

Occupational Performance Coaching as an Ultimate Facilitator

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ABSTRACT

The importance of parental involvement in intervention with children has long been recognized (Foster et al., 2013). Current trends in pediatric occupational therapy service delivery have been directed toward occupation-based and family-centered care, with a principal component of this approach being caregiver–therapist collaboration in planning and evaluating intervention addressing occupational performance deficits (Foster et al., 2013; King et al., 2017).

At the same time, it is a well-substantiated fact that widely used traditional caregiver education methods often do not produce the desired results and do not promote generalization and transfer of the intervention gains to the home and community environments (Bagby et al., 2012; Bulkeley et al., 2016). In these cases the caregivers frequently do not feel empowered and lose site of the therapeutic value of occupational therapy interventions (Foster et al., 2013).

The aim of this article is to describe *occupational performance coaching* (OPC) as an alternative approach to intervention congruent with occupation- and family-centered practice. OPC is occupation-centered intervention for working with caregivers to achieve occupational performance goals for their children and themselves. OPC is appropriate when children's performance depends on the context, and caregivers have goals relating to their own performance in terms of improving family life and supporting their children's occupational mastery and participation in their life contexts (Graham et al., 2009; Graham et al., 2015). This article provides realistic, useful techniques to implement OPC in daily practice as an occupation-centered intervention approach that helps parents recognize and implement social and physical environmental changes that support more successful occupational performance for themselves and their children.

LEARNING OBJECTIVES

After reading this article, you should be able to:

1. Discuss the major principles of OPC
2. Identify the theoretical basis for OPC
3. Distinguish major differences between traditional caregiver education methods and OPC
4. Describe domains, session format, and techniques used during the OPC implementation process
5. Incorporate OPC techniques into the occupational therapy intervention process

INTRODUCTION

Occupational performance coaching (OPC) has been described in literature as “an intervention for working with parents to achieve occupational performance goals for themselves and their children” (Graham & Rodger, 2010, p. 212). In this approach, the practitioners guide parents in developing strategies and supports to meet self-identified goals related to their family's needs (Graham et al., 2010, 2013, 2014). OPC focuses specifically on enabling children's and parents' participation in occupations in the home and community through practitioner-guided but parent-identified solutions to occupational performance barriers. The practitioners employ specific language, questioning, and reflection cues to promote parents' guided discovery of solutions, and their evaluation and implementation within a problem-solving framework. Provisions facilitating generalizing and transferring skills are implanted within the intervention process.

Certain interpersonal aspects of OPC are similar to interventions used in cognitive approaches (Seligman & Csikszentmihalyi, 2000), yet OPC is rooted in such theoretical premises as occupation-centered practice focused on enabling participation and family-centered care.

The occupation-centered (top-down) approach to occupational therapy practice refers to interventions that use engagement in occupation as the primary means of assessment, intervention, and measurement of outcomes (Trombly, 1993). A top-down approach makes the association between intervention and occupational goals clear to the family and emphasizes

participation within the natural environments. OPC conforms to these requirements. OPC facilitates improved occupational performance by assisting parents to recognize and modify barriers limiting their own or their children's performance (Graham et al., 2017).

Family-centered practice is a broad practice philosophy that is widely recognized and used in occupational therapy and other disciplines as best practice for children and families (Baird & Peterson, 1997; Graham et al., 2009). Within a family-centered practice framework, the practitioners interact with parents as associates and guides who believe in the parents' abilities and provide timely, practical information (Harrison et al., 2007; Washington & Schwartz, 1996). OPC employs a goal-focused conversation methodology in which most of the therapist's time is spent questioning, listening, and gently guiding caregivers (Graham et al., 2013).

During the OPC process, practitioners guide caregivers to identify possible modifications within their home or community performance context (e.g., changes to the sequence of tasks in the bedtime routine or seating arrangement during homework activities) to create a better match between the person, the occupation, and the environment, and, ultimately, to improve occupational performance (American Occupational Therapy Association [AOTA], 2014; Law et al., 1996).

Through collaboration between the therapist and the caregiver, and dynamic performance analysis of the child's and/or caregiver's occupational performance, the caregivers learn to identify actions facilitating achieving goals and generalizing and transferring skills. The ultimate objective of OPC is to enable occupational performance in the areas identified as goals and improve caregivers' skills to independently manage future occupational performance barriers (Graham et al., 2013, 2014).

Occupational therapy research supports OPC intervention as a way to increase participation of children with special needs (Dunn et al., 2012; Foster et al., 2013; Graham et al., 2015). Therefore, coaching practices have become more and more prevalent. Although the literature provides evidence on the effectiveness of OPC, modest information exists about the fidelity of implementing OPC. Through better understanding OPC techniques, practices can be refined to develop a coaching protocol that will enhance consistency among practitioners and will meet the individual needs of parents and clients.

OPC is appropriate for situations when caregivers are motivated to improve their own occupational performance along with performance of their children's participation in daily activities, routines, and roles (AOTA, 2014; Graham et al., 2010). Additionally, OPC is effective when children's performance depends on the environment where it occurs (AOTA, 2014). OPC is indicated for caregivers of children with a wide range of performance issues, from mild to severe, and within various occupational domains (AOTA, 2014).

According to Graham and colleagues (2010), OPC is suitable when children are physically or emotionally healthy and when

caregivers present with sufficient cognitive and language skills, and stable mental and adequate physical health, and they are motivated to participate in the coaching process.

Differences Between Traditional Caregiver Methods and OPC

Based on the previously discussed principles, it is evident that fundamental differences between OPC and traditional methodologies used in implementing caregiver education occur in the focus and the means. Caregiver education and training is typically led by an OT, usually based on the client's current goals, and accords with the current, pre-established therapeutic program. Characteristically, this results in the caregiver independently translating knowledge to provide assistance to the child in this particular episode of care (Miller-Kuhaneck & Watling, 2018).

In contrast, OPC is a shared process that uses collaborative performance analysis, observations in natural environments (in person or via digital recording), reflective listening, guidance and encouragement, and feedback to help caregivers develop the understanding and necessary skills that enable and empower them to create their own solutions to meet the child's and family's needs in various current and, most importantly, future situations and environments (King et al., 2017; Miller-Kuhaneck & Watling, 2018).

OPC IMPLEMENTATION PROCESS

To assist caregivers with developing supportive performance contexts for their children and the skills needed for them to create their own solutions for performance barriers, the OT uses three enabling domains: structured process, emotional support, and information exchange (Graham et al., 2013, 2014). Table 1 depicts the OPC steps within each domain.

When applying OPC, knowledge of the strategies outlined in each domain assists the practitioner with understanding parents' responses and learning needs, and therefore allows for adjusting coaching techniques. In addition, the emphasis on each domain varies among caregivers and at different stages of the intervention process.

Domain One: Structured Process

This domain provides a broad outline of OPC intervention sessions. The steps within the structured process domain may be repeated and revisited at any time during the sessions as needed (Graham et al., 2013, 2014). These steps are based on the problem-solving process that is similar to other cognitive interventions, such as Cognitive Orientation to Daily Occupational Performance (CO-OP; Dawson et al., 2017).

The therapist explains the rationale for using the problem-solving process to the caregiver during an initial intervention session. The caregiver is informed that together with the practitioner, they will explore ways to improve the match between the child's abilities with the activity demands and the performance contexts (AOTA, 2014; Law et al., 1998). The problem-solving approach emphasizes developing problem-solving skills and provides the structure for discussions

Table 1. Three Enabling Domains and OPC Steps Within Each Domain

| Domain 1: Structured Process Domain | Domain 2: Emotional Support | Domain 3: Information Exchange |
|--|-----------------------------|--|
| Goal Setting | Reflective Listening | Information on Typical Development |
| Collaborative Performance Analysis: (A) Option Exploration | Empathy | Information on Condition and Impairments |
| (B) Action Planning | Reframing | Information on Task Analysis |
| (C) Implementation | Guiding | Teaching and Learning Strategies |
| (D) Checking Performance | Encouraging | Information on Community and Other Resources |
| (E) Generalization | | |

with parents, which helps them realize their occupational performance goals. Making the problem-solving process explicit to caregivers and integrating their perceptions, ideas, and actions throughout the problem solving process achieves this.

Problem solving occurs within a supportive relationship in which caregivers' self-discovery of solutions to their performance issues is facilitated through coaching techniques. This process is explained to caregivers as a series of steps to guide their solution exploration (Graham et al., 2013, 2014).

Goal Setting

OPC is the intervention for caregivers and, therefore, the goals are set in collaboration with parents and are designed to address their specific priorities and concerns related to occupational performance of their children, family, and themselves. Although these goals might not always reflect the child's objectives, the caregivers are encouraged to consider the child's point of view as much as possible (Graham et al., 2013, 2014).

From experience, typically the first session of OPC is dedicated to explaining the OPC process and problem-solving approach, and setting goals. This process may need to be repeated during the first two or three sessions as caregivers' priorities are clarified. During the full OPC process, which typically consists of 8 to 10 sessions, depending on the caregivers' needs (Graham et al., 2013), the goals are consistently revisited. Goals that are no longer significant and motivating to caregivers require adjustment (Rodger & Kennedy-Behr, 2017).

In OPC, the goals focus on occupational performance and not on the underlying body structures and functions and

skill deficits (AOTA, 2014). Only occupation-based goals are suitable for OPC intervention, as specific tasks and the contexts will be addressed to promote change in occupational performance.

Therefore, the goal should be stated as: "Evelyn will independently complete play activities with friends at the neighborhood playground," not, "Evelyn will improve gross motor skills to complete sensory motor play tasks." Additionally, specific sub-goals or steps are frequently developed to promote overall goal achievement. Sub-goals describe steps of improvement in children's performance in the same way that Goal Attainment Scale (Kiresuk & Sherman, 1968) steps are described (Graham et al., 2014).

Collaborative Performance Analysis

Collaborative performance analysis is a specific exploration of occupational performance based on information exchanged between the caregiver and the OT. Collaborative performance analysis includes examining the actual activity or the caregivers' report of the performance, or a video of the activity as it occurs in the natural environment. It is typically performed for each specific occupation identified within the goal.

From experience, two or three goal-directed occupations are discussed at one time. During the collaborative performance analysis process, the information is exchanged about the child and/or caregiver (person), the activity, and the natural context (e.g., social and/or physical), with an emphasis on asking caregivers what they already know about performance and minimizing the amount of advice given (AOTA, 2014; Graham et al., 2013).

The OT strives to:

1. Determine what needs to change for the child to become successful with the activity performance, which corresponds with the option-exploration strategy within the collaborative performance analysis.
2. Determine what needs to change for the caregiver to enable performance (further option exploration and action planning).
3. Develop the caregivers' skills to find solutions to their child's performance deficits, which corresponds with the implementation-of-strategies stage (Graham et al., 2013, 2014).

For an example of the collaborative performance analysis process, see Table 2.

Collaborative performance analysis could be repeated at any point in the OPC intervention process based on the caregivers' goals, learning needs, and strategy development. From experience, this process takes the majority of time during the intervention sessions after the goals and priorities are set.

Domain Two: Emotional Support

The emotional support domain consists of specific objectives to (1) listen, (2) empathize, (3) reframe, (4) guide, and (5) encourage caregivers to discover solutions that enable goal achievement (Graham et al., 2013, 2014).

Characteristically, emotional support is frequently crucial, particularly in the initial stages of OPC, when caregivers often need to express their frustration before they are ready to discuss potential solutions to occupational performance deficits. Emotional support meets the caregiver's need for connection and develops a trusting relationship with the practitioner which, in turn, changes the caregiver's perspective from reactive to proactive (Deci & Ryan, 1985; Graham et al., 2013).

Listening to caregivers without judgment promotes an in-depth understanding of the performance deficits; outlines the family's needs; and, most importantly, sheds light on the caregiver's perception and interpretation of the performance difficulties during typical family routines. Additionally, careful listening allows the therapist to extract specific examples of effective problem-solving strategies for further action, validating and supporting the caregiver's self-efficacy (Graham et al., 2013, 2014; Trivette et al., 2010).

Genuine empathy is an essential element of OPC, as trust in the therapist is fundamental for caregivers to engage in discussions promoting viable solutions to performance problems beyond emotional descriptions of performance barriers (Trivette et al., 2010).

Reframing techniques assists therapists in guiding caregivers to develop more enabling performance contexts. Reframing offers alternative interpretations and promotes new ways and techniques to support children's performance. For instance, suggesting that a child who often writes illegibly may have difficulties with proper seating and maintaining his body position at the desk leads caregivers to provide different support strategies than when the child's difficulties are framed as fine motor skill issues (Rodger & Kennedy-Behr, 2017).

According to Rush and Shelden (2011), a coach supports another person's learning through developing collaborative partnerships, supporting the person to achieve self-created goals, and building the person's existing competencies. Therefore, in OPC, the therapist focuses on guiding caregivers' reflections and choices of action while encouraging them to make their own choices about specific changes. Directly giving advice is avoided as this undermines caregivers' self-efficacy.

The therapist encourages caregivers through distinguishing their actions or new learning. When caregivers initiate changes within the performance context, substantial effort is often required before performance improvement transpires. Therefore, encouragement is typically critical to caregivers' persistence during the initial stages of OPC, while in the later phases successful performance becomes an inherent feedback loop to continue with implementing change (Dunn et al., 2012; Graham et al., 2013, 2014).

Domain Three: Information Exchange

The third enabling domain refers to the process of mutual information exchange between the caregiver and the therapist and includes, but is not limited to, such topics as typical development, health conditions and impairments, task analysis, teaching and learning strategies, and information about community and other available resources. Typically, the information is limited to what caregivers need to know to plan and carry out actions leading to changes in occupational performance.

The content of information relates directly to caregivers' capacity to implement changes or strategies within the performance context (Graham et al., 2013, 2014). This is the opportunity for the therapist-coach to provide both general and specific information to the parent related to therapeutic interventions, development, resources, and strategies.

Information exchange relates to what the therapist has observed and what the parent has shared. Parents and practitioners bring their unique expertise to the information exchange process. Parents are experts on their child, their successes, and family resources. OTs are experts on occupation, child development, and evidence-based interventions for children with special needs and their families. Therefore, this exchange is reciprocally valued.

On some occasions, the information provided might be general and reflect overall activities analysis (e.g., outlining specific steps of the dressing activity), and at other times the information might be very specific (e.g., how to create a social story to support the child's performance during transitions between tasks and environments) (List Hilton, 2015).

Information about community and other resources—such as appropriate community center parent-child classes, respite care support, and eligibility for services—can also lead to practical assistance that enables caregivers to maintain their role in supporting their children's occupational performance and sustaining their own well-being (Graham et al., 2013).

Table 2. Collaborative Performance Analysis for Goal: Completing Homework Independently, Legibly, and Within Allotted Time

| Collaborative Performance Analysis | Sample Conversation between Caregiver (C) and Occupational Therapist (OT) |
|--|--|
| 1. Current Performance | <p>OT: Describe typical homework time.</p> <p>C: Ben takes a long time digging in his backpack for homework and doesn't always find it.</p> <p>C: Ben doesn't sit at his desk, he stays on his stomach on the carpet in the family room.</p> <p>C: Busy time, I'm making dinner, father still at work, 2-year-old sister and a dog are making noise, TV is often on, toys on the floor.</p> <p>C: Ben usually gets distracted, frequently gets up, plays with the dog and his sister, complains that he is hungry, homework not completed before dinner, often illegible, cries and refuses to continue when asked to re-write something, erases hard, often makes holes in paper.</p> <p>C: I yell at him and I am fed up.</p> |
| 2. Preferred Performance | <p>OT: Describe what homework time will be like when there is no longer a problem.</p> <p>C: Doesn't waste time looking for his assignments and playing, stays focused and organized, completes his homework before dinner, writes legibly, doesn't complain.</p> <p>C: I will not "loose it" again and will not be yelling.</p> |
| 3. Bridges and Barriers (Option Exploration) | <p>OT: Does Ben want to complete homework before dinnertime?</p> <p>C: I think so; he doesn't want to get in trouble with his dad. Ben said he feels like a disappointment to us.</p> <p>OT: Does Ben know how to keep his papers organized? Does he have a designated homework folder? Is his backpack clean and free of other unnecessary items? Do his desk and chair provide enough support for him? Do they stay in his room or downstairs in the family room?</p> <p>C: I am not sure, I'll have to check.</p> <p>OT: What would help you to stay calm during this time?</p> <p>C: Maybe starting dinner earlier before picking Ben up from swimming.</p> |
| 4. Caregiver Needs (Further Option Exploration, Action Planning) | <p>OT: What do you think makes it hard for Ben to complete his homework on time?</p> <p>C: He is just disorganized, doesn't pay attention, lazy, finds excuses to get out of work, his handwriting skills are poor.</p> <p>OT: What will it be like for you to try strategies (seating, organization, adapted writing implement) we discussed today during homework time this week?</p> <p>C: Hmm, I'll try it. Could you show me that seating and positioning again?</p> <p>OT: Do you think this is doable for you this week? What would be more realistic?</p> <p>OT: How confident are you that this plan will make a difference?</p> |
| 5. Carry Out Plan (Implementation, *difficulty is expected) | <p>OT: After you tried these strategies, do you still think that the planned action is likely to work if it could be implemented with modifications?</p> <p>C: Yes, but I ran into these difficulties ...</p> <p>OT: These are the valid reasons why the plan was difficult to implement. Let us explore what would make the plan easier to implement. What are your thoughts?</p> <p>OT: Which of the following strategies would make your plan easier to implement? Which specific strategy we discussed would you like to try this week?</p> |
| 6. Checking Performance (*highlights the link between caregivers' actions and children's more successful performance; if no change is observed/reported, return to option exploration stage) | <p>OT: Let us review what happened this week during homework time Do you have a video for us to watch and discuss?</p> <p>C: Yes, it is on my phone.</p> <p>OT: What was different in the sequence of events?</p> <p>C: I started dinner early and only had to put it in the oven during homework time. I could entertain my 2-year-old while Ben was doing homework.</p> <p>OT: What was different about the performance and performance context this week?</p> <p>C: Ben was seated at his desk. We got him a new chair that fits him well. His handwriting appeared neater.</p> <p>OT: What would you make sure you do again next week?</p> <p>C: Use a homework binder and continue emailing his teacher for specific homework clarifications.</p> <p>OT: What did you notice that helped, at least a small amount? What could you do more?</p> <p>C: I am not sure; he still complained a lot about math, but maybe I should give a visual timer another chance</p> <p>OT: What would you definitely avoid in the future?</p> <p>C: Yelling at him, as it makes him feel defeated and I am unhappy.</p> |
| 7. Generalization (*promotes caregivers' self-competence by prompting autonomous decision making, action and judgment) | <p>OT: What other activities does Ben do that you expect this strategy will be useful for?</p> <p>C: Changing his seating at the dinner table.</p> <p>OT: Where else have you noticed yourself automatically using this technique?</p> <p>C: I make sure to have time to myself everyday now and I become less irritable.</p> <p>OT: When you think ahead and you imagine that everything is going well, what do you notice you and Ben are doing? What would be the first sign you would notice that would remind you to adjust the situation to keep things going well? What would be the first action you would take to get things back on track for your family?</p> |

Case Example: Jane and Rochelle

Jane, the mother of 5-year-old twin girls, Rochelle and Joanne, set a goal focused on improving Rochelle's very limited diet. Through the exchange of information process and collaborative performance analysis, the OT and Jane hypothesized that Rochelle's refusal of new foods, which limited her food repertoire, was because of her perceived weirdness of new foods rather than the sensory difficulties she had experienced in the past and resolved as the result of extensive interventions and a home program.

Jane's preference was that Rochelle incorporate at least one new food at various meals into her diet each week without disruptive behaviors. A specific strategy of introducing one new food for all daily meals despite Rochelle's protests was proposed. During the discussion of the proposed actions, the OT noticed that Jane was hesitant about the plan. Further exploration of this with Jane revealed a conflict between her motivation to keep Rochelle calm and to allow her husband to have a pleasant family meal after work, and her motivation to improve Rochelle's food repertoire.

The practitioner's gentle acknowledgement and exploration of this motivational conflict through the strategies outlined in the second enabling domain (careful listening, reframing, guiding, and encouraging) enabled Jane to identify adjustments to her plan that resolved her reluctance to offer new food to Rochelle. With the practitioner's guidance, Jane decided that it would be more realistic for her to initially present new food only during lunch and a snack time.

Additionally, Jane incorporated a positive self-talk strategy prior to lunch and the snack, which was developed with the OT's guidance and which gave her the confidence to persist until Rochelle accepted the new foods and her negative behaviors diminished.

CONCLUSION

OPC offers a valuable contribution to occupational therapy practice. It incorporates all of the elements of best practice in contemporary occupational therapy (e.g., family centered, occupation based, enablement focused). Additionally, OPC focuses on the interpersonal aspects of occupational therapy, the validity of an orientation toward solutions, and the potential for these approaches to enable performance through parent-implemented change.

Occupational therapy practitioners are well positioned to address effective caregiver coaching promoting occupational performance of their children and themselves. Generalizing and transferring knowledge and skills, as well as preventing future occupational performance problems among children and adolescents, could be achieved through implementing the OPC process. Research efforts targeting the fidelity of OPC interventions and its role in enhancing participation and improving quality of life and satisfaction for occupational therapy clients would be a valuable contribution to the body of knowledge in this area (King et al., 2017).

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Final Exam

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Occupational Performance Coaching as an Ultimate Facilitator

To receive CE credit, exam must be completed by **November 30, 2021**.

Learning Level: Intermediate to Advanced

Target Audience: Occupational Therapy Practitioners

Content Focus: Domain: Client Factors; OT Process: Occupational Therapy Evaluation and Interventions

1. **One of the major principles of occupational performance coaching (OPC) is that:**
 - A. Occupational therapy practitioners provide expert advice to the parents.
 - B. Practitioners perform therapeutic interventions targeting the change in characteristics of the child.
 - C. Practitioners guide parents in developing strategies to meet their family's needs.
 - D. Practitioners address only the child's needs and disregard the family's priorities.
2. **OPC is based on the following theoretical and philosophical underpinnings:**
 - A. Enablement principles of health, occupation, and family-centered practice
 - B. Parent education, task analysis, and client-centered care
 - C. Therapeutic use of self, active engagement in occupation, and person-environment-occupation model
 - D. Enablement principles of self-determination and self-advocacy
3. **During the collaborative performance analysis, the OT strives to perform all of the following except:**
 - A. Determine changes and explore options in order for the child to become successful with activity performance.
 - B. Determine what needs to change for the caregiver to enable performance.
 - C. Provide a specific home program reflective of the current client's goals to implement on a daily basis.
 - D. Develop the caregiver's skills to find solutions to their child's performance deficits.

4. Research suggests that OT caregiver education includes all of the following *except*:

- A. It is led by an OT
- B. It is typically provided in accordance with the pre-established therapeutic program
- C. It typically results in the parent independently translating knowledge to provide assistance to the child in the particular episode of care
- D. It typically is a collaborative process that enables caregivers to create their own solutions to meet the child and family's needs

5. The OPC process is implemented through _____ and guided by the _____ enabling domains.

- A. Active engagement in occupation; five
- B. Collaborative discussions; three
- C. Addressing underlying skill deficits; four
- D. Performing task analysis; six

6. In OPC, the goals focus on:

- A. Underlying body structures and functions
- B. Underlying skill deficits
- C. Occupational performance
- D. Activity analysis

7. As per research, the full OPC process typically consists of how many sessions, depending on the caregiver's needs?

- A. 8 to 10
- B. 2 to 4
- C. 10 to 12
- D. 3 to 6

8. In OPC, the goal-setting process includes all of the following *except*:

- A. Collaboration with caregivers
- B. Addressing caregivers' priorities and concerns related to the occupational performance of their children and themselves
- C. Fully reflecting the child's objectives and points of view
- D. Consistently revisiting and adjusting goals

9. Collaborative Performance Analysis is:

- A. An activity analysis performed for each task
- B. Included in Domain Two, which is titled Emotional Support
- C. Specific exploration of occupational performance based on information exchanged between the caregiver and the OT
- D. Performed via structured standardized interviews and observations performed live in the outpatient clinic

10. Reframing techniques assist practitioners in:

- A. Guiding caregivers to develop more enabling performance contexts by offering alternative interpretations to occupational performance difficulties
- B. Providing direct interventions for the child
- C. Implementing particular intervention activities at home as specified in the educational handout provided to caregivers
- D. Interpreting occupational performance difficulties in only one correct way

11. Research suggests that during the Information Exchange Process within the OPC, the information exchange relates to:

- A. Only what the therapist has observed during real-time and video observations
- B. The unique expertise of the occupational therapist on the specific client's needs and goals
- C. The parent's expertise on child development
- D. What the therapist has observed and what the parent has shared

12. One of the major goals of OPC process is to:

- A. Promote caregivers' generalization and transfer of knowledge and skills to prevent future occupational performance problems
- B. Address and correct the client's underlying performance skill deficits
- C. Promote goal achievement through adaptive strategies provided to the client
- D. Promote generalization and transfer of skills through implementing highly effective intervention programs

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