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Feature Article

Towards family-centred practice in paediatric occupational therapy: A review of the literature on parent–therapist collaboration

Karen Hanna[1] and Sylvia Rodger[2]

[1]Port Macquarie Base Hospital, Port Macquarie, New South Wales and [2]Department of Occupational Therapy, University of Queensland, St Lucia, Queensland, Australia

The importance of parent involvement in intervention with children has always been recognised by occupational therapists. Current trends in paediatric service delivery have been towards family-centred care, with a central component of this approach being parent–therapist collaboration in planning and evaluating intervention. This paper reviews issues and provides suggestions for clinical practice from the literature on parent–therapist collaboration, including consideration of parents' diversity and unique perspectives, development of effective parent–therapist relationships, establishment of shared goals and priorities when planning intervention, and development of services that support parent–therapist collaboration. Further research is needed in Australian settings to explore the nature of parent–therapist partnerships, the impact of parent participation throughout the intervention process and the extent to which collaboration with parents results in better therapy outcomes for the child and their family.

KEY WORDS *collaboration, family-centred practice, parent–therapist relationship.*

INTRODUCTION

Occupational therapists have always recognised the value of involving families in their intervention with children; however, the nature and scope of this involvement has been changing over the past few years. A recent trend in paediatric occupational therapy has been towards family-centred care (Wallen & Doyle, 1996). A key element of a family-centred approach is the involvement of parents and other family members in the planning and evaluation of intervention. Underlying this process of collaboration between parents and therapists is the belief that shared decision-making in program planning, service delivery and evaluation results in therapy outcomes that are more relevant and meaningful to both the child and family (Bazyk, 1989; Wallen & Doyle, 1996).

Research has suggested that working collaboratively with parents within a family centred framework can be challenging for paediatric occupational therapists and other service providers, as it requires a significant change in thinking from more traditional child-focused approaches (Bailey, McWilliam & Winton, 1992a). The aim of this paper was to review the literature on parent–therapist collaboration, and to provide suggestions for occupational therapists to use when working with parents in clinical practice. Historical and current perspectives in

Karen Hanna BOccThy(Hons); Senior Occupational Therapist. **Sylvia Rodger** BOccThy, MEdSt, PhD; Head of Department.
Correspondence: Karen Hanna, PO Box 1688, Port Macquarie, NSW 2444, Australia. Email: kchanna@midcoast.com.au
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working with parents and families are presented, followed by discussion of some of the main issues identified in the literature and their implications for occupational therapy practice. Finally, areas requiring further study are identified.

Literature from the fields of occupational therapy, special education and early intervention was reviewed, including books and journals. Relevant databases (Medline, Cinahl and ERIC) were searched from 1982 onwards and hand searches of occupational therapy and early childhood special education journals published during the last decade were also conducted to locate articles relevant to parent–therapist collaboration and family-centred services.

PARENT–THERAPIST COLLABORATION: HISTORICAL PERSPECTIVES AND CURRENT APPROACHES

Attitudes and beliefs regarding parent and family participation in occupational therapy intervention have changed significantly during the past few decades (Bazyk, 1989; Rosenbaum, King, Law, King & Evans, 1998). Traditionally, services for children with developmental disabilities or chronic health conditions were provided with a child-centred focus, in which health professionals set goals that focused on bringing about changes in the child separate from the family (Rosenbaum *et al.*, 1998). In this approach, professionals were seen as experts. Initially, parents were expected to be passive recipients of therapy services rather than active participants (Bazyk, 1989). During the late 1970s and 1980s, professionals' expectations of parent participation changed dramatically, with parents being trained to assume the role of teacher or therapist at home, following treatment programmes and working towards goals prescribed by professionals (Bazyk, 1989; Turnbull & Turnbull, 1990). If parents failed to follow through with prescribed activities at home, they were often described by professionals as being non-compliant, reflecting the belief that the therapist knew what was best for the child (Bazyk, 1989). Although studies indicated that in some situations parent training could lead to improvements in the child's acquisition of skills, this approach failed to consider the individual needs and preferences of parents and families. Instead, parents were generally considered to be a homogeneous population (Rodger, 1986; Turnbull & Turnbull, 1990).

During the past decade, however, there has been increased recognition of parents' individual needs and preferences and the importance of considering these when planning therapy intervention. The view of the health professional as expert is being challenged from many quarters (Rosenbaum *et al.*, 1998; Turnbull & Turnbull, 1990). New approaches favour collaborative parent–therapist partnerships, with 'service providers as technical experts with knowledge and perspectives on the condition and treatments, and parents as experts on their child, their family, and their strengths, needs and values' (Rosenbaum *et al.*, 1998; p. 5). As a result, therapists are now being expected to place their intervention with the child in the context of the family, and to support children and families within the wider community where they live and learn (Hanson & Carta, 1995).

Collaborative approaches have been described using various terms, including parent empowerment (Dunst, Trivette & Deal, 1988), family-focused intervention (Bailey *et al.*, 1986) and family-centred service or care (Bailey, Buysse, Edmondson & Smith, 1992b; Rosenbaum *et al.*, 1998). Despite differences in terminology, the underlying assumptions of these approaches are similar. Specifically, the major themes are: (i) the unit of support and intervention is considered to be the family rather than the individual child (Bailey *et al.*, 1992b; Gavidia-Payne, 1995); (ii) parent and family diversity is celebrated and recognised (Humphry & Case-Smith, 1996; Rosenbaum *et al.*; Viscardis, 1998; Winton, 1996); (iii) services are provided in ways that are flexible and responsive to family needs, concerns and priorities (Bailey *et al.*, 1992b; Dunst *et al.*, 1991; Viscardis); (iv) decision-making occurs in a collaborative partnership between parents and professionals, reflecting family rather than therapist goals (Bailey *et al.*, 1992b; Rosenbaum *et al.*; Viscardis; Winton, 1996); and (v) services are expected to incorporate practices that strengthen family systems and encourage use of wider community resources (Gavidia-Payne; Rosenbaum *et al.*).

In the United States, the trend towards family-centred service provision has been driven in part by the implementation of legislation which requires service providers, particularly those working in early intervention settings, to address family needs and priorities within the intervention process (Rosenbaum *et al.*, 1998). Although there is no specific legislation directing service administration in Australia, some specific policies that endorse family-centred service provision as best practice have been developed,

mainly in early intervention settings (e.g. Australian Early Intervention Association, 1996).

The focus of this paper is on parent–therapist collaboration as one key aspect of family-centred care. It is our belief that developing effective collaborative partnerships with parents is a critical ability that occupational therapists working in paediatric settings need to develop, particularly as services strive to become more family centred. In this paper, the term 'parent' refers to the primary carer of the child, considering that the parent in the parent–therapist partnership may not always be the child's biological parent. Collaboration has been defined as 'working together towards a common goal' (Humphry & Case-Smith, 1996; p. 86). This term implies a relationship involving co-operation rather than simply an association between two or more people (Dinnebeil & Rule, 1994). It is less clear from the literature whether the term collaboration implies a partnership that parents and therapists enter on an equal basis, with mutual respect for each other's skills and knowledge (Lyons, 1994).

The idea of equality in parent–therapist collaboration, where the parent and therapist both adopt teacher and learner roles, has been contentious (Lyons, 1994). Although in theory, equality in collaboration between therapists and parents may seem easy to accomplish, several barriers have prevented the development of collaborative equality in practice (Humphry & Case-Smith, 1996). First, Lawlor & Mattingly (1998) pointed out that the traditional view of the professional as an expert persists in many services and because of this, the professional assumes a hierarchical position over the parent which may make equality difficult to achieve. Second, the perspectives that parents and therapists bring to the collaborative process are often quite different. While it is easy to collaborate on an equal basis with other professionals who share similar backgrounds and use similar language, there are often differences between therapists and parents in past experiences, family histories, cultural values and personalities which mean that their perspectives are not necessarily complementary (Case-Smith, 1993). Frequently, occupational therapists enter the parent–therapist relationship from a position of child advocacy and commitment to the child's needs (Anderson & Hinojosa, 1984), however, parents know their child's needs in ways that no professional ever will (Lyons). Therapists are therefore challenged to strive for equality in collaboration, by viewing the collaborative process as one in which parents and professionals learn from and need each other's skills (Lyons).

ISSUES IN PARENT–THERAPIST COLLABORATION AND IMPLICATIONS FOR OCCUPATIONAL THERAPY PRACTICE

Understanding parent diversity and perspectives

'Parenting is simultaneously an intensely personal and a commonly shared experience' (Llewellyn, 1994; p. 173). It is our view that too often, occupational therapists have only considered the 'common experience' of parenting and ignored the personal and individual dimensions involved. To develop effective collaborative partnerships with parents, therapists must strive to understand parents' unique perspectives, even when these differ significantly from the therapist's own.

Parents differ from one another in many ways, including emotional responses to their child's disability (Anderson & Hinojosa, 1984; Case-Smith, 1991), interactions with their child (Case-Smith, 1993), ability to adapt in times of crisis (Turnbull & Turnbull, 1990), ability to express feelings and concerns to professionals and colleagues (Case-Smith, 1991, 1993), and roles within families (Case-Smith, 1993), among other variables. The last two decades have seen unprecedented changes in family structures, with families now characterised by increased diversity and alternative forms (Hanson & Lynch, 1992). There are increasing numbers of single parents, teenage parents, step-parents, foster parents, grandparents adopting primary parent roles (for example, when both primary parents are in the workforce), and parents who themselves have a disability (Hanson & Lynch). Parenting styles also vary according to cultural and ethnic backgrounds and socio-economic status. Several authors have addressed the different issues involved in working with families from other cultures and those living in poverty (Case-Smith, 1991; Hanson & Carta, 1995; Hanson, Lynch & Wayman, 1990; Humphry, 1995). Finally, and perhaps most importantly, parents often differ in the level of involvement they choose to have in the intervention process (Humphry & Case-Smith, 1996; Thompson, 1998).

What seems clear is that parents of children with disabilities cannot be considered as a homogeneous group

by occupational therapists. Instead, therapists are being challenged to collaborate with parents by exploring the dimensions of parenting as an occupation and obtaining parents' own perspectives, both of parenting and the impact of intervention on the parenting process (Llewellyn, 1994). The few studies conducted by occupational therapists in this area have suggested that therapists do not always consider the effect of therapy on the family. Hinojosa (1990) interviewed mothers of children with cerebral palsy about their day-to-day routines and the impact of therapy upon family life. He found that mothers tended not to follow home programmes as prescribed by therapists, but instead attempted to include therapy in their normal everyday activities, particularly as children grew older (Hinojosa, 1990; Hinojosa & Anderson, 1991). Llewellyn (1994) suggested that expecting parents to implement home therapy programmes constitutes a significant demand within the parenting role, which parents must balance with many other competing demands in their daily lives. A recent Australian study by Thompson (1998), which investigated mothers' perceptions of early intervention services, found that considerable adjustments in personal and family routines were made by mothers to accommodate services, and that mothers felt that therapists often failed to consider other demands or roles that were not related to the direct provision of therapy.

Contributions from the field of occupational science may help occupational therapists to further understand the complex nature of the parenting role and parent–child interactions. Occupational science involves studying the person as an 'occupational being', exploring the nature of occupation (work, play, leisure, self-maintenance and sleep) and the processes involved in orchestrating daily activities in order to remain healthy, achieve the necessities of life and to obtain satisfaction (Primeau, Clark & Pierce, 1990). Recent studies in this area have been conducted by Primeau (1998) about the nature of parents' play with their preschool aged children, and Segal (1998) about daily routines and occupations of mothers of children with attention deficit/hyperactivity disorder. These authors have provided insights about how parents organise and combine household work, play and self-care activities, which may be valuable in developing co-operative partnerships with parents and planning interventions which are grounded in existing parent and child occupations.

The question of how to incorporate parent perspectives into occupational therapy clinical practice is now being addressed within the literature. One suggested strategy is the use of a narrative approach, or parent storytelling, throughout intervention, as an ongoing process of parent–therapist collaboration (Burke & Schaaf, 1997; Hanft, Burke & Swenson-Miller, 1996). These authors discussed techniques that can be used to elicit an individual story of each parent's experience of their child with a disability. These include encouraging parents to develop visions or 'snapshots' of their child at present and in the future, and identifying meaningful family activities and routines through parent interviews. It is suggested that these strategies can provide therapists with entry points to the family's story which can assist them in assessment and intervention planning.

Developing effective parent–therapist relationships

The development of positive and supportive relationships with parents has been widely advocated as a key component of effective collaboration in family-centred practice (Dinnebeil & Rule, 1994; Humphry & Case-Smith, 1996; McWilliam, Tocci & Harbin, 1998; Thompson, 1998). In fact, McWilliam *et al.* argued that the concept of family centredness revolves around the quality of the relationship between professionals and family members.

The processes by which occupational therapists and other service providers develop personal relationships with parents of children with special needs have not been studied extensively (Lawlor & Mattingly, 1998), although some specific professional attitudes and behaviours required for supportive partnerships have been identified. Common themes in the literature from both parent and professional viewpoints include: (i) professionals having a positive attitude towards parents (Case-Smith & Nastro, 1993; Dinnebeil & Rule, 1994; McKenzie, 1994; McWilliam *et al.*, 1998; Minke & Scott, 1995; Trivette, Dunst, Hamby & LaPointe, 1996); (ii) being sensitive and responsive to parent concerns (Case-Smith & Nastro; McWilliam *et al.*; Summers *et al.*, 1990); (iii) providing information about resources and options to parents (Dinnebeil & Rule, 1994; Fyffe, Gavidia-Payne & McCubbery, 1995; McKenzie); and (iv) treating parents as friends (McKenzie; McWilliam *et al.*; Summers *et al.*; Thompson, 1998).

McWilliam *et al.* (1998) commented that the last of these findings is probably the most controversial for therapists, as it violates long-held concepts of professional

objectivity and professional–client boundaries. It may also create an impression that occupational therapists and other service providers should be limitless in what they give to parents (Lawlor & Mattingly, 1998; McWilliam *et al.*). McWilliam *et al.* cautioned that this feature of the parent–professional partnership should not be viewed as a limitless devotion of self on the professional's part. Instead, it should be seen as an 'interaction paradigm', entailing the development of reciprocal relationships, building trust, talking about parent concerns, listening to and encouraging parents and conveying a caring attitude.

Negative variables identified in parent–therapist partnerships have generally reflected actions considered unproductive by parents or service providers (Dinnebeil & Rule, 1994) rather than negative attitudes towards partnerships. These have included: (i) parents feeling their concerns were ignored by professionals (Fyffe *et al.*, 1995); (ii) parents or professionals not following through with activities as agreed (Dinnebeil & Rule; Lawlor & Mattingly, 1998); (iii) professionals scheduling appointments without first checking with the family; and (iv) professionals feeling that parents had difficulty honestly expressing needs or evaluating therapists' suggestions (Dinnebeil & Rule). Dinnebeil and Rule also found that some service providers perceived parents belonging to a social class different from their own, or parents with multiple problems, as being more difficult to relate to and work with. They raised concerns that attitudes such as these on the part of professionals may adversely affect the development of effective parent–therapist partnerships.

Establishing shared priorities and goals for intervention

One aspect of parent–therapist collaboration that has received extensive attention in the literature is the use of shared decision-making and goal setting when planning intervention. In the United States, legislation has made parent participation and collaboration in the goal-setting process compulsory, resulting in the development of the Individualized Education Plan (IEP), and later in the development of the Individualized Family Service Plan (IFSP). These terms are used to refer both to a process of collaboration between parents and professionals, and to a document which provides a written record of the decisions made during the collaborative discussions (Gallagher & Desimone, 1995; Rodger, 1995). The IEP, which is conducted in regular and special education settings, focuses on child and educational goals rather than family goals and is often professionally driven. As such, it is not truly family centred. The IFSP, in contrast, is implemented in early intervention settings, focuses on family goals, needs and priorities and is family driven (Campbell, Strickland & LaForme, 1992; Gallagher & Desimone, 1995). Both processes advocate a team approach in collaboration and both require, to varying extents, parent participation (Campbell *et al.*, 1992; Rodger, 1995). Although there are no legal requirements for implementation of the IEP and IFSP in Australia, both are endorsed in special education and early intervention policies in various Australian states (e.g. Australian Early Intervention Association, 1996; Education Queensland, 1998).

The extent to which the IEP and IFSP have been successful in promoting parent decision-making and goal setting is controversial, despite their extensive use as forums for collaboration between parents and professionals, and their acknowledgement of the need for parental involvement in decision-making. In particular, the IEP has attracted criticism, both in the United States and Australia, for failing to actively include parents in the collaborative process (Rodger, 1995; Stephenson, 1996; Turnbull & Turnbull, 1990). Although studies of parent involvement in the development of IFSP seem more favourable, many authors still report that shared decision making with parents is less than ideal (Bailey *et al.*, 1992b; McBride, Brotherson, Joanning, Whiddon & Demmitt, 1993; Minke & Scott, 1993, 1995; Katz & Scarpati, 1995).

Occupational therapists, particularly those working outside education or early intervention settings, have investigated other strategies to promote parent–therapist collaboration and shared decision-making when planning intervention for children. These have focused on promoting successful occupational performance, consistent with the profession's current emphasis on enabling occupation (Townsend, 1998). Goal attainment scaling is a process which has been discussed in the occupational therapy literature (Mitchell & Cusick, 1998; Ottenbacher & Cusick, 1990) as a means of mutual goal setting with clients and families. Goal attainment scaling, which originated in mental health settings, provides a criterion measure that involves the development of measurable, attainable and client-relevant goals (Ottenbacher & Cusick, 1990).

Mitchell and Cusick used this process in a paediatric rehabilitation programme for a client after traumatic brain injury, to identify and work towards goals relevant to the child and parents.

The Canadian Occupational Performance Measure (COPM) (Law *et al.*, 1990) is also being used in some paediatric occupational therapy settings in Australia to identify clients' and parents' perceptions of occupational performance problems and to provide a framework for collaborative goal setting (Mickan & Parkin, 1998). The COPM was developed by occupational therapists as an outcome measure that also encompasses a criterion measure. It involves an interview with the client (in paediatric settings, the client may be the child or the parent) to identify problems in occupational performance areas of self-care, productivity and leisure, which are then used to establish goals for intervention (Law *et al.*). The advantage of both goal attainment scaling and the COPM is that, as well as providing collaborative frameworks for establishing needs and setting goals relevant to both the parent and child, they allow changes in performance and intervention outcomes to be measured (Mickan & Parkin, 1998; Mitchell & Cusick, 1998; Ottenbacher & Cusick, 1990).

Several factors have been identified in the literature as presenting barriers to shared decision-making and goal setting in the parent–therapist collaborative process. Differences in values and priorities between therapists and parents frequently emerge and need to be acknowledged and negotiated (Bailey, 1987). Bailey suggested strategies to assist professionals in this process, including recognition of competing priorities for parents, and generating several options for service provision with a focus on goals which are functional for the family. Perhaps the most significant factor which may hinder the collaborative process is the extent to which occupational therapists truly believe that parents should have the final decision-making authority about goals to be addressed (Winton, 1996). Giangreco (1990) investigated parent and professional perceptions of decision-making authority regarding provision of related services (physiotherapy, occupational therapy and other similar services) in special education settings. A major finding in his study was that related service providers, including occupational therapists, reported that they should retain the final authority about services provided and the goals to be addressed. Whether this perception, which reflects the previously discussed view of the therapist as expert, still prevails or exists in Australia has not been established. However, it has been suggested that the 'therapist as expert' view still persists in many systems and services for children with disabilities, even those which claim to be family centred in their approach, thereby preventing true co-operative goal setting between therapists and parents (Lawlor & Mattingly, 1998). Regardless of the process or framework used to establish priorities and set goals collaboratively with parents, service providers need to consider whether their philosophy and method of service provision truly supports the collaborative process.

Developing services that support parent–therapist collaboration

Research has revealed that although the concepts of co-operation and collaboration with parents when providing services to children with special needs are widely supported, both parents and professionals often perceive significant discrepancies between services' ideal and actual practices in working with families (Bailey *et al.*, 1992b; Thompson, 1998). This may be a particular concern in Australia, where policies and practices of service provision have developed unevenly between different states and services (Gavidia-Payne, 1995).

Two groups of factors have been identified as contributing to the perceived discrepancies between theory and practice in working with parents. The first includes those related to policy development and the structures and cultures present within organisations. We believe that these frequently do not encourage active participation by parents, even when the individuals within these organisations express a commitment to the concept of collaboration. Translating the ideal of equal collaborative partnerships into specific guidelines for services presents a significant challenge to services with a lack of administrative support and limited time and resources. In addition, no mandate to change traditional models of service delivery exists in most Australian settings (Bailey *et al.*, 1992a; Gavidia-Payne, 1995). Lawlor and Mattingly (1998) also emphasised that principles of the family-centred service philosophy such as parent–therapist collaboration are not easily 'added on' to traditional models of care, particularly the medical model. They described the 'clinic culture' in which occupational therapists still largely practise, where professional roles, assessment and treatment techniques and outcome measures are largely based on medical philosophies (even where services are not provided in hospital settings). Key

features of this 'clinic culture' include: (i) the persistence of the 'therapist as expert' view; (ii) the idea that spending time developing rapport with and eliciting perspectives and priorities from parents does not constitute 'real work'; and (iii) the tendency for services to be provided in a fragmented and specialised way, where each professional presents to parents a different definition of the child's problems (Lawlor & Mattingly, 1998).

Movement from traditional models of service delivery to those that encourage greater collaboration between parents and therapists requires a reorientation of current practice, from the level of policy development to its implementation in clinical settings by individuals and teams (Bailey *et al.*, 1992a; Lawlor & Mattingly, 1998; Viscardis, 1998). Bailey, McWilliam and Winton have described an evaluation process by which professional teams can examine the ways they currently provide ser-vices and identify areas in which change is needed. Although developed in the United States, some of the suggestions may be applicable to Australian settings. In occupational therapy settings, new models of service provision are also being explored which may assist in this reorientation process. One model frequently discussed in the occupational therapy literature over the past decade is the model of occupational performance (Baum & Law, 1997; Stewart & Harvey, 1990; Townsend, 1998). In Canada, this model has been used in conjunction with a client-centred approach to practice (Townsend, 1998) and has provided a useful framework for therapists seeking to collaborate with parents to enable children's performance of meaningful daily occupations (Stewart & Harvey, 1990).

The second group of factors which contributes to discrepancies between ideal and actual practice includes those related to individuals, including occupational therapists. Reorienting services to support parent–professional collaboration can only be effective if the individuals within those services are committed to its implementation. Several studies have reported that occupational therapists and other allied health professionals do not always feel confident or competent to work collaboratively with parents and to deal with parents' feelings (Bailey, Palsha & Simeonsson, 1991; Hinojosa, Anderson & Ranum, 1988). Instead, they tend to be more comfortable focusing on therapeutic techniques and objectives (Hinojosa *et al.*). Some strategies have been identified within the literature for training both therapists and students to work more effectively with parents and families (Hanft *et al.*, 1996), with 'hands-on' involvement of parents in the training process being strongly recommended (Winton & Divenere, 1995). Occupational therapists and other professionals are also encouraged to consider the effect their own values may have when collaborating with parents from different cultural or socio-economic backgrounds to their own (Hanson & Carta, 1995; Humphry, 1995).

Finally, when developing services that promote collaborative parent–therapist partnerships, it is important to consider the environment in which the partnership develops. Usually, parents are expected to contribute their opinions and ideas in the professional's environment, where they may not feel comfortable or confident to honestly share their opinions (Turnbull & Turnbull, 1990; Winton, 1996). The use of alternative environments such as the parents' home provides valuable opportunities for assessment and intervention with the child in their daily environment, and also offers the chance to collaborate with parents where they are likely to feel more comfortable (Miller & Hanft, 1998). It may also present ways to work together to develop programs that fit effectively within parents' routines (Bazyk, 1989; Rainforth & Salisbury, 1988).

FUTURE DIRECTIONS

In paediatric occupational therapy practice, there is a growing recognition that parents have invaluable information to contribute to their child's therapy intervention. However, many questions about parent involvement in occupational therapy intervention remain unanswered. In Australia, research on parent perspectives, both of their relationships with therapists and their involvement in the intervention process, has been limited. The issues discussed in this paper have been presented mostly from the point of view of professionals in the United States, where legislation has mandated parent involvement in service provision, particularly in the field of early intervention. These findings may differ somewhat from Australian settings, where the extent to which parents are involved in their child's therapy may vary considerably between services. More research is needed to describe the nature of relationships between parents (including mothers, fathers and other carers) and occupational therapists in Australian settings, and the processes by which successful collaborative partnerships develop.

It should also be noted that most research in the area of parent–therapist collaboration has focused on the importance of involving parents and identifying family priorities when setting goals for the intervention process (Winton, 1996). Less has been written about parent and family involvement in other aspects of therapy. Often, once goals are identified, professionals take over the process of identifying strategies to achieve them (Winton, 1996). Trivette *et al.* (1996) stated that 'choice and control are likely to be maximised when parents are meaningfully involved in multiple aspects of … intervention' (p. 70). Parent–therapist collaboration therefore needs to be investigated at multiple points in the intervention process. Some authors have addressed the involvement of parents at specific stages of the intervention process, including assessment (Miller & Hanft, 1998); report-writing (Alvares, 1997); and developing home programs (Bazyk, 1989; Rainforth & Salisbury, 1988). However, little has been written regarding the involvement of parents in developing strategies to achieve therapeutic goals and their role in monitoring progress (Winton). The importance of parent–therapist collaboration during times in the life cycle which have been highlighted as stressful for parents, such as the transition from early intervention to school settings (Bentley-Williams & Butterfield, 1996), or transitions between different services, has also received relatively little attention. Perspectives from both parents and therapists regarding these issues are needed.

Finally, the extent to which involving parents in their child's therapy actually results in better outcomes for both the child and parents needs to be further explored. Studies to date have tended to focus on the development of measures by which parents and professionals can evaluate the degree to which services provide care that reflects family-centred principles, including parent–therapist collaboration, and parents' level of satisfaction with services (e.g. King, Law, King & Rosenbaum, 1998; King, Rosenbaum & King, 1996). The extent to which parent involvement leads to improved therapy outcomes compared to traditional methods of service delivery is a key question which needs to be investigated. This is particularly crucial with the current emphasis in clinical settings on demonstrating the effectiveness of intervention (Wallen & Doyle, 1996), and also in view of the widely held belief that parent involvement results in improved outcomes for children. Bailey *et al.* (1998) have presented a framework for measuring child and family outcomes which may assist in this process.

CONCLUSION

It is critical that occupational therapists develop skills in building collaborative partnerships with parents, particularly as paediatric services in Australia move towards a more family-centred approach. In practice, the development of these partnerships is not always straightforward. This paper has provided ideas which therapists can use as they seek to increase parental collaboration and involvement in the therapy process. Increasingly, paediatric occupational therapists are being challenged to demonstrate that their intervention has assisted children and families to reach meaningful, functional goals. Collaboration with parents is essential if this is to occur (Wallen & Doyle, 1996). Therapists therefore need to 'step down from the pedestal' of professionalism (Lyons, 1994; p. 28) to learn from and share the perspectives and expertise that parents bring to the collaborative process.

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