Original Paper

Pediatric Mental Health Treatment and Confidence through the Lens of the School Based Occupational Therapist's Role

Stefanie Seanor[1], Michelle M. McCraney[2], Patricia Tobin[2] & Sunddip Panesar-Aguilar[1*]

[1] College of Health Sciences, University of St. Augustine, USA

[2] Riley College of Education, Walden University, Minneapolis, USA

[*] Sunddip Panesar-Aguilar, College of Health Sciences, University of St. Augustine, USA

Abstract

Given the rise in mental health needs in children and adolescents and the historical roots of occupational therapy in psychiatry, occupational therapists may be well-equipped and well-suited to offer expert contributions on school-based mental health teams. Occupation-based assessments and interventions for schoolchildren with mental health conditions are essential but are often overlooked because occupational therapy is traditionally solicited to support children with physical health concerns. The research problem for this study was that it was unclear how school-based occupational therapists perceive pediatric mental health treatment preparedness and confidence. The purpose of this basic qualitative study was to explore school-based occupational therapists' perceptions of their preparedness and confidence to offer pediatric mental health treatment. Semistructured interviews were conducted through video conferencing. Self-efficacy and adult learning theories were used as guiding frameworks. Results of thematic analysis exposed five themes: the importance of university and fieldwork education; professional self-directness and intrinsic motivation; readiness to learn and role clarity; collaboration and communication; and advocacy. These findings have significant implications for occupational therapy students as well as their educators and employers.

Keywords

Mental health education, Occupational therapists, self-efficacy, school-based mental health, professional development, occupational therapy support

1. Introduction

Occupational therapy practitioners support individuals' successful and independent completion of daily tasks and participation in meaningful activities (American Occupational Therapy Association [AOTA], 2016). They offer evidence-based interventions to assist adults and children in minimizing barriers to learning and to promote positive behavior and social participation (American Occupational Therapy Association, 2017). Examples include independent and group interventions, collaboration with other rehabilitation professionals, and participation in interdisciplinary teams.

Within the field of pediatrics, occupational therapists evaluate, assess, create treatment plans, and provide interventions for children diagnosed with a variety of disorders and conditions. These conditions include physical and intellectual disabilities, autism and attention disorders, sensory processing inconsistencies, and internalizing symptoms including those associated with depression, anxiety, and other mental health conditions. Demand for this role has increased due to a rise in prevalence of autism spectrum disorders, intellectual disabilities, and other mental health disorders in children and adolescents (Llanes et al., 2018). In addition, recent societal changes including disasters, crises, and local or widespread emergencies are contributing to pediatric mental health conditions (Malfitano & Lopes, 2018). As a result, occupational therapists must remain educated and informed with the most current data and updated information on mental health within the community and school settings in order to provide evidence-based interventions and participate in collaborative care. This work will allow occupational therapists to provide rehabilitation and wellness strategies effectively and efficiently to individuals in need and to restore meaningful activity performance in times of need.

The research problem for this study was that it was unclear how school-based occupational therapists perceived pediatric mental health treatment preparedness and confidence. Due to limited information on this topic, the purpose of this basic qualitative study was to explore school-based occupational therapists' perceptions of their preparedness and confidence to offer pediatric mental health treatment. A literature review revealed little research and investigation on occupational therapists' perspectives of their competencies and confidence levels in the field of pediatric mental health, including services provided within the school setting. Within the limited information uncovered, discrepancies existed between: (a) university curricula, goals, and expectations, (b) fieldwork requirements and clinical supervisors' expectations, (c) job descriptions within pediatric and school-based settings, and (d) occupational therapists' perceptions of their own mental health treatment preparedness and confidence. This study used a qualitative methodology of semistructured interviews to elicit responses from occupational therapists regarding their own experiences and perceptions relating to training and preparedness in the field of mental health.

Given the rise in mental health needs in children and adolescents and the historical development of the field of occupational therapy, occupational therapists are well-equipped and well-suited to participate on school-based mental health teams, disaster and emergency intervention squads, crisis committees,

2

and wellness commissions. They can help children and youths in need of occupation-based support. Reviewing the current literature and conducting interviews as part of this study uncovered trends and themes in support of initial and ongoing mental health training for occupational therapists. The study's results emphasized the need for alignment in academic and clinical settings, developing evaluation procedures ensuring competencies in this field, and promoting of occupational therapists as essential members of school-based wellness support teams.

Within the school setting, occupational therapists provide interventions to children identified with special needs. They address gaps in development, support academic achievement and facilitate social participation (Salamat et al., 2016). The AOTA has promoted the involvement of occupational therapists in addressing mental health and psychiatric needs through prevention, promotion, and intervention (Blackwell & Bilics, 2017). However, results of recent studies including those conducted by Salamat et al. (2016) and Ball (2018) indicated that occupational therapists traditionally focused on impairment-based interventions through a one-on-one service delivery model. Ball (2018) further stated that the school-based occupational therapy role should include the promotion of mental health in school-aged children and the support of administration in the implementation of alternate delivery models. In addition, occupational therapists need to expand their assessments and interventions to address student social participation (Leigers et al., 2016).

Occupational therapy interventions within the school setting to address mental health needs include providing activities to reduce stress and sensory overload; introducing targeted interventions to support at-risk youths in managing day-to-day activities; incorporating regulation activities into the classroom; collaborating with teachers and other school-based interventionists in providing relaxation strategies and coping skills, and assisting in curriculum and assignment modifications to encourage the just-right challenge (American Occupational Therapy Association, 2017b). Additionally, occupational therapists may provide consultation services to parents and outside providers in the collaboration of care between the school, home, and community. Educators and therapists may work together to improve student behavior, attention to instruction, independent completion of schoolwork, emotional regulation, social relationships, academic performance, executive functioning skills, maintaining routines, and successful completion of personal tasks or activities of daily living (American Occupational Therapy Association, 2017c).

Barriers to occupational therapists addressing mental health disorders affecting children and youths in the school and community settings adversely affect fulfillment of the mission of the promotion, prevention, and intervention movement (American Occupational Therapy Association, 2017a). Although occupational therapists possess the initial training needed to promote wellness, prevent regression, and provide effective interventions for student success, occupational therapists are not often solicited for their expertise in these areas when the primary disability or effect is in social-emotional development or mental health (Salamat et al., 2016). Occupational therapists must advocate for their

3

role on the mental health team within school-based or other pediatric settings (Salamat et al., 2016). Alignment of academia and clinical experiences, effective training to support competence and confidence, and integrated collaboration with other mental health professionals may enhance effective outcomes. Additionally, knowledge of advocacy and legislation supporting occupational therapists in the provision of mental health care will also contribute to overall student health, well-being, and academic success.

The need for preventative and early interventions for children and youths in the field of mental health and wellness is significant and can be addressed within the school setting (Tokolahi et al., 2016). Occupational therapists may provide early intervention in the areas of cognitive support, problem-solving and personal care, and recreation and social functioning. Chan et al. (2017), in their integrative review of school-based mental health interventions, suggested occupational therapists should involve themselves in the provision of psychotherapy, cognitive-behavioral, dialectical-behavioral therapy, and psychoeducation interventions. However, this purpose can only be accomplished with the alignment of academic and clinical goals with exceptional mental health training. These changes will ensure occupational therapists have the professional knowledge and confidence to carry out the specific therapeutic program expectations.

It was unclear how school-based occupational therapists perceive their pediatric mental health treatment preparedness and confidence. Although occupational therapists complete rigorous training in pediatrics and mental health (psychiatry) at the time of their university training, the fields are very complex and change rapidly (Ma äno et al., 2018). A focused literature review uncovered a variety of resources, peer-reviewed studies, and articles on occupational therapists' knowledge and perceptions on confidence and treatment preparedness in each of the fields of pediatrics and mental health. It also revealed that only limited research has been conducted on occupational therapists' perspectives of their competencies and confidence levels in the combined fields of pediatric mental health, including services provided within the school-based setting (Kirby et al., 2019). With roots in psychiatry and mental health, occupational therapists are educationally prepared to implement interventions to address the social and emotional needs of children through occupation-based activities (American Occupational Therapy Association, 2017a).

With the education and knowledge needed to address stress management, symptoms of anxiety, emotional regulation, and social skills within the school environment, occupational therapists can work in partnership with the school staff as a part of an interprofessional mental health team to implement occupation-based interventions and programmatic changes and to address children's mental health needs (Ball, 2018). This collaboration with school-based professionals may enhance all students' ability to succeed (Bolton & Plattner, 2020). However, there is a lack of research addressing the perceptions of school-based occupational therapists of their preparedness and confidence to offer pediatric mental health treatment. The research problem for this study was that it was unclear how

school-based occupational therapists perceive pediatric mental health treatment preparedness and confidence.

Occupational therapists are integral and essential team members in the provision of community mental health and are listed as credentialed staff that may be included on community health clinic intervention teams (American Occupational Therapy Association, 2017b). The burdens of anxiety, depression, and other mental health conditions are increasing in school-aged children (Llanes et al., 2018). However, research on the role of the occupational therapist in addressing impairments in function in children diagnosed with mental health conditions is limited (Leigers et al., 2016; Tokolahi et al., 2016). Occupational therapy interventions for schoolchildren with mental health conditions are often overlooked, as services traditionally are solicited to support children with physical health concerns (Chan et al., 2017; Leigers et al., 2016). Egan and Cahill (2017) suggested that occupational therapists can be regarded as valuable members of the school-based interprofessional team if other school-based professionals are educated about the therapists' training, skills, and scope of practice. Investigating perceptions of school-based occupational therapists on their pediatric mental health treatment preparedness and confidence provided valuable information to contribute to the literature.

Theoretical Framework

The guiding theoretical frameworks supporting this study included Bandura's (1977) self-efficacy theory and Knowles' (1973) adult learning theory. This section describes these theoretical frameworks. Additionally, the connection between these theoretical frameworks and the research questions are also presented.

Self-Efficacy Theory

Self-efficacy refers to the belief in the capacity to demonstrate behaviors necessary to produce certain performance attainments and the potential to cope with change or to react to a conflict using critical reasoning (Bandura, 1999). Self-efficacy supports chosen activities in which a person engages and is measured by the level of effort and limitations involved (Venskus & Craig, 2017). High self-efficacy has been linked to better academic performance and practical skills in occupational therapy students (Opseth et al., 2017).

Beliefs may contribute to the transfer of skills and confidence from one domain to another. Understanding the values of occupational therapists and the field of occupational therapy contributes to the profession and to the professional behaviors exhibited by occupational therapists (Drolet & Désormeaux-Moreau, 2016). Values support identity and assist to define not only the therapists but also the role that the therapists play on interprofessional teams (Kucharczyk et al., 2019).

Best practice and evidence-based practice promote collaborative care in addressing the needs of individual patients (Gigli et al., 2020). Whereas the evidence supports comprehensive and interprofessional teamwork, individual professional and profession-based values and beliefs affect occupational therapists' practice and their performance on a team (Drolet & Désormeaux-Moreau, 2016).

5

Self-efficacy reflects confidence to control motivation, professional behavior, and the social environment through fundamental beliefs and values (Kucharczyk et al., 2019). The experiential components of interaction and intervention affect the guided learning by the occupational therapist as a learner and the contributions as a practitioner on a collaborative care team. Understanding profession-based values and personal-professional values or beliefs contribute to a healthcare practitioner's capacity to perform essential tasks as well as to provide skilled contributions on an interprofessional team (Gigli et al., 2020). Self-efficacy theory provides a framework for this sequential analysis.

Adult Learning Theory

The perspective of learning by the learner as an adult professional is included as a secondary framework for this study. Developed by Knowles in 1968, adult learning theory or andragogy posited that adults learn differently than children and require a reason for why they are learning something. Adults rely on experience, self-directedness, a need to know, readiness to learn, orientation to learning, and intrinsic motivation (Knowles, 1973). Adult learners' perception of education and training, within a university setting, allows not only self-directed learning but also contributions to the transformation (Cole & Tufano, 2019). After completing a professional program, occupational therapists contribute to the social dimension of occupation through the "contexts of other disciplines" and identify the common global themes of culture and meaning in social relationships within the global community (Cole & Tufano, 2019, p. 7).

Occupational therapists learn through understanding the greater meaning in their teachings, including the effect they can make in their future practice. Continuing competence is a standard and mandated practice by state and national regulatory boards for occupational therapists postgraduation. However, the strategies chosen to maintain competence can be self-selected by occupational therapists (with few guidelines) following their university training. Occupational therapists can then begin to understand the transition and transformation of values from the student experience to their new values and beliefs within the professional arena through engagement in ongoing professional development opportunities (Murray et al., 2020).

2. Method

2.1 Purpose

The purpose of this basic qualitative study was to explore school-based occupational therapists' perceptions of their preparedness and confidence to offer pediatric mental health treatment. This research study incorporated open ended, semistructured interviews to gather information for analysis. The target population was school-based occupational therapists employed within the elementary and secondary settings, who were willing to participate in the study and to engage in an interview. This investigation and analysis contributed to the research literature regarding perceptions of occupational

therapists on their pediatric mental health treatment preparedness and confidence in the provision of effective interventions.

The research questions included:

RQ1. What are school-based occupational therapists' perceptions of their pediatric mental health treatment preparedness?

RQ2. What are school-based occupational therapists' perceptions of their confidence in pediatric mental health treatment?

RQ3. What are school-based occupational therapists' perceptions of barriers to pediatric mental health treatment preparedness?

2.1.1 Sampling

Because the research design was specific by nature, a limited group of participants were able to partake in the semistructured interview process. The target population included school-based occupational therapists employed within the kindergarten to 12th grade settings in the Northeast region of the United States. This study relied on 10 voluntary participants. Purposive methods were used to ensure the reflection of the features of the sampled population (Creswell, 2012). Therefore, the study used inclusion criteria to ensure relevance to the subject matter and allowed for diversity within the group. For this study, the purposive sampling criteria included graduates of university occupational therapy programs who were currently employed within a school setting in the Northeast region of the United States serving kindergarten to 12th grade students.

2.1.2 Data Collection

Semistructured interviews were conducted over four weeks through video conferencing with privacy considerations in place in early March, 2021. Participants' demographics were gathered at the beginning of each of the semistructured interviews. Information was collected on participants' gender, age, highest degree earned, years since graduation, years working in the field of pediatrics, years working in a school setting, and the ages of their current students. After the initial gathering of demographic data, qualitative data were collected from the video conference interviews in the form of documented participants' responses (Brenner, 1994). Written researcher notes recorded participants' answers as close to verbatim as possible and were read back (echoed) to participants immediately following each answer for clarity (DeJonckheere & Vaughn, 2019). Time was allowed following each interview to review notes for accuracy and to ensure transparency, methodological rigor, and consistency.

The alignment of the interview questions to the research questions is shown in Table 1.

Table 1. Alignment of Interview Questions with Research Questions

Interview Questions	Research Questions
1. Describe your university training and fieldwork experience in the field of pediatric mental health. -How do you feel your university training and fieldwork experience in the field of pediatric mental health impacted your treatment preparedness? -How do you feel your university training and fieldwork experience in the field of pediatric mental health impacted your confidence?	RQ1. What are school-based occupational therapists' perceptions of their pediatric mental health treatment preparedness? RQ2. What are school-based occupational therapists' perceptions of their confidence in pediatric mental health treatment?
2. Describe any specialty or advanced training you have attended in the field of pediatric mental health after receiving your occupational therapy degree. -Was the training self-initiated or employer initiated? -How do you feel this specialty or advanced training has impacted your treatment preparedness in providing pediatric mental health interventions within a school-based setting? -How do you feel this specialty or advanced training has impacted your confidence in providing pediatric mental health interventions within a school-based setting?	RQ1. What are school-based occupational therapists' perceptions of their pediatric mental health treatment preparedness? RQ2. What are school-based occupational therapists' perceptions of their confidence in pediatric mental health treatment?
3. Please describe your ability to treat pediatric mental health conditions within the school-based setting?	RQ1. What are school-based occupational therapists' perceptions of their pediatric mental health treatment preparedness? RQ2. What are school-based occupational therapists' perceptions of their confidence in pediatric mental health treatment?

4. Please describe your perception of confidence in providing treatment interventions in the field of pediatric mental health. -Please describe your awareness of pediatric mental health. -Please describe your readiness to engage in pediatric mental health treatment interventions.	RQ1. What are school-based occupational therapists' perceptions of their pediatric mental health treatment preparedness? RQ2. What are school-based occupational therapists' perceptions of their pediatric mental health treatment confidence?
5. How would you describe your overall pediatric mental health treatment preparedness and confidence in providing interventions within the school setting?	RQ1. What are school-based occupational therapists' perceptions of their pediatric mental health treatment preparedness? RQ2. What are school-based occupational therapists' perceptions of their pediatric mental health treatment confidence?
6. Please describe your current involvement in pediatric mental health within the school setting.	RQ1. What are school-based occupational therapists' perceptions of their pediatric mental health treatment preparedness? RQ2. What are school-based occupational therapists' perceptions of their confidence in pediatric mental health treatment? RQ3. What are school-based occupational therapists' perceptions of barriers to pediatric mental health treatment preparedness?
7. How would you describe your inclusion in a school-based pediatric mental health team? -Please describe how you are supported on a school-based mental health team. -Please describe any barriers you face for inclusion on a school-based mental health team.	RQ3. What are school-based occupational therapists' perceptions of barriers to pediatric mental health treatment preparedness?
8. Is there anything else you would like to share that you feel would benefit this study?	RQ1. What are school-based occupational therapists' perceptions of their pediatric mental health treatment preparedness? RQ2. What are school-based occupational therapists' perceptions of their confidence in pediatric mental health treatment? RQ3. What are school-based occupational therapists' perceptions of barriers to pediatric mental health treatment preparedness?

2.1.3 Participant Demographics

All 10 participants identified as females between the ages of 27 to 64 years. One held a doctorate degree in occupational therapy; seven participants had received a master's degree in occupational therapy, and two of the participants had received a bachelor's degree in occupational therapy. Years since graduation ranged from 3.5 years to 35 years, and years working in the field of pediatrics ranged from 3.5 years to 30 years. Years worked in a school setting ranged from 3.5 years to 30 years. Participants reported ages of students on their current caseloads as young as 3 and up to 21 years old. Participant demographics are shown in Table 2.

Table 2. Participants' Demographics

Participant	Gender	Age	Degree	Years since Graduation	Years in Pediatrics	Years in a School Setting	Ages of Current Students
1	Female	47	MSOT	18	18	15	8-21 yo
2	Female	27	MSOT	3.5	3.5	3.5	5-10 yo
3	Female	40	MSOT	16	10	10	4-9 yo
4	Female	48	BSOT	26	14	14	3-10 yo
5	Female	36	MSOT	12	12	12	3-10 yo
6	Female	48	MSOT	20	20	18	3-15 yo
7	Female	64	MAOT	35	30	30	8-11 yo
8	Female	52	MOT	24	8	8	14-21 yo
9	Female	41	BSOT, OTD	19	19	19	5-10 yo
10	Female	44	BSOT	22	22	9	3-8 yo

Notes. MSOT=Master of science in occupational therapy

BSOT=Bachelor of science in occupational therapy

MAOT=Master of arts in occupational therapy

MOT=Entry level master's degree in occupational therapy

OTD=Doctor of occupational therapy degree

3. Results

Responses from 10 participants were coded and analyzed and categorized into themes. Five major themes were identified in participants' responses to the eight semistructured interview questions. The five themes identified in this basic qualitative study aligned with the three research questions and the theories of self-efficacy and adult learning as related to professional occupational therapists and their advancement in their field of practice. Components based on codes and responses included perceived self-efficacy, development of self-efficacy, influences of self-efficacy, and barriers to self-efficacy.

Codes identified based on adult learning theory included the need to know, experience, self-concept, readiness, problem orientation, and intrinsic motivation. The five identified themes as related to codes and participants' responses are shown in Table 3.

Table 3. Themes Identified Based on Participants' Responses and Connection to Research Question

Theme	Participant #	Codes	Research Question
University training and experience enhance treatment preparedness and confidence in the provision of intervention in the field of pediatric mental health.	1,2,3,4,5,7,9,10	**Perceived self-efficacy** Engagement Instruction Fieldwork or internship Mentorship Practice Self-assurance Confidence Readiness Self-concept	RQ1, RQ2
Self-directedness and intrinsic motivation support ongoing education to meet the needs of socio-environmental changes.	1,2,3,4,6,7,8,9, 10	**Development of self-efficacy** Existing skills Ongoing learning On-the-job training Self-initiation Critical Thinking Awareness of change Goal Achievement	RQ1, RQ2
Readiness to learn and relevance support role clarity and contributions within the scope of practice.	1,2,4,6,7,8,9,10	**Influences of self-efficacy** Proactive strategies Reactive strategies Scope identification Role identification Reflective Practice Exploration of interests Design realization Skillset considerations	RQ1, RQ2
Professional identity and practicality	2,3,4,5,6,7,8	**Influences of self-efficacy**	RQ1, RQ2, RQ3

11

Theme	Participant #	Codes	Research Question
encourage collaboration and comprehensive care within the school-based practice.		Essential collaboration	
		Supportive teamwork	
		Comprehensive care	
		Relationships matter	
		Flexible interactions	
		Shared resources	
		Shared validation	
		Feedback or encouragement	
		Inclusion or exclusion	
		Reasonable expectations	
		Creative opportunity	
Advocacy and organizational change are needed to maintain effectiveness and to limit barriers to effective treatment.	1,2,3,4,5,6,7,8, 9,10	**Barriers to self-efficacy**	RQ1, RQ2, RQ3
		Known school climate	
		Facing difficult situations	
		Lack of experience	
		Insufficient exposure	
		Lack of administrative support or vision of OT	
		Feelings of overwhelm	
		Lack of time/space	
		Limited materials	
		Unknown scope or skillset	
		Lack of self-reflection	
		Needed Assertiveness	

3.1 Theme 1: University Training and Experience Enhance Treatment Preparedness and Confidence in the Provision of Interventions in the Field of Pediatric Mental Health

Participants were asked to describe their university education in the field of pediatric mental health. In addition, they were prompted to describe training completed as part of any fieldwork opportunities. Follow-up questions focused on gaining insight into their perception of how university education and training affected treatment preparedness including providing examples of relevant experiences.

Common issues identified were the lack of university training and fieldwork education in the pediatric mental health field; the absence of mentorship or effective mentorship; the lack of engagement and supportive instruction; and recognition of the need for continued practice. The few participants who

12

described their thorough and comprehensive university training and internship opportunities in the field of pediatric mental health indicated they felt prepared to treat children with psychological issues. Majority of participants described a lack of comprehensive training in pediatric mental health and therefore did not feel prepared to treat in this field. Overall, participants reported that university training and experience enhanced treatment preparedness and confidence in the provision of interventions in the field of pediatric mental health. This conclusion answered the first and second research questions regarding occupational therapists' perceptions of treatment preparedness and confidence in this field.

Blackwell and Bilics' (2017) survey research also examined the preparation of occupational therapy students to address mental health within the school setting. The authors gathered the perspectives of graduate-level occupational therapy program directors on the curriculum and the preparation level of their graduating students. Results indicated that occupational therapy students received a comprehensive education in the field of general school-based therapy and the role of the occupational therapist working within the school setting. However, participants reported limited training in the areas of mental health promotion, prevention, and intervention in the school setting. The current study's findings supported those of Blackwell and Bilics (2017). The results from these studies demonstrate the need for improved education and training of occupational therapy students in the area of school-based mental health and wellness.

3.1.1 Theme 2: Self-directedness and Intrinsic Motivation Supports Ongoing Education to Meet the Needs of Socio-environmental Changes

Targeted education should not stop once the occupational therapy practitioner has graduated. All participants stressed the importance of ongoing training and the need for self-initiated training postgraduation and post fieldwork completion to be prepared for the provision of effective treatment interventions. Participants were asked questions about fieldwork selection and participation as well as any additional training they had received after graduation. Follow-up prompts included whether or not the additional or specialty training in the field of pediatric mental health was self-initiated, or employer initiated. The participants provided insight into how any additional training affected preparedness and confidence in this field.

Participants identified a gap between university training they received and the knowledge and experience they needed when working in the field to provide effective services. Many highlighted the importance of engagement in ongoing educational opportunities, awareness of change, continued practice, critical and flexible thinking, and specific on-the-job training to support preparedness. After they have graduated, occupational therapists continue to develop competencies in current practices, and it is the responsibility of the practitioner to track their continuing education training. Coffelt and Gabriel (2017) recommended future research on graduate education on current mental health trends and on continuing competencies required by the discipline. Adult students can reach a level of expertise and professional competency through engagement in specialized training. This specialized training helps them to

13

develop a professional vision and improves the quality of care they provide to their patients (Bair et al., 2019).

These highlighted areas all contributed to the second theme: self-directedness and intrinsic motivation supported ongoing education to meet the needs of socio-environmental changes. The current study's findings supported those of Coffelt and Gabriel (2017) and Bair et al. (2019). This theme answered both the first and second research questions on occupational therapists' perceptions of pediatric mental health treatment preparedness and confidence.

3.1.2 Theme 3: Readiness to Learn and Relevance Supports Role Clarity and Contributions within the Scope of Practice

Participants were asked to elaborate upon their perceived ability to treat mental health conditions within the school-based setting. Influences on self-efficacy related to ability included: obtaining and maintaining the skills to provide proactive and reactive strategies; exploration of interests and needs; and design realization. Professional scope and specific role identification supported contributions to the interdisciplinary evaluation teams and collaborative groups.

Coffelt and Gabriel (2017) investigated the practices and perceptions of occupational therapists regarding their ongoing education to ensure competencies in the changing fields. In this investigative research study, occupational therapists completed a self-report survey on their participation and engagement in professional learning programs. Occupational therapists valued planning professional activities with colleagues and continuing their education. Topics emerging from this study included conducting self-assessment and self-reflection exercises, engaging in employment-specific continuing education, and searching for journal articles of interest specific to the occupational therapists' roles within the institution. Challenges were noted in the areas of productivity and meaningful learning.

Participants highlighted the need for proper identification of personal and professional skillsets and reflective practice to enhance the provision of effective interventions. These answers and highlighted areas contributed to the therapists' perceptions of the influences of self-efficacy and readiness to learn. Relevance of job-specific requirements to continuing education practices supports role clarity and the ability to contribute effectively within the scope of practice. This theme answered both the first and second research questions on occupational therapists' perceptions of pediatric mental health treatment preparedness and confidence.

3.1.3 Theme 4: Professional Identity and Practicality Encourage Collaboration and Comprehension Care with the School-based Practice

Participants were asked questions regarding current involvement in school-based mental health teams. Probing follow-up questions were used to gain additional insight on the process of referrals, evaluations, treatment planning, and the provision of interventions and collaborative care. By providing examples of the interdisciplinary model, participants emphasized the importance of supportive teamwork and effective collaboration in evaluating, planning, and treating. The analysis uncovered

14

participants repeated mentioning of relationships, interactions, resources, feedback, and opportunities for creativity.

Current research indicated that occupational therapists contribute to interdisciplinary mental health teams by assessing and treating atypical neurophysiological responses to both auditory and visual stimuli, deficits in emotional prosody, impaired cognitive performance, deficits in visual perception, and inadequate interactions with the physical environment (Brooks & Bannigan, 2018; Ikiugu et al., 2017). Interventions may support occupational performance in areas such as dynamic participation in activities of daily living, instrumental activities of daily living, rest and relaxation, academic performance, vocation, play and leisure, and social participation. Occupational therapists can also increase meaningful task completion among individuals with mental illness (Ikiugu et al., 2017). Therefore, occupational therapists should be considered essential contributing members of every school-based mental health team.

Understanding reasonable expectations and essential components of collaborative care were identified as critical components of treatment preparedness. Professional identity and practicality facilitate collaboration and the provision of comprehensive care within the school-based practice. This theme addressed all three of the research questions involving occupational therapists' perceptions of treatment preparedness and confidence, and potential barriers affecting readiness to treat effectively.

3.1.4 Theme 5: Advocacy and Organizational Change are Needed to Maintain Effectiveness and to Limit Barriers to Effective Treatment

Barriers to self-efficacy and feeling prepared were explained by participants through descriptions of unknown or changing school climates, lack of administrative support, and feelings of being overwhelmed. Participants were asked about inclusion on school-based mental health teams and any barriers they faced affecting their readiness and confidence to provide effective interventions. Participants explained that facing new or difficult situations can be even more challenging without an advocate or an organizational framework to support their contributions to effective interventions. Additionally, such a lack of support adversely affects collaboration with other professionals and interdisciplinary care.

Frequently, other school-based professionals are not informed of the skillset and services that occupational therapists can provide to interdisciplinary teams to support students at risk (Leigers et al., 2016). Egan and Cahill's (2017) mixed methods study described how the instructional team within a special education setting learned about the role of the occupational therapist within the mental health arena and how their perceptions changed following the occupational therapists' contributions to the team. Results indicated that special education teams learned that occupational therapists could contribute insight and valuable skills and interventions for students in identifying and achieving occupational performance goals. These services are provided in other venues, including hospitals, mental health facilities, and outreach programs. Future research would increase awareness of these

15

services within the school setting.

One of the most influential factors contributing to the need for advocacy and organizational change (in response to societal change) is the need for other professionals to know the scope of the profession of occupational therapy and the skillset of occupational therapists. The results from both the current study and those of Egan and Cahill (2017) demonstrated the need for occupational therapists to self-reflect, promote their strengths to colleagues, and willingly participate in interdisciplinary mental health teams. This final theme identified in the current study is that advocacy and organizational change are needed to maintain effectiveness and limit effective treatment barriers. This observation addresses all three research questions regarding therapists' perceptions of pediatric mental health treatment preparedness and confidence, and barriers affecting the process.

3.1.5 Trustworthiness of the Data

Throughout this study, specific strategies were used to ensure the consistency and reliability of the data collected. Credibility and transferability refer to whether the findings accurately and fairly represent the data, and if the findings can be applied to other settings and contexts (DeJonckheere & Vaughn, 2019). Credibility and transferability were established through subject recruitment, peer reviews, triangulation, member checks, saturation, and reflexivity. Strategies of variation were used for participant selection to include different genders, ages, locations, student caseload, age range, and roles. Although participants included a wide range of ages, educational backgrounds, school locations, and student caseloads, all participants were female.

Peer reviews by an expert panel and professional colleagues supported the alignment of interview questions with the research questions, the applicability of the questions to the study, and ease and appropriateness of the interview process. Triangulation of the data was used to increase the trustworthiness of the research and to minimize any misinterpretations that may have been made (Merriam & Tisdell, 2016). Dependability was also addressed, which refers to whether the findings were consistent and sustainable over time (DeJonckheere & Vaughn, 2019). The different sources of triangulation and dependability included the data from the peer review process, the written notes from the interviews with the school-based occupational therapists, and the data from the member checking process following each interview question.

Following the presentation of each interview question and the written documentation of the responses, each participant's answers were read back to check for accuracy of the notes. This strategy was used to strengthen the validity as well as dependability (Merriam & Tisdell, 2016). Confirmability was established through reflexivity and peer review. Reflexivity was accomplished through the pause of time following each interview question, and between interviews, during which could be reviewed and reflected on the responses. Additionally, the peer review of the applicability of research questions and the piloting of interview questions also supported confirmability to reduce researcher bias (DeJonckheere & Vaughn, 2019). Even though recommendations were solicited from the reviewers and experts, there were

16

no additional suggestions, and, therefore, changes were not made to the interview procedures.

4. Discussion

4.1 Research Discussion

Occupational therapists can provide targeted interventions to support at-risk youths. Examples include managing day-to-day activities, incorporating regulation activities into the classroom, collaborating with teachers and other school-based interventionists, and assisting in curriculum and assignment modifications (American Occupational Therapy Association, 2017b). However, for occupational therapists to believe themselves prepared and confident in the provision of interventions for children with mental health conditions, they must be appropriately educated; receive ongoing training and mentoring; be self-directed and ready to develop enhanced skills; understand professional identity and role clarity; and receive support from administrators and mental health colleagues within the school-based setting. With this systematic framework in place, occupational therapists and educators may work together to improve student outcomes.

Alignment of academia and clinical experiences is imperative. Effective training to support competence and confidence is essential. Ongoing effective communication and integrated collaboration with other mental health professionals are crucial. Knowledge of advocacy and legislation supporting occupational therapists in the provision of mental health care is vital. Occupational therapists must advocate for their essential and contributing role on the mental health team within school-based or other pediatric settings. Their membership in these teams will enhance educational outcomes and student health, well-being, and personal success (Salamat et al., 2016).

4.1.1 Limitations

Although qualitative research seeks to provide answers to questions without bias through predetermined procedures, limitations in research design and methodology pertain to transferability and dependability (Ritchie et al., 2013). These limitations place restraints on the research being conducted (Ritchie et al., 2013). The principal imitations of this study included time constraints and shortcomings in the questions. Other limitations included variations in the responses received uncovering unanticipated subgroups within the sample, limited applicability to the population studied, participation bias, and misinterpretation of the results due to researcher bias.

Measures were taken to address research design factors, conditions, and biases, which could have influenced the study outcomes. These were: identifying a clearly defined purpose with appropriate data collection methods (including participants based on selection criteria), identifying an adequate time frame, and allowing for flexibility (Ritchie et al., 2013). Additionally, this objective research plan observed fundamental ethical principles, respected the dignity of participants, and allowed for adequate time for collecting, coding, and analyzing data.

17

Purposive methods for selecting the study sample were used. The data were gathered from school-based therapists in certain locations and therefore may not be able to be generalized to different populations or regions. Additional procedural limitations included scheduling, availability, practitioners' specific experience, and the familiarity and accessibility of the video conferencing format. Video conferencing took between 45 to 60 minutes.

Within the specific timeframe, practitioners who were willing to participate may have had limited availability to complete the specific guided questions and to answer any follow-up questions. Their experiences, values, beliefs, specific job descriptions, or specific affiliation or internship training may have affected their knowledge, perceptions, or confidence levels. Due to these effects, the study results may not have provided an accurate representation of the sample.

4.1.2 Implications for Future Research

The findings from this research study supported those of similar studies that examined the inclusion of occupational therapists on the pediatric mental health team. The themes provided answers to the three identified research questions. These findings from research study have the potential to expand practitioners' understanding of how school-based occupational therapists perceive their preparation and confidence in the field of pediatric mental health treatment. The study uncovered perceptions of treatment preparedness and confidence and therefore helped to fill a gap in the literature on these topics (Kirby et al., 2019). Those who may benefit from the findings include occupational therapists, university training program administrators, program managers, education coordinators and administrators, and other collaborating professionals. This study could also expand practitioners' knowledge and understanding of how school-based occupational therapists perceived their preparation and confidence in the provision of pediatric mental health treatment.

Future studies analyzing perceptions of school-based therapists should use a larger sample or a sample inclusive of professionals from other regions. In addition, interviews could be conducted with occupational therapy practitioners holding doctorate, master's, and bachelor's degrees. The perspectives of certified occupational therapy assistants with associate degrees could also be gathered. The findings of these interviews could be compared and contrasted based upon both training and experience. Additionally, interview questions could address job satisfaction and the benefits of employment. Finally, this study or a similar study could be expanded using a mixed-methods approach employing both survey and interview components.

4.1.3 Conclusion

This research study had themes that supported the implementation of coursework and fieldwork that specifically address the field of pediatric mental health. These themes promoted alignment of academic and clinical settings; access to ongoing training (through professional organizations or the workplace) based on relevant socio-environmental changes and current events; development of ongoing evaluation procedures to ensure updated competencies in this field; and advocating for occupational therapists as

18

contributing experts essential for membership on school-based wellness support teams.

This study's findings expanded practitioners' understanding of how school-based occupational therapists think about their preparation and confidence in the provision of pediatric mental health treatment. It was designed to contribute to the literature and potentially support occupational therapy-related training, inclusion, and advocacy programs. The study was developed to address the increased need for pediatric mental health intervention and the essential contributions of occupational therapists as part of the mental health team within the school-based setting.

References

American Occupational Therapy Association. (2016). Occupational therapy services in the promotion of mental health and well-being. *American Journal of Occupational Therapy (AJOT)*, *70*(S2), 1-15. https://doi.org/10.5014/ajot.2016.706S05

American Occupational Therapy Association. (2017a). Guidelines for occupational therapy services in early intervention and schools. *American Journal of Occupational* Therapy, *71*(S2), 1-10. https://doi.org/10.5014/ajot.2017.716S01

American Occupational Therapy Association. (2017c). *Successful participation at school: Strategies for all students.* Retrieved from https://www.aota.org/~/media/Corporate/Files/AboutOT/Professionals/WhatIsOT/CY/Tips-for Educators-Successful-Participation-School-Strategies-for-All-Students.pdf

Bair, M., DeFrance, N., Diarrassouba, N., & Stockton, T. (2019). Developing a professional vision: The role of faculty learning labs as a peer-mentoring model. *Journal of Faculty Development*, *33*(1), 15-24.

Ball, M. A. (2018). Revitalizing the OT role in school-based practice: Promoting success for all students. *Journal of Occupational Therapy, Schools & Early Intervention*, *11*(3), 263-272. https://doi.org/10.1080/19411243.2018.1445059

Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review*, *84*(2), 191-215. https://doi.org/10.1037/0033-295X.84.2.191

Bandura, A. (1999). Self-efficacy: Toward a unifying theory of behavioral change. In R. F. Baumeister (Ed.), *The self in social psychology* (pp. 285-298). Psychology Press.

Blackwell, C. D., & Bilics, A. (2017). Preparing occupational therapy students to address mental health promotion, prevention, and intervention in school-based practice. *Journal of Occupational Therapy, Schools & Early Intervention*, *11*(1), 77-86. https://doi.org/10.1080/19411243.2017.1386605

Brenner, P. (1994). Interpretive *phenomenology: Embodiment, caring, and ethics in health and illness*. Sage Publishing.

Brooks, R., & Bannigan, K. (2018). Occupational therapy interventions in child and adolescent mental health: A mixed methods systematic review protocol. *JBI Database of Systematic Reviews & Implementation Reports*, *16*(9), 1764-1771. https://doi.org/10.11124/JBISRIR-2017-003612

Chan, C., Dennis, D., Kim, S. J., & Jankowski, J. (2017). An integrative review of school-based mental health interventions for elementary students: Implications for occupational therapy. *Occupational Therapy in Mental Health*, *33*(1), 81-101. https://doi.org/10.1080/0164212X.2016.1202804

Coffelt, K. J., & Gabriel, L. S. (2017). Continuing competence trends of occupational therapy practitioners. *Open Journal of Occupational Therapy (OJOT)*, *5*(1), 1-15. https://doi.org/10.15453/2168-6408.1268

Cole, M. B., & Tufano, R. (2019). *Applied theories in occupational therapy: A practical approach* (2nd ed.). Slack Incorporated.

Creswell, J. W. (2012). *Educational research: Planning, conducting and evaluating quantitative and qualitative research* (4th ed.). Pearson.

Creswell, J. W., Hanson, W. E., Clark Plano, V. L., & Morales, A. (2007). Qualitative research designs: Selection and implementation. *The Counseling Psychologist*, *35*(2), 236-264. https://doi.org/10.1177/0011000006287390

DeJonckheere, M., & Vaughn, L. M. (2019). Semistructured interviewing in primary care research: A balance of relationship and rigour. *Family Medicine and Community Health*, *7*(2), 1-8. https://doi.org/10.1136/fmch-2018-000057

Drolet, M.-J., & Désormeaux-Moreau, M. (2016). The values of occupational therapy: Perceptions of occupational therapists in Quebec. *Scandinavian Journal of Occupational Therapy*, *23*(4), 272-285. https://doi.org/10.3109/11038128.2015.1082623

Egan, B., & Cahill, S. (2017). National survey to identify mental health topics in entry-level OT and OTA curricula: Implications for occupational therapy education. *Journal of Occupational Therapy Education*, *1*(1), 1-14. https://doi.org/10.26681/jote.2017.010104

Gigli, K., Davis, B., Ervin, J., & Kahn, J. (2020). Factors associated with nurses' knowledge of and perceived value in evidence-based practices. *American Journal of Critical Care*, *29*(1), e1-e8. https://doi.org/10.4037/ajcc2020866

Ikiugu, M. N., Nissen, R. M., Bellar, C., Maassen, A., & Van Peursem, K. (2017). Clinical effectiveness of occupational therapy in mental health: A meta-analysis. *American Journal of Occupational Therapy*, *71*(5), 1-9. https://doi.org/10.5014/ajot.2017.024588

Kirby, A., Terrill, A., & Henderson, J. (2019). Youth suicide: Examining pediatric OT practitioner knowledge, comfort, and raining needs. *American Journal of Occupational Therapy*, *73*(S1), 1. https://doi.org/10.5014/ajot.2019.73S1-PO3001

Knowles, M. S. (1973). *The adult learner: A neglected species*. Gulf Publishing.

Kucharczyk, S., Sreckovic, M. A., & Schultz, T. R. (2019). Practical strategies to promote reflective practice when working with young children with and at risk for disabilities. *Early Childhood Education Journal*, *47*, 343-352. https://doi.org/10.1007/s10643-019-00932-w

Leigers, K., Myers, C., & Schneck, C. (2016). Social participation in schools: A survey of occupational therapy practitioners. *American Journal of Occupational Therapy*, *70*(5), 1-9. https://doi.org/10.5014/ajot.2016.020768

Llanes, E., Blacher, J., Stavropoulos, K., & Eisenhower, A. (2018). Parent and teacher reports of comorbid anxiety and ADHD symptoms in children with ASD. *Journal of Autism and Developmental Disorders*, *50*(5), 1520-1531. https://doi.org/10.1007/s10803-018-3701-z

Ma äno, C., Coutu, S., Tracey, D., Bouchard, S., Lepage, G., Morin, A. J. S., & Moullec, G. (2018). Prevalence of anxiety and depressive disorders among youth with intellectual disabilities: A systematic review and meta-analysis. *Journal of Affective Disorders*, *236*, 230-242. https://doi.org/10.1016/j.jad.2018.04.029

Malfitano, A., & Lopes, R. (2018). Social occupational therapy: Committing to social change. *New Zealand Journal of Occupational Therapy*, *65*(1), 20-26.

Merriam, S. B., & Tisdell, E. J. (2016). *Qualitative research: A guide to design and implementation* (4th ed.). Jossey-Bass.

Murray, C. M., Edwards, I., Jones, M., & Turpin, M. (2020). Learning thresholds for early career occupational therapists: A grounded theory of learning-to-practise. *British Journal of Occupational Therapy*, *83*(7), 469-482. https://doi.org/10.1177/0308022619876842

Opseth, T. M., Carstensen, T., Yazdani, F., Ellingham, B., Thørrisen, M. M., & Bonsaksen, T. (2017). Self-efficacy for therapeutic mode use among occupational therapy students in Norway. *Cogent Education*, *4*(1), 1-9. https://doi.org/10.1080/2331186X.2017.1406630

Ritchie, J., Lewis, J., Nicholls, C. M., & Ormston, R. (Eds.). (2013). *Qualitative research practice: A guide for social science students and researchers*. Sage Publications.

Salamat, A., Javaherian-Dysinger, H., Krpalek, D., Parikh, S., Lee, K., Christensen, B., Liu, A., Ngo, K., & Goya, Y. (2016). Perspective of school-based occupational therapy practitioners in addressing students' mental health needs. *American Journal of Occupational Therapy*, *70*, S1. https://doi.org/10.5014/ajot.2016.70S1-PO5121

Tokolahi, E., Hocking, C., & Kersten, P. (2016). Development and content of a school-based occupational therapy intervention for promoting emotional well-being in children. *Occupational Therapy in Mental Health*, *32*(3), 245-258. https://doi.org/10.1080/0164212X.2015.1129522

Venskus, D. G., & Craig, J. A. (2017). Development and validation of a self-efficacy scale for clinical reasoning in physical therapists. *Journal of Physical Therapy Education (American Physical Therapy Association, Education Section)*, *31*(1), 14-20. https://doi.org/10.1097/00001416-201731010-00005