## Full source reference:

Cahill, S. M., & Beisbier, S. (2020). Occupational therapy practice guidelines for children and youth ages 5–21 years. *The American Journal of Occupational Therapy*, *74*(4), 7404397010p1-7404397010p48.

## Free access link:

N/A

## **Article Overview:**

This publication is a practice guideline synthesising evidence for interventions promoting activities of daily living, instrumental activities of daily living, play and leisure, sleep, mental health, positive behaviour and social participation, and achievement/participation in school.

## Key take home messages:

- 1. Interventions improving activities of daily living, instrumental activities of daily living, play and leisure, rest and sleep:
  - ADL's
    - Strong evidence for engagement in self-care activities and routines, functional mobility activities and cognitive-based interventions. Improved outcomes when engaging at home, school or in the community (natural environment)
    - The importance of collaborating with parents, school and community as well as providing parental training was emphasised
    - It is worth exploring the use of technology in particular for clients with ASD and ADHD.
    - Strong evidence for embedding fitness curricula into the school environment
    - Strong evidence for skills-centred education strategies involving peers, family members
  - Play and leisure:
    - Use structured and guided play participation.
  - Sleep:
    - Strong evidence on sleep preparation activities including sleep education, coaching and cognitive strategies.
- 2. Interventions to improve mental health, positive behaviour and social participation.
  - **Strong evidence:** associated with yoga and sports activities in addressing mental health outcomes and improving social participation skills.
  - **Strong evidence** for animal-assisted interventions with children and youth with ASD.
  - Play and creative arts interventions should be incorporated to improve social participation
  - It is recommended to use of group service delivery models, and interventions that include parental involvement.
  - **Strong evidence** for use of computer and video games in supporting social skills training and social participation.
  - Low strength evidence for outdoor activity groups, life skills groups, video and computer games on mental health outcomes.
- 3. Interventions improving learning, academic achievement and successful participation in school.
  - Strong evidence for peer support, peer-mediated interventions in increasing school participation
  - **Strong evidence** supporting therapeutic practices of some activities, in particular yoga and literacy participation interventions

- Moderate evidence for use of manualised programs and context modification to promote physical activity.
- Therapeutic practice has stronger empirical support than sensorimotor approaches.
- Therapists to consider and include peer support and parents in the intervention.