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A Thematic Analysis of Available Webpage Information for Parents about Occupational

Therapy with Children

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May 2015

Note: This scholarly project reflects individualized, original research conducted in partial fulfillment of the requirements for the Occupational Therapy Doctorate Program, The University of Toledo.

Abstract

This study describes the information available on the internet about occupational therapy for children.

Methods: This study used Google as the internet search engine to collect data. The first 100 webpages were collected and analyzed using the predetermined inclusion/exclusion criteria. Webpages that had content-specific links within them (microsites) were assessed by the inclusion/exclusion criteria. This brought the total number of webpages to 126. After vetting all webpages, those found to meet the inclusion criteria were individually analyzed to determine the themes present that related to occupational therapy and children.

Results: Out of the initial 126 webpages, 36 were found to meet the inclusion criteria. The 36 webpages were thematically analyzed; any topic that was present in five or more webpages was deemed a theme. Seventeen themes were found in this study that related to occupational therapy and children. All themes were aligned to the domain and process document of the Occupational Therapy Practice Framework (OTPF, AOTA, 2008). Themes were titled to reflect OTPF. The theme present in the most webpages was *Occupational Therapy Settings* which provides parents an idea of the many places an occupational therapist can be found including hospitals, outpatient clinics, and schools. The second most prevalent theme was *Occupational Therapy Interventions and Approaches*. Parents would find examples of interventions the child may be engaged in during therapy sessions. Third was *Social Participation*, an area of occupation in which an occupational therapist can assist a child.

Conclusions: The themes found through the analysis of the 36 webpages would provide parents with an overview of ways that occupational therapy could assist children.

Introduction

Approximately one in every six children has been diagnosed with one or more developmental disabilities (CDC, 2015). This could include, but is not limited to, Autism Spectrum Disorder, Cerebral Palsy, Down Syndrome, vision impairments, and hearing loss. Many of these children will be referred to therapy services such as occupational therapy to increase their skills and participation. Other children without a developmental disability may also work with an occupational therapist when determined to be struggling with the skills necessary to meet the needs of their environment such as the classroom. Parents and other stakeholders may be unfamiliar with occupational therapy and all of its benefits. They may use the internet as a way to gain more knowledge of this service and what it can do for the children. The aim of this qualitative study was to determine what information about occupational therapy and children is available to internet users. The content of webpages included in this study were thematically analyzed in order to better understand information available.

Although the word *parents* is used as the term to describe the people of interest in this study, it is important to be aware of other stakeholders who may be responsible for children's well being. Many children may be taken care of by someone other than their parents. This could include grandparents, other family members, foster parents, or legal guardians. Children receive care and education from a wide range of professionals including medical doctors, school teachers, and childcare workers. Any of these stakeholders would also want to know more information about occupational therapy if a child in their care was referred to services. Any adult who is responsible for the wellbeing of a child is included in the term *parent* in this study.

The American Occupational Therapy Association discusses many settings in which occupational therapists work including schools, homes, and medical facilities. Occupational therapists also work in naturalistic settings such as community playgrounds, childcare facilities, and other relevant places that have meaning to children and their families (Watling, et al., 2010). The main purpose of occupational therapy is the same across these many settings, to assist children “participate in the things they want and need to do through the therapeutic use of everyday activities (occupations)” (AOTA, n.d.a, p. 1). With that common goal in mind, occupational therapists may focus on different aspects of function and participation depending on the setting. A school-based therapist is concerned with children being successful within the school setting, including the classroom, cafeteria, playground, and any other school activities. The occupational therapist may assist in improving fine motor skills to support occupations such as handwriting, sensory processing to better attend in the classroom, or social skills to appropriately interact with other students. Within a medical setting or home-based therapy, an occupational therapist would spend time assisting children with activities of daily living such as dressing, bathing, toileting, grooming, and feeding. Home-based would have the advantage of using the naturalistic setting to address any difficulties children may be having by using their personal items or space to improve their skills. Therapists could work with children in other naturalistic settings such as a childcare facility or a church to be successful in all occupations.

Although most children with whom occupational therapists work have some kind of medical diagnosis, that is not the case for all. The Response to Intervention (RtI) framework outlines an approach to general education that identifies students at risk for

academic or behavioral concerns (National Center for Learning Disabilities, n.d.). It also provides instructions and interventions to assist these students to progress toward the classroom norm. RtI includes three tiers: universal intervention, targeted intervention, and intensive intervention. Tier one, universal intervention, would include approximately 80% of students in the classroom and interventions would be inclusive practices. The second tier encompasses approximately 15% of students and uses targeted interventions that are recommended for small group implementation. These are the children at risk for having difficulties in the classroom. Intensive intervention is the third tier, which consists of the remaining approximate 5% of students. This group may require referral to special education services. (AOTA, n.d.e)

Occupational therapists can play an important role within the RtI framework. In tier one, the therapist can provide in-services for both teachers and parents about information pertaining to the needs of the students such as universal design for learning, self-regulation, disability awareness, anti-bullying, backpack awareness, and ergonomic strategies. The occupational therapist could take services a step further in tier two by recommending assistive technology or adaptive tools to help a student be successful within the classroom or conducting small group sessions for targeted skill building. The third tier being the children needing the most assistive, occupational therapists would administer assessments to further identify the needs of a specific student and suggest individualized strategies. This framework frequently employs occupational therapists in a consultative manner. In this approach, occupational therapists may not work directly with the students in independent therapy sessions but provide support to teachers and

parents in order for the student to be as successful as possible in an inclusive setting.

(AOTA, n.d.e)

As there are many settings in which occupational therapists work as well as many skills that can be addressed, it is easy to see how it may be difficult for others to fully understand what occupational therapy is. When a child is referred to occupational therapy services and the parents are unaware of what that entails, they very likely may take to the internet to gain more knowledge. As of 2013, 74% of all households surveyed through the United States census reported having internet use in their household (Purcell, 2011). Although all may not have household internet access, public internet access is available through libraries, some restaurants, and other public buildings. This suggests that the internet is readily available to most people in the United States and could be used as a source of finding information about occupational therapy.

Another survey found that 92% of adult internet users commonly use search engines as a means to finding information (Chris, 2013). Google has 1.1 billion *estimated unique monthly visitors*, with the next closest being Bing with 350 million visitors (eBizMBA, n.d.). An additional source stated that 66% of searches were conducted on Google (comScore, 2012). With this information in mind, Google was determined to be the most commonly used search engine.

Methods

In this study, specific search parameters were established and entered into Google's advanced search option. The first 100 webpages were then collected and reviewed to determine if it met the inclusion criteria. Thirty-six webpages were included

in this study. Those webpages were thematically analyzed to discover what information is available to parents pertaining to children and occupational therapy.

Data Collection

Google was chosen as the search engine through which all webpages were found. Using the advanced search option of the internet search engine Google, specific parameters were set for this study. Included parameters were: 1) *All of these words*: “Children”, 2) *This exact word or phrase*: “Occupational therapy”, 3) *Language*: English, 4) *Region*: United States, 5) *Last updated*: anytime, 6) *terms appearing*: anywhere in the page, 7) *Safesearch*: moderate, 8) *file type*: any format, and 9) *usage rights*: not filtered by license. After the Google advertisements, the first 100 webpages were reviewed to determine if they met the inclusion criteria of this study. If a webpage contained a link to additional webpages that were within the same original website, it was classified as a microsite and was also reviewed for inclusion. Data collection was completed in one search on October 26th, 2014. Analysis of a webpage ended once it was found to meet any exclusion criteria.

Inclusion and Exclusion Criteria

The inclusion criteria for this study included all webpages where: 1) the words children and occupational therapy are present in the information of the webpage, 2) the webpage is written in English, and 3) the webpage is accessible to the general public. Excluded webpages were as follows: research articles, news articles, classified advertisements, professional presentations, advertising services at specific hospital or clinic, webpages that did not have the word “children”, webpages without the term

“occupational therapy”, webpages that had restricted access to the content, and repeated webpages.

Data Analysis

Inclusion/Exclusion

The researcher established the inclusion/exclusion criteria for the webpages and then examined the first 100 webpages found from the Google search. Within those 100 webpages, 3 were found to have microsites. There were 26 microsites within the 3 webpages, included with the 100 webpages. This brought the total to 126 webpages to be analyzed. After vetting the webpages, the researcher found 36 webpages to meet the inclusion criteria of this study. An interrater was included in this study to increase the reliability of the results found. Both the researcher and interrater independently vetted the 126 webpages with the inclusion criteria with an initial agreement of 94%. The two then met to discuss their results and find agreement in the final webpages to be included. After discussion, the researcher and interrater were in complete agreement on 36 webpages that met the inclusion criteria.

Thematic Analysis

The content of each of the 36 webpages was individually analyzed to determine themes related to children and occupational therapy. The themes of each webpage were listed in a Word document to then be compared to those themes identified by the interrater. The interrater was blinded to the results of the researcher when independently finding themes in the webpages. As the researcher did, the interrater also listed themes for each webpage in a word processing document. Once each had identified themes, they met to compare results and find agreement.

After discussion and further reasoning, agreement was found on themes for all 36 webpages. Any subject that was not found in at least five webpages was discarded and not included in the total themes found. These themes were then compared to the domain and process document of the Occupational Therapy Practice Framework (OTPF, AOTA, 2008). The wordings of the original themes were paired with the domains of OTPF for a more occupational therapy based understanding.

Results

Of the 126 total webpages, 36 met the inclusion criteria and were analyzed for thematic content. Four of the original 100 webpages were from the American Occupational Therapy Association (AOTA, n.d.c; AOTA, n.d.b; Opp Hofmann, n.d.b; Watling et al., 2010). All 18 of the included microsites came from within one AOTA webpage (AOTA, 2009b; AOTA, 2009a; AOTA, 2010b; AOTA, 2010a; AOTA, n.d.c; Bissell et al., n.d.; Conaboy et al., 2008; Grupta et al., n.d.; Mahaffey, 2011; Marger Picard, 2012; Occupational Therapy and School Mental Health, n.d.; Opp Hofmann, 2009; Opp Hofmann, n.d.c; Opp Hofmann, n.d.a; Post, 2010; Schold-Davis, 2012; Scott, 2011; Yamkovenko, 2008). Two webpages were from reputable resource sites giving general information regarding children and occupational therapy (Arky, 2012; Harron, 2014). Three webpages were specific to a certain diagnosis and its relation to occupational therapy (Bruni, 2001; Occupational Therapy for Children, 2014; Weintraub, 2013). One webpage discussed how to become a pediatric occupational therapist (Becoming a Pediatric Occupational Therapist, n.d.). The remaining eight webpages came from blogs and other non-professional sources (Le Roux, n.d.; Occupational Therapy, n.d.; Occupational Therapy for Children, 2013; OTPlan, n.d.; Pediatric

Occupational Therapy, n.d.; The Anonymous OT, n.d.; Therapy Street for Kids, n.d.; Zachry, n.d.). See Appendix A and B for the categories of included/excluded webpages and Appendix C for a list of included webpages, listed by search rank.

Seventeen themes related to children and occupational therapy were found in this study. The Occupational Therapy Practice and Framework, 2nd edition (OTPF) describes the language terminology and constructs of the occupational therapy profession's focus (AOTA, 2008). The 18 themes of this study are presented as they apply to OTPF's domain and process categories. Themes were collected into four categories: *Areas of Occupation; Client Factors and Performance Skills; Activity Demands, Performance Patterns, and Context; and The Occupational Therapy Process..*

Areas of Occupation. Activities of daily living and instrumental activities of daily living (ADLs/IADLs), education, play and leisure, and social participation were four themes found within the category of Areas of Occupation. ADLs/IADLs were specifically mentioned in eight out of the 36 webpages. Feeding, sleep, community mobility, and health promotion were a few of the ADLs and IADLs discussed in the webpages. Elin Schold-Davis explained, "Because occupational therapy practitioners focus on enabling participation, they are natural professionals to address driving and community mobility across the lifespan" (Schold-Davis, 2012, p. 1). Seven of the webpages shared a theme of education, with the most common areas mentioned being universal design for learning and handwriting. Play is another theme that was identified in 12 webpages. A microsite of a webpage of the American Occupational Therapy Association (AOTA, n.d.b) encompassed the first three themes stating, "Occupational therapists use a client-centered evaluation process to develop an understanding of the

child's primary roles and occupations (activities), such as play, schoolwork, and age-appropriate self-care" (Scott, 2011, p. 1). Sixteen webpages were included in social participation, the last category of areas of occupation. Another microsite of the same webpage (AOTA, n.d.b) discussed both themes of education and play when saying occupational therapists "assist in curriculum development such as for handwriting and social skills, or to recommend modifications to or design of classroom environments or assignments" (AOTA, 2010b, p. 2). See Figure 1.

Client Factors and Performance Skills. The next OTPF domains addressed were Client Factors and Performance Skills. Eleven webpages were found related to the theme of Mental Function; this includes cognitive, affective, and perceptual factors. One example of a mental function would be the ability to sustain attention which a child with Attention Deficit Hyperactivity Disorder (ADHD). A WebMd webpage by Weintraub (2013), reported that an occupational therapist can "help with everyday skills, as well as inattention" (p. 1). Sensory Function was also found to be a theme, which included ten webpages. The most common topics were sensory processing and integration. This is explained in AOTA's webpage on sensory integration, "when a deficit is found in sensory integration, praxis, or sensory processing, occupational therapy practitioners can provide intervention designed to address these concerns" (Bissell et al., n.d., p. 2). Interventions described for children with sensory needs focused on "tactile (touch), proprioceptive (body awareness, body position in space), and vestibular (perception of movement) systems" (Bissell, n.d., p. 1), although this is not all encompassing. A third theme within Client Factors and Performance Skills encompassed neuromusculoskeletal and motor functions, with nine relevant webpages. This included occupational therapists

assisting children with fine and gross motor related skills. The Kid's Health website gives an example of the benefit of occupational therapy by, "help[ing] kids work on fine motor skills so they can grasp and release toys and develop good handwriting skills" (Harron, 2014, p. 1). The last theme of this category, communication and social functions, emerged in eight out of the 36 webpages. Occupational therapists were described to work with children to increase their appropriate social engagement; this is done through supporting positive behavior, responding to child in a positive manner, and improving social play skills (Opp Hofmann, 2009, p. 1). See Figure 2.

Activity Demands, Performance Patterns, and Context. Seven webpages were encompassed in the theme of Activity Demands. Most references discussed objects, space demands, and required actions. The *OTPlan* blog discusses objects to be used in activities to increase their skills such as a shape finding and textured paper painting (OTPlan, n.d.). Another theme that was determined while analyzing webpages in this study was that of Context. Context as it relates to OTPF, "refers to a variety of interrelated conditions within and surrounding the client that influence performance" (AOTA, 2008, p. 623). A total of 13 webpages were found with one example being a webpage by AOTA's writer, Ashley Opp entitled *Occupational Therapy in Early Intervention: Helping Children Succeed*. This webpage discussed the need for occupational therapy in early intervention, which relates to context in the temporal area as it pertains to a certain stage of life, newborn to three years of age (Opp, n.d., p. 1). Performance Patterns is another theme of this study, occurring in 11 out of the 36 webpages. The most common areas referenced being impoverished and dominating habits. A website from The Child Mind Institute gave an example of a child with a

dominating habit of bottle feeding, refusing to transition to rice cereal. This negative habit was affecting her calorie and nutrient intake so much that she was referred to early intervention services. The occupational therapist found she had oral sensitivity and addressed her needs. (Arky, 2012). See Figure 3.

The Occupational Therapy Process. This area encompasses the some of many aspects of occupational therapy including qualifications, laws, settings, interventions, and family involvement/education. In six of the webpages, the necessary qualifications to be an occupational therapist were described. The webpage that held the highest search rank explains that not only does an occupational therapist have to have a masters degree but also, “must complete supervised fieldwork programs and pass a national certification examination. A license to practice is mandatory in most states, as are continuing education classes to maintain that licensure” (Harron, 2014, p. 2). There were nine webpages reviewing the laws that support the need for occupational therapy working with children. The most commonly mentioned law was the Individuals with Disabilities Education Act (IDEA). A microsite of the AOTA webpage, *Children and Youth*, identifies occupational therapy to be a “primary service of Part C of the Individuals with Disabilities Education Improvement Act of 2004 (IDEA)” (AOTA, 2010a, p. 1).

Another important aspect of occupational therapy is parent education and involvement. Seven webpages discussed the need for occupational therapists to inform the parents of the child on the benefits of occupational therapy and also the importance of having the parent involved in the child’s therapy. An additional theme of intervention ideas/approaches also emerged with analysis, appearing in 19 webpages. Most webpages with this theme gave examples of interventions that could be implemented with a child.

In a microsite of a webpage by AOTA, a bulleted list of suggestions were presented for interventions to promote sleep performance that included managing pain and fatigue, establishing individualized sleep hygiene routines, and modifying the environment (Marger Picard, 2012, p. 2). The last and also the most common theme identified described the multitude of settings in which an occupational therapist can be found. This list included but was not limited to: early intervention services, outpatient clinics, schools, and hospitals. See Figure 4.

Discussion

The webpages included in this study provide accurate information that can be helpful to parents when wanting to learn more information about what occupational therapy can do for a child. All themes have been discussed as they pertain to the Occupational Therapy Practice Framework (AOTA, 2008). Performance skills, client factors, areas of occupation, context, activity demands, and performance patterns are all domains that appeared often throughout multiple webpages. Other frequently appearing things included occupational therapy qualifications, interventions, settings, laws, and education/involvement of parents.

The most commonly occurring theme in the websites included for analysis in this study was related to the settings in which occupational therapy services are provided, found in 24 webpages. Nineteen webpages were found with the theme of intervention approaches/ ideas. The next highest theme in within occupational therapy process was laws nine webpages, then family involvement/education with seven webpages. The last theme that emerged was that of occupational therapy qualifications, six webpages were found to have this theme.

The themes most prevalent in this study are settings of occupational therapy, occupational therapy intervention approaches and ideas, and the subcategory within areas of occupation of social participation. Occupational therapy settings would be of interest to parents to gain a better understanding of the wide range of places to find an occupational therapist. Parents could further research specific settings that are relevant to their child's needs and are in close proximity to them. The intervention ideas that are described in multiple webpages would also be beneficial to give parents an idea of what to expect in a therapy session for their child and how they might follow through at home. Social participation as an area of occupation was the third most found theme in this study. This category, as well as the many other areas of occupation discussed in this study, will give parents an idea of the ways in which an occupational therapist can help increase a child's skills.

Most information gathered for this study came from webpages by the American Occupational Therapy Association (AOTA), 22 of the 36 websites that met the inclusion criteria were authored or supported by AOTA. As AOTA is the national association for the profession, it can be seen as a knowledgeable and reputable source. In search rank order, AOTA webpages were four through seven with the rest of the 22 webpages being microsities of the webpage ranking (AOTA, 2009b; AOTA, 2010a; AOTA, 2010b, AOTA, n.d.a; AOTA, n.d.c; AOTA, n.d.; Bissell, et al., n.d.; Conaboy et al., 2008; Gupta et al., n.d.; Mahaffey, 2011; Marger Picard, 2012; Occupational Therapy and School Mental Health, n.d.; Opp Hofmann, 2009; Opp Hofmann, n.d.a; Opp Hofmann, n.d.b; Off Hofmann, n.d.c; Post, 2010; Schold-Davis, 2012; Scott, 2011; Watling et al., 2010; Yamkovenko, 2008). Included webpages that appeared in search order before

AOTA webpages were from reliable sources (Arky, 2012; Harron, 2014). Parents using the internet to find information regarding occupational therapy in relation to children will find a wide variety of webpages that describe what occupational therapy is and the many ways this profession can assist children.

Limitations

As the information available on the internet is ever changing, the webpages discussed in this study could have different information when reviewed on a later date. Also, initial webpages found could now be unavailable if attempting to return to them. As previously stated, this study involved webpages that came from unprofessional sources such as blogs. This can be a limitation to the findings as the information retrieved from these sources may have a skewed perspective on occupational therapy and how the profession works with children. A child referred to occupational therapy services may have a specific diagnosis. Parents may want to know specifically how occupational therapy assists that diagnosis which would be difficult to determine from this study as no single diagnosis was used in the search terms.

Future Research

As this research study had very specific parameters that were entered into Google's advanced search, and additional study should use Google's general search page to determine what parents would find and if resources are different. Readability of webpages dedicated to occupational therapy and children would be of importance because of the varying educational levels of parents. It would also be an interesting study to review the reliability of information available on blogs and other webpages that are not authored by a professional source. These webpages may be most appealing to parents

because of the lack of medical terminology and personal perspectives, yet the information that may be gained from these sources may not be accurate or representative. Many further research studies could be conducted to determine how occupational therapy works with children with specific diagnoses such as Down Syndrome or Cerebral Palsy.

Acknowledgements

This dissertation would not have been possible without the love and support I received from my husband, parents, siblings, and friends. I also greatly appreciate the hard work and dedication I received from my research mentor, Dr. Alexia Metz. With the many changing elements of this research project she has stayed positive and encouraging throughout the entire process. Lastly, I would like to extend my gratitude to Annie Wotowiec who was the interrater for this research study. Her timeliness, flexibility, and willingness to assist in any possible way brought much ease to a complicated task.

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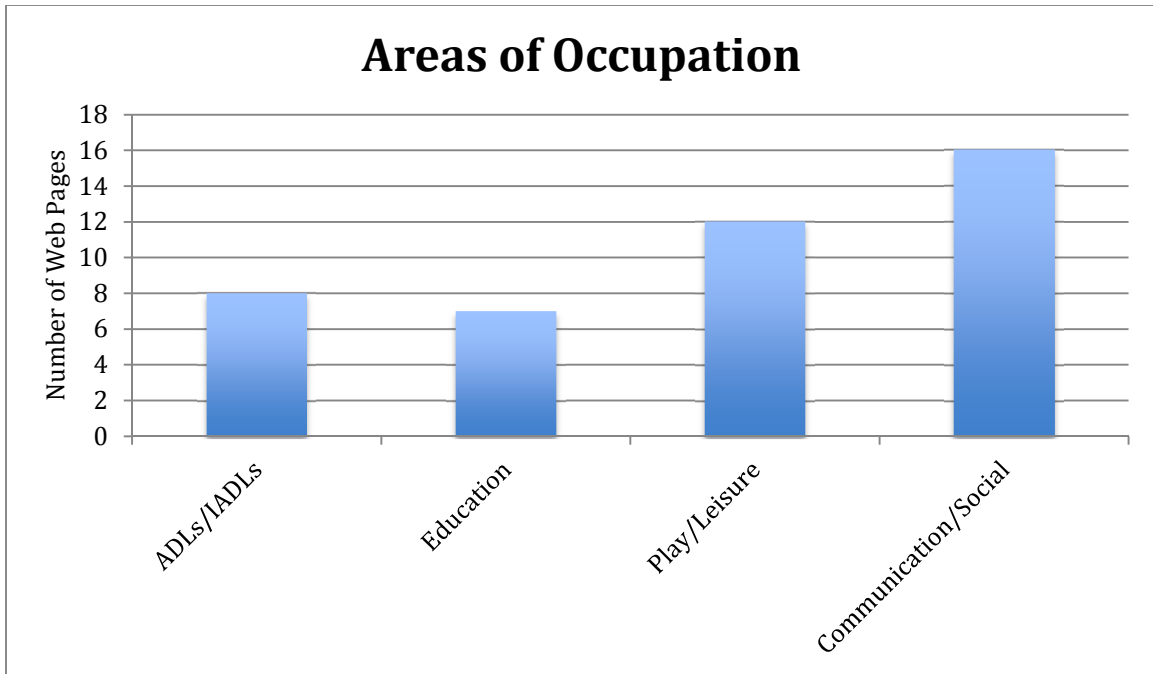


Figure 1. The number of webpages with themes related to Areas of Occupation

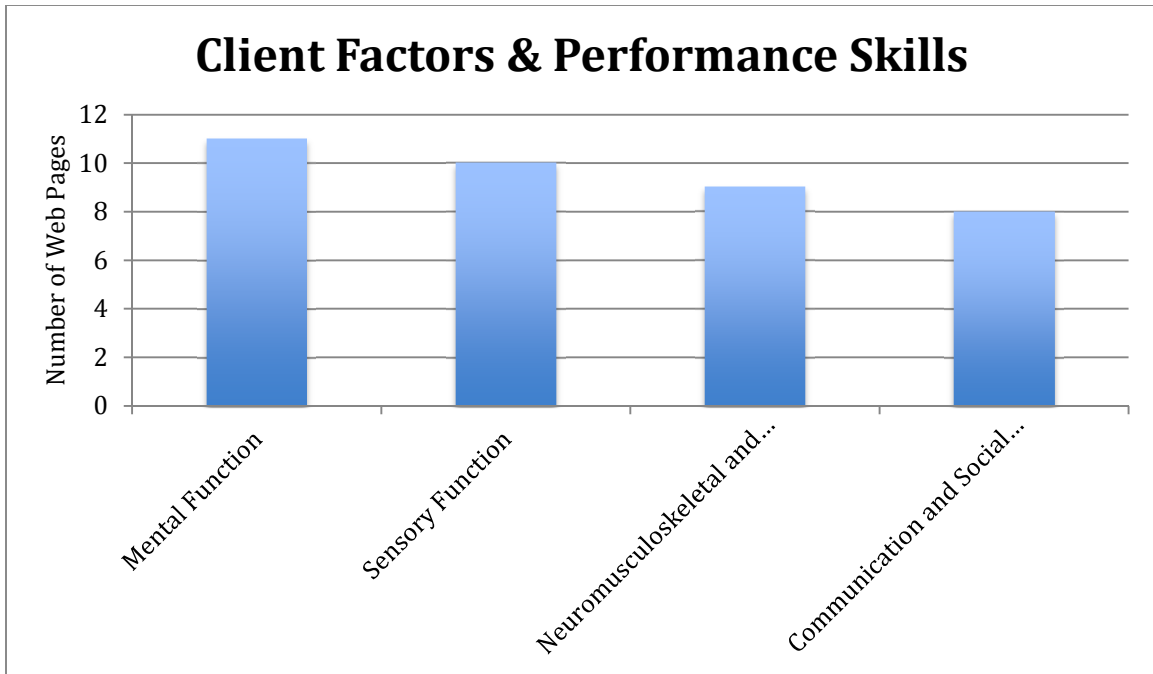


Figure 2. The number of webpages with themes related to Client Factors and Performance Skills

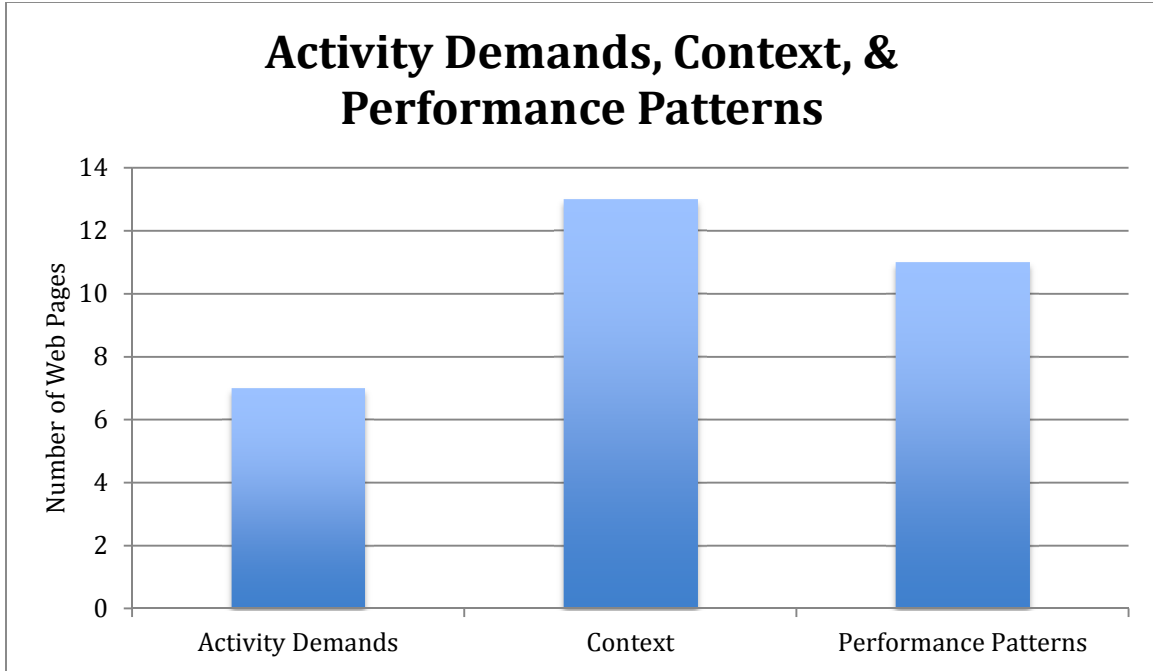


Figure 3. The number of webpages related to Activity Demands, Context, and Performance Patterns

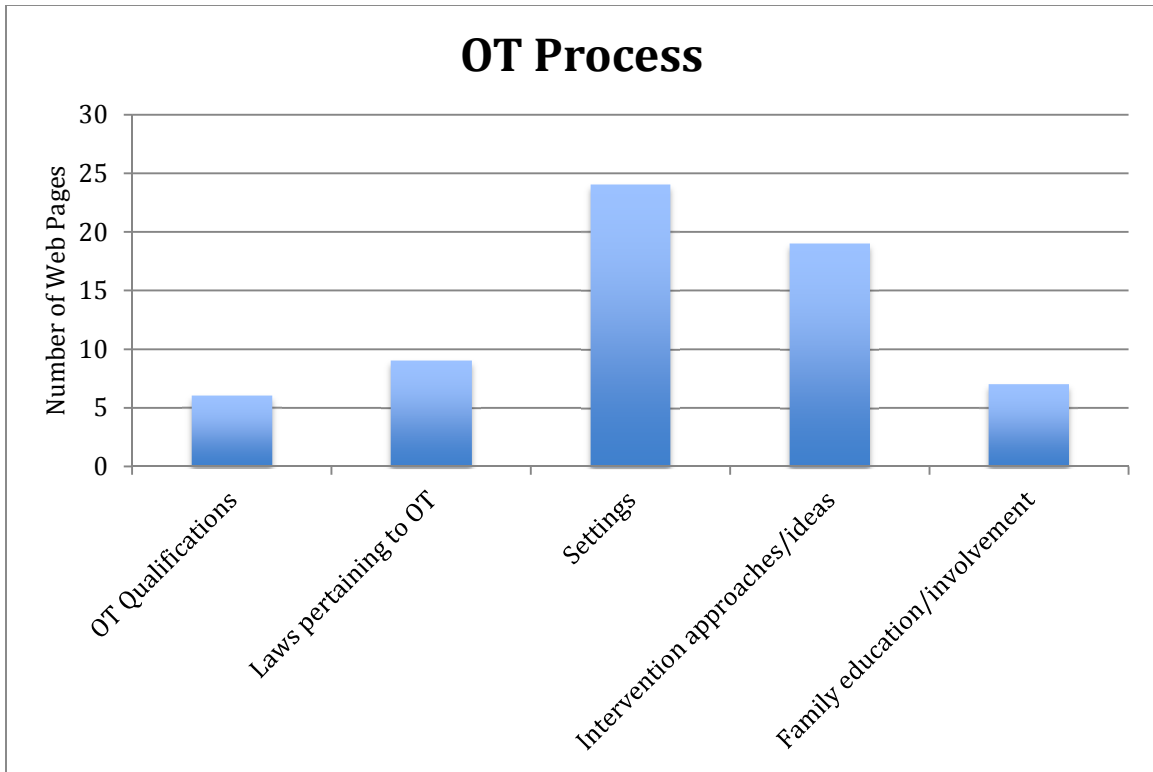


Figure 4. Number of webpages related to the OT Process

Appendix A**Summary of Included Webpages**

Category	Number of Webpages
Occupational Therapy specific source	22
Resource page	2
Diagnoses specific source	3
Education related source	1
Blogs/non-professional source	8
TOTAL	36

Appendix B**Summary of Excluded Webpages**

Category	Number of Webpages
Restricted Access	1
Repeated source	3
“Children” does not appear in text	2
Clinic/hospital specific	81
Product advertisement	1
Promoting therapy method	1
News article	1
TOTAL	90

Appendix C**Included Webpages with search rank**

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