An introduction serves as a preliminary and provides a perspective for a subsequent presentation. The aim of this paper is to provide a perspective for a series of papers entitled Occupational Behavior Research for Pediatric Practice.

A common concern of the occupational therapists who serve disabled children and youth and their families is the impact of illness on human development and adaptation. To ensure that occupational therapy services are both meaningful and relevant to the needs of handicapped children and youth, the theoretical bases of programs must be derived from knowledge not only from the medical sciences but also from the behavioral sciences. Kielhofner and Burke in "Occupational Therapy After 60 Years..." (1) identify those issues that concern problems of knowledge and identity in the field and the resulting shifts in clinical practice. While their efforts addressed occupational therapy in general, it can be seen that pediatric occupational therapy has been similarly influenced by the model of reductionism. Since the 1950s the predominant model for pediatric occupational therapy has been the sensory integration approach, a sophisticated methodology for assessment and treatment guided by the work of Ayres (2, 3). Its knowledge base derives from the medical sciences that, in turn, guide the resulting technology. The movement of pediatric practice from hospitals to schools and to the community demands an expansion of knowledge and technical skills beyond that of illness and disease.

One theoretical formulation, occupational behavior, adds significantly to the knowledge base of occupational therapy. Its foundation in behavioral science, combined with our existing knowledge, creates a view of children and youth in need of health care not merely as individuals with cerebral palsy, learning disability, or mental retardation, but as individuals who occupy particular life roles in their families, schools, and communities. Therefore, the shift in emphasis for pediatric practice is one that acknowledges a child's historicity, context, and the dynamic interchange between the child and his/her environment. Much of what has appeared in the occupational therapy literature concerning occupational behavior and pediatric practice addresses particular aspects of the unifying concepts that organize the occupational behavior model: competence, play, context, historicity, and role. (A list of related readings appears at the end of this paper.)

Since 1966, graduate students, under the guidance of Dr. Mary Reilly, have undertaken a number of studies in the specialty area of pediatrics. The Occupational Therapy Department at the University of Southern California, Los Angeles, was awarded a grant (#257) from the Maternal and Child Health Services, U.S. Department of Health, Education and Welfare (MCH/DHEW), for the period 1968 to 1976. Among the specific purposes of the grant was one that focused on cultivating needed research in areas relevant to the care of handicapped children and youth as they function in their families, schools, and neighborhoods.

The research conducted during
that eight-year period contributed to the development of occupational behavior theory for both conceptual refinement and clinical application. Although the task was perplexing, the emerging identification of a particular body of knowledge was gratifying, particularly since it has had important implications for pediatric practice. The knowledge and findings from the research for each succeeding year were built upon the results from the one preceding. As is the case in a new area of inquiry, the studies were primarily exploratory in design. Some of the studies will be presented in a series of papers entitled Occupational Behavior Research Series for Pediatric Practice and scheduled to appear in this and subsequent issues of The American Journal of Occupational Therapy. The primary purpose of this series is to disseminate the findings of these studies. They expand our knowledge about human action and adaptation to chronic disability and show potential implications for enhancing clinical practice. The papers were prepared by former recipients of traineeships awarded by the MCH/DHEW. Some of the studies were conducted in order to fulfill requirements for graduate degrees at the Master’s level, whereas others are extensions of work that has been applied clinically.

Discussions of particular concepts of the occupational behavior theory have appeared throughout the occupational therapy literature since 1969 (4-11), and will be introduced and discussed in the context of each study.

Because this approach has wide applicability for serving chronically disabled children and youth, it is hoped that the presence of these studies in the occupational therapy literature will expand what is known about the phenomenon of occupational behavior, will generate new ideas for intervention, and will stimulate new strategies for evaluation and programming.

This paper would not be complete without acknowledging two key individuals: Mary Reilly, Ed.D., OTR, and Wilma West, M.A., OTR. Together, they stimulated and nurtured the idea and need for research in order to ensure the continued growth of the profession and the delivery of quality services to children.

Dr. Reilly was the Coordinator of Graduate Studies in the Department of Occupational Therapy, University of Southern California, before her retirement in 1976. Miss West was the Chief of Health Services, Research and Training Branch of Community Health Services, Health Services Administration, U.S. Department of Health, Education and Welfare, before her retirement in 1977. Without their critical insights and concerns for the future, these studies and the resulting contributions to professional practice, research, and education would not have been possible.

REFERENCES

RELATED READINGS