**Analysis of Pediatric Occupational Wellness & Mental Health Needs Assessment**

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OT 543-A: Community Population Needs & Health I

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**Introduction**

Occupational therapy (OT) is rooted in the area of mental health and continually adapts and changes to the needs of mental health clients, especially pediatric clients. Despite the growth, there remains a lack of research and resources available for occupational therapists to use to assess and address pediatric mental health conditions. This highlights the need to better understand the relationship between children’s mental health and their occupational performance in natural environments, as well as how pediatric OTs perceive these factors and adapt their assessments and interventions accordingly. The findings will help determine whether a discrepancy exists between identified pediatric occupations, performance patterns, and their need for mental health support. Additionally, the results will guide the development of resources to inform pediatric OT practice and support children’s occupational performance and mental wellness in their environments. In conducting our needs assessment, the model of human occupation and the process for establishing children’s occupations drive our research to further understand the relationship between occupations and a child’s performance capacity. The model of human occupation assesses a child’s volition, habituation, performance capacity, and environmental factors and how they contribute to the strengths, weaknesses, and development in their occupations over time (Esmaili et al., 2019). The model of the process for establishing children’s occupations describes how children’s occupations continue to transform as they move through different stages of life (Wiseman et al., 2005). Both models will help drive further research in exploring the needs of pediatric clients through the observation of children in a variety of natural environments and by conducting a survey for occupational therapists in Connecticut.

**Community/Population Description**

 The target population for this needs assessment included children ages 5-12 currently residing in Connecticut. The focus of the target population is to explore what occupations children participate in daily and how it impacts their mental health and wellness. Information was gathered through observations and one-on-one interviews conducted at the Autism Health & Fitness Center (AHFC) in Orange, CT and West Rocks Middle School (WRMS) in Norwalk, CT. Observations without interviews were conducted at Puglio Park in Bridgeport, CT.

The target population encompasses all children ages 5-12 in CT, regardless of their diagnosis and ability, with the aim to understand how pediatric occupations impact a child’s mental health and well-being through structured vs unstructured play or activity time. Socioeconomic status and sociocultural factors of a family can impact a child's development and mental health (Poulain et al., 2020). This influences our target population due to the diversity of the area the needs assessment is being conducted. Differing beliefs about a child’s development between parents and teachers can impact engagement in both school and community settings. Additional barriers at the community level, include low income, limited transportation, and inflexible work schedules, can limit a child’s access to leisure activities, leading to reduced participation in meaningful occupations (Finkelstein et al., 2017). These challenges are tied to the social determinants of health, including education and economic stability, which directly affect a child’s participation in education, play, and leisure and lead to poor overall health (Brochier et al., 2023).

**Environment Description**

The needs assessment explored the environments of Puglio Park in Bridgeport, CT, a summer program located at WRMS in Norwalk, CT, and the AHFC in Orange, CT. Each environment had unique features that applied to the pediatric setting, including how children from ages 5-12 participate in certain occupations.

The public playground we observed, known as Puglio Park, located in Bridgeport, CT, is a suburban playground adjacent to multiple neighborhoods. The park includes multiple tennis or pickleball courts, open soccer fields, picnic tables, and a splash pad with a playground attached to it, including various play structures such as slides, swings, and climbing equipment. The surface was a rubber padding with grass along the outside of the playground and a splash pad where the observations took place. There were pathways for strollers and individuals to walk in and out of each area. As a public playground, the facility is free to access and is open daily. The playground was frequently visited by families, camps, and individuals taking walks. Peer interaction occurred through both children and adults by giving directions, free play, talking with other children, and transitioning from the splash pad to the playground area.

At WRMS, located in Norwalk, CT, a summer program took place for elementary-age children, grades K-5. Each grade group consisted of about 15-20 children with 2-3 counselors per group. The summer program utilized both indoor and outdoor facilities, such as the gymnasium and soccer field. Observations took place only outside while children participated in gross motor structured games instructed by camp staff. Outdoor play lacked a shady area for children to cool down between activities. Group activities were fast-paced and included equipment such as gatorskin dodgeballs and colored cones. Peer interaction occurred through teamwork, encouragement from individuals on the sidelines, and following directions from camp staff.

The AHFC, located in Orange, CT, is a center where children and adolescents with Autism Spectrum Disorder and other special needs can come to work one-on-one with a certified personal trainer to help reach their full potential. The fitness center creates individualized fitness plans and tailors classes to enhance children’s abilities. Observations took place in the center’s sensory-friendly gym classrooms, where children participated in individual or group classes. We observed a structured group activity called Hula Hoop Fitness Class, where children between the ages of 4-11 performed different exercises and games using hula hoops. The classroom was well lit and only had materials out for the hula hoop fitness class. The group activity was fast-paced and included equipment such as foam frisbees, hula hoops, and bean bags. Adults supervising the group session provided clear directions and positive encouragement for peer interaction and for completion of each activity.

**Literature Review**

Mental health challenges have gained global attention and are now impacting younger populations such as children and adolescents. Brooks and Bannigan (2021) conducted a mixed-methods systematic review exploring how occupational therapy interventions can support mental health and well-being in the adolescent population. Between 6.7%-13.4% of children and adolescents are living with a mental health disorder, while 1 in 4 children or adolescents experience poor well-being (Brooks & Bannigan, 2021). Occupations such as play, education, and social participation are crucial for child development and promoting engagement in meaningful activities that can support a child’s overall mental health and wellness. The study focused on occupation-based interventions, including the Cognitive Orientation to Daily Occupational Performance (CO-OP), Cognitive Functional (Cog-Fun), and play-based programs, particularly for children with Asperger’s syndrome and Attention-deficit/hyperactivity disorder. The interventions demonstrated that there are potential benefits to improving occupational performance, emotional regulation, and behavioral outcomes.

The findings from the study suggest age-appropriate engagement in occupations can help improve overall childhood development and mental health, but the quality of evidence was low because of the lack of assessment tools, intervention descriptions, and control groups, leading to the inability to make strong conclusions about the effectiveness of interventions relating to childhood mental health (Brooks & Bannigan, 2021). Further research must be done to determine a broader range of pediatric mental health conditions besides Asperger’s and ADHD to determine the link between participation in specific pediatric occupations and how the improvements in mental health can benefit this population.

There is a link between the performance of daily activities and mental health. Durlak and Wells (1997) conducted a meta-analysis to identify the effectiveness of primary prevention programs in children’s natural environments in demonstrating psychological and behavioral outcomes. A key factor in this research was to deliver interventions in natural environments for children engaging in daily occupations, which aligns with the objectives of this needs assessment. After reviewing 177 prevention program studies, researchers found that early mental health intervention and prevention should be introduced into children’s routines to promote successful engagement in occupations. It is found that those in the primary prevention program “surpasses performance of between 59% to 82% of those in a control group” (Durlak & Wells, 1997, p.1). Taking these findings into consideration when conducting this needs assessment, it is inferred that occupational therapists can bring a unique approach by providing structured intervention, such as coping, emotional regulation, and problem-solving skills training that Durlak and Wells (1997) identified, while addressing children’s performance and participation. This literature highlights a gap in mental health resources, reinforcing the rationale for this needs assessment, which will explore how pediatric OTs define and assess mental health and occupational engagement within natural environments (Durlak & Wells, 1997).

The relationship between occupational engagement and mental health in children and adolescents is a growing area of research, particularly as the mental health needs of this population continue to increase. Despite the relevance of this topic, occupational therapy literature has not properly addressed it. A bibliometric analysis by Gutman et al. (2021) reviewed nearly four decades of peer-reviewed OT research and identified only 82 studies that examined interventions for pediatric mental health. The majority of these studies concentrated on children with ADHD, often using sensory-based approaches, while conditions such as anxiety, depression, and mood disorders were notably underrepresented. Furthermore, many articles had low citation and visibility rates, limiting their influence within and beyond the profession. These findings point to a profession-wide underdevelopment in both research volume and rigor in this area. As a result, there remains a need for further investigation into how occupational therapy can address mental health needs in pediatric populations through meaningful occupations.

Occupational therapy recognizes spirituality as a key element of human occupation, yet its role in pediatric practice remains unexplored. Leitao et al. (2023) investigated the perspectives of occupational therapists working with children regarding how spirituality is understood and addressed in clinical practice. Through focus groups and interviews with 20 therapists, the study revealed that spirituality is often considered vague and subjective, overlaps with characteristics of religion, and is rarely addressed explicitly in practice. Instead, practitioners tended to support spiritual development indirectly through attention to children’s motivation and values. A lack of training and uncertainty about how to approach spirituality with young clients emerged as key barriers. These findings further support the need to explore how pediatric occupational therapists conceptualize and address aspects of children’s occupational engagement and their effects on mental health.

Collectively, the articles demonstrate that as the prevalence of mental health conditions in pediatrics increases, the need for intervention consequently increases. The support occupational therapy can provide is something that is underrepresented in the literature and requires more research on the benefits it can provide in the occupational engagement of children. Many mental health conditions, including anxiety, depression, and mood disorders, are often underrepresented in research and should be considered when determining how mental health impacts pediatric occupations. There is overall a limited understanding of the occupations children engage in and how occupational therapists can provide support. This gap helps outline a need for further evaluation of the performance children have in their natural environments, and where OTs in the state of Connecticut are in evaluating and providing intervention in these areas of mental health.

**Current Programming in Place**

 The Puglio Park playground is a free public area located in Bridgeport, CT, open from 8:00 am-9:00 pm daily. The playground is enclosed by a gate and includes a variety of play structures such as climbing structures, slides, swings, and a splashpad. It is a very accessible location with rubber-like flooring throughout and ramps to gain access up onto the playground structures. When observing on a late Tuesday morning, the area had sufficient daylight with some shading provided by trees lining the backside of the gates. Seating areas, such as picnic tables and benches, were available lining the playground area in both shaded and unshaded spots. At the time of observations, upon arrival, about 10-15 children were playing with about 3-4 adults supervising. However, halfway through, a group of about 15 elementary and middle school-aged children came with 2-3 adults supervising. This brought the total of observed children to approximately 30. While there is no formal programming in place, the space supports unstructured child-led play and spontaneous social interaction. Adult supervision is informal and was provided by accompanying adults or caregivers.

 West Rocks Middle School hosts the Play & Learn Summer Camp in Norwalk, CT, weekdays from 9:00 am-3:00 pm. Campers are separated by grade in school in groups of 10-16 children with 1-2 counselors each. Current programming is structured and age-grouped with a balance of recreational, leisure, and social-skill building. Observations took place Monday morning around 9:30 am where a group of 15 4th graders were with the head sports coach of the camp and were encouraged to all agree on a sports game to play for the 30 minutes of allotted sports time. Dodgeball on the turf football field emphasizes team participation and safe play guided by adult counselors.

The Autism Health and Fitness Center is located in Orange, CT, and is open 11:00 am-7:00 pm on weekdays, and 9:00 am-2:00 pm on weekends. This facility provides a variety of programs such as individual fitness training, group classes, and day camps. Observations took place on Sunday morning around 10:00 am, where a 30-minute hula hoop class was taking place. This took place in what was called the classroom area, which was enclosed by sliding doors and had efficient overhead lighting. There were 3 participants in the class with 1 head personal trainer and 1 assistant who was one-on-one with a child. The hula hoop class had a variety of activities, such as bean bag toss, bowling, and hopscotch, with the main object used being the hula hoop. The structured group class emphasized engagement through movement-based routines with consistently interactive routines and familiar activities with individualized support.

**Key Questions**

In collaboration with our faculty advisor, Dr. Stefanie Seanor, we came up with key questions for our needs assessment: What are pediatric occupations? What is the impact of pediatric occupations on occupational wellness? Is it our job as occupational therapists to assess occupational wellness in children? What do pediatric occupational therapists perceive as pediatric occupations? What pediatric occupations are currently assessed by available and usable assessments?

**Data Collection Methods**

To collect data, two primary methods were employed: direct observation and semi-structured interviews with program staff at selected community sites, with plans to implement a survey later in the study. These methods were chosen to gather both qualitative and quantitative data that would provide insight into the relationship between pediatric occupations and mental health in natural environments, as well as perspectives from program staff.

 Observations were conducted to capture children’s engagement in structured and unstructured play activities. Observation sites included a public playground at Puglio Park in Bridgeport, CT, WRMS in Norwalk, CT, and the AHFC in Orange, CT. At each site, observers recorded children’s occupational behaviors using a structured checklist (see Appendix A), noting participation in habits, routines, roles, and rituals during both structured and unstructured play. Observers documented emotional responses, task transitions, peer interactions, and environmental factors such as supervision, noise level, and accessibility. Observations were conducted on July 15th (Puglio Park), July 21st (West Rocks Middle School), and July 27th (Autism Health & Fitness Center).

Semi-structured interviews were conducted with key informants at observation sites. The purpose of these interviews was to gain perspectives on how the facility and its programming support children’s mental health and occupational engagement. Interview topics included the facility’s role in promoting wellness, behavioral changes observed during different types of play, the use of routines and roles, and how participation in specific activities influences a child’s wellbeing. Semi-structured interview questions were developed by the needs assessment team in collaboration with the faculty advisor, Dr. Stefanie Seanor (see Appendix B). The interviews were conducted with the summer camp director at WRMS, as well as with a front desk staff member and a fitness coach at AHFC. They were approached at the conclusion of our observations and asked to give verbal consent prior to the interview. Contact with the site workers concluded at the end of our interview.

 Quantitative data collection using a survey is planned for a later phase of the study and will target pediatric occupational therapists currently practicing in Connecticut. The survey questions were developed to assess how OTs define pediatric occupations and mental health and how they perceive the impact of daily occupations on children’s wellness as well as the assessments used (see Appendix C).

**Data Analysis**

The student observers each individually completed a checklist for the allotted time at each site, and at the end, themes were identified among the compared team member findings. A stakeholder from each site was interviewed with verbal consent by voice recording or via written transcript if the participant was unwilling to be recorded. All team members analyzed the checklists and interview transcripts, and common themes and findings were recorded.

**Results**

At Puglio Park, observations took place for 45 minutes, looking at how children interact in an unstructured environment. At WRMS, observations took place for an hour, followed by a 7 ½ minute semi-structured interview with the summer camp director. At the AHFC, observations took place for 45 minutes, followed by a 10-minute semi-structured interview with one front desk staff member and a fitness coach. No interview was able to be obtained at Puglio Park due to it being unsupervised and free to the public. The themes that emerged from the semi-structured interviews were that both facilities stated structured activities better supported emotional regulation rather than unstructured play, behavior and emotional growth in children takes time, and providing an environment that fosters “A sense of security and release [as they] make it a positive environment” according to a front desk staff member from AHFC stated. The summer camp director discussed a story about a child’s behavioral and emotional health and what changes he noticed over one year. According to the camp director, “Last summer, on more than one occasion, he had complete meltdowns. We had to clear the room out. He was flipping the desk. He was really struggling, and he had to get picked up a few times. Throughout the summer, he did show a lot of improvement. And this summer he's back, and he never quite knows how it's going to go. But he had a little bit of a rough first day, but after that, he's really settled in”.

Common themes from the observations showed that in unstructured play at Puglio Park, children had full ability to explore and express how they felt through self-chosen activities and with minimal influence from supervising adults, unless safety cueing was needed. The lack of adult supervision in this setting brought up concerns for increased safety risk and a lack of routine following.

In the observed structured play at WRMS and AHFC, the children relied heavily on adult supervision to maintain routines and follow directions. Adults played a key role in directing activities, supporting transitions, and offering repeated verbal prompts to guide participation. Children in these settings often required reassurance and reminders to stay engaged, but also benefited from adult-facilitated socialization and peer interaction.

Across both settings, consistent signs of children thriving were seen through observation and interview of adults. When positively thriving, children were seen to be showing facial expressions such as smiling, and participation levels were increased. AHFC staff members stated children who thrive in their facility “Shown by their body language and facial expressions… If they are slower or flying through their workout, they aren’t interested in it for the most part”.

The focus of our key questions relates to how pediatric occupational therapists assess mental health, which assessments they use, their impact on occupational wellness, and if there is a clear role OT plays in assessing occupational wellness in children. While these key questions are geared towards our future survey, other key points that came about throughout our observations and interviews were a child’s emotional expression in unstructured vs structured environments correlates to their mental health, social interaction between peers depends on the setting and a child’s preference, and the individuals’ needs are tailored depending on the support provided.

 **Discussion**

Observations and interviews were conducted to identify the occupations, performance patterns, and mental well-being status in pediatrics within their natural environments. This will later be compared to what pediatric OTs are assessing in these areas. The purpose of this needs assessment is to bridge gaps identified within these two areas and to understand how OTs support children to maximize positive mental wellbeing in their daily lives. Observing in a variety of settings in Fairfield County, CT, revealed community lifestyle factors impacting pediatric occupational engagement. Unstructured play in a no-cost public playground supported free emotional expression, peer interaction, and physical activity, yet, a lack of close adult supervision and safety monitoring. At the WRMS summer program, children participated in structured activities encouraging socialization and resilience, especially in dealing with frustration brought up by activities and peer interaction. At this location, children are grouped solely based on grade level. No mental health conditions are required to be identified unless the parents believe it is necessary to provide.

The information collected had multiple strengths. Gathering data from both observations and interviews allowed for qualitative data, which gave insight into children’s engagement in occupations and allowed for common themes to be identified. The use of a structured checklist also allowed for consistency across observers. However, there were also weaknesses. The small sample size and short observation windows may have limited the ability to observe certain behaviors or influences from the environment. Several limitations may have also impacted the results of this study. Observations were limited to three sites within Fairfield County, CT, which may not fully reflect the diversity of environments or socioeconomic backgrounds across the state. Additionally, only two of the three sites allowed for staff interviews, which limits the perspectives of professionals. Survey collection in the next part of our research will further allow us to connect our data to our key questions.

**Conclusion**

The results of this needs assessment demonstrate a gap in how pediatric occupational performance and mental health are understood and supported in relation to the areas of interactions, engagement, and emotional connection with children. There is a need for occupational therapists to better understand how both structured and unstructured play influences their mental health in natural environments. The data gathered for structured environments promoted better emotional growth over time and routine building, where unstructured play remains important for social development and self-expression through choosing preferred activities. These findings emphasize the importance of recognizing and supporting both types of play and how they promote wellness throughout pediatric occupations.

**Recommendations**

 This needs assessment informs a need for further research in the area of occupational wellness in children and how it influences their mental health. A gap in the areas of interaction, engagement, and emotional connection in children, where skilled OT services could enhance non-therapeutic environments, has been identified. Further research will be conducted next semester through a survey targeting pediatric occupational therapists in the state of Connecticut. The survey will address some of the key questions of our research study, including identifying what pediatric OTs perceive as pediatric occupations as well as whether and how they currently assess mental health. It will explore the extent to which mental health is addressed in OT practice across different pediatric settings. The benefits of this survey include helping to identify potential gaps between what pediatric OTs value and what is currently practiced or assessed, guiding the creation of resources to address these gaps. Ultimately, the survey will help build a clearer understanding of the OT role in supporting pediatric mental health.

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**Appendices**

**Appendix A-** *Checklist for observing sites*

**Pediatric Occupation & Mental Health Checklist**

**Focus:** Structured vs Unstructured Play/Activity Time

**Settings/Observation Sites:**

* West Rocks Middle School
* Autism Health and Fitness Center
* Public Playground

**Date:**

**Age Group:**

**Time:**

**Observers**: Lindsay Houlihan, Jenny Laneville & Amanda Melchers

**Type of Activity Observed:**

Structured:

Unstructured:

**Habits & Occupations**

|  |  |  |  |
| --- | --- | --- | --- |
| Observed Behavior  | Structured Play  | Unstructured Play  | Notes (include type of activity)  |
| Expresses enjoyment throughout the activity  | * Yes
* No
* N/a
 | * Yes
* No
* N/a
 |   |
| Transitions to new task independently/with assistance  | * Yes
* No
* N/a
 | * Yes
* No
* N/a
 |   |
| Demonstrates frustration or withdrawal in activity  | * Yes
* No
* N/a
 | * Yes
* No
* N/a
 |   |
| Follows directions throughout activity  | * Yes
* No
* N/a
 | * Yes
* No
* N/a
*
 |   |
| Cleans up after the activity  | * Yes
* No
* N/a
 | * Yes
* No
* N/a
*
 |   |
|  Wash Hands  | * Yes
* No
* N/a
 | * Yes
* No
* N/a
 |   |
| Eat Snack/Meals  | * Yes
* No
* N/a
 | * Yes
* No
* N/a
 |   |
| Move around from one place to another  | * Yes
* No
* N/a
 | * Yes
* No
* N/a
 |   |
|  Make choices  | * Yes
* No
* N/a
 | * Yes
* No
* N/a
 |   |
|  Stay on task & focused   | * Yes
* No
* N/a
 | * Yes
* No
* N/a
 |   |
| Self-regulate emotions  | * Yes
* No
* N/a
 | * Yes
* No
* N/a
 |   |

**Routines**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   | Yes  | No  | N/a  | Notes (include type of activity)  |
| Listens to Directions  |   |   |   |   |
| Sets up activity  |   |   |   |   |
| Participates in activity  |   |   |   |   |
| Communicates to peers  |   |   |   |   |
| Transitions through activities  |   |   |   |   |
| Communicates/responds to adults  |   |   |   |   |
| Cleans up from activity  |   |   |   |   |

**Roles**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   | Yes  | No  | N/a  | Notes (include type of activity)  |
| Peer  |   |   |   |   |
| Participant/Student  |   |   |   |   |
| Child (Son/daughter)  |   |   |   |   |
| Leader  |   |   |   |   |
| Helper  |   |   |   |   |

**Rituals or Social Participation**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   | Yes  | No  | N/a  | Notes (include type of activity)  |
| Follows directions  |   |   |   |   |
| Listens to adults  |   |   |   |   |
| Respects environment  |   |   |   |   |
| Communicates with peers (non verbal or verbal)  |   |   |   |   |

**Environmental Factors Applicable**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   | Yes  | No  | N/a  | Notes (include type of activity)  |
| Materials age appropriate  |   |   |   |   |
| Safe environment for the age group  |   |   |   |   |
| Appropriate lighting  |   |   |   |   |
| Are there adults or other individuals supervising for support  |   |   |   |   |
| Is the noise level appropriate for the setting  |   |   |   |   |

**Summary of Overall Observations**

Strengths in performance patterns observed and why they exist

1.
2.
3.

Weaknesses in performance patterns observed and why they exist

1.
2.
3.

Differences in Children Between Structured vs Unstructured Play/Activity Time

**Appendix B-** *Semi-Structured Interview with Site Workers/Owners*

*Consent Statement*

Thank you for agreeing to participate in our capstone project. This interview will be audio recorded for the purpose of data collection and analysis. Your participation is voluntary, and you may decline to answer any question without penalty. All information will be kept confidential and anonymous. Your name and any other identifying information will not be included in any presentation, publications, or results from this project. After the study is complete all recordings will be deleted.

*Potential questions (record the transcript for data analysis)*

1. How do you feel this facility and what you do here impacts mental health and wellness in children?

1. Have you noticed any changes in a child's mood or behavior when they are engaged in activities? (ex: free play vs structured play, sensory play, motor/gross motor activity)

1. What opportunities does this facility offer to improve social engagement/interaction with other children?

1. Are there certain routines children follow at this facility?

1. Are there opportunities for children at this facility to take on certain roles? (ex: leader, helper, set up/clean up)

1. What signs do you see or look at when a child is thriving here?

1. Is there a particular story or scenario you have experienced where a child’s participation in an activity has impacted their confidence or wellness?

Adapted from: SCOPE Assessment, COSA, OTPF

**Appendix C-** *Preliminary Survey Questions for Pediatric Occupational Therapists in Connecticut~ developed from needs assessment*

Demographic Questions:

1. How long have you been practicing as an occupational therapist?
* 0-2 years
* 3-5 years
* 5-10 years
* 10+ years
1. What is your highest level of education?
* Bachelor’s Degree
* Master’s Degree
* Doctorate Degree
1. What pediatric setting do you primarily practice in? (Select all that apply)
* Outpatient Clinic
* Pediatric Hospital
* School Setting
* Early Intervention
* Home Health
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. What age group(s) do you primarily work with? (Select all that apply)
	* 0-3
* 3-5
* 5-8
* 8-12
* 12+
1. What diagnoses do you most commonly work with in your setting? (Select all that apply)
* Developmental Disabilities
* Learning Disabilities
* Anxiety-Related Disorders
* Neurodevelopmental Disorders
* Genetic Disorders
* Sensory Disorders
* Mood Disorders
* Behavioral Disorders
* Feeding Disorders
* Other \_\_\_\_\_\_\_\_\_\_\_\_

Evaluation/Intervention Questions:

1. What occupations do you observe children most frequently engage in? (Select all that apply)
* ADLs
* IADLs
* Play
* Leisure
* Work
* Education
* Health Management
* Social Participation
* Rest & Sleep
1. From the occupations listed above, in your opinion which top three are most impacted by mental health challenges in children?
2. Does your facility have access to pediatric mental health assessments?
3. Do you assess mental health on a regular basis at your facility?
4. Do you feel you have proper assessment tools to assess pediatric mental health in your setting? Please explain.
5. If yes, what assessments do you use to evaluate children’s mental health?
6. Do you feel confident at interpreting results from mental health assessments?
	* Very confident
	* Somewhat confident
	* Neutral
	* Somewhat unconfident
	* Very unconfident
7. What aspects of pediatric mental health do you feel are least likely assessed through current available assessments? (Select all that apply)
	* Emotional regulation
	* Social participation
	* Executive functioning
	* Sensory processing
	* Trauma or adverse childhood experiences
	* Motivation and engagement
	* Other:\_\_\_\_\_\_\_\_\_\_\_\_
8. What performance patterns do you see children participating in at the facility that contribute to their daily occupations?
	* Roles
	* Habits
	* Routines
	* Rituals
	* Other\_\_\_\_\_\_\_\_\_
9. What performance patterns/contexts do you feel that mental health assessments are lacking? Please explain.
10. Do you feel that children’s mental health and well-being impact their occupational performance? Please explain.
11. If applicable, how do you intervene with children experiencing decreased performance levels due to their mental health and well-being?
12. How do you define occupational wellness in pediatric occupations? Please explain.
13. When evaluating a child’s mental well-being, what sources of information do you rely on? (Select all that apply)
	* OT Observation
	* Assessment
	* Parent Report
	* Child’s Report
	* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_