear Principal Investigator,

The Gannon University Institutional Review Board (IRB) Committee for the Protection of Human Subjects has reviewed the application you submitted. Your application has the following details:

**IRB Log Number:** GUIRB-2023-6-7115

**Title:** Current Perspective of School-Based Occupational Therapy Among Parents

**Application Type:** Expedited

**Expiration Date:** 8/31/2024

**Reviewer:** Dr. Ganger, Mike

I am pleased to inform you that your application has been granted **"approved"**. You may now begin research activities.

After IRB approval your duties as the Principal Investigator(s) are as follows:

1. Inform any co-investigators of IRB decisions.
2. Maintain contact with faculty sponsors and faculty advisors (if any) and notify them of IRB dispositions and of any conditions which require notification of IRB.
3. Notify the IRB Chair and the Department Chairperson / Supervisor of any injury—physical, psychological, or social—that is suffered by subjects because of their participation in a research activity.
4. Submit a new IRB application if the research extends beyond twelve months or is judged by the IRB to involve more than "minimal risk".

5. Report the status of their research annually on the anniversary of the original IRB approval in cases where research is not completed within 12 months. Research is considered to be ongoing as long as:
  - a. intervention is occurring,
  - b. data is being collected, or
  - c. analysis of identifiable data is being conducted.
6. On the approval expiration date stated above, submit IRB notification form which is available on the IRB System to inform IRB that your research is completed and meets all of these criteria:
  - a. The data has been de-identified (if applicable), that is, when personal identifiers have been removed from the data, and
  - b. No further investigation, intervention, or data collection is ongoing.
  - c. No further analysis of identifiable data is ongoing

Please contact Danielle Greene ([green024@gannon.edu](mailto:green024@gannon.edu)), the IRB administrative assistant, if you have any questions. I look forward to receiving notice of the completion of your project.

Once again, Congratulations,

--Dr. Stephanie Kubiak.--

Chairperson, Gannon University Institutional Review Board (IRB)

=====

College of Engineering and Business, Gannon University, 109 University Square, PMB 3166  
Erie Pennsylvania, 16541, USA .

=====

|| 440-258-4354 || [Kubiak013@gannon.edu](mailto:Kubiak013@gannon.edu)

**Appendix B: Communication With Columbus City Schools**

Rosalind Ray  
Department of Strategic Performance Initiatives  
Division of Research and Planning  
3700 S. High Street  
Columbus, Ohio 43207  
Phone 614-365-8894  
[researchproposalccs@columbus.k12.oh.us](mailto:researchproposalccs@columbus.k12.oh.us)

---

*Mission: Each student is highly educated, prepared for leadership and service, and empowered for success as a citizen in a global community.*

---

September 15, 2023

Lesley George  
[lgeorge@columbus.k12.oh.us](mailto:lgeorge@columbus.k12.oh.us)

Dear Ms. George:

The Research Proposal Review Committee of Columbus City Schools has reviewed and approved the research study, **Current Perspective of School-Based Occupational Therapy Among Parents**.

I am enclosing a letter of introduction. The letter of introduction should be given to administrators when soliciting participation/subjects for the study. The researcher must get the permission of the building principal or designee, get their signed consent (see letter of introduction), and email it to the Division of Research and Planning email address, [researchproposalccs@columbus.k12.oh.us](mailto:researchproposalccs@columbus.k12.oh.us) before contacting any potential subjects in that building. If the researcher plans to conduct research in more than one building, the letter may be reproduced in order to get signed consent from all building administrators involved.

If you have any questions or concerns, please contact my office.

Sincerely,






Rosalind Ray, PhD  
Research Assistant

Cc: Dr. Russell Brown

## Appendix D: Approval from CanChild

George, Lesley

To: canchild, Administrator <canchild@mcmaster.ca>; Store, Canchild <ccstore@mcmaster.ca>

  Reply  Reply all  Forward  ...

Sat 3/4/2023 3:28 PM

Anne,

Can you please confirm that after purchasing the MPOC-20, I can use it any survey tool, such as Google Forms?

Best Regards,

Lesley George, OTR/L

Post-Professional Occupational Therapy Doctorate Student  
Gannon University  
109 University Square  
Erie, PA 16541

Hi Lesley,

Yes, that is an option for you. When you purchase the online version on the MPOC-20, you will receive the data files for either Red Cap or Lime Survey. You can use the data in the files to copy and paste into the program of your choice. The alternative is to purchase the pdf version and copy and past into the survey platform of your choice.

We do not have access to the SOTQ or SSICQ.


Thanks so much.

Anne

**CanChild** Centre for Childhood Disability Research  
School of Rehabilitation Science  
McMaster University  
1400 Main Street West  
IAHS 408  
Hamilton, ON  
L8S 1C7  
(905) 525-9140 x27850  
<https://www.canchild.ca/>

**Appendix D: Recruitment Flyers**

## STUDY PARTICIPANTS NEEDED



Are you a parent or guardian whose child receives occupational therapy in Columbus City Schools? Help improve your child’s school-based occupational therapy by completing a quick online survey!

IRB #: GUIRB-2023-6-7115  
 IRB Approval Date: 8/31/23  
 IRB Expiration Date: 8/31/24

**Criteria to Meet**

- Child must currently be receiving occupational therapy services through Columbus City Schools
- Able to read and write in English or Espanol

**What to Expect**

- Complete a short 10-15 minute survey that is anonymous
- If interested please click [HERE](#) for English or [HERE](#) for Espanol

**Benefits**

- Provide valuable data to the occupational therapy profession

**Questions?**

- Contact Lesley George at [george040@gannon.edu](mailto:george040@gannon.edu)

## SE NECESITAN PARTICIPANTES EN EL ESTUDIO



¿Es usted padre o tutor cuyo hijo recibe terapia ocupacional en las escuelas de la ciudad de Columbus? ¡Ayude a mejorar la terapia ocupacional escolar de su hijo completando una rápida encuesta en línea!

IRB #: GUIRB-2023-6-7115  
 IRB Fecha de aprobación: 8/31/23  
 IRB Fecha de caducidad: 8/31/24

**Criterios a cumplir**

- El niño debe estar recibiendo actualmente servicios de terapia ocupacional a través de las escuelas de la ciudad de Columbus.
- Capaz de leer y escribir en inglés o español.

**Que esperar**

- Complete una breve encuesta anónima de 10 a 15 minutos.
- Si está interesado, haga clic [AQUÍ](#) para inglés o [AQUÍ](#) para español

**Beneficios**

- Proporcionar datos valiosos a la profesión de terapia ocupacional.

**¿Preguntas?**

- Póngase en contacto con Lesley George en [george040@gannon.edu](mailto:george040@gannon.edu)

### **Appendix E: Informed Consent-English**

Dear Participant,

My name is Lesley George. I am a Gannon University Post Professional Occupational Therapy doctoral student. I invite you to participate in a confidential online questionnaire that can take 10 to 15 minutes to complete. Eligible participants for this study include parents, caregivers, and guardians of children receiving occupational therapy services in Columbus City Schools. Please consider participating if your child(ren) are enrolled in grades PreK through 12 at Columbus City Schools, your child is currently receiving occupational therapy services in the school district, and you are able to respond to written questions in English or Spanish. Participation in this survey is voluntary, and there are no known risks. Your survey will be anonymous, and your confidentiality will be protected throughout the study. Since the survey is anonymous, it will not be possible to determine who filled out which survey. The data will only be accessed by myself or my advisor, Blair Carsone, Ph.D. The survey data will be destroyed after 3 years.

This study aims to investigate the current perspectives and preferences for engagement in their child's school-based occupational therapy. We would like to understand and measure the experience of parents who have a child with a disability. In particular, we wish to know about your perceptions of the care you have been receiving over the past year from the occupational therapy department that provides services to your child. This is the first of its kind to be conducted in Columbus City Schools regarding occupational therapy services. There are no incentives associated with participation in this questionnaire. However, the benefits from the information collected can serve as the first step in understanding parents' perceptions of school-based occupational therapy services. In addition, your participation will provide valuable data to the occupational therapy profession. If you choose to engage and participate in the study, click the "Agree to participate" button and continue with the survey. By clicking on this choice, you are giving your consent to use your answers in the study. You have the right to withdraw at any time before completing the online survey by closing the survey. Please click submit at the survey's end to include your responses.

If you have questions, you can contact me, Lesley George (the researcher), at [george040@gannon.edu](mailto:george040@gannon.edu) or 814-871-5536 or the Capstone Faculty Advisor, Dr. Blair Carsone, at [carsone001@gannon.edu](mailto:carsone001@gannon.edu). If you have questions about your rights as a participant in research, contact IRB Chairperson Stephanie Kubiak at 814-871-5670 or [kubiak013@gannon.edu](mailto:kubiak013@gannon.edu).

Thank you.

**Appendix F: Informed Consent-Spanish**

Estimado Participante,

Mi nombre es Lesley George. Soy estudiante de doctorado del programa de Terapia Ocupacional Post Profesional de la Universidad de Gannon. Le invito a participar en un cuestionario confidencial en línea que puede tomar de 10 a 15 minutos para completar. Los participantes elegibles para este estudio incluyen padres, cuidadores y tutores de niños que reciben servicios de terapia ocupacional en Columbus City Schools. Por favor, considere participar si su(s) hijo(s) está(n) matriculado(s) en los grados PreK a 12 en Columbus City Schools, su hijo está recibiendo actualmente servicios de terapia ocupacional en el distrito escolar, y usted puede responder a las preguntas escritas en inglés o español. La participación en esta encuesta es voluntaria y no existen riesgos conocidos. Su encuesta será anónima y su confidencialidad estará protegida durante todo el estudio. Dado que la encuesta es anónima, no será posible determinar quién completó cada encuesta. Solo yo o mi asesor, Blair Carsone, Ph.D., accederemos a los datos. Los datos de la encuesta serán destruidos después de 3 años.

Este estudio tiene como objetivo investigar las perspectivas actuales y las preferencias de participación en la terapia ocupacional de sus hijos en la escuela. Este es el primero de este tipo que se realiza en Columbus City Schools en relación con los servicios de terapia ocupacional. No hay incentivos asociados a la participación en este cuestionario. Sin embargo, los beneficios de la información recogida pueden servir como primer paso para comprender las percepciones de los padres sobre los servicios de terapia ocupacional en la escuela. Además, su participación proporcionará datos valiosos a la profesión de la terapia ocupacional. Si elige participar en el estudio, haga clic en el botón "Aceptar participar" y continúe con la encuesta. Al hacer clic en esta opción, usted da su consentimiento para utilizar sus respuestas en el estudio. Tiene derecho a retirarse en cualquier momento antes de completar la encuesta en línea por cerrar la encuesta. Haga clic en enviar o "submit" al final de la encuesta para incluir sus respuestas.

Si tiene alguna pregunta, puede ponerse en contacto conmigo, Lesley George (la investigadora), en [george040@gannon.edu](mailto:george040@gannon.edu) o 814-871-5536 o con el Dr. Blair Carsone, asesor académico de Capstone, en [carsone001@gannon.edu](mailto:carsone001@gannon.edu). Si tiene preguntas sobre sus derechos como participante en una investigación, comuníquese con la presidenta del IRB, Stephanie Kubiak, al 814-871-5670 o [kubiak013@gannon.edu](mailto:kubiak013@gannon.edu).

Gracias.

**Appendix G: Critically Appraised Topic Portfolio**

**CRITICALLY APPRAISED RESOURCE #1****A. Citation and DOI**

Kennedy, J. N., Moll, S., Missiuna, C., Yost, J., Terreberry, S., & Campbell, W. N. (2022). The dance of family engagement in school-based occupational therapy: An interpretive description. *Journal of Occupational Therapy, Schools, & Early Intervention*, 15(2), 181–204. <https://doi.org/10.1080/19411243.2021.1941494>

**B. Study Purpose**

To understand the experiences of family engagement with occupational therapists and families in the school setting to improve service delivery

**C. Literature**

**Was the background literature discussed, creating a clear and compelling need for the study?** Yes.

**D. Theory**

**Was a theoretical perspective identified? What was it?**

Family-Centered Care and the Theoretical Model of Parental Involvement

**E. Study Design and Methods**

**What design was utilized? What methods were used?**

Design: Qualitative interpretive description design

Methods:

- Semi-structured one-to-one interviews with the researcher and participants with open-ended questions
- All interviews were in-person
- Used interview guide with modifications made as needed to explore areas of interest that emerged in more depth

**F. Selection/Sampling****1. How were informants selected to participate/recruited?**

Through purposive and snowball sampling

**2. Inclusion Criteria**

-OT with a minimum of six months of school-based experience in Ontario and able to communicate in English

-Legal guardian of a child who had received school-based occupational therapy in Ontario within the past two years and can communicate in English

**3. Exclusion Criteria**

-OT with less than six months of school-based experience

-Legal guardian of a child who received school-based occupational therapy services more than two years ago

**4. Sampling Strategies**

-The school-based OTs were recruited through the Ontario Society of Occupational Therapists (OSOT), OSOT's school-based community of practice, and through agencies and centers that provide school-based OT services

-Parents were recruited through the OTs participating in the study and on private Facebook groups

### **G. Informant Characteristics**

1. Number of participants in the study (N): 16,
2. Male unknown Female at least 10 Non-Binary unknown
3. Population: 10 family members (all mothers), 6 OTs (did not specify the gender of the OTs)
4. Other: Ontario, Canada

### **H. Data Collection/Procedural Rigor**

**Describe the context of the study. Was it sufficient for understanding the “whole picture”? Do the researchers provide adequate information about data collection procedures (e.g., gaining access to the site, field notes, training of researchers)?**

The primary researcher conducted semi-structured open-ended interviews with guided questions, allowing further discussion, explanation, and clarification with the participants. The interview guide for the families was obtained through consultation with three parents who were members of the CanChild’s Parents Partnering in Research Facebook group. The interview guide for the OTs was obtained through consultation with OTs with school-based expertise. All interviews were audio recorded and transcribed verbatim by an experienced transcriptionist.

### **I. Data Analysis**

**Deductive or Inductive analysis?** Inductive thematic analysis

**Describe the data analysis procedures. Were they appropriate?**

The primary researcher read through the interviews multiple times, making notes along the way. From there, the researcher created a codebook that detected themes from the interviews. Two research team members tested the preliminary codebook with the first four interview transcripts, reviewed each other’s findings, and discussed modifications. The codebook continued to be refined throughout data analysis. The themes were then reviewed using a software program, diagrammed, and mapped out visually in a separate notebook that further defined and finalized the themes.

**Was trustworthiness (credibility, transferability, dependability, confirmability) established?**

Data from two participant groups, the families and the OTs, contributed to validating the findings. The primary researcher took notes when reading through the interviews and used reflexive journaling that enhanced credibility and trustworthiness. In addition, the researcher debriefed with other experts in the field. The transferability of findings to different contexts needs additional research.

### **J. Findings**

**List the key findings based on the study purpose; what were the themes? Do the quotes support the themes?**

A key theme emerged as a metaphor for a group dance. This metaphor emerged as one participant was a dancer and explained how every dancer has their own learning style and

approach when learning a dance. In the same way, parents need to have opportunities to engage that meet their learning style and needs. The metaphor of a dance was further illustrated by three elements: the dancers (all participants), the choreography (actions of the participants), and the music (the context of the service).

- The participants described the **dancers** to include school staff, parents, and OTs as the core.
- The **choreography** (actions) of the participants were described as the roles that each participant contributes to family engagement. However, the parts were often not discussed, which led to confusion and unmet expectations. Each participant’s actions depend on their individual skills, resources, and capabilities. For example, some families have more time and resources and can be more engaged, whereas others have limitations due to the time and resources available. Parents reported that OTs should be approachable, flexible, and transparent when engaging with parents. Parents often experienced inconsistent roles from their OTs, possibly due to a lack of resources, high turnover, and skillset. Parents often see the teacher as a critical component of family engagement because they are typically the first to communicate with parents regarding OT services, and they are the ones facilitating communication between parents and therapists. Other roles defined by school staff included classroom assistants, who carry out many of the IEP recommendations, and administrators, that facilitate meetings with the IEP team. The participants recommended that each person’s role be discussed and defined at the beginning of the service. Other factors that emerged in the choreography were trust and communication between families and OTs. The family’s sense of trust significantly impacted their experience with OT services and the choices that families made regarding their engagement. The families reported e-mail as the preferred method of communication, but some OTs reported privacy concerns related to email versus handwritten notes sent home. Parents reported a desire for the OT to check in with them periodically rather than the OT waiting to hear from the parent. The OTs reported that they could be doing more to improve parent-therapist communication.
- The **music** refers to the contextual factors that influence family engagement. With the school environment, the primary factors that influenced family engagement were the culture of the school, the principal, and the policies, specifically around parents being allowed to attend the school and OT sessions. The type of service delivery impacted family engagement. Parents reported less engagement when their child’s OT was a fee-for-service model versus directly employed by the school due to less time available and high turnover. When a child receives consultative OT services, parents report a lack of emotional connection because they are not seen as valued members. Overall, the service frequency and type of service delivery model impacted family engagement.

**K. Discussion/Conclusions** (State the author’s conclusion related to the research objectives)

<p>What does this study add to OT practice?</p>	<p>This study stresses the importance of a team approach with school-based occupational therapy, the need to define each team member’s role and expectations at the beginning of service, identify the impact of the contextual factors, and ways to implement effective and meaningful family engagement.</p>
---	--

What are the overall study limitations?	All the family participants were identified as highly engaged parents. Therefore, the study lacked varying levels of parental engagement. All family participants were mothers, and the perspective of the educators was not included.
What are the overall study strengths?	Reliable data from recorded interviews that were then transcribed verbatim. Including both OTs and parents as the participants.
How do the results of this study apply to our practice?	As OTs in the school, we must collaborate as a team, including the parent, therapist, and school staff. We also need to improve family engagement by improving our part of communication and trust and establishing roles and expectations.
Action Plan: How can I integrate these findings into my capstone?	This study was done in Ontario. A study done in the United States could be done to determine similarities and differences between geographical areas. The study was also done with highly engaged parents. A study to include various levels of family engagement could be done to determine similarities and differences among levels of engagement.

**CRITICALLY APPRAISED RESOURCE #2**

**A. Citation and DOI**

Tayo, E. S., Blessing, E., & Adebola, O. E. (2022). The dynamics of the parental satisfaction of the children receiving occupational therapy services in a resource-limited setting. *European Journal of Medical and Health Sciences*, 4(4), 130–137. <https://doi.org/10.34104/ejmhs.022.01300137>

**B. Study Purpose**

To investigate the satisfaction of parents of children receiving occupational therapy (OT) therapy services in low and middle-income countries like Nigeria and to examine if there is a difference in satisfaction based on the parent’s gender and geographical location of the parents.

**C. Literature**

**Was the background literature discussed, creating a clear and compelling need for the study? How can the evidence be used to inform and guide occupational therapy practice?**

The background literature showed the ongoing need to assess parent satisfaction with occupational therapy services to help determine if the services their child is receiving need to be changed to meet the family’s and child’s needs.

**D. Design Type and Level of Evidence (select one)**

<input type="checkbox"/> 1B: Well-designed individual RCT	<input type="checkbox"/> 2B: Individual prospective cohort study; low-quality RCT	<input type="checkbox"/> 3B: Individual retrospective case-control study; one-group, nonrandomized pre-posttest study; cohort studies	<input checked="" type="checkbox"/> 4: Case series (and low-quality cohort and case-control study)
---	---	---	--

**E. Intervention**

**Include brief description of the intervention and the control intervention or condition, if applicable. Where did the intervention take place? Who delivered it? How often was it provided? How long was the intervention? n/a**

**F. Participants**

**1. How many participants were included in the study? What were their characteristics (e.g., age, gender, diagnosis)? How many received the intervention? If a control intervention was used, how many participants were in that group?**

1. Number of participants in the study (N): 100 parents
2. Male 7 Female 93 Non-Binary 0
3. Population: Parents of children receiving OT services across six different outpatient clinics within two areas in Nigeria- the southwest and south-south geopolitical areas

**2. Inclusion Criteria**

**What were the inclusion criteria for the study, or what made participants eligible to participate in the study (e.g., age of participants, diagnoses)?**

- Parents with children aged 3-14 years old receiving OT services in one of the six designated clinics
- Parent signed written consent

### **3. Exclusion Criteria**

**What were the exclusion criteria for the study, or what made participants ineligible to participate in the study (e.g., age of participants, diagnoses)?**

- Any child receiving other rehabilitation care during the research period
- Parents with a child less than three years old or older than 14

### **G. Outcome Measures**

**What are the outcomes of interest related to the study? What outcome measures or tools were used in the study that are relevant to occupational therapy? Are the measures reliable? Are the measures valid? When were the outcome measures used (e.g., before the intervention, at the end of the intervention, 6 weeks after the intervention ended)?**

The Measure of Process of Care (MPOC-20) was used as the questionnaire. The MPOC contains 20 questions on a 7-point Likert scale ranging from a "Very Great Extent" to "Not at all." The questions are divided into five factors: Enabling and Partnership, Providing General Information, Providing Specific Information, Respectful and Supportive Care, and Coordinated and Comprehensive Care.

### **H. Results**

**What were the results of the study? Were there changes in the outcomes of interest? Were the changes statistically significant (i.e.,  $p < 0.05$ )? Were the changes clinically meaningful or relevant?**

The total mean score for parent satisfaction with OT services was relatively high, with a score of 5.43, indicating that to a "Fairly Great Extent," parents are satisfied. Specifically, Enabling and Partnership, Respective and Supportive Care, and Coordinated and Comprehensive Care were the top three areas with mean scores of 5.76, 5.9, and 6.08, and Providing General Information and Providing Specific Information had mean scores of 4.87 and 4.53. Regarding parent gender and geographical area, there was no significant difference in parents' satisfaction with OT services. The P value for gender was .256; between the geographical groups, the P value was 0.56, higher than the alpha level of 0.05.

### **I. Limitations**

**Was there measurement bias (i.e., evaluators blind to treatment status, recall, or memory bias)? Was there intervention bias (i.e., contamination, co-intervention, the timing of intervention, site of intervention, use of different therapists to provide intervention, baseline equality)? Was this study adequately powered (large enough to show a difference)? Were the analysis methods appropriate? Were statistics appropriately reported (in written or table format)? Was participant dropout less than 20% in total sample and balanced between groups? List any additional study limitations**

This study provided data on low and middle-income families from resource-limited areas in Nigeria and did not include higher-income families. The needs of families with different

income levels could vary and need to be explored further. The study could have had a better balance of male vs. female parents and a larger sample size.

**J. Discussion/Conclusions** (State the author’s conclusion related to the research objectives)

<p>What does this study add to OT practice?</p>	<p>This study showed that parents’ perception of OT services is not impacted by their gender or location but is likely impacted by the OT’s quality of service, skill, and attitude. OTs should provide quality service regardless of the limited resources in the practice setting.</p>
<p>What are the overall study strengths?</p>	<p>An excellent reliable, and valid tool (MPOC) was used along with data analysis that answered the research questions.</p>
<p>How do the results of this study apply to our practice?</p>	<p>OTs must seek and understand parents’ needs, values, and priorities to provide effective and meaningful therapy.</p>
<p>Action Plan: How can I integrate these findings into my Capstone?</p>	<p>I can use this study to show the importance of understanding families’ perceptions regarding OT services for their children. Research is lacking in the school setting, which has its unique factors. Parents can be direct participants in therapy sessions in many medical locations, which is not the case for school-based OT. More research is needed regarding the family’s perception of OT services in the school setting.</p>

**CRITICALLY APPRAISED RESOURCE #3**

**A. Citation and DOI**

Aldosari, M. (2021). The influence of parental characteristics on parental involvement in programs for students with intellectual disabilities. *International Journal of Disability Development and Education*, 70(5), 659–673.  
<https://doi.org/10.1080/1034912x.2021.1904505>

**B. Study Purpose**

To examine the levels of parental involvement in home and school-based activities of parents of children with an intellectual disability (ID) and to identify demographic factors that influence the level of participation, such as parents’ gender, age, educational level, employment status, and income.

**C. Literature**

**Was the background literature discussed, creating a clear and compelling need for the study? How can the evidence be used to inform and guide occupational therapy practice?**

Yes. The background literature addressed the importance of parental involvement with children with ID in home and school environments. However, studies have shown varied levels of parental involvement with children with special needs and have sought to investigate barriers to effective parental participation. Understanding barriers and what parents want could help occupational therapists improve family engagement.

**D. Design Type and Level of Evidence (select one)**

<input type="checkbox"/> 1B: Well-designed individual RCT	<input type="checkbox"/> 2B: Individual prospective cohort study; low-quality RCT	<input type="checkbox"/> 3B: Individual retrospective case-control study; one-group, nonrandomized pre-posttest study; cohort studies	<input checked="" type="checkbox"/> 4: Case series (and low-quality cohort and case-control study)
--	---	---	--

**E. Intervention**

**Include brief description of the intervention and the control intervention or condition, if applicable. Where did the intervention take place? Who delivered it? How often was it provided? How long was the intervention? n/a**

**F. Participants**

**1. How many participants were included in the study? What were their characteristics (e.g., age, gender, diagnosis)? How many received the intervention? If a control intervention was used, how many participants were in that group?**

- 208 parents of children with ID in Riyadh, Saudi Arabia-97 were fathers, and 111 were mothers
- 46 parents were less than 30 years, 146 were 30-44 years old, and 16 were 45 and older
- 165 had a Bachelor's degree, 26 held a graduate or postgraduate degree, and 17 had a high school diploma
- 69 earned less than 5000 SAR, 128 made between 5000-10000 SAR, and 11 earned more than 10000 SAR
- 58 had one child in the home, 57 had 2-4, and 93 had five or more children
- 125 worked, and 83 did not work

## 2. Inclusion Criteria

**What were the inclusion criteria for the study, or what made participants eligible to participate in the study (e.g., age of participants, diagnoses)?**

- Parents in Riyadh, Saudi Arabia, with a child with ID in a public elementary school

## 3. Exclusion Criteria

**What were the exclusion criteria for the study, or what made participants ineligible to participate in the study (e.g., age of participants, diagnoses)?**

- a child with a disability other than ID disability
- child not in a public elementary school in Riyadh, Saudi Arabia

## G. Outcome Measures

**What are the outcomes of interest related to the study? What outcome measures or tools were used in the study that are relevant to occupational therapy? Are the measures reliable? Are the measures valid? When were the outcome measures used (e.g., before the intervention, at the end of the intervention, 6 weeks after the intervention ended)?**

A web-based survey with two sections was sent to 510 parents, of which 208 ((40.1%) participated. The first section contained demographic information for the independent variables, including parents' age, gender, education level, employment status, number of children, and family income level. The second section was the dependent variable of the involvement of parents, consisting of 23 questions using a 5-point Likert scale divided into the two subscales of the school and home-based activities. The 5-point Likert scale measured how often the parents participated in the activities. The survey was pilot tested and found to have good internal consistency. Six faculty members reviewed it to verify content validity, evaluate item accuracy and relevance, and get feedback on the survey design. The survey also had high internal reliability.

## H. Results

**What were the results of the study? Were there changes in the outcomes of interest? Were the changes statistically significant (i.e.,  $p < 0.05$ )? Were the changes clinically meaningful or relevant?**

Results of the survey indicated overall low levels of parental involvement. Results revealed that mothers were significantly more involved ( $p < .01$ ) than fathers, and parents who did not work were considerably more involved than parents who worked. Regarding age, no significant differences were found between the age groups. Results revealed that parents with higher education levels reported higher involvement levels than parents with less education.

Regarding family income level, there were no significant differences with school-based activities. However, parents with the highest income level reported more involvement with home-based activities than the middle and low-income groups. There was not a significant difference between the middle and low-income groups. Results showed that the number of children impacted parent involvement as homes with one child reported higher levels of involvement than households with more than one child.

**I. Limitations**

**Was there measurement bias (i.e., evaluators blind to treatment status, recall, or memory bias)? Was there intervention bias (i.e., contamination, co-intervention, the timing of intervention, site of intervention, use of different therapists to provide intervention, baseline equality)? Was this study adequately powered (large enough to show a difference)? Were the analysis methods appropriate? Were statistics appropriately reported (in written or table format)? Was participant dropout less than 20% in total sample and balanced between groups? List any additional study limitations.**

This study was limited to one geographical location in Saudi Arabia, included only quantitative data, had only children with ID, and did not include child and school characteristics.

**J. Discussion/Conclusions** (State the author’s conclusion related to the research objectives)

What does this study add to OT practice?	This study revealed some barriers to parental involvement that should be considered through the therapy process.
What are the overall study strengths?	Good internal consistency, validity, and internal reliability, large sample size, and measured many demographic areas
How do the results of this study apply to our practice?	Occupational therapists work with families with varied demographics. Understanding what demographic factors impact family involvement is critical to providing meaningful and effective therapy.
Action Plan: How can I integrate these findings into my capstone?	This study was done in one geographical location. Based on the results of the impact of parents’ education level and their involvement in school and home-based activities, further research should be done in the United States that includes a variety of disabilities.

**CRITICALLY APPRAISED RESOURCE #4**

**A. Citation and DOI**

Idris, M., Kim, H., & Ahmad, N. (2020). Relationship between parents’ education and their children’s academic achievement. *Journal of Arts and Social Sciences*, 7(2), 82–92.  
[https://doi.org/10.46662/jass-vol7-iss2-2020\(82-92](https://doi.org/10.46662/jass-vol7-iss2-2020(82-92)

**B. Study Purpose**

To explore the relationship between parents’ level of education and students’ academic achievement.

**C. Literature**

**Was the background literature discussed, creating a clear and compelling need for the study? How can the evidence be used to inform and guide occupational therapy practice?**

Yes. Understanding a family’s socioeconomic status can help occupational therapists develop treatment plans that are effective and meaningful.

**D. Design Type and Level of Evidence (select one)**

<input type="checkbox"/> 1B: Well-designed individual RCT	<input type="checkbox"/> 2B: Individual prospective cohort study; low-quality RCT	<input type="checkbox"/> 3B: Individual retrospective case-control study; one-group, nonrandomized pre-posttest study; cohort studies	<input checked="" type="checkbox"/> 4: Case series (and low-quality cohort and case-control study)
---	---	---	--

**E. Intervention**

**Include a brief description of the intervention and the control intervention or condition applicable. Where did the intervention take place? Who delivered it? How often was it provided? How long was the intervention?** Not applicable

**F. Participants**

**1. How many participants were included in the study? What were their characteristics (e.g., age, gender, diagnosis)? How many received the intervention? If a control intervention was used, how many participants were in that group?**

Using random sampling, 510 participants were chosen. 300 were males, and 210 females.

**2. Inclusion Criteria**

**What were the inclusion criteria for the study, or what made participants eligible to participate in the study (e.g., age of participants, diagnoses)?**

- 10th-grade students of the Government Secondary School of District Mardan in Pakistan

**3. Exclusion Criteria**

**What were the exclusion criteria for the study, or what made participants ineligible to participate in the study (e.g., age of participants, diagnoses)?**

- A student not in 10<sup>th</sup> grade

**G. Outcome Measures**

**What are the outcomes of interest related to the study? What outcome measures or tools were used in the study that are relevant to occupational therapy? Are the measures reliable? Are the measures valid?**

Students completed a self-developed questionnaire that was pilot tested before being administered. The questionnaire was designed on a Likert scale regarding students’ views about their 9th-grade annual exam marks. The reliability of the questionnaire was 0.78 and was validated by research experts. The data was analyzed using SPSS (version 20), providing means, standard deviations, and Pearson co-relation.

**H. Results**

**What were the results of the study? Were there changes in the outcomes of interest? Were the changes statistically significant (i.e., p <0.05)? Were the changes clinically meaningful or relevant?**

The percentage of students that passed or failed the 9th-grade final examination was compared to the parents’ education level (illiterate, primary, secondary, higher secondary, and higher education). The data showed that the highest percentage of students with passing marks were the students of highly educated parents, followed by parents who have higher secondary education. Students with parents who were illiterate or had primary education had the lowest percentage of passing students, with no significant difference between the two groups. R values revealed that higher parental education positively affected additional areas of parents’ contributions, including the selection of schools, subjects, tuition facilities, and permission for study tours. R values also revealed that higher parental education positively impacted students’ thoughts regarding their parents’ education.

**I. Limitations**

**Was there measurement bias (i.e., evaluators blind to treatment status, recall, or memory bias)? Was there intervention bias (i.e., contamination, co-intervention, the timing of intervention, site of intervention, use of different therapists to provide intervention, baseline equality)? Was this study adequately powered (large enough to show a difference)? Were the analysis methods appropriate? Were statistics appropriately reported (in written or table format)? Was participant dropout less than 20% in total sample and balanced between groups? List any additional study limitations.**  
 -limited to a specific geographic location and to 10<sup>th</sup> grade studnets that cannot be generalized to other geographic areas or other grades without further studies

**J. Discussion/Conclusions (State the author’s conclusion related to the research objectives)**

<p>What does this study add to OT practice?</p>	<p>This study shows the strong positive impact that parents with higher education levels have on their student’s academic achievement and their relationship with school-related decisions of parents.</p>
---	--

What are the overall study strengths?	Large sample size and reliable data from surveys and interviews
How do the results of this study apply to our practice?	Occupational therapists work with children that come from a variety of backgrounds. The parent's education level is one background factor that needs to be considered when providing therapy.
Action Plan: How can I integrate these findings into my capstone?	This study was done in Pakistan and was assessing achieving test scores with parents' educational level. A study done in the United States could be done to determine similarities and differences between geological areas.

**CRITICALLY APPRAISED RESOURCE #5****A. Citation and DOI**

Kelty, N. E., & Wakabayashi, T. (2020). Family engagement in schools: Parent, educator, and community perspectives. *SAGE Open*, 10(4). <https://doi.org/10.1177/2158244020973024>

**B. Study Purpose**

To examine and share the perspective among parents, educators, and community members regarding family engagement in schools to help schools develop effective activities and strategies to improve family engagement.

**C. Literature**

**Was the background literature discussed, creating a clear and compelling need for the study?**

Yes

**D. Theory**

**Was a theoretical perspective identified? What was it?**

Bronfenbrenner's Ecological Systems Model

**E. Study Design and Methods**

**What design was utilized? What methods were used?**

Design: Grounded Theory; Phenomenological qualitative

Methods: 10 semi-structured focus groups were conducted

**F. Selection/Sampling****1. How were informants selected to participate/recruited?**

-recruitment flyers were sent with the help of a representatives from five intermediate school districts (ISDs) to parent groups and classes, schools, and community organizations

**2. Inclusion Criteria**

- Parents of a child in PreK-12 grade in 1 of the 5 ISDs in Michigan

-Community member or educator in Michigan

**3. Exclusion Criteria**

-Parents that did not have a child currently in PreK-12<sup>th</sup> grade

Resided in a state other than Michigan

**4. Sampling Strategies**

-each ISD took participant registration for 1 month and 1 day before the scheduled focus groups

**G. Informant Characteristics**

1. Number of participants in the study (N): 99 (48 parents, 39 educators, 12 community members)

2. Among the parents, 43 were mothers, and 5 were fathers

3. Population: all participating schools districts received Title I funds and the average free and reduced lunch rate was 75%

**H. Data Collection/Procedural Rigor**

**Describe the context of the study. Was it sufficient for understanding the “whole picture”? Do the researchers provide adequate information about data collection procedures (e.g., gaining access to the site, field notes, training of researchers)?**

Ten semi-structured focus groups included 5 urban groups, 1 suburban, and 4 rural in high-poverty areas. All the focus groups contained a mix of parents and educators, and 8 groups also included community members. Each focus group lasted around 90 minutes. Each focus group was recorded by an assistant, with additional notes taken.

**I. Data Analysis**

**Deductive or Inductive analysis?** Inductive

**Describe the data analysis procedures. Were they appropriate?**

All of the focus groups were recorded and transcribed. Quotes were developed from the transcripts and then coded and put into categories to detect themes from the participant’s responses to each structured and unstructured question. The percentage of what codes emerged for each category was calculated to determine what categories were represented the most.

**Was trustworthiness (credibility, transferability, dependability, confirmability) established?**

The first author completed the first rounds of coding and analysis, and the second author checked for researcher effects and other interpretations. Results were triangulated and interpreted to ensure bias did not occur. However, both authors acknowledged that their experiences could lead to biases, and additional efforts were made to reflect on the biases as the data was analyzed and interpreted.

**J. Findings**

**List the key findings based on the study purpose; what were the themes? Do the quotes support the themes?**

Five common themes emerged from the data:

- **Relationships** among families, schools, and communities were the primary theme that emerged in supporting family engagement.
- **Inclusive** opportunities must be provided to meet families’ needs that foster family engagement.
- **2- way communication** needs to be effective and consistent to engage families
- **Parent education**-families need tools and opportunities to learn about their child’s education and development and how they can support their child.
- **School and family activities** -activities that include the whole family are necessary to provide a continuum of support.
- **Barriers** that contribute to ineffective family engagement include fear of judgment, lack of communication, lack of cultural competence from educators, language barriers, family structure, and poverty

**K. Discussion/Conclusions (State the author’s conclusion related to the research objectives)**

<p>What does this study add to OT practice?</p>	<p>This study stresses the importance of OTs’ need to understand that parents want to be engaged in their child’s education but need more support to do that effectively.</p>
---	---

What are the overall study limitations?	The study collected limited demographic data of the participants, which could help understand factors that could contribute to family engagement. The study included very few parents that had a child with a disability. Focus groups contained parents and educators, which could have made participants less open and honest.
What are the overall study strengths?	Good sample size and good transferability as the study included suburban, urban, and rural areas and had families, educators, and community members
How do the results of this study apply to our practice?	As OTs in the school, we need to work together as a team, recognize the parent as the child's "first teacher," and find ways to engage families effectively.
Action Plan: How can I integrate these findings into my clinical practice?	This study was done to understand perspectives about family engagement in a child's education. A study could be done to examine parents' perspectives regarding school-based occupational therapy specifically.

**CRITICALLY APPRAISED RESOURCE #6****A. Citation and DOI**

D'Arrigo, R., Copley, J. A., Poulsen, A. A., & Ziviani, J. (2019). Parent engagement and disengagement in paediatric settings: an occupational therapy perspective. *Disability and Rehabilitation*, 42(20), 2882–2893. <https://doi.org/10.1080/09638288.2019.1574913>

**B. Study Purpose**

To understand various levels of parent engagement in occupational therapy from OTs perspective and factors contributing to engagement and disengagement in therapy

**C. Literature**

**Was the background literature discussed, creating a clear and compelling need for the study?** Yes

**D. Theory**

**Was a theoretical perspective identified? What was it?**

Family-Centered Care Theory and Self-Determination Theory

**E. Study Design and Methods**

**What design was utilized? What methods were used?**

Design: Qualitative interpretive description methodology

Methods:

- Semi-structured 1:1 interviews and focus groups
- 6 of 32 participated in 1:1 interviews; the remaining participated in five focus groups

**F. Selection/Sampling****1. How were informants selected to participate/recruited?**

Purposive sampling techniques were used to recruit OTs with various levels of experience and a range of pediatric settings and diagnoses.

**2. Inclusion Criteria**

- Any OT providing therapy to a child ages 0-18 in the Brisbane, Queensland area

**3. Exclusion Criteria**

- OT providing therapy to children older than 18

**G. Informant Characteristics**

1. Number of participants in the study (N): 32
2. Male unknown Female unknown Non-Binary unknown
3. Population: OTs currently or previously working with children ages 0-18 and their parents in Brisbane, Queensland area in Australia
4. Other: OT ages ranged between 21-54, .5-30 years of experience, and 9 settings

**H. Data Collection/Procedural Rigor**

**Describe the context of the study. Was it sufficient for understanding the “whole picture”? Do the researchers provide adequate information about data collection procedures (e.g., gaining access to the site, field notes, training of researchers)?**

The authors (RD and JC) conducted and reviewed a practice interview and then three pilot interviews to clarify and finalize the semi-structured interview guide. After each focus group and 1:1 interview, the authors reviewed and modified the interview guide. All interviews and focus groups were audio-recorded and transcribed verbatim for data analysis. Various data sources were used that enhanced the credibility of the findings with the participants. Author RD kept a qualitative log of initial impressions and the analysis process.

## **I. Data Analysis**

**Deductive or Inductive analysis?** Inductive

**Describe the data analysis procedures. Were they appropriate?**

Analysis began as focus groups and interviews were conducted. Verbatim transcripts and the software product NVivo were used to detect themes. Author RD conducted summaries and had ongoing reviews and discussions with author JC to clarify participants' statements as needed. This process continued until a consensus was reached. From there, both authors produced a coding system through ongoing modification and refinement. Codes were then organized into themes by RD and reviewed by JC and a third author (AP) with additional themes established.

**Was trustworthiness (credibility, transferability, dependability, confirmability) established?**

Having two researchers code and then discuss and review with a third researcher until agreement on the themes was achieved gave the study credibility and confirmed key themes. Good rapport was established between RD and the participants, which possibly led to participants sharing more information.

## **J. Findings**

**List the key findings based on the study purpose; what were the themes? Do the quotes support the themes?** 2 Key themes emerged from the data with 4 subthemes:

- The **Parent-therapist relationship** key theme refers to how OTs build relationships with the parent/s as the foundation to therapy. As OTs build trust, parents feel more confident about therapy.
- The **Therapist responsiveness** key theme refers to being aware and responsive to the needs of the parent/s. When OTs responded to parents' needs, the parent/s felt supported and engaged. This included OTs being flexible, adaptive, and sensitive to meet the needs of the family.
- The subtheme of **parent feelings** describes how OTs develop a good parent-therapist relationship that is built on parents' feelings of trust, confidence in the OT, and hope. This is established by parents feeling understood, respected, supported, empowered, and valued as a team member, all leading to improved parent engagement.
- The second subtheme of the **timing of therapy** describes how OTs can engage parents when the timing or time commitment of therapy becomes challenging for the family. Families face various circumstances that affect their ability to be engaged in therapy. OTs need to be understanding and flexible to modify therapy to meet the family's needs. Specifically, in the schools, OTs reported limited available time to engage with parents as

their role was seen more to support teachers. Decreased engagement was also seen when parents were not ready to acknowledge their child’s difficulty or when they did not see progress.

- A third subtheme described **three levels of engagement**; low, middle ground, and high parent engagement. Disengagement was described when parents missed appointments, were passive, did not ask questions, did not respond to the child’s needs, was non-compliant, and lacked communication.
- The fourth subtheme described **factors influencing engagement** such as: family characteristics and dynamics, the setting, service features, and the therapist characteristics.

**K. Discussion/Conclusions** (State the author’s conclusion related to the research objectives)

<p>What does this study add to OT practice?</p>	<p>This study showed the importance of the parent-therapist relationship, trust, and therapist responsiveness to parents in promoting parent engagement which leads to improved outcomes.</p>
<p>What are the overall study limitations?</p>	<p>OTs reported difficulty in measuring parent engagement from the OTs perspective, especially in settings, like the school, where parents are not present during sessions. This study did not include the perspective of parents.</p>
<p>What are the overall study strengths?</p>	<p>Reliable data from recorded interviews that were then transcribed verbatim, a variety of diagnoses and settings were included.</p>
<p>How do the results of this study apply to our practice?</p>	<p>Considering the person, environment and occupation is a foundational framework that OTs use. This should include engaging the parent/s when working with children. Therefore, OTs must be flexible and willing to adapt to meet the family’s needs. Using a parent self-report measure would help understand parent engagement.</p>
<p>Action Plan: How can I integrate these findings into my clinical practice?</p>	<p>This study was done across many pediatric settings in Australia from OTs perspective. A study done in the US that focused on one practice area would provide more in-depth information related to that specific setting. A study done on the parent perspective of engagement could be done to show the similarities and differences between the OT’s and parents’ perspectives. A study is also needed to quantify the relationship between the levels of engagement and therapeutic outcomes.</p>

**CRITICALLY APPRAISED RESOURCE #7**

**A. Citation and DOI**

Lin, C. L., Lin, C. K., & Yu, J. J. (2018). The effectiveness of parent participation in occupational therapy for children with developmental delay. *Neuropsychiatric Disease and Treatment, Volume 14*, 623–630. <https://doi.org/10.2147/ndt.s158688>

**B. Study Purpose**

To examine the impact of parent participation on the development of children with a developmental delay in Taiwan in early intervention.

**C. Literature**

**Was the background literature discussed, creating a clear and compelling need for the study? How can the evidence be used to inform and guide occupational therapy practice?**

Yes. Evidence shows that there are many barriers and challenges to parent participation in therapy. Exploring those barriers and finding ways to improve participation is integral when providing therapy to children.

**D. Design Type and Level of Evidence (select one)**

<input type="checkbox"/> 1B: Well-designed individual RCT	<input type="checkbox"/> 2B: Individual prospective cohort study; low-quality RCT	<input checked="" type="checkbox"/> 3B: Individual retrospective case-control study; one-group, nonrandomized pre-posttest study; cohort studies	<input checked="" type="checkbox"/> 4: Case series (and low-quality cohort and case-control study)
---	---	--	--

**E. Intervention**

**Include brief description of the intervention and the control intervention or condition, if applicable. Where did the intervention take place? Who delivered it? How often was it provided? How long was the intervention?**

The groups received OT in an outpatient setting delivered. All the sessions were 30 minutes each for eight weeks in total. The experimental group received two sessions a week of 1:1 OT, with one of the sessions including parent participation. The control group received two sessions of 1:1 OT without parent participation.

**F. Participants**

**1. How many participants were included in the study? What were their characteristics (e.g., age, gender, diagnosis)? How many received the intervention? If a control intervention was used, how many participants were in that group?**

1. Number of participants in the study (N): 30 pairs of children and their parent/s
2. Male 20 Female 10 Non-Binary 0
3. Population: 15 in the experimental group and 15 in the control group

4. Other: experimental group 9 males, six girls, control group 11 boys, four girls, all received OT in a hospital outpatient setting\_\_\_\_\_

## 2. Inclusion Criteria

**What were the inclusion criteria for the study, or what made participants eligible to participate in the study (e.g., age of participants, diagnoses)?**

- Child aged 0-6 years with a developmental delay or suspected developmental delay and their parent/s
- Parent signed written consent

## 3. Exclusion Criteria

**What were the exclusion criteria for the study, or what made participants ineligible to participate in the study (e.g., age of participants, diagnoses)?**

- Any parent and/or children that were reluctant to participate in the entire duration of the process
- Children diagnosed with TBI and neurodegenerative diseases
- Children older than 60 months of age
- Parents that did not want to participate
- Children that were participating in other Chinese medicine or preschool training courses

## G. Outcome Measures

**What are the outcomes of interest related to the study? What outcome measures or tools were used in the study that are relevant to occupational therapy? Are the measures reliable? Are the measures valid? When were the outcome measures used (e.g., before the intervention, at the end of the intervention, 6 weeks after the intervention ended)?**

The Comprehensive Developmental Inventory for Infants and Toddlers (CDIIT) was the standardized assessment used in the pretest and posttest. The CDIIT is a screening and diagnostic tool that measures cognitive, verbal, motor, social, and self-care skills for children aged 3-71 months. The CDIIT has good retest reliability and internal consistency. There was no significant difference in the CDIIT pretest between the groups.

## H. Results

**What were the results of the study? Were there changes in the outcomes of interest? Were the changes statistically significant (i.e.,  $p < 0.05$ )? Were the changes clinically meaningful or relevant?**

The control and experimental groups' total testing scores increased after the eight weeks. However, the experimental group's total testing scores increased by 49.67 points more than the control group. The experimental group showed a significant difference ( $P < 0.05$ ) in developmental age after the intervention in all areas, including cognitive, verbal, gross motor, fine motor, total motor, social, self-care, and total testing scores. The control group showed a significant difference ( $P < 0.05$ ) in developmental age in all areas except for total motor score, social, and self-care abilities. The experimental group's developmental age improved by 17.82 months, and the control group's developmental age by four months. Therefore, the results support that the intervention of parent participation positively impacted the improved development of children with developmental delay.

**I. Limitations**

**Was there measurement bias (i.e., evaluators blind to treatment status, recall, or memory bias)? Was there intervention bias (i.e., contamination, co-intervention, the timing of intervention, site of intervention, use of different therapists to provide intervention, baseline equality)? Was this study adequately powered (large enough to show a difference)? Were the analysis methods appropriate? Were statistics appropriately reported (in written or table format)? Was participant dropout less than 20% in total sample and balanced between groups? List any additional study limitations.**

This study provided direct parent participation during sessions in a medical setting and did not include parent participation in other settings, such as school-based settings. The sample size was small and was limited to children diagnosed with developmental delay.

**J. Discussion/Conclusions (State the author’s conclusion related to the research objectives)**

What does this study add to OT practice?	Direct family participation can improve the development of children more than without family participation.
What are the overall study strengths?	This study has many positive correlations that reached statistical significance.
How do the results of this study apply to our practice?	Including parents in the therapy process is essential to achieving the best outcomes for children.
Action Plan: How can I integrate these findings into my Capstone?	I can use this study to show the importance of family participation and engagement in OT. Research is lacking on family engagement in the school setting, which has unique factors. In many medical settings, parents can be direct participants in therapy sessions which is not the case for school-based OT. Information regarding family engagement and participation in the school setting is needed.

**CRITICALLY APPRAISED RESOURCE #8****A. Citation and DOI**

Snell, E. K., Hindman, A. H., & Wasik, B. A. (2018). Exploring the use of texting to support family-school engagement in early childhood settings: teacher and family perspectives. *Early Child Development and Care*, 190(4), 447–460.  
<https://doi.org/10.1080/03004430.2018.1479401>

**B. Research Question or Study Purpose**

To explore if using texting or a text-based application to send and receive communication enhances family-school engagement and child outcomes in a large East Coast city using surveys and focus groups.

**C. Literature**

**Was the background literature discussed, creating a clear and compelling need for the study?** Yes

**D. Study Design and Methods**

**Were the quantitative and qualitative data collected at the same time or sequentially?**

The article is not clear whether the quantitative survey data was collected before, after, or during the focus groups

**What design was used in the quantitative strand?** Survey design

**What design was used in the qualitative strand?** Focus groups conducted by the researchers.

**Do the authors justify collecting both quantitative and qualitative data? What explanation do they provide?**

Yes, the authors used quantitative data to collect demographic information and information regarding the current family-school communication practices. They used qualitative data to gather information regarding the perceptions and experiences of participants.

**E. Participants**

**Were the same individuals or data sources included in the quantitative and qualitative strands?** yes

**How many participants were included in the study?** 20 teachers and 30 family members

**What were their characteristics:**

- Teachers comprised 13 African Americans, 6 white, and 1 other.

- Family members consisted of 21 African American, 6 Hispanic, and 3 other; 22 English speaking, 5 English and Spanish, 1 English and other language, 1 Spanish only, and 1 other language; 18 were mothers, 4 fathers, 7 grandmothers, and 1 cousin

**How were they selected?** Teachers were recruited via emails sent out by the school district. The family members were recruited from programs taught by teachers involved in the Text to Talk study. Flyers were given to the families several weeks in advance, inviting them to participate in a focus group.

**Inclusion Criteria:** Teachers currently working in the school district and mothers, fathers, guardians, grandparents, or other family members who played a significant role in the child's education.

**Exclusion Criteria:** Not a current teacher or family member in the Text-to-Talk study

#### **F. Intervention (if applicable)-N/A**

#### **G. Data Collection**

**For the quantitative strand, what were the primary outcome measures that were used? Are the measures reliable? Are they valid? When were the outcome measures collected (e.g., before the intervention, at the end of the intervention follow-up)?**

All participants completed a survey to ensure that the demographic information was collected systemically. However, the authors did not specify whether the quantitative survey data was collected before, after, or during the focus groups.

**For the qualitative strand, how and when were qualitative data collected (e.g., interviews, focus groups)? Do the researchers provide adequate information about qualitative data collection procedures (e.g., gaining access to the site, field notes, training of researchers)?**

Via focus groups with semi-structured interviews using a set of prompting questions to elicit questions regarding the research questions. All focus groups were recorded, transcribed, and coded.

#### **H. Data Analysis**

**Describe the quantitative data analysis procedures. Were they appropriate?**

-percentages were calculated from each survey question

**Describe the qualitative data analysis procedures (e.g., deductive or inductive). Were they appropriate?**

- Inductive approach using coding. The first author and research assistant coded the 4 transcripts, which were modified as new themes and topics arose. Then, the two researchers recoded the transcripts using the final coding manual until agreement reached 100%.

#### **I. Findings**

**What were the quantitative results of the study?**

-100% of the teachers reported sending home paper handouts and calling home as a communication method, and 45% reported using some form of texting to communicate with families. Results of the family surveys generally reflected the same pattern, with a higher percentage (93%) of families reporting using some form of technology to communicate with the teachers, with texting being the highest form.

**What were the key qualitative findings, based on the study purpose? What were the themes? Do the quotes support the themes?** Many quotes were used that supported the themes. Finally, the results were organized based on the 3 research questions:

- **Texting as a tool of home-school communication:** Teachers reported that they used texting for logistical issues and sending home positive comments and/or pictures of a child. For a few families, comfort with technology was a barrier to texting and other technical communication. A few families saw texting as a supplement to in-person communication rather than a replacement. Many teachers and families preferred in-person contact with more personal issues such as behavioral concerns. Both teachers and families said texting helped create positive relationships and mutual support.
- **Family and teacher experiences with texting for FSE:** Families shared that texting supported home involvement by providing instruction of learning topics. Families used this information to reinforce and extend what they were learning. In addition, families shared that getting specific things to do with their children motivated them to help their children continue learning at home. Both teachers and parents reported the benefit of texting when the family did not speak English, as they could translate it via a service or a family member. Families also shared that papers often got lost, but they could refer to a text quickly and at a convenient time. Teachers reported that texting was more efficient than sending home paper handouts when using apps such as Remind and Class Dojo, which can be sent to all families at once.

**Do the authors integrate the quantitative and qualitative findings? What additional insights are obtained from the integration?** The integration helped bridge the demographic information with the focus group discussions.

#### **J. Strengths and Limitations**

**Strengths:** the findings are encouraging among low socioeconomic families that texting could improve home-school connections and engagement. The study demonstrated good trustworthiness as two researchers worked on the coding until agreement was achieved.

**Limitations:** a small-scale pilot study, a study limited to perceptions around texting, not outcomes

#### **K. Conclusions and Implications**

**What are the authors' conclusions related to the research objectives?**

- Parents and teachers are open to using text to communicate and understand the benefits it provides regarding improving family-school engagement and communication

-Texting reaches busy families easier, and the translation capabilities improve communication with non-English speaking families

**What does this study add to OT practice?**

-shows the need and desire for families to have effective and meaningful engagement and communication with what their child is learning at school

**How do the results of this study apply to my practice?**

-OTs should provide meaningful communication and engagement with families so that families can reinforce and extend what they are working on in OT at home

**Action Plan: How can I integrate these findings into my practice?**

-I can survey parents to assess how they want to communicate with their school-based OT and what information they want to communicate about

**CRITICALLY APPRAISED RESOURCE #9**

**A. Citation and DOI**

Ankrum, R. J. (2016). Socioeconomic Status and Its Effect on Teacher/Parental Communication in Schools. *Journal of Education and Learning*, 5(1), 167.  
<https://doi.org/10.5539/jel.v5n1p167>

**B. Study Purpose**

To examine how socioeconomic (SES) impacts how teachers interact with parents and to determine if parents, regardless of SES, want to be involved in their child’s education.

**C. Literature**

**Was the background literature discussed, creating a clear and compelling need for the study? How can the evidence be used to inform and guide occupational therapy practice?**

The background literature showed that a child’s academic success largely depends on their home environment and parental school involvement. In addition, research also showed that a parent’s socioeconomic (SES) status, race, and ethnicity can significantly impact children’s educational success partly due to how teachers view and communicate with families with low SES and different racial and ethnic groups.

**D. Design Type and Level of Evidence (select one)**

<input type="checkbox"/> 1B: Well-designed individual RCT	<input type="checkbox"/> 2B: Individual prospective cohort study; low-quality RCT	<input type="checkbox"/> 3B: Individual retrospective case-control study; one-group, nonrandomized pre-posttest study; cohort studies	<input checked="" type="checkbox"/> 4: Case series (and low-quality cohort and case-control study)
---	---	---	--

**E. Intervention**

**Include brief description of the intervention and the control intervention or condition, if applicable. Where did the intervention take place? Who delivered it? How often was it provided? How long was the intervention?** n/a

**F. Participants**

**1. How many participants were included in the study? What were their characteristics (e.g., age, gender, diagnosis)? How many received the intervention? If a control intervention was used, how many participants were in that group?**

1. Number of participants in the study (N): 42
2. Population: certified teachers from a school in Newark, NJ, Baton Rouge, LA and Calverton, NY.
3. Other: The race, demographics, and SES status of the teachers are unknown

**2. Inclusion Criteria**

**What were the inclusion criteria for the study, or what made participants eligible to participate in the study (e.g., age of participants, diagnoses)?**

-certified teacher in one of the three schools that the survey was sent to

**3. Exclusion Criteria**

**What were the exclusion criteria for the study, or what made participants ineligible to participate in the study (e.g., age of participants, diagnoses)?**

-school staff other than a certified teacher

-teacher in a school other than one of the three that were included in the study

**G. Outcome Measures**

**What are the outcomes of interest related to the study? What outcome measures or tools were used in the study that are relevant to occupational therapy? Are the measures reliable? Are the measures valid? When were the outcome measures used (e.g., before the intervention, at the end of the intervention, 6 weeks after the intervention ended)?**

A three-question survey regarding teacher interactions with parents and how SES may or may not play a role in those actions was created using Google Forms. The survey was sent out to 115 teachers, and 42 teachers completed the survey. The responses were on a 5-point Likert scale, with 1 representing strong disagreement and 5 representing strong agreement.

**H. Results**

**What were the results of the study? Were there changes in the outcomes of interest? Were the changes statistically significant (i.e.,  $p < 0.05$ )? Were the changes clinically meaningful or relevant?**

Over 50% of the teachers said that low-income families are less involved in their child’s education than more affluent families. Over 60% of the teachers believe that SES does impact how they interact with parents. Over 85% of teachers believe that parent communication is critical to students’ success. In summary, SES does play a role in how teachers interact with parents, and regardless of SES, parents want to be involved in their child’s education.

**I. Limitations**

**Was there measurement bias (i.e., evaluators blind to treatment status, recall, or memory bias)? Was there intervention bias (i.e., contamination, co-intervention, the timing of intervention, site of intervention, use of different therapists to provide intervention, baseline equality)? Was this study adequately powered (large enough to show a difference)? Were the analysis methods appropriate? Were statistics appropriately reported (in written or table format)? Was participant dropout less than 20% in total sample and balanced between groups? List any additional study limitations**

Limitations include modest sample size with only a 36.5% response rate, the study’s cross-sectional nature, and the correlations are unclear as to what factors influence what first

**J. Discussion/Conclusions (State the author’s conclusion related to the research objectives)**

<p>What does this study add to OT practice?</p>	<p>Despite their limited resources and being less active in school activities, parents with lower SES desire to be involved in their</p>
---	--

	child's education and can support their child's education when schools and families work together. OTs need to find ways to limit SES's impact on children's school success.
What are the overall study strengths?	3 different regions were represented
How do the results of this study apply to our practice?	OTs must continue to look for ways to better understand and accommodate parents' needs, values, and priorities to provide effective and meaningful therapy.
Action Plan: How can I integrate these findings into my Capstone?	I can use this study to show the importance of understanding teachers' perceptions regarding SES and family-school involvement. More research is needed regarding the family's perception of OT services in the school setting and how factors such as SES contributes to parent participation and what can be done to increase school-parent participation.

**CRITICALLY APPRAISED RESOURCE #10****A. Citation and DOI**

Benson, J. D., Elkin, K., Wechsler, J., & Byrd, L. (2015). Parent perceptions of school-based occupational therapy services. *Journal of Occupational Therapy, Schools, & Early Intervention*, 8(2), 126–135. <https://doi.org/10.1080/19411243.2015.1040944>

**B. Study Purpose**

To understand parents' perspectives on the effectiveness of the OT services for their children, including the impact on their child's education, the role of the OT in the school setting, and the importance of the collaboration between the parent and therapist.

**C. Literature**

**Was the background literature discussed, creating a clear and compelling need for the study?**

Yes. The background literature discussed IDEA mandates for a family-centered and collaborative approach. Reviewed previous findings of studies involving parent desires for communication and collaborative relationships with the OT treating their child.

**D. Theory**

**Was a theoretical perspective identified? What was it?**

Family-Centered Care Theory

**E. Study Design and Methods**

**What design was utilized? What methods were used?**

Design: Phenomenological qualitative

Methods:

- Semi-structured interviews with open-ended questions by research assistants who were graduate OT students
- 8 of 9 participated via phone interview, and one in-person interview was conducted

**F. Selection/Sampling****1. How were informants selected to participate/recruited?**

- AOTA "OT Connections" was used to seek participants with a snowball sampling method to recruit more participants.

**2. Inclusion Criteria**

- Any parent of a child receiving OT services in the school for at least six months
- Parent cared for the child for a minimum of 1 year

**3. Exclusion Criteria**

- Parent of a child receiving OT services in the schools for less than six months
- Children older than 18 years
- Parents of children who received home-based OT

**4. Sampling Strategies**

- Using the AOTA "OT Connections" to recruit initially, with snowball sample method to recruit additional subjects.

### G. Informant Characteristics

1. Number of participants in the study (N): 9
2. Male 0 Female 9 Non-Binary 0
3. Population Biological mothers of the children receiving OT in the schools
4. Other: suburban school settings in NY and PA; the mother's children were all male

### H. Data Collection/Procedural Rigor

**Describe the context of the study. Was it sufficient for understanding the “whole picture”? Do the researchers provide adequate information about data collection procedures (e.g., gaining access to the site, field notes, training of researchers)?**

The research assistants conducted semi-structured open-ended interviews with guided questions as prompts, allowing parents to provide stories and further discussion of their perspectives on their child's school-based OT. Questions were based on themes found within the literature. The interviews were held via phone except for one in-person interview. All interviews were recorded and transcribed verbatim for data analysis.

### I. Data Analysis

**Deductive or Inductive analysis?** Inductive

**Describe the data analysis procedures. Were they appropriate?**

Analysis began as additional interviews were being conducted. Verbatim transcripts were used, with statements serving as the data. Using a constant comparative method, the researchers organized words and phrases from the transcripts into the codebook. The data was coded to detect themes from the nine parent interviews. Two researchers read and coded each transcript and then discussed the major themes until there was agreement. This is a recognized method of data analysis in qualitative research. Data linkage occurred when each researcher independently coded each transcript. This process revealed the themes that emerged in prioritized order from the parent interviews.

**Was trustworthiness (credibility, transferability, dependability, confirmability) established?**

Having two researchers code and then discuss until agreement on the themes was achieved gave the study credibility and confirmed key themes. It is unclear if the researchers trained the research assistants before conducting the interviews. It is also unclear who the researchers, research assistants, and authors were in the study.

### J. Findings

**List the key findings based on the study purpose; what were the themes? Do the quotes support the themes?** 5 Key themes that emerged from the data:

1. **Communication** was the most significant factor influencing the parent-therapist relationship. Parents reported a variety of communication methods used by the OT, frequency variations, and what was the basis of the communication. Parents said that the quality of the communication was more important than the frequency. The quality of the communication was enhanced when the OT provided the preferred communication method and provided information regarding progress updates and/or changes
2. Parents reported improved carry-over and outcomes at home when they were **involved in the goal-setting process**

3. **Parents want to know** the interventions being done regardless of their lack of knowledge of the specific techniques and methods. Parents are interested in strategies to use at home with their children to help them reach their goals. When the parent and therapist worked collaboratively, the parents reported improved trust with the OT.
4. Parents have **negative perspectives** about the OT when they feel like they don't have a voice and **positive perspectives** when the relationship is collaborative and open to all ideas. Parents reported a desire for social skills to be addressed more than they are.
5. Parents reported wanting their voices (wants and needs) to be heard by the OT. This would foster a positive and caring therapeutic relationship that allows the parents to feel like they are part of the goal construction and intervention planning.

**K. Discussion/Conclusions** (State the author's conclusion related to the research objectives)

What does this study add to OT practice?	This study stresses the importance of OT's need to include parents in the OT process from the start of an evaluation and during treatment and identifies key themes that are important to parents.
What are the overall study limitations?	Small sample size, limited transferability as the study was in a specific geographical location, all parent participants were mothers (no fathers), and their children were all males, mostly between the ages of 10-18
What are the overall study strengths?	Reliable data from recorded interviews that were then transcribed verbatim, a variety of diagnoses included
How do the results of this study apply to our practice?	As OTs in the school, we need to collaborate as a team and recognize the parent as the team leader and the expert in knowing their child. In the school setting, that does not always happen. In my personal experience, it happens rarely.
Action Plan: How can I integrate these findings into my clinical practice?	This study was done in suburban school settings in PA and NY. A study done in an urban and rural setting could be done to determine similarities and differences between geological areas.

## CRITICALLY APPRAISED RESOURCE #11

### A. Citation and DOI

Rodriguez, R. J., Blatz, E. T., & Elbaum, B. (2014). Parents' views of schools' involvement efforts. *Exceptional Children*, 81(1), 79–95. <https://doi.org/10.1177/0014402914532232>

### B. Study Purpose

To explore the views of parents of students with a disability regarding schools' efforts to facilitate a collaborative relationship with them and their child's education and factors that influence their involvement.

### C. Literature

**Was the background literature discussed, creating a clear and compelling need for the study?** Yes.

### D. Theory

**Was a theoretical perspective identified? What was it?**

Hoover-Dempsey theory explains factors related to why parents get involved

### E. Study Design and Methods

**What design was utilized? What methods were used?**

Design: Qualitative

Methods:

- 17 private focus group sessions and 1 individual interview were conducted before and after school at the child's school of attendance.

### F. Selection/Sampling

#### 1. How were informants selected to participate/recruited?

Each school district's special education directors contacted the selected schools and sent letters to parents of children receiving special education in those schools. Parents who agreed to participate contacted the school.

#### 2. Inclusion Criteria

- School selected by the state
- Parent of a child receiving special education services

#### 3. Exclusion Criteria

- Parents or caregivers of children who do not receive special education services

#### 4. Sampling Strategies

- The state selected schools with a high response rate on a parent survey in the prior year.

### G. Informant Characteristics

1. Number of participants in the study (N): 96
2. Mothers/Stepmothers 67% Fathers/Stepfather 14% Grandparent 5% Legal Guardian 5% Unknown relationship 8%

3. Population parents of children receiving special education with various diagnoses and ethnicity
4. Other: 18 schools within 8 districts, 10 schools from “smaller districts” and 8 from “larger districts”

#### H. Data Collection/Procedural Rigor

**Describe the context of the study. Was it sufficient for understanding the “whole picture”? Do the researchers provide adequate information about data collection procedures (e.g., gaining access to the site, field notes, training of researchers)?**

The focus groups were conducted by a moderator and were an average of 90 minutes. The first 30 minutes included restating the study purpose, completing a demographic survey, and completing the state’s parent survey. The last 60 minutes focused on the protocol questions derived from the survey’s items. Each group focused on half of the survey items. Therefore, there were 2 different sets of protocol questions: 11 used protocol A and the remaining used protocol B. Specific questions were used to elicit more in-depth discussion related to each item. Each focus group and the interview were audio-recorded and transcribed verbatim.

#### I. Data Analysis

**Deductive or Inductive analysis?** Inductive

**Describe the data analysis procedures. Were they appropriate?**

The data was imported into a software program for data analysis. The data was coded to detect themes from interviews. Two research team members completed the first coding by coding 3 transcripts each, reviewing each other’s, and then meeting to arrive at a consensus. After a consensus was achieved, reviewing, and discussing the codes and themes that emerged continued until all transcripts were reviewed a second time and a consensus was achieved. The research team then met to further refine the code families and themes.

**Was trustworthiness (credibility, transferability, dependability, confirmability) established?**

Having two researchers and then the research team code and then discuss until agreement on the codes was achieved gave the study credibility and confirmed key themes.

#### J. Findings

**List the key findings based on the study purpose; what were the themes? Do the quotes support the themes?** 8 Key themes that emerged from the data:

- **Parent-school collaboration varies**-positive collaboration and communication occurred when schools were open to and sought out parent input and when parents felt that school staff was accessible. Some parents reported negative feelings associated with having to “fight” for what they felt their child needed.
- **Parent involvement depends on the child’s progress**-Parent often became more involved when they felt their child’s needs were not being met, while others reported having competent teachers and programs that met their child’s needs.
- **Parents initiate involvement**-parents reported the need and responsibility for them to be involved and initiate regardless of how much or how little the school engages with them.

- **Frequency, duration, and effectiveness of communication vary**-Parents desire regular communication regarding their child’s progress and prefer a variety of communication methods
- **Transitions and schoolwork can be stressful**-Some parents reported positive efforts of school staff to help their child transition from middle to high school and high school to post school, while others reported that these transitions were not considered, or school staff did not engage parents
- **Parents’ trust in school varies** ranging from parents having trust that the school was implementing the IEP to schools being out of compliance and not engaging the parents in decisions
- **Parents’ experience and knowledge affect views of the school**-As parents gained knowledge and experience, their expectations of what the schools should be doing increased
- The characteristics and personalities of **the individual teacher or professional matters**, and varies from person to person.

**K. Discussion/Conclusions** (State the author’s conclusion related to the research objectives)

<p>What does this study add to OT practice?</p>	<p>This study stresses the importance of the school’s need to engage parents as it directly relates to having positive collaborations between schools and parents and improves parent involvement. OTs in the school need to be accessible, welcome parent input, and communicate frequently with parents through their preferred method of communication.</p>
<p>What are the overall study limitations?</p>	<p>Parents were not randomly selected. Therefore, the parents selected likely represented parents who were more involved. The ethnicity distribution of parents was overrepresented by white parents compared to black parents.</p>
<p>What are the overall study strengths?</p>	<p>Large sample size from multiple schools, reliable data from recorded interviews that were then transcribed verbatim, a variety of diagnoses were included</p>
<p>How do the results of this study apply to our practice?</p>	<p>OTs need to find meaningful ways to engage parents in their child’s education and IEP process, solicit parent input, and not wait until parents become involved because they are unhappy or concerned that their child’s needs are not being met.</p>
<p>Action Plan: How can I integrate these findings into my Capstone?</p>	<p>Parents expressed the importance of knowing and understanding what should be expected from the schools to do for their children. Exploring parents' current knowledge and perspectives about school-based OT and how they want to be engaged is critical to effective collaboration with parents. A study that includes a range of cultures and ethnicities, socioeconomic backgrounds, and levels of parental involvement should be done.</p>



## CRITICALLY APPRAISED RESOURCE #12

### A. Citation and DOI

Sime, D., & Sheridan, M. (2014). 'You want the best for your kids': Improving educational outcomes for children living in poverty through parental engagement. *Educational Research*, 56(3), 327–342. <https://doi.org/10.1080/00131881.2014.934556>

### B. Study Purpose

To investigate the effectiveness of services that support disadvantaged families and the parents' experiences and perspectives related to opportunities for parental engagement in nursery and school staff in high poverty areas in Scotland.

### C. Literature

**Was the background literature discussed, creating a clear and compelling need for the study?** Yes

### D. Theory

**Was a theoretical perspective identified? What was it?** No theory was identified

### E. Study Design and Methods

**What design was utilized? What methods were used?**

Design: Qualitative

Methods:

- Face-to-face interviews
- observations at the settings
- One focus group with practitioners and one focus group with parents, and one activity group with selected children

### F. Selection/Sampling

#### 1. How were informants selected to participate/recruited?

Participants were identified that service managers and practitioners from education, social work, health, and psychological services

#### 2. Inclusion Criteria

- primary school or Early Education and Childcare Centers (EECC) in one of the 13 zones that represented the top 20% most income deprived in the country
- teachers, parents, and students in the selected primary school or EECC

#### 3. Exclusion Criteria

- setting not in one of the 13 zones

#### 4. Sampling Strategies-none discussed

### G. Informant Characteristics

1. Number of participants in the study (N): 71
2. Male 3 parents, Female 22 parents Non-Binary 0
3. Population: parents with low income or who qualified for free school meals
4. Other: 25 parents, 26 children and 20 practitioners, gender of practitioners and children unknown

## H. Data Collection/Procedural Rigor

**Describe the context of the study. Was it sufficient for understanding the “whole picture”? Do the researchers provide adequate information about data collection procedures (e.g., gaining access to the site, field notes, training of researchers)?**

The researchers conducted face-to-face interviews, focus groups, and observations in the settings. Focus group questions were based on themes found within the literature. The interviews and focus groups were recorded and transcribed verbatim.

## I. Data Analysis

**Deductive or Inductive analysis?** Inductive

**Describe the data analysis procedures. Were they appropriate?**

An inductive analysis approach was used to analyze the data. A thematic grid was established after the first transcripts were read to map and codes were assigned to relevant data. This identified a range of themes and patterns. In the second phase, software coding was used to organize and classify the data into broader themes.

**Was trustworthiness (credibility, transferability, dependability, confirmability) established?**

Two researchers completed the coding with an acceptable agreement level of 90%+.

## J. Findings

**List the key findings based on the study purpose; what were the themes? Do the quotes support the themes?** The findings are primarily from the data obtained from the focus groups with the parents, with several key themes that emerged.

- **Parents' attitudes to engagement** -Parents saw the importance of being engaged in their child's education and had high expectations for their child. However, they experienced limitations of cultural, social, and economic resources. Their sense of feeling inadequate or low confidence created anxiety among parents for feeling like they were not doing enough.
- **Barriers and enablers for parents**-barriers included worrying about providing the daily needs for the children, limited financial resources, low confidence, and limited educational knowledge to make decisions about their children's education and help them with schoolwork. Parents were encouraged and empowered when they felt valued and were given credit for successes with their children. Good relationships and direct help from school staff enabled them to address personal and serious issues and better support their child's learning.
- **Effective Initiatives**- Social workers provided a program for parents who needed support that improved relationships with the school staff and other parents. Overall, parents are interested in initiatives that improve their confidence in parenting skills and help them become more involved in their child's education.
- **The role of the family and community in supporting parental engagement**-The characteristics of their neighborhood communities play a vital role. Families live in high-crime, violent, and abusive areas where children are exposed to bad role models and have limited leisure activities. Parents also reported limited support from extended family and relied on support from each other.

**K. Discussion/Conclusions** (State the author's conclusion related to the research objectives)

What does this study add to OT practice?	This study shows that poor families value and desire to be engaged in their child's education but face many barriers that hinder that. OTs can help find successful ways to enable and empower parents to be engaged in their child's education.
What are the overall study limitations?	limited transferability as the study was in a specific geographical location (Scotland) and children's ages were 4-7, did not include children with special needs or children older than 7
What are the overall study strengths?	The study focused on parents perspectives and experiences, Reliable data from recorded interviews that were then transcribed verbatim
How do the results of this study apply to our practice?	OTs have a holistic approach and understand the value of parental engagement. In educational settings, OTs can provide meaningful parent coaching and education that meets the needs of each parent. This requires knowing and understanding the barriers that poor families face and providing opportunities for involvement with parents and school staff.
Action Plan: How can I integrate these findings into my clinical practice?	I can survey parents in my school district to understand their perspective on school-based OT services and explore how parents want to be involved in their child's education and therapy services to ensure that disadvantaged parents feel valued and empowered to support their child.

**CITICALLY APPRAISED RESOURCE #13****A. Citation and DOI**

Fingerhut, P. E., Piro, J., Sutton, A., Campbell, R., Lewis, C., Lawji, D., & Martinez, N. (2013). Family-centered principles implemented in home-based, clinic-based, and school-based pediatric settings. *The American Journal of Occupational Therapy*, 67(2), 228–235. <https://doi.org/10.5014/ajot.2013.006957>

**B. Study Purpose**

To explore whether pediatric OTs use family-centered principles in the home, clinic, and school-based settings

**C. Literature**

**Was the background literature discussed, creating a clear and compelling need for the study?** yes

**D. Theory**

**Was a theoretical perspective identified? What was it?**

Family-Centered Practice (FCP)

**E. Study Design and Methods**

**What design was utilized? What methods were used?**

Design: Grounded theory approach

Methods:

-Interviews completed via phone or in person

**F. Selection/Sampling**

**1. How were informants selected to participate/recruited?**

-the study was made known to them through direct contact or through their program director, and then they volunteered and provided informed consent

**2. Inclusion Criteria**

-Any OT providing services to children in the home, clinic, or school setting

**3. Exclusion Criteria**

-Non-pediatric OTs

**4. Sampling Strategies**

-convenience sampling

**G. Informant Characteristics**

1. Number of participants in the study (N): 28 (9 school-based, 12 clinic-based, and 7 home-based)

2. Male 1 Female 27 Non-Binary 0

3. Population OTs and COTAs providing therapy in the home, clinic or school setting

4. Other: OTs from a large metropolitan area in the southern US

## H. Data Collection/Procedural Rigor

**Describe the context of the study. Was it sufficient for understanding the “whole picture”? Do the researchers provide adequate information about data collection procedures (e.g., gaining access to the site, field notes, training of researchers)?**

Interviews were completed via phone or in person with a series of questions related to FCP, including the opportunity for the participants to elaborate. The interviews were audio recorded and transcribed verbatim.

## I. Data Analysis

**Deductive or Inductive analysis?** Inductive

**Describe the data analysis procedures. Were they appropriate?**

The transcribed interviews were coded by the first author using software and coded again by another author. This process revealed a range of OTs using FCP principles, with home-based using the most, followed by clinic-based and school-based the least.

**Was trustworthiness (credibility, transferability, dependability, confirmability) established?**

Having two people code increased the study’s credibility and validity of the findings.

## J. Findings

**List the key findings based on the study purpose; what were the themes? Do the quotes support the themes?**

Several key themes emerged from the data:

- **Communication with parents** occurred the most in home-based settings where the OT and parent/s communicate throughout the session. Clinic-based OTs reported that communication typically occurred briefly after the session. In the school setting, contact from the OT was rare following the initial evaluation.
- In all of the settings, the **OTs identified some elements of FCP that they use**. Most identified were the principles of listening to and including parental input when developing goals and intervention plans. This happened more frequently in Early Childhood Intervention (ECI). School-based occupational therapists recognize the parents as being part of the team and the importance of carryover in the home.
- OTs in the home-based setting reported **implementing the elements of FCP** that were discussed in the interviews. OT’s in clinic settings included parents in goal setting but reported barriers to carry-over in the home and community, and many did not consider family outcomes. No school-based occupational therapist considered their setting to be family-centered due to the number of barriers to implementing FCP. School-based occupational therapists see their roles within the education environment. They see the need to involve families more but are unsure what that should look like.
- All of the OTs shared examples of positive family outcomes from occupational therapy intervention including improved independence, improved skills and behavior, and improved parental empowerment.
- All participants reported that a parent questionnaire regarding their participation would help determine meaningful goals and provide meaningful parental coaching and education. In the school setting, there remains confusion about incorporating issues that

are specifically related to the home that school-based occupational therapists do not address.

**K. Discussion/Conclusions** (State the author’s conclusion related to the research objectives)

<p>What does this study add to OT practice?</p>	<p>This study recognizes that there are barriers and challenges to implementing FCP in the school setting versus home-based and clinic settings, where the parents are typically more available and involved due to the nature of the setting. Lack of time was a common barrier for OTs and parents.</p>
<p>What are the overall study limitations?</p>	<p>Limited geographic area and demographic information about the clients were not collected</p>
<p>What are the overall study strengths?</p>	<p>Reliable data from recorded interviews were then transcribed verbatim, a variety of settings were included.</p>
<p>How do the results of this study apply to our practice?</p>	<p>The results show the discrepancy in implementing FCP principles in different settings, with school-based being the setting where FCP is implemented the least. Identifying the barriers to providing FCP in different settings is important.</p>
<p>Action Plan: How can I integrate these findings into my Capstone?</p>	<p>School-based occupational therapists understand the principles of FCP, but need to have more education and understanding of implementing FCP principles into their practice that is meaningful and accessible to parents. Exploring what parents know about school-based occupational therapy and how they want to and can be more engaged is essential.</p>

**CRITICALLY APPRAISED RESOURCE #14**

**A. Citation and DOI**

Jansen, S. L., Van Der Putten, A. a. J., & Vlaskamp, C. (2013). What parents find important in the support of a child with profound intellectual and multiple disabilities. *Child Care Health and Development*, 39(3), 432–441.  
<https://doi.org/10.1111/j.1365-2214.2012.01381.x>

**B. Study Purpose**

To explore what parents with a child with profound intellectual and multiple disabilities (PIMD) find important that supports their child and family and whether the parents’ views are related to specific characteristics.

**C. Literature**

**Was the background literature discussed, creating a clear and compelling need for the study? How can the evidence be used to inform and guide occupational therapy practice?** Yes

**D. Design Type and Level of Evidence (select one)**

<input type="checkbox"/> 1B: Well-designed individual RCT	<input type="checkbox"/> 2B: Individual prospective cohort study; low-quality RCT	<input type="checkbox"/> 3B: Individual retrospective case-control study; one-group, nonrandomized pre-posttest study; cohort studies	<input checked="" type="checkbox"/> 4: Case series (and low-quality cohort and case-control study)
--	---	---	--

**E. Intervention**

**Include a brief description of the intervention and the control intervention or condition applicable. Where did the intervention take place? Who delivered it? How often was it provided? How long was the intervention?** Not applicable

**F. Participants**

**1. How many participants were included in the study? What were their characteristics (e.g., age, gender, diagnosis)? How many received the intervention? If a control intervention was used, how many participants were in that group?**

1. Number of participants in the study (N): 100 parents
2. Father 18 Mother 78 Other 1 Unknown 3
3. Population: Parents of children with PIMP in the Netherlands
4. Other: Children ages ranged from 2-17+ years

**2. Inclusion Criteria**

**What were the inclusion criteria for the study, or what made participants eligible to participate in the study (e.g., age of participants, diagnoses)?**

- Parents with a child of any age with PIMD with a developmental age of up to 24 months and motor disabilities that prevent independent mobility

- The child receives care from professional services providers

### 3. Exclusion Criteria

**What were the exclusion criteria for the study, or what made participants ineligible to participate in the study (e.g., age of participants, diagnoses)?**

- A child with a diagnosis other than PIMD

### G. Outcome Measures

**What are the outcomes of interest related to the study? What outcome measures or tools were used in the study that are relevant to occupational therapy? Are the measures reliable? Are the measures valid?**

Parents completed the Dutch version of the Measure of Process of Care (MPOC), a 56-item self-administered questionnaire that measures parents' experiences and perceptions of the care provided by healthcare professionals. Minor adjustments were made to the MPOC to adapt it to the targeted population, resulting in 39 questions and four covered areas. The MPOC has been proven reliable and valid, with Cronbach's alpha value ranging from .80 to .96. Additional demographic information related to gender, age, involvement level, parent educational level, child's disabilities, types of services used, and length of service time.

### H. Results

**What were the results of the study? Were there changes in the outcomes of interest? Were the changes statistically significant (i.e.,  $p < 0.05$ )? Were the changes clinically meaningful or relevant?**

On average, parents were generally satisfied with the support provided for their child, with an overall mean grade of 6.88 on a scale of 1-10. The area of '*Respectful and Supportive Care*' had the highest mean (7.07), followed by '*Enabling and Partnership*' (6.87), '*Providing Specific Information about the Child*' (6.79) and lastly, '*Co-ordinated and Comprehensive Care for Child and Family*' (6.77). Although they were generally satisfied with the services provided, a large number of parents provided a negative score (<5.5) regarding satisfaction with services provided for the child. No significant relationships were found between the scores and the characteristics of the parents and children, except the child's age in the '*Providing Specific Information about the Child*,' specifically ages 6-12 and 17+.

### I. Limitations

**Was there measurement bias (i.e., evaluators blind to treatment status, recall, or memory bias)? Was there intervention bias (i.e., contamination, co-intervention, the timing of intervention, site of intervention, use of different therapists to provide intervention, baseline equality)? Was this study adequately powered (large enough to show a difference)? Were the analysis methods appropriate? Were statistics appropriately reported (in written or table format)? Was participant dropout less than 20% in total sample and balanced between groups? List any additional study limitations.**

The response rate of 152 out of 600 is low. The sample may be biased given the high percentage of highly educated parents that responded.

### J. Discussion/Conclusions (State the author's conclusion related to the research objectives)

What does this study add to OT practice?	Effective partnership between parents and therapists is essential to care for a child with PIMD.
What are the overall study strengths?	The study provided an important first step in gathering data regarding the partnership between providers and parents
How do the results of this study apply to our practice?	The results affirm the importance of providing family-centered care to children with PIMD.
Action Plan: How can I integrate these findings into my Capstone?	I can use this study to show the importance of family participation and engagement in therapy. This study did not include children in the school setting. Therefore, information regarding parents' perspectives of family-centered care in the school setting is needed.

**CRITICALLY APPRAISED RESOURCE #15****A. Citation and DOI**

Egilson, S.T. (2010,). Parent perspectives of therapy services for their children with physical disabilities. *Scandinavian Journal of Caring Sciences*, 25(2), 277–284.  
<https://doi.org/10.1111/j.1471-6712.2010.00823.x>

**B. Study Purpose**

To understand parents' perspectives of children with physical disabilities that receive occupational and physical therapy.

**C. Literature**

**Was the background literature discussed, creating a clear and compelling need for the study?** Yes

**D. Theory**

**Was a theoretical perspective identified? What was it?**

Family-Centered Care and Interdisciplinary coordination

**E. Study Design and Methods**

**What design was utilized? What methods were used?**

Design: qualitative

Methods: open interviews

**F. Selection/Sampling****1. How were informants selected to participate/recruited?**

- Through a purposeful sample to ensure variations in the type and severity of impairment

**2. Inclusion Criteria**

- Any parent of a child with a physical disability receiving OT or PT services at Iceland's habilitation center that has been in close contact with OTs and PTs from a young age

**3. Exclusion Criteria**

- Parent of a child with no physical disability

**4. Sampling Strategies**

- Purposeful sample, the children's ages ranged from 7-13

**G. Informant Characteristics**

1. Number of participants in the study (N): 17
2. Male 3 Female 14 Non-Binary 0
3. Population Biological mothers and fathers of the children who receive OT or PT services in Iceland at the habilitation center
4. Other: Parents' ages ranged from 40-60 years old

**H. Data Collection/Procedural Rigor**

**Describe the context of the study. Was it sufficient for understanding the “whole picture”? Do the researchers provide adequate information about data collection procedures (e.g., gaining access to the site, field notes, training of researchers)?**

The author conducted in-person open interviews with established guidelines and questions based on key issues. The average length of the interviews was 60 minutes, and they took place in the family’s home. The interviews were recorded and transcribed for data analysis.

## **I. Data Analysis**

**Deductive or Inductive analysis?** Inductive

**Describe the data analysis procedures. Were they appropriate?**

The data was analyzed via open coding placing data into categories. The codes were used to detect the participants' similarities and differences and refine the categories. This process revealed the key themes that emerged from the parent interviews.

**Was trustworthiness (credibility, transferability, dependability, confirmability) established?**

A summary of the findings was provided to the parents for reflection and feedback. The data analysis was shared with a professional research team for review and feedback. Since the interviews were recorded in Icelandic, a translator was used to ensure a correct understanding of the tone and meaning of the parents.

## **J. Findings**

**List the key findings based on the study purpose; what were the themes? Do the quotes support the themes?** Three main headings and nine categories emerged from the data:

- **Role the therapist**
  - monitoring the use of assistive devices, especially between the different environments of home and school
  - Providing practical information and advice related to recommendations, guidance, and instructions on how they can help their child adapt and modify the environment. Parents reported receiving less guidance and being less involved when their child reached school age compared to more involvement in the earlier years. Parents reported frustration with receiving information that was clear and easy to access and a lack of communication and environmental considerations between home and school
  - Parents reported some doubt of the benefit of therapy as the children get older, limited communication from therapists to parents regarding therapy goals and session updates, and limited transfer of task performance from therapy sessions to the home environment
- **Service location and arrangements:**
  - Parents reported wanting more services in the local communities outside the capital area as families reported challenges with time. In addition, parents wish to have therapy in the community, school, and home where the child is and more collaboration between the environments
  - Parents want the same level and expertise of services that they can receive at the national center in the local community

- **Characteristics of good service**
  - Parents reported a desire for the therapists to consider the needs of the family better, improve therapist-parent communication, and feel the freedom to make their own decisions regarding their child
  - As their children got older and the parent’s confidence increased, parents reported wanting more control, flexibility, and collaborative planning
  - Parents wanted capable and supportive therapists who asked questions and prioritized the family’s concerns and values
  - Parents reported wanting a single point of contact who then could help coordinate and communicate with other services and team members

**K. Discussion/Conclusions** (State the author’s conclusion related to the research objectives)

What does this study add to OT practice?	This study stresses the importance of OTs’ need to define their role and responsibilities to parents and to include the family in the therapy process.
What are the overall study limitations?	Small sample size and limited transferability as the study was in a specific geographical location, the study only included parents with children with physical disabilities and did not include other disabilities.
What are the overall study strengths?	Reliable data was obtained from recorded interviews, and the findings were reviewed by a professional research team and a translator.
How do the results of this study apply to our practice?	As OTs, we must collaborate, engage, and communicate with the parent and the other team members throughout the process. OTs need to recognize the parent as the leader and expert in knowing their child and prioritize the family’s needs, wants, and values.
Action Plan: How can I integrate these findings into my capstone project?	This study was done in Iceland with children with physical disabilities who receive OT and PT services in a habilitation center. A study done in a school setting with a wider variety of diagnoses could compare and contrast parents’ experiences and perspectives of therapy services in outpatient versus school-based settings.