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| **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** forskills-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.  1. *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 te 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.  1. *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. |