Parenting Values and Attitudes: Views of Therapists and Parents

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Key Words: professional-family relations • socialization • values clarification

Objective. This study extends our understanding of what characteristics in young children occupational therapists value and their attitudes regarding how a parent should respond to a toddler who refuses to cooperate in a joint occupation.

Method. Using a mailed questionnaire, occupational therapists (n = 201) ranked seven characteristics of preschoolers from most important to least important. Responses to a story about a parent with a noncompliant toddler at mealtime suggested attitudes about managing young children's behaviors. Through individual interviews, parents (n = 96) with a variety of ethnic and educational backgrounds responded to the same questions about characteristics of preschoolers and parental responses to toddlers.

Results. More occupational therapist respondents than parents placed high value on the characteristic of a preschooler who likes himself or herself. Respondents expressed attitudes that parents should be flexible and let a toddler determine what and when he or she wants to eat. Experience as parents and years in practice contributed to respondents' valuing self-respect as a characteristic in preschoolers over other characteristics and expressing more support for parents allowing young children to control situations. The greatest differences in values and attitudes were between respondents who were parents and parents in the contrast groups who had less than 1 year of education beyond high school.

Conclusion. Shared and differing ideas about what characteristics are most important in a child and how to respond to children's noncompliant behaviors can shape how therapists and parents respond to each other. Occupational therapists recognizing that they may not hold the same basic ideas about children as do parents of children with special needs may be more inclined to approach the families they work with as a unique social system.

Occupational therapists recognize that the relationship of the clinician with the client's family members is a central issue for effective intervention with children (Case-Smith, 1993; Hinojosa & Kramer, 1993). Parents of children with special needs also value an enabling partnership with professionals (King, King, & Rosenbaum, 1996). An important part of building a good working relationship with family members is an appreciation of and respect for their values and beliefs. Therapists bring their own values and beliefs into the practice setting, and unrecognized differences can affect the quality of services. Rossa and Hasselkus (1996) suggested that therapists who do not experience connections with consumers are likely to become disengaged from the persons they serve. Of particular interest to pediatric therapists are ideas about desirable characteristics in children and the nature of parents' responses to children's behaviors. Values and attitudes do not come from

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This article was accepted for publication April 15, 1998.
a single source, nor do they represent fixed traits. The clinician's thoughts about development and parenting reflect deeply rooted ideas influenced by his or her cultural background integrated with personal and professional experiences.

Understanding one's own values and attitudes is basic to developing sensitivity to diversity in belief systems and may expand therapists' insights into situations when they do not "relate" to some family members (Krefting & Krefting, 1991; Rossa & Hasselkus, 1996). The occupational therapy literature does not yet offer a full understanding of caregiving and the nature of the parenting experience (Llewellyn, 1994), so it is difficult for therapists to reflect on how their own ideas around childrearing issues might differ from others' ideas. The purpose of this study was to examine occupational therapists' values regarding desirable characteristics for young children and their attitudes about how a parent should respond to a typical parenting issue: the child's behaviors during a meal. Comparison of responses between occupational therapists and parents of infants and toddlers is used to anchor clinicians' values and attitudes relative to potential consumers of occupational therapy services.

Variations in Ideas About Child Development and Care

The literature about parenting has shown increased interest in the cognitive elements and information processing of caregivers as they might shape the learning environments of children. Sigel, McGillicuddy-DeLisi, and Goodnow (1992) used the term parental cognitions to describe the beliefs, thoughts, and theories parents have about development and children's behaviors. Parental cognitions reflect an integration of culturally influenced ideas with a variety of experiences, and take form before the individual becomes a parent (Okagaki & Divecha, 1993). Relevant experiences include the adults' childhood, education, family relations, and work situation.

Two forms of parental cognitions about children were of interest in the present study: values and attitudes. Parental values reflect an adult's evaluation of what characteristics or traits are most important as developmental outcomes in a child. Luster, Rhodes, and Haas (1989) found an association between parental values and the types of play and exploratory experiences children were given in their homes. Parental values are influenced by work experiences, family responsibilities, and educational backgrounds (Kohn, 1969; Spade, 1991). An adult who encounters success in a professional, white-collar job translates his or her experience in the workplace into valuing children's problem-solving, self-direction, and intrinsic characteristics. On the other hand, adults who have less education and jobs with prescribed activities may believe that the ability to conform and to follow directions are important characteristics for success.

Culture also influences the valuing of some traits in children over others. Harwood, Schoelmerich, Ventura-Cook, Schulze, and Wilson (1996) found that cultural and social economic measures are independently related to long-term goals or parental values. Parents who are members of minority groups might also value traits that they believe will help their child to interact with the majority's culture.

Parental attitudes, or the inclination to act in certain ways, tend to relate to specific situations (Holden & Edwards, 1989). Caregiving style reflects parental attitudes as parents engage their children in co-occupations (Zemke & Clark, 1996). The adult, while doing various caregiver tasks, encourages the child to practice activities of daily living (ADL). Over time, the adult reduces control while the young child becomes a more active partner in determining what happens during these tasks. During each joint occupation session, the adult, guided by parental values and a sense of the child's level of competence, negotiates the child's varying behavior and elicits compliance with expectations (Kindermann, 1993). Attitudes influence how the adult reacts to the child's behavior during co-occupations. Feeding represents an example where attitudes may be expressed in alternative parenting practices as the child's occupation performance varies. Successful co-occupation during feeding is essential for the child's nutritional status (Humphry, 1995). Parents of infants and toddlers who are developing typically report a common issue is picky eating or food refusal (Humphry & Thigpen-Beck, 1997; Leung & Robson, 1994).

To better appreciate attitudes around a parenting situation, we examined sources of influence on attitudes about feeding issues and found associations among education, parental values, family background, and parents' attitudes (Humphry & Thigpen-Beck, 1997). Participants who had more education or were older were more likely to give responses that suggested a relaxed attitude toward allowing a toddler to determine what or when he or she would eat. Participants who were African-American and had a partner in the home also were less inclined to control eating behaviors.

Values and Attitudes of Occupational Therapists

Occupational therapists bring both personal and professional identities to their practice (Llewellyn, 1994; Rossa & Hasselkus, 1996). For pediatric occupational therapists, these would include ideas about children and nurturing development. Early socialization for adult occupations exposes people to ideas about parenting that are consistent with their cultural background (Belsky, 1984). Considering demographic information of U.S. occupational therapists (American Occupational Therapy Association [AOTA], 1995), one would anticipate that the majority is exposed to the parental value system associated with more educated members of the Anglo-American culture.

Professional preparation and experience could reinforce some parental cognitions and add other perspectives.
on child development, behavior, and parenting. The academic preparation on child development that occupational therapists receive may carry a cultural bias. An Anglo-American perspective dominates developmental psychology texts in this country (Bumam, 1996), so the importance of some characteristics in children may reflect the emphasis given to those traits by researchers, reinforcing a cultural bias by some therapists. Professional socialization as a rehabilitation specialist exposes occupational therapists to other ideas about what is important for people. Values associated with rehabilitation and occupational therapy include beliefs in the clients' personal dignity and the importance of functional independence (Fleming & Martingly, 1994). An unexplored area is how practice in developmental disabilities could further influence values therapists place on some characteristics in children over others.

Occupational therapists' attitudes about how to respond to children's behaviors in the context of different parenting situations also would reflect the integration of culturally influenced attitudes about parenting combined with influences of personal experience and work with children who have special needs. Treatment, like parenting, involves the therapist and child in co-occupations where the occupational performance of one member depends on that of the other. Thirty-eight percent of therapists interested in developmental delays work with children who have feeding problems (Thigpen-Beck & Dovenitz, 1995). Academic preparation provides occupational therapists with information related to feeding problems, developmental milestones, and intervention (Case-Smith & Humphry, 1996) but not with information on how to deal with typical behaviors of children. Number of years of professional or parental experience could shape therapists' inclination to act or react to the child's behaviors. A therapist focused on food texture or oral motor development may respond to food refusal as a barrier to therapy and be inclined to control the child's behavior. Alternatively, a therapist who is also a parent may react differently in the same feeding situation because he or she draws from personal experience to guide practice.

From a multilevel system approach, intervention in an area such as feeding would start with evaluation of the occupational performance of both the child and the adult (Humphry, 1995). Treatment strategies where co-occupations occur (i.e., caregiving, self-help activities) frequently include changing caregiving practices. Parental cognitions of the consumer may affect on how they respond to or implement the therapist's suggestions. An understanding of occupational therapists' values and attitudes about a typical parenting situation will provide readers with an opportunity to reflect on their own similarities and differences with their clients' family members. In addition, insight into sources of influence, years as an occupational therapist, and personal experience as a parent may broaden our understanding of how professional values and attitudes are shaped.

This study addressed the following questions:

1. What characteristics in young children do pediatric occupational therapists value the most as developmental outcomes, and does the therapist's parental status or years of clinical experience influence outcome priorities?
2. Do occupational therapists value the same characteristics in preschoolers as do parents from similar or different social backgrounds?
3. Do therapists' parental status or years of clinical experience influence their attitudes about whether a parent should adapt to a toddler's food refusal?
4. How do occupational therapists' attitudes about parental responses to a toddler's food refusal compare with attitudes expressed by parents from similar or different social backgrounds?

Method

Sample

A random sample of 350 occupational therapists was drawn from members of the AOTA Developmental Disabilities Special Interest Section. Two hundred and eleven (61%) questionnaires were returned. Because 10 respondents were not providing occupational therapy services for children or did not complete the questionnaire accurately, 201 (57%) questionnaires remained for the final data set. The respondents had an average of 13.5 years (SD = 8.8) in pediatric practice, and 63% were parents. The highest degree earned was a bachelor's for 67% of the respondents.

To put therapist responses in context, selected data were taken from a larger sample of 124 parents of infants and toddlers who were developing typically who had participated in a previous study of parental cognitions about feeding (Humphry & Thigpen-Beck, 1997). The parents were the primary caregivers for children from 4 months to 28 months of age. Ninety-six of these participants fit into educational subgroups that were either similar to or distinctly different from the educational characteristics of the occupational therapists. The first group, Caucasian With Degree (n = 44), was created as a way to capture the "mainstream" culture (Harwood et al., 1996). Like the occupational therapists, parents in this group had at least a bachelor's degree. The second and third groups, African-American No Degree (n = 30) and Caucasian No Degree (n = 22), included participants who had 13 or fewer years of education. It was not possible to create an African-American With Degree group because of the limited number participants in the pool.

Instrument

A questionnaire with three sections was used for the study. The first section, Feeding Stories, was taken from our previous study of parental cognitions about feeding (Humphry & Thigpen-Beck, 1997). This section contained three stories about a parent and child, which were created from...
interviews with parents regarding issues that they had experienced in feeding their infants and toddlers. After each story, potential caregiver responses to the situation were listed. Respondents indicated on a five-point Likert scale the extent to which he or she agreed or disagreed with the action or feelings of the parent in the story. Wordings for response options was based on two pilot studies in which caregivers with different educational and ethnic backgrounds were asked what they might do in the situations described in the stories. Responses to items were summed to create a total attitude score for each story.

The story entitled *No Big Deal* was used in this study to capture respondents' inclination to try and control a toddler's eating behavior. This story described a situation where the mother had to deal with a 2-year-old child who refused her dinner. There were nine response items to this story. In the initial study of parents (N = 124), the internal reliability of the responses (Cronbach's alpha) was .70, and test–retest reliability was .68 (p = .0004) (Humphry & Thigpen-Beck, 1997). The higher the score, the more the parent expressed the attitude that the child should be allowed to eat when and what he or she wants.

The second section of the questionnaire, Parental Values, listed eight desired characteristics or attributes of preschool children. The characteristics have been used in previous work on parental values (Brody & Stoneman, 1992; Kohn, 1969) and reflected either general traits (e.g., happy, quick to learn), intrinsic and social characteristics (e.g., cooperative, likes self, independent), or ability to conform to authority (e.g., well behaved, obedient). Respondents ranked the attributes from most desirable (1) to least important (8). The eighth characteristic (i.e., neat) was selected by few respondents and, therefore, was dropped from analysis. For analysis, each characteristic was assigned a dichotomous value on the basis of whether it was considered by the respondent as one of the top three most important. The final section of the questionnaire asked respondents for demographic information, parental status, and information about their current caseload.

**Procedure**

The questionnaire, a cover letter assuring confidentiality of responses, and a stamped, self-addressed envelope were mailed to the occupational therapist sample. A postcard reminder was sent to nonrespondents 2 weeks later.

Data for the parents were collected through a structured interview (Humphry & Thigpen-Beck, 1997), using the same feeding stories and response options. Regardless of literacy skills, parents were given visual cues for the five-point Likert scale used in the Feeding Stories section and cards with picture cues for desirable preschooler characteristics in order to maximize participation.

**Data Analysis**

Group comparisons for the proportion of respondents prioritizing some preschooler characteristics over others were made using chi-square analysis. With the use of a t test, the number of years in practice was compared between respondents selecting and not selecting each characteristic as important. Because of missing responses to items on *No Big Deal*, data from 196 respondents were used. Comparisons between scores of parent and nonparent occupational therapists were made with t tests. The association of years of practice with attitude scores was explored through correlation, and the relative impact of respondents' experiences and their values on the scores for *No Big Deal* was explored with forward stepwise regression analysis. This enabled us to consider the unique contributions of different factors on attitude scores.

Analysis of variance using attitude score from *No Big Deal* across the two groups of occupational therapists (i.e., parent, nonparent) and three groups of parents (i.e., Caucasian With Degree, African-American No Degree, Caucasian No Degree) was followed by Duncan post hoc tests for specific group differences (p = .05). The comparison of parent occupational therapists and parents in the Caucasian With Degree group was of special interest as a means to explore the potential effect of socialization as a rehabilitation professional and the effect of pediatric practice.

**Results**

**Most Desired Characteristics of Preschoolers**

More than half (53%) of the occupational therapists selected the preschooler characteristic, "likes self, self-respecting," as the most important preschooler characteristic followed by "happy" (33%). Parent occupational therapists chose likes self, self-respecting, more often than did nonparent occupational therapists, χ²(1, 201) = 4.78, p = .03. The nonparent occupational therapists selected "obedient, follows rules, respectful," χ²(1, 201) = 4.92, p = .02, and "well behaved, good manners," χ²(1, 201) = 10, p = .002, more often than did parent occupational therapists.

Occupational therapists who selected "independent, plays or dresses by self," as one of the top three characteristics had been in pediatric practice significantly longer than those who did not choose this characteristic, t (119.3) = 3.3, p = .0012. The mean years in practice was 16.4 (SD = 9.8) for occupational therapists who selected this characteristic compared with 11.9 (SD = 7.8) for those who did not. Respondents who selected likes self, self-respecting, also had been in practice significantly more years (M = 13.9 years, SD = 8.5) than those who did not choose this characteristic (M = 9.33 years, SD = 11), t (199) = 2.1, p = .035. There were no other significant differences on the basis of years in pediatrics.

A significantly larger percentage of parent occupational therapists selected likes self, self-respecting, compared with parents in the Caucasian With Degree group, χ²(1, 170) = 23.57, p = .001. These respondents were significantly less likely to select well behaved, good manners, than
parents in the Caucasian With Degree group, $\chi^2(1, 170) = 18.0, p = .001$. There were no other significant differences in priorities, given the other five characteristics (see Table 1).

**Attitudes Scores for No Big Deal**

Parent occupational therapists had significantly higher scores on No Big Deal, $t(196) = 3.87, p = .0001$, than did nonparent occupational therapists. There was a small, but significant correlation between the score on No Big Deal and the therapist's years of experience in pediatric practice, $r = .27, p = .0001$.

There was a significant group effect in the responses to No Big Deal, $F(4, 287) = 13.1, p = .0001$. Duncan post hoc tests revealed that parent occupational therapists had a higher score (i.e., less inclined to control a toddler) than the parents in either the African-American No Degree or the Caucasian No Degree groups, $p = .05$. In the post hoc comparison of the nonparent occupational therapists with the three parent groups, the Caucasian With Degree group had a significantly higher mean score, $p < .05$, and the African-American No Degree group had a significantly lower mean score. There was no significant difference between the nonparent occupational therapists and the Caucasian No Degree group on No Big Deal. Mean scores of parent occupational therapists were not significantly different from those of the Caucasian With Degree group (see Table 2).

During the planned data analysis, a pattern between values and attitudes was noted. Group responses suggested that if higher priorities were placed on characteristics where the child conformed to adult expectations (i.e., ranked "well behaved" or "obedient" higher), the attitude scores were lower on No Big Deal. The pattern confirms that global ideas or parental values and attitudes about parenting behaviors for specific situations were related. In addition, the number of years in pediatric practice and parental status were correlated, $r = .33, p = .0001$. The interrelationships between variables left unclear the relative contribution of each type of experience to therapists' attitudes about how a parent should act. Therefore, a stepwise multiple regression was used to determine the extent valued characteristics and experience independently affected scores of occupational therapists on No Big Deal (see Table 3). There was a significant effect for the model, $F(4, 191) = 10.24, p = .0001$.

**Discussion**

The primary purpose of this study was to explore what characteristics of preschool children pediatric occupational therapists valued the most and their attitudes about responding to toddlers' noncompliant behaviors. Results that link personal and professional experiences, education, and minority group status to values and attitudes expand our understanding of how parental cognitions are shaped.

Being a parent has been identified as a powerful influence in adults' lives (Llewellyn, 1994), and the results of this study suggest that this experience has a moderating effect on priority placed on conformity to adults' expectations and the inclination to push a toddler to eat certain food. Parental status was associated with higher proportion of the parent occupational therapists placing priority on a child's intrinsic characteristics (i.e., likes self, self-respecting) and endorsing parenting responses, suggesting that the adult should accommodate a toddler's efforts to control a situation. In contrast, a small but significantly larger portion of nonparent occupational therapists selected characteristics that suggest that desirable traits are compliance with adult standards (i.e., well behaved, good manners, and obedient, follows rules, respectful). Clinicians without childrearing experiences may be more inclined to expect the parents they work with to do more to elicit the child's cooperation in ADL. In practice situations with a child or when modeling for a parent, these clinicians might do more to reinforce compliance in children. Additional research is needed to understand the extent to which parenting experience translates into observable differences in how therapists interact with children during practice or affects therapists' recommendations to parents.

The second source of influence on priorities for developmental outcomes explored was the respondents' years of practice. With more pediatric experience, therapists increasingly selected independence and self-respect as priority characteristics of preschoolers. Both these associations complement findings of Fleming and Mattingly (1994) and suggest a professional socialization process that occurs over time.

**Table 1**

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>OTP</th>
<th>OTP</th>
<th>CWD</th>
<th>AAN</th>
<th>CN</th>
<th>Comparison Across Groups*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Happy</td>
<td>86</td>
<td>85</td>
<td>79</td>
<td>60</td>
<td>86</td>
<td>12.1 .02</td>
</tr>
<tr>
<td>Obedient, follows rules, respectful</td>
<td>15</td>
<td>28</td>
<td>9</td>
<td>57</td>
<td>45</td>
<td>34.7 .0001</td>
</tr>
<tr>
<td>Well behaved, good manners</td>
<td>5</td>
<td>20</td>
<td>29</td>
<td>60</td>
<td>45</td>
<td>55.1 .0001</td>
</tr>
<tr>
<td>Cooperates, able to share with or think of others</td>
<td>50</td>
<td>44</td>
<td>45</td>
<td>36</td>
<td>41</td>
<td>11.0 .03</td>
</tr>
<tr>
<td>Independent, plays or dresses by self</td>
<td>36</td>
<td>33</td>
<td>50</td>
<td>33</td>
<td>9</td>
<td>72.6 .001</td>
</tr>
<tr>
<td>Likes self, self-respecting</td>
<td>94</td>
<td>85</td>
<td>66</td>
<td>30</td>
<td>59</td>
<td>13 ns</td>
</tr>
<tr>
<td>Smart or quick to learn</td>
<td>20</td>
<td>25</td>
<td>18</td>
<td>20</td>
<td>13</td>
<td>13 ns</td>
</tr>
</tbody>
</table>

*Note. OTP = parent occupational therapists (n = 126); OTP = nonparent occupational therapists (n = 75); CWD = Caucasian With Degree group (parents who were Caucasian and had 16 or more years of education, n = 44); AAN = African-American No Degree group (parents who were African-American and had 1 or fewer years of education, n = 30); CN = Caucasian No Degree group (parents who were Caucasian and had 13 or fewer years of education, n = 22).

*Degrees of freedom for all chi-square analyses = 4. No significant difference in proportion of groups who selected the characteristic.
rather than a priority developed before entering practice.

Variables affecting attitudes about parenting or the inclination to act in specific situations appear to be multifaceted. Exploratory regression analysis confirmed small but independent effects of experience and values on scores on No Big Deal. Clinicians cannot assume that just because they are parents or have more years of experience that their attitudes about parenting responses and control issues are more relaxed. Values about what is important for children also need to be considered in understanding how therapists may approach a parenting situation.

When examining the similarities and differences between the two occupational therapist groups and the three parent groups with different education and ethnic backgrounds, the priorities expressed by therapists were consistent with their middle-class status. As suggested in the literature (Kohn, 1969; Luster et al., 1989), parents with 1 year or less education beyond high school put greater emphasis on characteristics in children that suggest an ability to conform to authority (i.e., obedient, follows rules, respectful, and well behaved, good manners) compared with occupational therapists, who have at least a bachelor's degree. These differences were greatest between parent occupational therapists and parents in the African-American No Degree and Caucasian No Degree groups, who had 13 or fewer years of education. In practice, clinicians may observe parents with less education as more inclined to remind their children to "be nice" or punish misbehavior more severely than the clinician believes is warranted. It is not that the parents do not value their children's feelings but, rather, that they may believe that conformity to external demands enhances the potential for their children's success. That there are differences in value systems between parents and clinicians raises a consideration when targeting parenting goals. Professional experience with children who have problems that limit independence may lead clinicians to support characteristics that they see as achievable developmental outcomes. Feeling good about oneself can be a goal that is independent of sensorimotor or learning problems. In practice, therapists may want to recognize that parents of children with disabilities may be more concerned about the child's acquisition of functional skills, whereas the therapist may be more concerned about the child's psychosocial adjustment. Parents may be frustrated if clinicians do not link psychosocial goals to the child's occupational performance.

**Limitations**

Because the study has several limitations, our results may stimulate self-reflection and discussion but should not be used as the basis for stereotyping a group. First, more than 30% of the potential occupational therapist respondents did not complete the questionnaire. The values, attitudes, and life situations that contribute to their cognitions could be different from those of the therapists who responded, thus limiting generalizations of our results. Additionally, the instruments, Feeding Stories and Parental Values, tap only selected ideas about parenting. Further, reliability for No Big Deal, the story used in the study, is moderate, suggesting that attitudes change over time.

**Additional Considerations**

Contrasts of occupational therapists' responses with those of parents remain speculative. Our methods for data collection (i.e., paper-and-pencil questionnaire, a structured interview using the questionnaire) could have introduced some bias because the interviewed participants may have been concerned about socially desirable responses. Additionally,
the inability to develop a fourth contrast group of African-American parents with degrees did not permit exploration of how this group may be similar to the parent-occupational therapist group, thus limiting our plan to compare clinicians with parents.

Finally, this study examined values and attitudes as they relate to children who are developing typically. The extent to which therapists and parents might have responded differently if asked to reflect on a child with special needs is not known. The current work provides information on values and attitudes that might serve as a starting place for understanding parental cognitions that would be influenced by the presence of special needs.

Summary

The values and attitudes the therapist brings to the therapeutic situation can influence clinical reasoning and interaction with children and their family members. Both parents and therapists have different understandings about what characteristics contribute to children's success. They both engage children in co-occupations where occupational performance depends to some extent on the child's behavior and cooperation with adults. Clinicians may express ideas about children and parenting responses that reflect their own family status and unique cultural niche as rehabilitation professionals. This study illustrated the subtle differences between occupational therapists and parents, especially between parent occupational therapists and parents with 13 or fewer years of education who receive services. Clinicians who believe that they share a common value system with parents on the basis of a single, common characteristic, such as ethnic status, can be surprised by how other factors influence occupational performance (Blanche, 1996). It would be inadvisable to assume that similarities such as parenthood, educational level, or ethnic background would translate to compatibility in values for children or attitudes about parenting. Therapists will be more effective if they recognize their own perspective and identify values and attitudes of the parents they serve.

Acknowledgments

We thank Steven Dovenitz, MS, OTR/L, for his participation with the survey of occupational therapists. This research extends a project funded by the American Occupational Therapy Foundation.

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