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Abstract

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Keywords

Occupational therapy education, pediatrics, assessment, intervention

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Entry-Level Occupational Therapy Programs' Emphasis on Play: A Survey

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ABSTRACT

Play is a key occupation for children. Despite this, research suggests that pediatric occupational therapists primarily use play as a modality rather than addressing it as an outcome. Lack of education related to play has been identified as a factor contributing to the limited use of play in intervention; therefore, this study examined entry-level occupational therapy programs' emphasis on play in their curricula. Faculty from entry-level occupational therapy programs in all regions of the U.S. responded to a validated survey. The majority (82%, $n = 33$) reported meeting Accreditation Council for Occupational Therapy Education (ACOTE) standards related to play, notwithstanding pediatric occupational therapy practitioners' reports of a lack of education about the occupation of play. Play assessments and intervention methods taught, approaches to teaching play assessment and intervention, and the extent of teaching the assessments and intervention approaches are described. These results suggest that a review of the ACOTE standards and play content in occupational therapy curricula is needed.

INTRODUCTION

Occupational therapists help individuals throughout the lifespan participate in everyday activities and occupations that are central to their quality of life (American Occupational Therapy Association [AOTA], 2014). For children, play is an essential occupation (AOTA, 2012). Play has been defined as "any spontaneous or organized activity that provides enjoyment, entertainment, amusement, or diversion" (Parham & Fazio, 2008, p. 448).

Play has an important role in the lives of children; for example, it facilitates appropriate development and engagement in the world around them. The act of engaging in play contributes to a child's overall development in many ways, including the development of

cognitive, language, self-regulation, and social and emotional skills. Play has been shown to promote problem solving, self-expression, and creativity (Bruner, 1983; Erikson, 1972; Foley, 2017; Parham, 1996; Vygotsky, 1967; Weider, 2017). Play can facilitate the development of motor skills and sensory integration and provide children with the opportunity to experience a sense of competence and mastery over their bodies and the environment. Play is a way for children to make sense of the world and serves as a developmental marker in understanding the maturity levels of children (Parham, 1996; Piaget, 1952). In addition to the many developmental benefits of play, play is believed to be important for its own sake, allowing children to process their experiences, experiment with actions and outcomes, invent and discover, and experience enjoyment (Bruner, 1983; Garbarino, 1989).

Just as play is essential for children, it is also important for adults. Play has been identified as fundamental to the self-regulation, health, and well-being of adults, particularly for those under pressure (Liapi & Ackermann, 2016; Van Vleet & Feeney, 2015). According to Brown (2009), play allows adults to simulate life, test alternatives, deal with uncertainties, and escape everyday restrictions. Play permits adults to look at situations differently and can lead to improvements in mood and outlook (Brown, 2009; Liapi & Ackermann, 2016; Van Vleet & Feeney, 2015). In a photo-elicitation study of play in children, college students, and retirees, Swank, Smith-Adcock, and Puig (2017) found themes of connection, creativity, discovery, freedom, fun, growth, inner self, risk, and play across the life span. They concluded that play is important at all ages and stages of life. Thus, play could be described as a life skill, one that is important for occupational therapists to address for clients at all stages of life and one that warrants attention in entry-level occupational therapy programs.

Despite the importance of play for children, two studies suggest that few pediatric occupational therapists directly address play deficits (Couch, Dietz, & Kanny, 1998; Kuhaneck, Tanta, Coombs, & Pannone, 2013). Couch and colleagues (1998) surveyed pediatric occupational therapists to determine whether they assessed play behaviors and to describe how they incorporated play in practice. The results revealed that about 40% of respondents neglected to assess play behaviors. Two-thirds of the participants stated that entry-level occupational therapy coursework had not prepared them to use play assessments, and the majority of the respondents stated that they acquired knowledge of play assessments through on-the-job training and continuing education classes. Respondents reported that they used play most often as a modality to elicit other skills such as fine motor or gross motor skills, and that they infrequently addressed play behaviors themselves during intervention (Couch et al., 1998).

Kuhaneck and colleagues (2013) replicated Couch and colleagues' study to provide an updated picture of the use of play in occupational therapy. The results were similar to those of the study conducted in 1998. As in the original study, respondents reported using play most often as a means to elicit other skills (Kuhaneck et al., 2013). Although Bruner (1983) cautioned against "pushing children through play in order to squeeze

some appropriate behavior out of them” (p. 63), play as a modality was emphasized by the respondents, with limited use of two other major approaches to play intervention, i.e., addressing playfulness and addressing play skills themselves. Also, similar to the original study, participants described the lack of knowledge of play assessments as a barrier to assessing play behaviors (Kuhaneck et al., 2013). Despite Couch and colleagues’ call for pediatric occupational therapists to directly intervene in play deficits, over a decade after their study was conducted there was little evidence of a change in practices related to play.

The potential relationship between therapists’ implementation of play in practice and the education received in entry-level occupational therapy programs needs to be considered (Couch et al., 1998; Kuhaneck et al., 2013). Therapists surveyed by Couch and colleagues (1998) reported a lack of training in play assessment during their entry-level occupational therapy programs. Similarly, therapists surveyed by Kuhaneck and colleagues (2013) reported a lack of education related to play. Kuhaneck and colleagues (2013) also pointed out that in the United States there is a paucity of evidence about entry-level programs’ teaching practices related to play and its role in pediatric occupational therapy intervention. They called for research to examine the preparation of practitioners for intervening in the important occupation of play.

A description of entry-level programs’ teaching practices related to play will provide evidence to help explore the relationship between practitioners’ entry-level preparation and their limited use of play in practice. A solid foundation in the basics of assessment and intervention related to play is important, not only for pediatric practitioners, but for therapists who work with adults as well, given the acknowledgement of play as a life skill (Brown, 2009; Liapi & Ackermann, 2016; Swank, et al., 2017; Van Vleet & Feeney, 2015). The purpose of this study, therefore, was to describe entry-level occupational therapy programs’ emphasis on play in their curricula. This knowledge could provide evidence to inform, challenge, or inspire changes to occupational therapy curricula, with the goal of graduating practitioners who utilize a variety of methods to proactively and confidently incorporate play in practice. Specific research questions included: 1) What play assessment and intervention methods are taught in entry-level occupational therapy programs? 2) What approaches are used to teach play assessment and intervention in entry-level occupational therapy programs? 3) To what extent are play assessment and intervention taught in entry-level occupational therapy programs?

METHODOLOGY

Instrument

A survey was created to gather data about entry-level occupational therapy programs’ emphasis on play, with survey items based on previous research and the scope and purpose of this study’s research questions. A panel of six experts agreed to review the survey for content validity. The experts were chosen based on their expertise in pediatric occupational therapy and experience as researchers and entry-level pediatric

occupational therapy educators. The expert panel individually rated the 18 potential survey items in terms of clarity and relevance for answering the research questions. The experts were also asked to make any additional comments or suggestions for improvement or revision of the survey items.

The content validity index (known as CVI) is the most widely used method for quantifying content validity for multi-item scales based on expert ratings of relevance. This value can be calculated for each item on a scale (known as I-CVI) and for the overall scale (known as S-CVI) (Polit & Beck, 2006). With six or more experts, the I-CVI accepted standard must be at least 0.83, which is indicative of only one disagreement (Lynn, 1986). According to Polit and Beck (2006), the accepted value for S-CVI is generally 0.8. The majority (14 out of 18) of the survey items met the criterion for content validity (I-CVI \geq 80%). With an S-CVI/Ave of 0.91, the 18-item scale exceeded the accepted standard of 0.8. Suggestions for improvement of the survey included rearranging the order of items, revising wording, defining words for clarification, and considering removal due to relevance. Revisions to the survey were made based on this feedback, e.g., definitions of play and the eight approaches to play listed in the survey were provided for participants. The revised survey consisted of twenty-one questions, six that requested demographic data about the programs and respondents, and fifteen designed to gather data about how entry-level occupational therapy programs incorporate play in their curricula. For example, respondents were asked to indicate the extent to which various assessments and approaches to play are taught (see Tables 1 and 2). The category "Learned to Competency" was included in order to provide an option beyond "Practiced," although this was not the expected response considering that the respondents were faculty from entry-level programs.

Procedure

The survey was approved by the University of Tennessee Health Science Center Institutional Review Board. After approval, cover letters describing the purpose of the study and consent procedures and providing Qualtrics© survey links were emailed to the contact email address at all entry-level master's and entry-level doctoral programs accredited by the Accreditation Council for Occupational Therapy Education (ACOTE). This list was obtained from a comprehensive program contact list on the AOTA website. Since basic foundational content related to play is most commonly and most extensively addressed in pediatric coursework, recipients were asked to forward the email to individuals in the program who were responsible for delivery of pediatric content. The survey was available to respondents for six weeks, with weekly email reminders for the last three weeks. Completion of the survey was considered as providing consent.

Data Analysis

Survey responses were analyzed using descriptive statistics. Open-ended question responses and comments were analyzed by each author placing answers and comments into categories and reviewing for similarities and differences.

RESULTS

From the survey links emailed to 158 entry-level occupational therapy programs, 28% ($n=45$) agreed to complete the survey. Frequency counts for responses to individual questions ranged from a low of 33 responses to a high of 41 (21% to 26%). These rates all fell above the 20% rate designated by Fowler (2009) as the rate needed to accurately represent the larger population.

Respondents were comprised of faculty and instructors (part-time, full-time, or adjunct) from entry-level master's and entry-level doctoral occupational therapy programs who taught pediatric content. They included individuals whose length of tenure teaching pediatric content varied widely (see Figure 1).

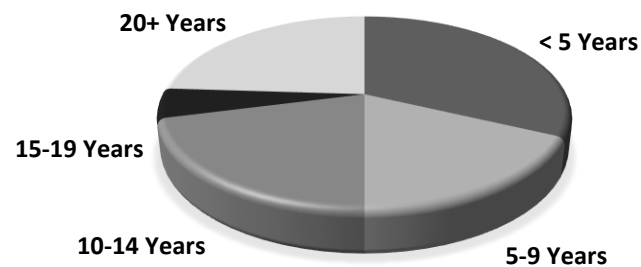


Figure 1. Respondents' pediatric teaching experience ($n=38$)

Respondents ($n = 39$) were from all regions of the United States: 15% from the West, 23% from the Midwest, 36% from the South, and 26% from the Northeast.

Ninety-five percent of the responding programs ($n=41$) were entry-level master's programs. Only 14 programs reported information allowing calculation of the percentage of their curricula that included pediatric content. For those programs, an average of 13.37% ($SD=11.27$; range=4% - 30%) of their curricula included pediatric content. The mean number of instructors teaching pediatric content in the occupational therapy programs was 2.8 ($SD=1.80$; range=1-8). Most (79%, $n=38$) programs required a pediatric Level I fieldwork experience, while a pediatric Level II fieldwork experience was optional for most programs (64%, $n=37$). Only 11% of programs required a pediatric Level II fieldwork experience.

Occupational Therapy for Children by Case-Smith and O'Brien (2015) was by far the most commonly required textbook utilized by survey participants for teaching play content (95%, $n=37$). *Activity Analysis, Creativity, and Playfulness in Pediatric Occupational Therapy: Making Play Just Right* by Miller-Kuhaneck, Miller, and Spitzer (2010) and *Kids Can Be Kids* by Lane and Bundy (2012) were required by five and six respondents, respectively.

Play Assessment

The majority of respondents ($n=36$) reported that students in their programs practiced using clinical observations to assess play skills, and around one-third reported practicing the *Knox Preschool Play Scale (PPS)* and the *Test of Playfulness (ToP)* (see Table 1). Other assessments mentioned, introduced, or practiced by students in the respondents' programs are listed in Table 1. Additional assessments participants reported teaching included the *Test of Environmental Supportiveness (ToES)* (2 respondents) and the *Transdisciplinary Play-Based Assessment* (2 respondents). Few respondents reported that students learned any of the play assessments to competency (see Table 1).

Regardless of the specific assessment taught, the most common methods for teaching play assessments were lecture, lab experiences, reading, and discussion. Other approaches indicated by a few participants ($n=1-5$) included problem-based learning, Level I fieldwork, student-led presentations, practical demonstrations, group projects, videos, self-study, and role-playing. At least one respondent reported using each of the 13 options listed for teaching clinical observation of play, with lab, lecture, reading, discussion, Level I fieldwork, practical demonstration, and videotapes being most common among them.

Of the respondents who conducted lab experiences related to play assessment ($n = 34$), 71% provided opportunities for students to engage in "hands-on" experiences. Fifty-nine percent of participants included lab experience with classmates, 44% with typical children, 24% with children with disabilities, and 6% with video cases.

Table 1

Play Assessments and Extent Taught in the Responding Programs (% , $n=36$)

Play Assessment	Mentioned	Introduced	Practiced	Learned to Competency
Children's Assessment of Participation and Enjoyment (CAPE)	25	28	17	3
Clinical Observation	0	14	61	14
Knox Preschool Play Scale	28	19	36	0
Pediatric Interest Profiles	33	25	17	0
Play History	36	25	14	3
Preference for Activities of Children	28	19	11	6
Symbolic Play Checklist	17	8	0	0
Test of Playfulness (ToP)	36	14	31	6

Play Intervention

Most of the respondents taught students to write goals specifically aimed toward improving play (83%, $n=35$). Of the respondents who taught goals aimed at play, 63% estimated spending less than 2 hours, while 33% spent 2 to 5 hours on education related to writing play goals. Only 3% spent 6 to 8 hours, and no respondents reported spending more than 8 hours on education related to play goals ($n = 30$).

The respondents reported teaching a number of approaches to the use of play in occupational therapy (see Table 2). As defined in this survey, these included: 1) Reward: allowing the child to choose a play activity as a reward; 2) Modality: using play as a means to improve performance skills and client factors, e.g., fine motor skills; 3) Addressing play skills themselves: improving the child's current play skills, developmental level of play, or establishing/teaching new play skills; play as the goal of intervention; 4) Addressing playfulness: intervening in relation to the child's intrinsic motivation, sense of internal control, and/or ability to suspend reality; 5) Analyzing play activity: the use of observation and activity analysis to assess and design treatment activities; 6) Play groups: interventions involving two or more children; 7) Parent education: educating parents about play, its importance in development, developmental expectations, and/or intervention; enhancing parents' ability to facilitate play, adapt play activities, play with their children, etc.; 8) Compensatory techniques/modifications of play activities: use of adaptive equipment, adaptations of the play task, environment, procedures, and/or expectations. At least half of the respondents indicated that their programs provided opportunities for practicing three approaches: using play as a modality, addressing play skills themselves, and addressing playfulness. Close to half of the respondents reported that parent education related to play was practiced by students in their programs, and over one-third of respondents provided students with practice of compensatory techniques and modifications of play activities. Relatively few respondents reported that their curricula went beyond practicing any of the play intervention approaches (i.e., that they were learned to competency), with the largest percentage (25%) indicating that their students learned compensatory techniques and modifications to competency (see Table 2).

As with play assessment, the most common methods for teaching the approaches to play intervention were lecture, lab, reading and discussion. Some respondents also identified problem-based learning, Level I fieldwork, practical demonstration, videos, and group projects as methods used for teaching various approaches to play intervention ($n=3-12$). Student-led presentations, guest lectures, self-study, and role playing were relatively infrequently ($n=0-4$) used to teach students about the role of play in pediatric occupational therapy. Respondents reported that an average of 2.73 assignments ($n=33$, $SD=1.38$, range=0-6) required students to specifically address play intervention.

Table 2

*Play Intervention Approaches and Extent Taught in the Responding Programs (%
n=32)*

Use of Play	Mentioned	Introduced	Practiced	Learned to Competency
Addressing play skills themselves	13	19	50	19
Addressing playfulness	13	25	50	9
Compensatory techniques/modifications	9	31	34	25
Parent education	6	41	47	6
Play groups	19	50	22	6
Play as a modality	13	16	56	16
Reward	26	34	23	0
Other (therapist's playful style, analysis of play activities)	0	3	3	3

Eighty-two percent of respondents ($n = 33$) stated that their programs' play content was adequate for meeting ACOTE standards for entry-level practice. Fifteen percent reported that play content in their program was beyond ACOTE standards for entry-level practice. Only 1 respondent reported that play content in their program was below entry-level standards.

Open-Ended Questions

When asked to describe their teaching related to play, many respondents referred to education about play development and the use of play as a modality to facilitate other skills. They acknowledged the influence of play on all aspects of development and its use as a means or a modality, but they also expressed the importance of students developing an understanding of and appreciation for play as an end, i.e., as the primary occupation of children. One participant stated:

I acknowledge that play is sometimes used as a reward, or that they may see therapists using it primarily as a modality, but my focus is always on play as an occupation, and on the ways in which that occupation encompasses both the child and his/her social and physical contexts.

The importance of students learning to take a playful approach to intervention as a way to build rapport and motivate was also mentioned, for example:

Students are taught to try to make all interventions and interactions as playful as possible (when appropriate)... Most lab activities that are related to interventions require students to try to make the activities creative, playful, and fun. We also discuss making therapy playful as a way to increase cooperation and manage (or prevent) problem behaviors in therapy sessions.

Only a few respondents emphasized teaching of play theory, but active learning experiences were often described.

Some respondents who chose to make additional comments at the end of the survey discussed challenges and barriers to teaching students about play, e.g., time constraints in the curriculum, reimbursement issues in practice, students' difficulty learning to write play goals, and the limitations of currently available assessments. Several respondents described play as highly under-valued within occupational therapy education, while emphasizing the value of play for children and the need for occupational therapy students to appreciate its significance. One respondent stated, "Play is such an important area of occupation and should be taught as a valued occupation in and of itself instead of as a means to an end."

DISCUSSION

This study provides a description of the play content taught in entry-level (primarily master's) occupational therapy programs in the United States, with a goal of assisting educators in assessing the adequacy of their teaching practices related to play. The results suggest some consistencies as well as inconsistencies between practitioners' reports of lack of education related to play (Couch et al., 1998; Kuhaneck et al., 2013) and programs' reports about the play content included in their curricula.

Both Couch et al. (1998) and Kuhaneck et al. (2013) reported a low rate of play assessment by pediatric occupational therapists and suggested that a lack of knowledge and education about play assessment might be one explanation for this. Consistent with this hypothesis, only about one-third of the respondents in this survey indicated that they provided students with practice with specific play assessments (i.e., the *Knox Preschool Play Scale* and the *Test of Playfulness*). Most programs emphasized the use of clinical observation for assessing play skills. As expected, only a small percentage of programs reported teaching any play assessments to competency. These results suggest that limited teaching of specific play assessments could be contributing to their lack of use by pediatric occupational therapy practitioners.

The respondents reported teaching a variety of approaches to the use of play in intervention. About half of the respondents provided students with practice using play as a modality, addressing play skills themselves, and promoting playfulness. The fact that roughly equal percentages taught these three major approaches beyond the introductory level suggests that limited education may not be a strong contributing factor to practitioners' preferential use of play as a modality, as reported by Couch et al. (1998) and Kuhaneck et al. (2013). On the other hand, practitioners' preferential use of play as a modality suggests that entry-level programs may need to place a greater emphasis on addressing play skills themselves and promoting playfulness. As Bruner (1983) argued, it is important to address play beyond its ability to facilitate the development of other skills. The fact that only around half of the respondents provided

more than an introduction to these three major approaches to play intervention is also of concern, considering the importance of play as an occupation across the life span (Brown, 2009; Bruner, 1983; Erikson, 1972; Foley, 2017; Liapi & Ackermann, 2016; Parham, 1996; Swank et al., 2017; Van Vleet & Feeney, 2015; Vygotsky, 1967; Weider, 2017). Review of the number of hours spent addressing play-related assessment, goal-writing, and intervention approaches, as well as the amount and types of practice and experiential activities provided in entry-level occupational therapy programs is recommended.

A strong majority of the respondents reported that the play content in their programs meets ACOTE standards; however, review of the 2011 standards reveals only two standards that specifically mention play (as one of several occupations) (ACOTE, 2012). One of these standards is related to assessment and the other to intervention. It seems possible that occupational therapy programs may indeed meet these ACOTE standards and yet provide insufficient preparation for practitioners to deliver play assessment and intervention, in particular to address play skills themselves and promote playfulness. The findings of this study, in light of studies by Couch et al. (1998) and Kuhaneck et al. (2013), suggest that ACOTE standards related to play may need to be reviewed as the profession moves to the entry-level doctorate. Entry level standards that address competency could also be considered. If practitioners are to meet the goals of AOTA's *Vision 2025* (AOTA, 2017), i.e., to maximize "health, well-being, and quality of life for all people, populations, and communities through effective solutions that facilitate participation in everyday living" (p. 1), it seems incumbent upon occupational therapy programs to provide students with a solid foundation in assessment and intervention related to play as an area of occupation.

Kuhaneck et al. (2013) also hypothesized that barriers such as perceived role boundaries and reimbursement issues may affect practitioners' emphasis on play in practice. If this is the case, occupational therapy programs could also play a role in increasing practitioners' use of play in practice by bolstering occupational therapy students' documentation and advocacy skills. Increasing students' comfort and skill with writing play goals, documenting outcomes of play interventions, and advocating for the importance of play for children and the role of occupational therapy in play intervention could ultimately help future practitioners better meet the needs of the children and families they serve. Additional practice and feedback in relation to writing play goals, documenting outcomes of play interventions, constructing written forms of advocacy, as well as role playing to enhance oral advocacy skills could all be helpful for overcoming these barriers.

Limitations

A limitation of this study was its response rate; however, responses were obtained from all regions of the United States, and Fowler's (2009) 20% response-rate criterion was met. Another limitation may have been ambiguity related to use of the word

“competency” as a descriptor for reporting the extent to which assessments and intervention methods were taught. Nevertheless, in interpretation of the findings, teaching to competency was not considered the expected response, given that this study included faculty of entry-level occupational therapy programs. Instead, this category was considered only as an indication that teaching extended beyond the level of “practice.”

The fact that respondents were faculty who taught pediatric content may also be considered a limitation, as pediatric faculty members would be expected to value pediatric content. However, those who deliver the content are best able to report on the content taught and the extent to which it is taught. As stated, the purpose of this study was to explore educational preparation for play assessment and intervention, in light of pediatric practitioners’ reports of lack of entry-level education related to play. Further, if play is considered a life skill and thus important for clients of all ages, it seems important to seriously consider the perspectives of those who are typically responsible for teaching a large portion of the basic content related to play.

Recommendations for Future Research

Movement of the profession to the entry-level doctorate could provide opportunities to strengthen play standards and content in occupational therapy programs. Once the transition to doctoral level education has occurred, research to examine education related to play and its sufficiency for preparing practitioners to intervene in play skills themselves and to advocate for occupational therapy’s role in addressing play skills will be warranted. Additional research to explore the relative effectiveness of various methods for teaching play assessments and intervention could also prove beneficial. An update of the previous studies of practitioners’ practices related to play (Couch et al., 1998; Kuhaneck et al., 2013) could also explore whether changes to therapists’ approaches to play in practice have occurred in association with the change to entry-level education.

Implications for Occupational Therapy Education

The findings of this study suggest that entry-level occupational therapy programs may need to re-examine their emphasis on play assessment and intervention. Augmenting students’ abilities to advocate for children who demonstrate play deficits and for occupational therapy’s role in addressing these deficits could also further pediatric practitioners’ abilities to provide effective occupational therapy services to children. The transition to the entry-level doctoral degree provides an ideal opportunity to strengthen the emphasis on play in educational programs. As one respondent commented, “Play is integral to what occupational therapy students need to learn and integrate into practice...”

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