6-2021

State of Knowledge on the Use of Coaching in Occupational Therapy: A Scoping Review

Braedyn Kistler, OTS
Thomas Jefferson University

Delaney Lynam, OTS
Thomas Jefferson University

Madison Okerson, OTS
Thomas Jefferson University

Taryn Pettigrew, OTS
Thomas Jefferson University

G. Sweet
Thomas Jefferson University

Authors

Braedyn Kistler, OTS; Delaney Lynam, OTS; Madison Okerson, OTS; Taryn Pettigrew, OTS; G. Sweet; Mary Ferraro, PhD, OTR/L; and Marie-Christine Potvin, PhD, OTR/L

State of Knowledge on the Use of Coaching in Occupational Therapy: A Scoping Review

Kistler, B., OTS, Lynam, D., OTS, Mistek, M., OTS, Okerson, M., OTS., Pettigrew, T., OTS, Sweet, G., OTS, Ferraro, M., PhD, OTR/L, & Potvin, M.-C., PhD, OTR/L

June 2021

INTRODUCTION

Occupational therapy practitioners (OTPs) recognize that individuals, groups, and populations across the lifespan cannot experience wellness in the absence of occupation[14]. Humans are occupational beings and shape their identities using the daily activities in which they engage[27]. Occupations are personal and informed by the various contexts in which humans subsist, such as their culture, socioeconomic status, and physical environment[22].

Occupational therapy (OT) is a therapeutic approach that focuses on facilitating a productive interplay among clients, their contexts, and their preferred occupations[3]. Because clients perform occupations within their unique combination of contexts, they are the experts of their occupational performance[27].

OTPs use various approaches, such as motivational interviewing, environmental modifications, and patient education, to help clients identify their goals and achieve optimal occupational performance. One intervention gaining popularity in occupational therapy practice is coaching.

Coaching is an approach that allows OTPs to emphasize the client-centeredness of their practice by ensuring client leadership and autonomy throughout the intervention process[2,7, 10, 16]. In addition to facilitating client autonomy, coaching also promotes self-motivation, self-efficacy, self-reflection, problem-solving, and, ultimately, improved occupational performance and quality of life for clients across contexts and environments[1, 4, 6, 18, 21].

Occupational therapy practitioners who use coaching within their practice find that the intervention leads to many positive outcomes, including improved occupational performance, performance satisfaction, parent competence, self-efficacy, and quality of life[1, 4, 6, 10, 13, 15, 19, 20, 21, 26].

Due to the growing body of literature focused on coaching within OT, there is a need to clarify coaching definitions [18]. Coaching is an umbrella term that encompasses an assortment of approaches. Some of the aforementioned coaching approaches include occupational performance coaching (OPC), occupation-based coaching, health coaching, solution-focused coaching, and coaching in context[5]. As the pool of information about OT-

led coaching continues to grow, so does the need for an updated overview of the existing literature. A contemporary OT coaching scoping review would support evidence-based practice and identify gaps in the research to inform best practice moving forward.

Terminology

Coaching – client-centered, guided self-discovery used to achieve client goals through collaboration created between client and therapist, with on-going learning experiences and self-reflection

Self-guided discovery – a process where an individual finds insights or gains perspective around an issue through questioning and reflection

Occupational performance – the accomplishment of the selected occupation resulting from the dynamic transaction among the client, their contexts, and the occupation[3]

Occupational therapy – the therapeutic use of everyday life occupations with persons, groups, or populations (i.e., the client) for the purpose of enhancing or enabling participation[3]

METHODS

An a priori protocol was developed in advance of conducting this scoping review. The protocol outlined the following scoping review questions to guide the search:

1. With what populations have OTs used coaching interventions?
2. What are parents'/caregivers'/clients' perspective of the value/drawbacks to OT-led coaching?
3. What are therapists' perspectives of the value/drawbacks to OT-led coaching?
4. What types of coaching approaches are OTs using?
5. What outcomes have been studied in OT-led coaching?
6. For each of these outcomes, what empirical and qualitative evidence of benefits has been documented?
7. How have these outcomes been measured?
8. What is the range of duration of intervention (e.g., number of sessions or weeks) for OT-led coaching?
9. What mode of OT-led coaching delivery has been used?
10. What training has been provided to coaches in the studies?
11. Which client factors make them more easily coachable?

The search strategies for each electronic database (i.e., list of database search and search terms used; Table 1), the inclusion and exclusion criteria (Table 2), and the search methodology were identified to ensure consistency throughout the search process amongst reviewers. This protocol was adhered to throughout the process to identify, appraise, and extract relevant information to answer the scoping review questions.

Search Strategy

Five databases were searched (i.e., PubMed, Google Scholar, PsycINFO, CINAHL, and ERIC) using a predetermined list of search terms

(i.e., subject headings and keywords) for each database. These search terms were identified through rigorous testing of potential search terms and comparing possible search strategies among reviewers. Table 1 displays the search terms used in each electronic database. Each database was searched independently by two reviewers who applied the inclusion/exclusion criteria seen in Table 2. Each article was initially identified for inclusion by title, then abstract, and later, full article. Reviewers compared their search results to identify discrepancies. A third reviewer resolved discrepancies when the two independent reviewers could not reach an agreement.

Data Extraction & Study Description Tables

The information from the included articles was extracted and summarized in two formats: a study description table and a data extraction table. The data extraction table (see Table 4) was constructed to gather key information about each article, including the specific topic, individual(s) receiving the coaching, respondent, coaching approach, study design, subject factors, client factors, training, mode of delivery, duration of intervention, outcome measured, outcome measurement tool, and evidence of benefits. The study description table (see Table 3) was constructed to obtain more study specific details, including design type, population, intervention, outcome measures, outcome measurement tool, mean, standard deviation, mean, statistical significance, and clinical significance. Two reviewers independently analyzed and extracted relevant details from each of the 19 articles before reaching a consensus.

RESULTS

A total of 563 articles were retrieved through database searches, 19 of which met the criteria for inclusion (Table 2). The 19 studies employed a variety of study designs which primarily corresponded to Levels of Evidence III and IV, except for one level I article.

The current literature addressed 7 of our 11 questions. These clinical questions addressed the following topics: 1) population of coaching 2) client perspectives of coaching 3) therapist perspectives of coaching 4) evidence of benefits 5) duration of coaching intervention 6) mode of delivery of coaching 7) training for coaching.

Terminology

Statistical significance: the term indicating that the results of an analysis are unlikely to be the result of chance; rejection of the null hypothesis[20]

Clinical significance: a measurable way to determine that the change experienced by a subject was large enough for them to detect it or to cause a meaningful change in their life[20]

Quality of evidence: the degree of rigor within the methodology section of the study[21]

Populations

Coaching has been utilized with a variety of populations, including children and adolescents, primary caregivers of children with disabilities[2], adolescents with physical disabilities[20], older adults[17], patients with spinal cord injury (SCI)I[5], and college students

with disabilities[4, 13]. For children with physical disabilities, five articles specifically provided coaching to mothers and parents of children with ASD [6, ,7, 9, 26]. In four articles, coaching was provided to mothers of children with CP[15, 16, 17, 20]. A third form of parent coaching was used for mothers who had personally identified that their children had performance challenges that impacted their occupational participation[11, 12].

Client/Parent Perspectives

Clients and parents involved in the coaching interventions spoke to their experiences in a variety of ways. There was a large degree of satisfaction with improved levels in performance across ADLs[1, 2, 6, 8, 9, 12, 13, 17, 18, 19, 26]. Clients also noticed improvements in performance[21], goal achievement[5, 6], mindfulness[7, 9, 11, 12], and self-efficacy[8, 9, 10, 16, 17, 26] as a result of the intervention. Some mothers described their experiences as being positive and effortful[10]. Clients also saw the coaching environment as a supportive place for collaboration to take place[2, 7, 8, 9, 11, 12, 13, 15, 21], and for effective problem solving to happen that assisted them in reaching their identified goals[1, 13, 15, 26]. One helpful component of the coaching sessions was the use of reflection, which helped model for parents how they can continue to self-reflect on their own[7, 8, 13, 20]. Furthermore, clients gained increased insight into their problem areas[7, 9, 10, 11, 12, 13, 15, 26]. Parents also had the opportunity to learn the significant impact their own emotional status has on their child[8, 9, 11, 12].

Therapist Perspectives

Several articles offered insight on the therapists' thoughts and experiences using coaching in their OT practices. Several common themes emerged. First, it is important to establish a strong level of trust with the parents of a child before beginning the coaching process with them[6, 26]. There must be an intentionality about sharing power between the parent and therapist, where both parties are working toward a common goal[8]. These same therapists noted the enhanced level of empowerment clients extracted from the highly collaborative process[8]. The greatest struggle for therapists was difficulty in refraining from giving advice, direction, or physical assistance and instead guiding clients to their own creative solutions[8].

Evidence of Benefits

There were multiple benefits associated with a variety of coaching approaches and populations. There were increases in activity performance and satisfaction [1, 2, 6, 10, 16, 17, 19, 20, 21.] There were improvements in parent competence [6, 10, 21] , improvement in quality of life[20] and reduced parental stress [6]. Additionally, there were improvements in self-efficacy [5, 6, 17] and increased perception of success[15] . Furthermore, increased participation [1, 6, 20, 21] and goal attainment [4, 5, 6, 10] was noted.

Duration of Intervention

The average duration of the coaching interventions across all articles ranged from 8-12 weeks, with an average of 10.7 weeks duration. The number of sessions fluctuated between 3-12, with the average being a total of 8.7 sessions. In Boney et al. (2019), the intervention time frame was limited to that of the 12-week college semester. For several others, the coaching intervention was concluded once goals were achieved and the client was satisfied. For this reason, within

individual articles, duration of the intervention ranged between subjects[10, 11, 12, 17].

Mode of Delivery

The majority (79%) of coaching interventions took place using an in-person delivery model[1, 2, 4, 5, 7, 9, 10, 11, 12, 13, 15, 16, 17, 19, 20]. The exceptions to this were four articles – in two (10.5%), interventions were delivered via a remote or virtual model[21, 26] while a combination of an in-person + remote model of delivery [6, 8] was utilized in the other two (10.5%).

Training of Coaches

The coaches delivering the interventions across all studies were licensed occupational therapists or OT students working under the supervision of licensed OTs. Training specific to the coaching intervention was not mentioned for the majority of the 19 articles. However, there were instances of varying formal and informal methods of training or guidance that were provided. For example, in two articles, training came in the form of supervision by fieldwork educators to graduate students providing the coaching interventions[4, 13]. Other highlighted trainings included informal coaching guidance and support[2, 10, 13, 16,17]; formal online synchronous training by a certified positive psychology coach once per week[5]; a statewide coaching training including four full days of training followed by six months of follow-along support and feedback[6]; and a two-day coaching workshop[8].

CLINICAL IMPLICATIONS

Current evidence suggests coaching interventions used within the scope of OT may result in positive therapeutic outcomes. Coaching can be used with a variety of populations including children/adolescents, primary caregivers of children with disabilities, physical disabilities, autism spectrum disorder (ASD), cerebral palsy (CP), occupational performance challenges, older adults, spinal cord injury (SCI), college students with disabilities, and OTs. There are positive client and therapist perspectives around OT coaching, including collaboration and rapport building. There were scoping review questions that were not answered by the existing research. These questions addressed client factors that were "coachable", and types of coaching approaches. Given the existing evidence, further research is warranted to explore the use and implications of coaching interventions within the scope of OT.

REFERENCES

1. Anaby, D. R., Law, M. C., Majnemer, A., & Feldman, D. (2016). Opening doors to participation of youth with physical disabilities: An intervention study. *Canadian Journal of Occupational Therapy*, *83*(2), 83–90. https://doi-org.ezproxy.philau.edu/10.1177/000841741560865
2. Angelin, C., Sugi, S., & Rajendran, K. (2020). Occupational performance coaching for mothers of children with disabilities in India. *Canadian Journal of Occupational Therapy (1939)*, 8417420972868–8417420972868. https://doi.org/10.1177/0008417420972868
3. American Occupational Therapy Association. Occupational Therapy Practice Framework: Domain and Process—Fourth Edition. (2020). *American Journal of Occupational Therapy*, *74*(2). https://doi.org/10.5014/ajot.2020.74s2001
4. Boney, J., Potvin, M. C., & Chabot, M. (2019). The GOALS2 program: Expanded supports for students with disabilities in postsecondary

education. *Journal of Postsecondary Education and Disability, 32*(3), 321-329.

5. Cadematori, C., Alpajora, B., Sivori, T., Betz, S., Gerhardt, N., Dunn, W., & Mulcahey, M. J. (2021). Preliminary examination of coaching in context with clients with spinal cord injury. *The International Spinal Cord Society*, 1-10. doi: 10.1038/s41394-021-00391-9
6. Dunn, W., Cox, J., Foster, L., Lawson, L. M., & Tanquary, J. (2012). Impact of a contextual intervention on child participation and parent competence among children with autism spectrum disorders: A pretest-posttest repeated-measures design. *American Journal of Occupational Therapy*, *66*(5), 520–528. https://doi-org.ezproxy.philau.edu/10.5014/ajot.2012.004119
7. Foster, L., Dunn, W., & Lawson, L. M. (2013). Coaching mothers of children with autism: A qualitative study for occupational therapy practice. *Physical & Occupational Therapy in Pediatrics, 33*(2), 253. http://dx.doi.org/10.3109/01942638.2012.747581.
8. Graham, F., Boland, P., Ziviani, J., & Rodger, S. (2018). Occupational therapists' and physiotherapists' perceptions of implementing occupational performance coaching. *Disability and Rehabilitation: An International, Multidisciplinary Journal, 40*, 1386-1392. https://doi.org/10.1080/09638288.2017.1295474
9. Graham F, Rodger S, & Ziviani J. (2010). Enabling occupational performance of children through coaching parents: Three case reports. *Physical & Occupational Therapy in Pediatrics*, *30*(1), 4–15. https://doi-org.ezproxy.philau.edu/10.3109/01942630903337536
10. Graham, F., Rodger, S., & Ziviani, J. (2013). Effectiveness of occupational performance coaching in improving children's and mothers' performance and mothers' self-competence. *American Journal of Occupational Therapy*, *67*(1), 10–18. https://doi-org.ezproxy.philau.edu/10.5014/ajot.2013.004648x
11. Graham, F., Rodger, S. & Ziviani, J. (2014). Mothers' experiences of engaging in occupational performance coaching. *The British Journal of Occupational Therapy*, 77, 189-197. https://doi.org/10.4276/030802214X13968769798791
12. Graham, F., Rodger, S., Ziviani, J., & Jones, V. (2016). Strategies identified as effective by mothers during occupational performance coaching. *Physical & Occupational Therapy in Pediatrics*, *36*(3), 247–259. https://doi-org.ezproxy.philau.edu/10.3109/01942638.2015.1101043
13. Harrington*, E., Santos*, G., & Potvin, M.-C. (2021). Students' perceptions of occupational therapy-led coaching in post-secondary education. *Open Journal of Occupational Therapy, 9*(2), 1-13. [*Shared 1st authorship]
14. Hocking, C. & Wright-St. Clair, V. (2011). Occupational science: Adding value to occupational therapy. *New Zealand Journal of Occupational Therapy, 58*(1), 29-35.
15. Kahjoogh, M. A., Kessler, D., Khankeh, H. R., Akbarfahimi, N., Hosseini, S. A., Sanei, F., & Havaei, N. (2020). Occupational performance coaching: Goal barriers and beneficial facilitators. *International Journal of Therapy & Rehabilitation*, *27*(3), 1–10. https://doi-org.ezproxy.philau.edu/10.12968/ijtr.2018.0092
16. Kahjoogh, M. A., Kessler, D., Hosseini, S. A., Rassafiani, Mehdi, Akbarfahimi, Nazila, Khankeh, Hamid Reza, et al. (2019). Randomized controlled trial of occupational performance coaching for mothers of children with cerebral palsy. *The British Journal of Occupational Therapy, 82*, 213-219. https://doi.org/10.1177/0308022618799944
17. Kahjoogh, M. A., Kessler, D., Rassafiani, M., Hosseini, S. A., Khankeh, H., & Akbarfahimi, N. (2017). Occupational performance coaching for mothers of children with cerebral palsy: A case report. *International Journal of Therapy & Rehabilitation*, *24*(5), 218–222. https://doi-

org.ezproxy.philau.edu/10.12968/ijtr.2017.24.5.218
18. Kessler, D. & Graham, F. (2015). The use of coaching in occupational therapy: An integrative review. *Australian Occupational Therapy Journal, 62*, 160-176.
19. Lamarre, J., Egan, M., Kessler, D., & Sauvé-Schenk, K. (2020). Occupational performance coaching in assisted living. *Physical & Occupational Therapy in Geriatrics*, *38*(1), 1–17. https://doi-org.ezproxy.philau.edu/10.1080/02703181.2019.1659466
20. Law, M., Anaby, D., Imms, C., Teplicky, R., & Turner, L. (2015). Improving the participation of youth with physical disabilities in community activities: An interrupted time series design. *Australian Occupational Therapy Journal*, *62*(2), 105–115. https://doi-org.ezproxy.philau.edu/10.1111/1440-1630.12177
21. Little, L. M., Pope, E., Wallisch, A., & Dunn, W. (2018). Occupation-based coaching by means of telehealth for families of young children with autism spectrum disorder. *American Journal of Occupational Therapy*, *72*(2), 1–7. https://doi-org.ezproxy.philau.edu/10.5014/ajot.2018.024786
22. Pierce, D. (2014). *Occupational Science for Occupational Therapy.* Thorofare: Slack
23. Portney, L., & Watkins, P. (2015). *Foundations of clinical research: Application to practice*. F.A. Davis Company.
24. Setoguchi, M., Motruk, S., Frank, V., & Kessler, D. (2020). A review of mobile applications to enhance coaching in occupational therapy. *British Journal of Occupational Therapy*, *83*(9), 549–560. https://doi.org/10.1177/0308022620905524
25. Tomlin, G. & Borgetto, B. (2011). Research Pyramid: A new evidence-based practice model for occupational therapy. *American Journal of Occupational Therapy, 65*(2), 189–196. https://doi-org.proxy1.lib.tju.edu/10.5014/ajot.2011.000828
26. Wallisch, A., Little, L., Pope, E., & Dunn, W. (2019). Parent perspectives of an occupational therapy telehealth intervention. *International Journal of Telerehabilitation*, *11*(1), 15–22. https://doi.org/10.5195/ijt.2019.6274
27. Yerxa,E. (1992). Some implications of occupational therapy's history for its epistemology, values, and relation to medicine. *American Journal of Occupational Therapy,* 46, 79-83.

ACKNOWLEDGMENT

We would like to give a special thank you to Daniel Verbit of the Jefferson East Falls library for his expertise and assistance in planning and researching for this review.

Table 1: List of Search Terms:

	Construct 1		Construct 2		Limits (if any)
Database	**Subject Headings**	**Keywords**	**Subject Headings**	**Keywords**	
PubMed	Occupational therapy Occupational therapist	"Occupational therap*"	N/A	"Coach*"	N/A
Google Scholar	N/A	"Occupational therapy"	N/A	"Coaching"	N/A
PsycINFO	Occupational Therapists Occupational Therapy	"Occupational therap*"	Coaching Coaching Psychology	"Coach*"	N/A
CINAHL	Occupational therapy Occupational therapists Occupational therapy assistants	"Occupational therap*"	N/A	"Coach*"	N/A
ERIC	Occupational Therapy Occupational therapists (2004) Occupational therapy assistants (2004)	"Occupational therap*"	Coaching (Performance)	"Coach*"	N/A

Key: * used to find alternate truncation of the root word

Table 2. Article Inclusion and Exclusion Criteria

Inclusion Criteria			
Population	**Intervention and Comparison**	**Outcome**	**Other**
Client perspective (across the lifespan)	[OR] Guided self-discovery coaching All guided self-discovery styles of coaching"	All outcomes (want to know all current knowledge)	English Articles
Occupational therapist perspective	[OR] Occupational Performance Coaching		Peer Reviewed
Caregiver/parent perspective	[AND] occupational therapist-led intervention (added to all criteria)		All types of study designs
Exclusion Criteria			
Population	**Intervention and Comparison**	**Outcome**	**Other**
Any coaching not performed by an OT	CO-OP	N/A	N/A
	Constraint-Induced Movement Therapy Coaching		
	Solution-focused coaching		

Figure 1. Search Results Include & Exclude Flowchart

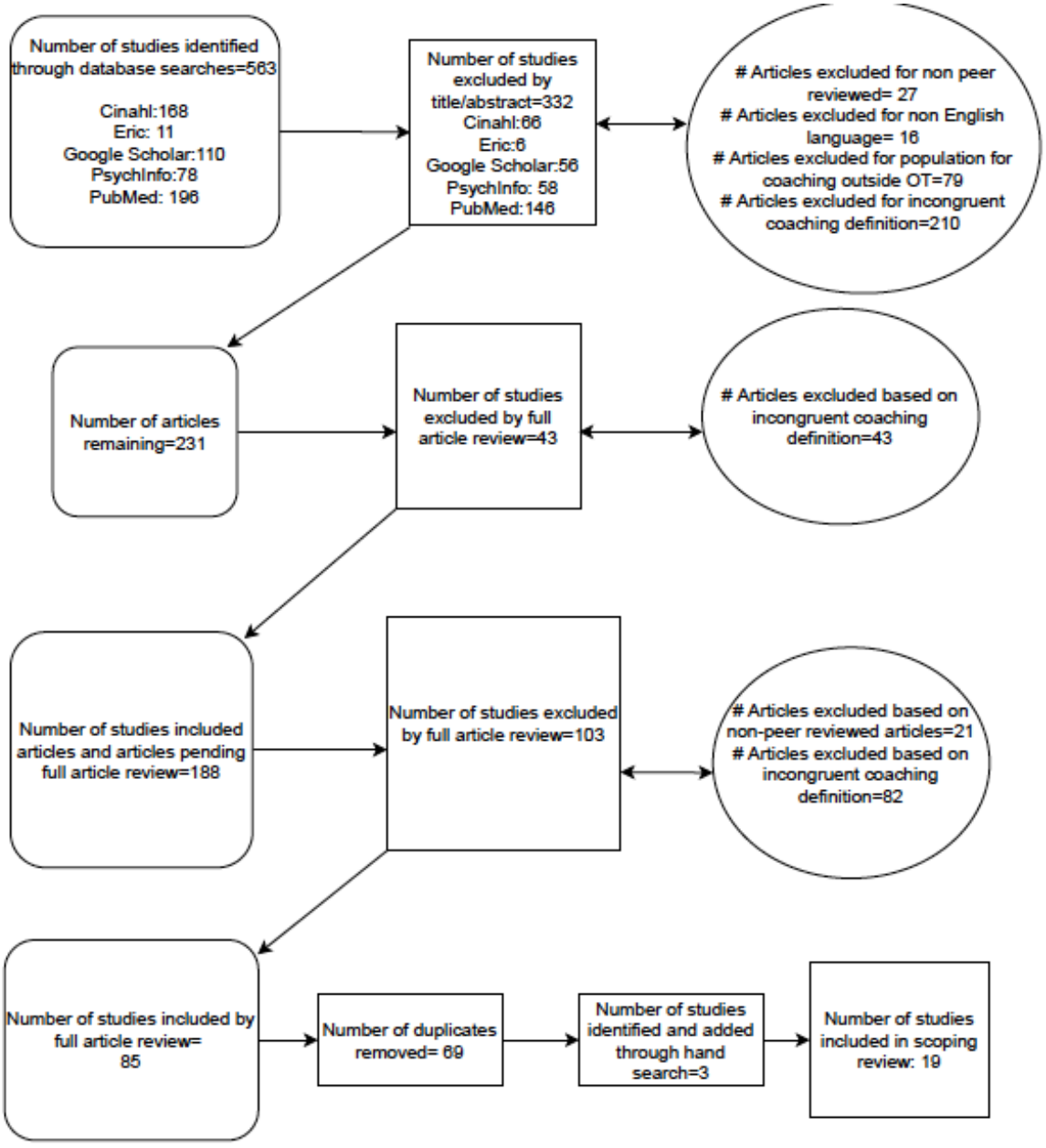

Table 3: Student Description Tables

Quantitative Group Studies

Study	Design Type	Population (including age)	Intervention(s) Comparison(s)	Outcome(s) Measured (e.g., quality of life)	Outcome(s) Measure(s) or Measurement tool(s) (include units)	Means (SD) or Median or Count/%	Statistical significance	Clinical significance
Anaby et al. (2016)	Time series design with multiple baselines 3	n=6 (14-17) age n=5 with movement/ orthopedic and delay (intellectual or developmental) n=6 with moving around, using hands, communicating	Parent coaching	1. Goal importance, performance, & satisfaction, 2. Global participation	1. COPM 2. PEM-CY; scored on a 7 point scale	1. M=4.5(1.77) 2. Participation frequency: pre M=2.5; post M= 3.1 number of activities in which youth participated M= increased from 45% to 58%, M number of activities in which parents desired change decreased on average (from 52% to 35%). SD=Not provided	1. "A statistically significant change was observed across 13 of the 17 goals/activities" 2.Not provided	1. "Clinically significant-change in scores went from 3-9" 2. PEM-CY: Not provided, not computable

				3. Well-being	3. Kids SCREEN 27; scored 0-100	3. Improvement in autonomy: pre M=38.7 post M=46.5 Physical well-being M (from 35.4 to 39.1)	3. Not provided	3.MDD= 36-79%; 7.8<36 = not clinically significant
				4. Participant satisfaction	4. CSQ-8; 8 items scored on a 4 point scale	4. M=3.5/4(.6)	4. Not provided	4. CSQ-8: N/A
Angelin et al. (2020)	Mixed method 3	n=36 mothers aged 26-35 yrs. with children aged 3-12 with ASD, ADHD, ID, & sensory difficulties n=18 (control- no OPC) n=18 (treatment - OPC)	Tx: OPC Control: no OPC	1. OPC satisfaction	1. Semi-structured interview	1. Not provided	1. Not provided	1. Not provided, not computable
				2. Goal importance, performance, & satisfaction,	2. COPM	2: Control M=38.26(12.38) for performance and satisfaction Intervention M=46.32(13.94) for performance M=47.33(17.98) for satisfaction	2.Significant difference between control and intervention groups in occupational performance (p . 0.001) and satisfaction (p . 0.003).	2. Performance: MDD= 6.19 Mean difference = 16.01 16.01>6.19= clinically significant Satisfaction: MDD=6.19 Mean difference = 15.21>6.19 = clinically significant
				3. Goal attainment through interview	3. GAS; scored -2 to +2	3. Intervention M= 0.79 (0.10) for efficacy, M=0.59 (0.15) for satisfaction, & M=1.41	3. Mothers' occupational performance (p < 0.001)	3. MDC=10 Mean difference < MDC = not clinically significant

				4. Change in parent competence after OPC	4. PSOC; scored as a 16-item questionnaire with a 6-point Likert-scale	(0.82) for GAS 4. Control M=0.70 (0.18) for efficacy, M= 0.49 (0.14) for satisfaction	4.Efficacy p=.0078 Satisfaction p=.071	4. Efficacy: MDD=.07 Mean difference =.04 .04<.07= not clinically significant Satisfacisfaction: MDD=.065 Mean difference = .03 .03<.065 = not clinically significant
Kahjoh et al. (2019)	Single Blind Randomized Control Trial l	n=30 mothers of children w/ CP Mean Age Control 38.22 yrs (5.98) (control- no OPC) Intervention 34.69 yrs (4.29) (treatment - OPC) Children with CP Mean Age Control 7.56 yrs (SD=1.59)	OPC	1. Goal importance, performance, & satisfaction	1. COPM	1. COPM Performance: Pre: 3.75+- 1.31 p=0.58 Post: 6.68 +- 2.13 COPM Satisfaction: Pre:3.26 +- 1.58 Post: 6.57 +- 2.08 COPM performance mother: Pre:4.33 +- 2.71 Post:7.20 +- 2.67 COPM performance Child: Pre:3.46+- 1.46 Post:6.43+- 2.56	1. COPM Performance: Pre: p=0.58 Post:<0.001 COPM Satisfaction: Pre: p=0.11 Post: p<0.001 COPM performance mother: Pre:p=0.06 Post: p=0.005 COPM performance Child: Pre: p=0.14 Post:p=0.001 COPM satisfaction mother: Pre: p=0.22 Post: p=0.001 COPM satisfaction Child Pre: p=0.33	1. COPM Performance: MDD= .805 Mean Dif=2.93 COPM Satisfaction: MDD= .55 Mean Dif= 3.31 COPM performance mother: MDD= .955 Mean Dif= 2.87 COPM performance Child: MDD= 1.0 Mean Dif=2.97 COPM satisfaction mother: MDD= .915

		Intervention 6.64 yrs(SD=0.97)				COPM satisfaction mother:Pre: 3.66 +-3.01 Post:6.93 +-2.60 COPM satisfaction Child Pre:3.06 +-1.80 Post:6.26 +-2.46	Post:p=0.001	Mean Dif=3.27 COPM satisfaction Child Pre: MDD= .695 Mean Dif=3.2
				2. Self-efficacy	2. SGSE	2. Self-efficacy: Pre: 61.66 +-9.50 Post:70.80 +-8.33	2. Self-efficacy: Pre: p=0.90 Post: p=0.001	2. Self-efficacy: MDD= 4.465 Mean Dif= 9.14 ***All Clinical Sig. *** Mean Dif > MDD
Law et al. (2015)	ITS quasi-experimental 3	n=6 5 male 1 female; 1 spina bifida 5 cerebral palsy Age M= =16.3 (2.4)	Client Centered General Coaching Concepts	1. Goal importance, performance, & satisfaction 2. Leisure activities	1.COPM 2.CAPE	1.COPM: 4.5 pt. Performance change SD=1.95	1. Celeration line demonstrated that the proportion of data points falling above the line increased in the intervention phase for 94% of the activities, indicating a significant treatment effect	1.COPM performance showed 83% clinically significant

				3. Quality of life 4. Client satisfaction (caregiver completed)	3. Kid screen 27 4. CSQ	3. Kid Screen: Change in Mean T-values for this subdomain ranged from 6.65 to 61.1. On average, change in Mean T-Values for this sub-domain increased from M= 40.3 (18.7) to 55.3 (14.8).		
Little et al. (2018)	Quantitative Group Study 3	n=17 families (child and caregivers) Child CA, mo 47.12 (15.08) Mother CA, yr 32.71 (3.36 Father CA, yr 34.06 (4.10) % male 77.8% 32.2% female	OBC	1. Goal importance, performance, & satisfaction	1. COPM	1. COPM–2 showed significant increase in performance in activities mean increase= 2.71 [SD] 5 1.36). Parents showed increase in satisfaction with intervention goals mean increase = 2.67(1.77)	1. Parents efficacy p= .022 Increased participation and skill development increased (p<.05), Diversity of activities and play activity. (p<.01), Performance, parent satisfaction, increased goal attainment= (p<.001)	Parents efficacy Cohen's d= 0.35 1. COPM: Cohen D= 1.75 for performance and satisfaction

				2. Sensory preferences 3. Autism Features 4. Parenting Competence 5. Activity engagement 6. Behavior goal attainment	2. SP-2 3. SRS-2 4. PSOC 5. APCP 6. GAS	6. GAS significant increase in goal attainment mean increase = 1.65 (SD 5 0.83).		5. APCP: play diversity (Cohen's d=0.59) 6. Gas:Cohen D= 2.82

***Key**: ADHD= Attention Deficit Hyperactivity Disorder; APCP= Assessment of Preschool Children's Participation; ASD= Autism Spectrum Disorder; CA= chronological age; CAPE= Children's Assessment of Participation and Enjoyment; COPM= Candadian Occupational Performance Measure; CP= Cerebral Palsy; CSQ-8= Client Satisfaction Questionnaire; Dif= Difference; GAS= Goal Attainment Scale; M= Mean; mo= Months; MDD= Minimal Detectable Difference; n= number of participants; OBC= Occupation-Based Coaching; OPC= Occupational Performance Coaching; PEMCY= Participation and Environment Measure-Children and Youth; PSOC= Parenting Sense of Competence Scale; SD= Standard deviation; SGSE=Sherer General Self-Efficacy Scale; SP-2= Sensory Profile-2; SRS-2= Social Responsiveness Scale; yr= Year; ITS- interrupted time series

Single-case design

Study	Design Type	Quality Level	Population (including age)	Intervention(s) / Comparison(s)	Outcome(s)	Measurement Tools (unit; dir. of change)	Results (e.g., Means (or Mean Diff) + (SD) or [CI], p-value, Clinical Significance)
Graham et al. (2013)	Single case design One-group time-series design	3	Parents of children and children with ASD between the ages of 3-10 n=20 mother/children pairs	OPC No comparison	1. Child performance, parent performance, and satisfaction with goals	1.COPM	**Children's Participation** <u>1.COPM</u> Time effect for performance -Wilk's Λ=.137, p<.001, η^2=.863 (large effect size) Time effect for satisfaction -Wilk's Λ=.181, p<.001, η^2=.819 (large effect size) Linear effect for performance p<.001, η^2=.858 (large effect size) Comparisons 2 (intervention effectiveness) and 4(overall changes from first to last meeting) for performance Ratings changed from 3.6 to 7.0 (10 pt scale) Both p<.001 Comparisons 2 (intervention effectiveness) and 4(overall changes from first to last meeting) for satisfaction p<.001 Comparison 1(do outcomes change after a 4 week period without additional intervention?) Ratings went from 3,2 to 7.0 (10 point scale) p<.001
					2. Goal attainment	2.GAS	<u>2.GAS</u> -Time effect: p<.001, η^2=.930 (large effect size) -Linear effect: p<.001, η^2=.927 (large effect size) -comparisons 2 (intervention effectiveness) and 4(overall changes from first to last meeting): both p<.001

					3. Parent competence	3.Parenting Sense of Competence Scale	**Parental Competence** 3. <u>(PSOC)</u> Time effect for parent efficacy: Wilks Λ= .335 p=.001 η^2=.665 (large effect size) Polynomial contrasts linear effect: p<.000, η^2=.580 4. <u>Parent Stress Index</u> Time effect: Wilks Λ= .436 p<.007 η^2=.564 (large effect size) Polynomial contrasts for subtests -linear effect for defensive responding (p=.001, nη^2=.516) (large effect size) -parental distress (p=.002, η^2=.449) (large effect size) Comparison 4 (overall changes from first to last meeting): p=.001
Boney et al. (2019)	Practice Brief - Mixed Method	4	Students at mid-sized university Mixed class identification Mixed racial backgrounds	Tx: Coaching in context No comparison	Degree to which participants reached goals	GAS (scores range from -2 to +2, 0=expected level of achievement was met)	80% of students reached their goals, numeric change in GAS not reported
Dunn et al. (2012)	Single case design-one group repeated measures	3	Parents of children with ASD 1+ atypical sensory pattern between the ages of 3-10, n=20 parents/children	Coaching using principles of context therapy No comparison	1. Child participation	1.COPM	**Children's Participation** <u>1.COPM</u> Time effect for performance -Wilk's Λ=.137, p<.001, η^2=.863 (large effect size) Time effect for satisfaction -Wilk's Λ=.181, p<.001, η^2=.819 (large effect size) Linear effect for performance p<.001, η^2=.858 (large effect size)

			Live in midwestern area				Comparisons 2 (intervention effectiveness) and 4 (overall changes from first to last meeting) for performance Ratings changed from 3.6 to 7.0 (10 pt scale) Both p<.001 Comparisons 2 (intervention effectiveness) and 4(overall changes from first to last meeting) for satisfaction p<.001 Comparison 1(do outcomes change after a 4 week period without additional intervention?) Ratings went from 3,2 to 7.0 (10 point scale) p<.001
						2.GAS (4 pt. scale)	<u>2.GAS</u> -Time effect: p<.001, η^2=.930 (large effect size) -Linear effect: p<.001, η^2=.927 (large effect size) -comparisons 2 (intervention effectiveness) and 4 (overall changes from first to last meeting): both p<.001
					3. Parent competence		**Parental Competence**
						3.Parenting Sense of Competence Scale	3. <u>(PSOC)</u> Time effect for parent efficacy: Wilks Λ= .335 p=.001 η^2=.665 (large effect size) Polynomial contrasts linear effect: p<.000, η^2=.580 (large effect size)
						4.Parent Stress Index (< % = better)	4. <u>Parent Stress Index</u> Time effect: Wilks Λ= .436 p<.007 η^2=.564 (large effect size) Polynomial contrasts for subtests

							-linear effect for defensive responding (p=.001, η^2=.516) (large effect size) -parental distress (p=.002, η^2=.449) (large effect size) Comparison 4 (overall changes from first to last meeting): p=.001
Cadematori et al. (2021)	Case report	4	n=3 adult volunteers with tetraplegia resulting from chronic (>3 months 82 duration) SCI who were living in the community (Table 1). All participants were Caucasian, non-Hispanic, and never married	Tx: Coaching in Context	1.Occupational performance and satisfaction 2.GAS		1.Mean COPM performance and satisfaction scores: 29 increased by 2.55(2.25) and 4.27(2.41), respectively. 2.30 goals achieved or exceeded GAS expected level. Changed MSES scores ranged from +7 to +16.
Kahjoogh et al. (2017)	Case report	3	44 yr old female mom with child of spastic diplegic CP	OPC	1. Goal importance, performance, & satisfaction 2. Self-efficacy	1. COPM 2. SGSE	1. Performance of 3 goals pre: M=1; post: M=10 MD=10; MDD=.955 .955<10 Not clinically significant Satisfaction of 3 goals pre: M=1; post: M=9 2. Self efficacy (># = improvement) pre:41 post: 68
Lamarre et al. (2020)	Single Case Design	3	n=1 89 yr old female	OPC	1. Goal importance, performance, & satisfaction	1. COPM 2. Semi-structure	1. COPM went from 0/10 to 8/10 on performance and 9/10 on satisfaction. Client reengaged in occupations. OPC is potentially both feasible and effective in an assisted

						d Interviews	living facility, provided the collaboration of family and staff is possible.

*Key: ASD=Autism Spectrum Disorder; COPM=Candadian Occupational Performance Measure; GAS= Goal Attainment Scale; GOALS-2= Goal Orientated Assessment of Lifeskills; n= Number of subjects η^2=Eta Squared; OPC= Occupational Performance Coaching; PSOC= Parenting Sense of Competence Scale; SGSE= Sherer General Self-Efficacy Scale; yr= Year

Qualitative data

Study	Design Type	Quality Level	Population (including age)	Methodology	Results
Boney et al. (2019)	Practice Brief - Mixed Method	4	College students, n=10	Semi-structured interviews	Themes that emerged from interviews: - Academic success - Emotional support - Progress toward goal attainment - Personal health and wellness - Decreased stress and anxiety - Time management/organization Reported challenges included not implementing some of the strategies identified and experience of unexpected roadblocks
Foster et al. (2013)	Qualitative	4	n=10 mothers with children with ASD ages 4-10 who are receiving OT services outside of this study; Children: 2 girls & 8 boys	Interview	5 themes emerged: - Parent-coach relationship - Analysis - Reflection - Mindfulness - Self-efficacy
Graham (2010)	Descriptive case study	4	n=3 parents recruited via a waiting list for a university pediatric OT clinic	Interview	3 themes - New learning - Changes at home - Rewarding challenge
Graham et al. (2014)	Mixed Method	4	Mothers of children ages 5-12 with 3 or more age-appropriate occupational performance issues (n=29)	Survey including categorical (yes/no) questions, ordinal (likert scale) questions, and open-ended questions	Mothers evaluation and description of OPC - Changes that occurred toward goal achievement were worth the effort - Would recommend the intervention to other parents - Sessions were described as “making me think” and “positive” Mother’s learning experiences - Mothers gaining insight about themselves - How to parent more calmly and effectively - Shifts in how they perceive and understand their children Specific strategies to support performance - Be positive, calm, encouraging - Acknowledge child’s experience, not just my own - collaborative problem solving Unexpected learning experiences - 83% reported being surprised about what they learned/what worked - Effectiveness of passing problem solving onto their child - Extent of mothers impact on their child's performance

					Drawing on prior knowledge - 93% parents reported sessions prompted them to direct their attention to their own existing knowledge, they already knew some of the strategies - Sessions reiterated what subjects knew about their child's performance issues - Sessions reminded them of the impact their own behavior has on their child Mothers experience of the impact of OPC - Doing better - Gaining insight - Different ways of being
Graham et al. (2016)	Qualitative descriptive design	4	Mothers of children ages 5-12 with occupational performance issues in 3 or more areas (n=29)	Review of audio and video recorded interviews	Strategies reported by mothers as supporting their child's occupational performance included context-focused strategies and child-focused strategies Context focused strategies: - Adjust manner - Create distance - Match task to child - Add structure and routine - Teach Child focused strategies: - Collaborate with the child - Offer choice
Graham et al. (2018)	Qualitative Study	4	Physio- (n = 4) and occupational- (n = 12) Therapists with 2 or more years experience	Interview; telephone; focus group	Themes: - Listening better - Sharing Power - Ethical dilemmas - Reprioritizing processes - Flexible servicing - Re-evaluating time use - Renegotiating roles and service structure - Liberating but challenging - Feeling really useful - Connection takes effort - Hard to sit on my hands - Goals more meaningful - Empowering
Harrington et al. (2021)	Qualitative: phenomenological study	4	PSE students with disabilities n=18 (Mean age=23.54) 44% ADHD 6 male, 11 female 72.22% undergraduate	Individual semi-structured qualitative interviews	4 themes emerged: Academic and personal growth - Academic skills improved: grades, processing, professional communication, time management, study habits - Personal: improved health habits, better sleeping, eating, exercise - Growth in insight, autonomy, self-determination Open and supportive environment

					- Supportive coaching environment made participants feel comfortable sharing their goals, struggles, successes, and concerns - Benefit of the collaboration process - Flexible scheduling Perception of success - Identifying their own goals was beneficial to success - Challenges of regression, utilizing learned strategies to overcome - It's a process, don't have to have a new skill overnight Importance of accountability and engagement - email and text reminders beneficial - Expressed need for increased ownership of the process
Kahjooh et. al. (2020)	Qualitative	4	n=12 mothers of 1 children with CP (no cognitive disorders) & live w/ husbands Mothers Mean Age 38.18 (4.29)	Semi Structured interview carried out at the end of OPC intervention.	Barriers to goal achievement/engagement in OPC: - Societal factors (social connection, community awareness, environmental adaptation) - Family factors (spousal cooperation, financial situation, demands on time) - Mother factors (depression, feeling guilty and lack of motivation, believing the child) Facilitators to goal achievement/engagement in OPC: - New resources (therapist's supports, systematic process of problem solving, environmental changes) - Family cohesion (family integration, planning) - Mother related factors (mother needs, mentally preparation, to be realistic and responsible) - Child related factors (authority, to make progress) Key points: - Mothers valued the opportunity to become more aware/ accurate in predicting their child's support needs - Inaccessible physical environments for children with CP were barriers - Attention to the meaningfulness of goals to mothers and the extent that goal achievement is possible is important in goal setting during OPC
Wallisch et al. (2019)	Qualitative thematic content analysis	4	n=8 families 7 Mothers 1 Father With children Diagnosed with ASD M= 50.13 months; (15.09 months) 5 male children	Semi-structured Interviews w/ a qualitative thematic content analysis	Themes: Compatibility with Daily Life - Telehealth is convenient - Child was in their natural environment. Collaborative Relationship

			3 female		- Parents felt a feeling of partnership throughout the intervention process - OT brought specific knowledge to the sessions - Respectful Parent Empowerment - Parents felt more confident following telehealth interventions - Parents had time to reflect on situations with the OT and gain confidence in trying new strategies - Parents had a better understanding of their child's behaviors - Parents expressed how telehealth fit within their daily lives, how telehealth supported a collaborative relationship with the occupational therapist, and how the content of the intervention built a sense of empowerment

***Key:**ADHD= Attention Deficit Hyperactivity Disorder; ASD= Autism Spectrum Disorder; CP= Cerebral Palsy; M= Mean; n=number of subjects; OPC= Occupational Performance Coaching; OT= Occupational Therapist; PSE= Post-Secondary Education; SCI= Spinal Cord Injury; SD= Standard Deviation

Table 4. Data extraction table

Study Citation	Article Topic	Who received the coaching	Respondent	Coaching approach	Study Design	Subject Factors (subject experiencing change)	Client factors (participants other than subject)	Training given to coaches	Mode of delivery (telehealth, in person, phone, etc.)	Duration of intervention	Outcome Measured	Outcome Measure tool Used	Evidence of benefits & qualitative data
Anaby et al. (2016)	Youth with physical disabilities	Parents & adolescents	Parents & adolescents	General coaching	Time series design with multiple basel	Youth 12-18 years old with restricted mobility and/or cognitive and/or communication impairments			In-person	12 weeks with 12 sessions	1. Goal importance, performance, & satisfaction, 2. Global participation 3. Well-being 4. Participant satisfaction	1. COPM 2. PEC-MY 3.Kids SCREEN 27 4. CSQ-8	Clinically significant improvement in COPM; small improvement for PEM-CY participation; mean number of activities in which youth participated increased
Angelin et al. (2020)	Mothers of children with disabilities in an Indian context	Mothers	Mothers	OPC	Mixed method design	Mothers (aged 26-35) with children aged 3-12 with ASD, ADHD, ID, & sensory difficulties		Therapist received guidance on OPC implementation but no formal training	In-person: occupational therapy unit of a tertiary care teaching hospital in South India	10 group sessions for 10 consecutive weeks	1.OPC satisfaction 2. Goal importance, performance, & satisfaction 3. Goal attainme	1.Semi-structured interview 2. COPM 3. GAS	Performance improvement after OPC & satisfaction

											nt though interview 4. Change in parent competence after OPC	4. PSOC	
Boney et al. (2019)	Support accessibility services w/ GOALS2 program	University students with disabilities	University students with disabilities	Coaching in context	Practice brief	College students enrolled at a medium-sized university in Eastern PA. Unmet needs pertaining to disability as identified by self referral using the STARS questionnaire or referral by the accessibility services		Fieldwork Level II students delivered coaching	In-person	124 hours (9.5 sessions)	Degree to which students met their goals	Goals Attainment Scaling (GAS) Semi-structured interviews	Over 80% of student goals met, numeric data not provided Interview themes: academic success, emotional support, progress toward goal attainment, personal health and wellness, decreased stress and anxiety, and time management/organization Reported challenges:not implementing some of the strategies identified and experience of unexpected roadblocks
Cadematori, et al.	Coaching in cont	SCI patients tetraplegia	SCI patients tetraplegia	Coaching in context	Repeated measures	N=3 adult volunteers with tetrapleg		Formal coaching training by	In-person at mutually agreed location	45-60-minute Coaching in Contex	1.Goal importance, performance, &	1. COPM	Successful implementation of coaching in context

(2021)	ext SCI				pilot study	ia resulting from chronic (>3 months 82 duration) SCI who were living in the community (Table 1). All participants were Caucasian, non-Hispanic, and never married		certified positive psych master coach. synchronous, online, 60-minute, weekly session		t sessions 4-8 coaching sessions over 11 week period	satisfaction 2.Goal attainment through interview 3. Self-efficacy in daily activities and social participation	2.GAS 3. MSES	Improvement in goals that were established
Dunn et al. (2012)	Contextual intervention on child participation /parent competence w/ ASD	Parents of children with ASD	Parents	Coaching through the principles of guided discovery context/ family centered therapy	Single case design Pre-test, post-test, repeated measures design	Parents of children with ASD & 1+ atypical sensory pattern between ages of 3-10 19 mothers, 1 father All some college education Lives in midwestern area	3-10 y/o child w/ ASD & 1+ atypical sensory pattern 17 boys, 3 girls ASD-n=12 Asperger's Syndrome- n=1 ASD + comorbid diagnosis - n=7	Statewide coaching training (4 days of training + 6 months of follow-along coaching) Feedback from experienced coaches was continually gathered throug	In person By phone	10 one-hour long sessions over 12-15 wks	Child participation Parent competence	1.COPM (Ratings, 10- pt. scale) 2.GAS (4 pt. scale)	1. p<.001 for all comparisons η^2=>.819 across all comparisons(large effect size) 2. -Time effect: p<.001, η^2=.930 (large effect size) -Linear effect: p<.001, η^2=.927 (large effect size) -comparisons 2 (intervention effectiveness) and 4

								hout.					(overall changes from first to last meeting): both p<.001
												3.PSOC	3. Time effect for parent efficacy: Wilks Λ= .335 p=.001 η^2=.665 (large effect size) Polynomial contrasts linear effect: p<.000, η^2=.580 (large effect size)
												4.PSI-SF	4. Time effect: Wilks Λ= .436 p<.007 η^2=.564 (large effect size) Polynomial contrasts for subtests -linear effect for defensive responding (p=.001, η^2=.516) (large effect size) -parental distress (p=.002, η^2=.449) (large effect size)

													Comparison 4 (overall changes from first to last meeting): p=.001 Effective in improving child participation and parent competence
Foster et al. (2013)	Coaching mothers of children with autism	Mothers	Mothers	OPC	Qualitative	n= 10 mothers with children with ASD ages 4-10	Children with ASD ages 4-10; 2 girls & 8 boys; all children currently receiving OT outside of this study		In-person	10 1 hour coaching session with moms	Parent experiences	Interview post intervention	Increased mindfulness and self-efficacy Qualitative data: 5 themes emerged: (1) parent-coach relationship (2) analysis (3) reflection (4) mindfulness (5) self-efficacy
Graham (2010)	Coaching Parents	Parents	Parents	OPC	Descriptive case study	n=3 parents recruited via a waiting list for a university pediatric OT clinic	Children with no formal medical diagnosis but are receiving OT services		In-person at university research rooms	10 weekly, 1 hour individual sessions of OPC and pre-post intervention	1. Goal importance, performance, & satisfaction, (parent) 2. Goal attainment	1.COPM 2.GAS	OPC may be a useful intervention Qualitative data: new learning, changes at home, & rewarding challenge

Graham et al. (2013)	OPC on improving mother and child performance and mothers self-competence	Parents of children ages 5-12 years old who have occupational performance concerns (in 3+ areas) for their children	Parent of childrn with occupational perfrmance issues	Occupational performance coaching	Single case design One-group time-series design	Mothers (n=29) of children who have concerns for their child's occupational performance in at least 3 areas Age 31-45 yrs Between 1-5 children at home 80% were dual-parent families Range from low, medium, to high income levels Education: high; 52% (n=15) postgraduate education	Children (n=29) whose mothers have concerns for their occupational performance in at least 3 areas Ages 5-12 83% (n=24 boys) 17% (n=5) have a medical diagnosis - intellectual disability (7%, n=2) - Asperger syndrome (10%, n=3) 75% of the children had previously received interventions from	OT with 10 years total experience (6 years with children) Fidelity of coaching was verified through content analysis of video and transcripts	In-person	Media n: 5 sessions Range: 3-8 sessions Max 8 weeks (or until goals achieved)	1.Occupational performance and satisfaction 2. Goal attainment	1. COPM (Child and parent) 2. GAS (Child and parent)	1.COPM: CHILD <u>Performance</u> Time1: M= 3.20(.99) Time 4: M= 7.50(1.11) MDD= 0.495 Mean difference= 4.3 → Clinically significant <u>Satisfaction</u> Time1: M= 2.60(.94) Time 4: M= 6.89(1.99) MDD= 0.47 Mean difference= 4.29 → Clinically significant PARENT <u>Performance</u> Time1: MDN= 3.75 Time 4: MDN= 8.75 <u>Satisfaction</u> Time1: MDN=2 Time 4: MDN=8 2. GAS: CHILD (Over intervention phase) M= 5.14 (.77) MDD: 0.385 P<.001

							special educators, OTs, PTs, SLPs				3. Parent self-competence	3. PSOC	Effect size d=3.35 (small effect) PARENT "Significant improvements" 3. PSOC Time 1: M= 60.88(9.82) Time 4: M= 71.24(7.34) MDD= 4.91 Mean difference= 10.36 → clinically significant
Graham et al. (2014)	Parents experiences receiving OPC	Mothers of children with occupational performance issues	Mothers	OPC	Mixed-methods design (qualitative)	Mothers of children with occupational performance issues n=29 Ages 30-50 years Income spread from low to high bracket	Children ages 5-12 years old with occupational performance issues 83% male 17% of children have a formal dx: - Intellectual		In-person	Parents concluded coaching when they felt child goals were met Median: 5 sessions Range: 3-8 session	Occupational performance Mother's perception of child's occupational competence	Interview Video/ Written transcript of session	Participant opinions: 93% Sessions "made me think" 90% sessions "were positive" 31%"sessions were effortful"

							disability (n=2) -ASD (n=3)			s Up to 1 hour long sessions, weekly			
Graham et al. (2016)	Effective strategies in OPC identified by mothers	Mothers of children with occupational performance issues	Mothers	OPC	Qualitative descriptive design	Mothers of children with occupational performance issues n=29 Ages 30-50 years Income spread from low to high bracket On average 1 SD below developmental norms	Children ages 5-12 years old with occupational performance issues 83% male 17% formal dx - Intellectual disability (n=2) -ASD (n=3)		In-person	Median: 5 sessions Range: 3-8 sessions max 8 weeks (or until goals achieved)	Identification of strategies that assisted children in occupational performance	Interviews Video footage and transcripts	Context and child-focused strategies were reported as supporting child occupational performance by mothers
Graham et al. (2018)	Occupational therapists' and physiotherapists' percepti		physio- (n = 4) and occupational- (n = 12) therapists	OPC	Qualitative Study	Therapists (occupational-, physio- and therapists) working with families of children with		2 day workshop	Semi-structured interview protocol via telephone (n =3), in-person (n =3), and one in-person focus	Data collection meetings lasted between 13 and 47 min	Occupational therapist and physiotherapist perspectives	Interview Focus group Telephone	Qualitative date: OPC applicable in a range of settings Themes: Listening better Sharing Power Ethical dilemmas

	ons of implementing OPC					disabilities in rehabilitation contexts, aged 3–15 years with 2 or more years experience were sought.			group (n= 3).				Reprioritizing processes Flexible servicing Re-evaluating time use Renegotiating roles and service structure Liberating but challenging Feeling really useful Connection takes effort Hard to sit on my hands Goals more meaningful Empowering
Harrington et al. (2021)	OT-led coaching for students with disabilities in post-secondary education (PSE)	PSE students with disabilities	Students	Coaching as an umbrella term for all OT-led coaching (in Goals 2)	Qualitative: phenomenological study	PSE students with disabilities n=18 6 identifying as maele, 11 identifying as female Variety of dx with ADHD being most reported (44%)		Graduate assistants doing interview trained & used interview guide	In person	1 semester (average 10-12 coaching sessions)	Perception and experience with coaching	Individual semi-structured qualitative interviews	4 positive themes emerged: Academic and personal growth Open and supportive environment Perception of success Importance of accountability and engagement

						61.11% report more than one primary diagnosis Mean age: 23.54 years (SD=4.52) 72.22& undergraduate students Majority white (66.7%) but black or African American, Asian, Caribbean American, and Egyptian also represented							
Kahjooh et. al. (2020)	OPC: goal barriers & beneficial facilitato	n=12 mothers of childre n with CP	Mothers of childr en with CP	OPC	Qualitative study	n=12 mothers of 1 children with CP (no cognitive disorders) & live w/ husband	Children s mean age 6yr 4mo (SD=.87 yrs)		In-Person			Semi-Structured Interview	Highlighted the potential benefit of OPC for mothers of children with CP 3 categ. of OPC barrier & 4 categ. of

	rs					s Mean Age= 38.18 (SD=4.29)							OPC
Kahjoogh et al. (2017)	OPC for mothers of children with CP	Mother	Mother	OPC	Case report	14 year old female with spastic diplegic CP Level 3 GMFCS Cognitive level >70 Never before received occupation-based intervention	44 y/o mother of child with CP	OT w/ 5 years experience working with population Consultation with Dr. Kessler, manual on OPC, training on how to set goals	In-person	3 sessions' until goals achieved	Goal importance, performance, & satisfaction Satisfaction Self-efficacy	1. COPM (10 pt. scale) 2. SCGE (higher score=greater self-efficacy)	1. Performance (3 goals) pre: M= 1 Post: M= 10 Mean difference= 9 Satisfaction(3 goals) pre: M= 1 post: M= 9 Mean difference= 8 2. Self efficacy (> # = improvement) Pre: M= 41 Post: M= 68 Mean difference= 27
Kahjooh et al. (2019)	Efficacy of OPC in mothers of children with CP	n=30 mothers of childre n w/ CP	Mothers of Childr en w/ CP	OPC	Single Blind Randomized Control Trial	n=30 mothers of children w/ CP Mean Age Control 38.22 yrs (SD=5.98) Intervention 34.69 yrs (SD=4.29	Children with CP Mean Age Control 7.56 yrs (SD=1.59) Intervention 6.64 yrs(SD=0.97)	Master's level OT w/ NDT training	In-person	10 weeks	1. Goal importance, performance, & satisfaction 2. Self-efficacy	1. COPM 2. SGSE	OPC significant difference between two groups (p=0.05)

						)							
Lamarre et al. (2020)	OPC in Assisted Living	n=1 Assisted Living resident	The resident, family member, & health wellness director	OPC	Single Case Design	n=89 year-old Female 6mo Assisted living resident Experiencing engagements issues Stroke Survivor	Facility's Health & wellness director & participate family member	OPC coauthor trained OTS	In-person	6 sessions	1. Goal importance, performance, & satisfaction	1. COPM 2. Semi-structured interviews	Performance and satisfaction changed from 0/10 for both to 8/10 for performance and 9/10 on the satisfaction showing clinical significance compared to MDD OPC is feasible and effective in an assisted living facility with collaboration
Law et al. (2015)	Improving participation	n=6 adolescents w/ physical disabilities	Child and parent	Client Centered General Coaching Concepts	Quasi-experimental	5 male 1 female; 1 spina bifida 5 cerebral palsy Age mean =16.3, SD= 2.4	Parents		In-Person	12 weeks	1. Goal importance, performance, & satisfaction 2. Leisure activities 3. Quality of life	1. COPM 2. CAPE 3. Kid screen 27	1. COPM 83% clinically significant 4.5 pt. Performance change SD=1.95 2.CAPE lacked responses and responses provided did not show significance. 3. Kid Screen: Change in Mean T-

											4. Client satisfaction (caregiver completed)	4. CSQ	values for this subdomain ranged from 6.65 to 61.1. On average, change in Mean T-Values for this sub-domain increased from M= 40.3 (18.7) to M= 55.3 (14.8). 4. CSQ= The average CSQ score was 30.8 out of 32 (range 29–32), indicating parents were highly satisfied with the intervention.
Littl e et al. (20 18)	Tele heal th OBC in ASD chil dren	n=17 families , 18 childre n with ASD	Paren t/ Careg iver	Occu patio n based coach ing	Qualit ative Group Study	n=17 families Child CA (mo) M=47.12 , SD=15.0 8 77.8% male 32.2% female Mother CA (yr) M=32.72 , SD=3.36 Father CA (yr)			Telehealt h	12 weeks	1. Goal importan ce, performa nce, & satisfacti on	1. COPM	1. COPM: showed significant increase in performance in activities ($p < .001$): M increase = 2.71(1.36). Cohen D= 1.75 for performance and satisfaction Parents showed an increase in satisfaction with

						M=34.06, SD=4.10							intervention goals (p < .001): M increase= 2.67 (1.77)
											2. Sensory preferences	2. SP-2	
											3. Autism Features	3. SRS-2	
											4. Parenting Competence	4. PSOC	4. PSOC: Increase parent efficacy p=.022, cohen d=.35 2&3. SP and ASRS data not reported on
											5. Activity engagement	5. APCP	5. APCP: Play frequency (p<.01), play diversity (Cohen's d=0.59), Skill development diversity (p<.05), Activity frequency (p<.05), activity diversity (p,.01)
											6.Behavior goal attainment	6. GAS	6. GAS: significant increase in goal attainment (p < .001): M increase =

													1.65 (0.83). Cohen D 2.82
Wallish et al. (2019)	Parents of ASD children perspective on OBC telehealth	n=8 Parents of Children with ASD	Parents	OBC	Qualitative Design	n=8 7 Mothers 1 Father	Children (M= 50.13 months; SD= 15.09 months) 5 male children 3 female		Telehealth	12 weeks	Lived experience of parents	Semi-structured interviews w/ subsequent qualitative thematic content analysis	Themes emerged: Compatibility with Everyday Life, Collaborative Relationship, and Parent Empowerment Parents expressed how telehealth fit within their daily lives, how telehealth supported a collaborative relationship with the OT, and how the content of the intervention built empowerment.

***Key:** ADHD= Attention Deficit Hyperactivity Disorder; APCP= Assessment of Preschool Children's Participation; ASD= Autism Spectrum Disorder; CA= Chronological Age; CAPE= Children's Assessment of Participation and Enjoyment; Categ.=Categories; COPM= Candadian Occupational Performance Measure; CSQ-8= Client Satisfaction Questionnaire; CP= Cerebral Palsy; Dif= Difference; GAS= Goal Attainment Scale; M= Mean; MDN= Median; mo= Months; MDD= Minimal Detectable Difference; n= Number of Participants; η^2=Eta Squared; NDT=Neurodevelopmental Treatment; OBC= Occupation-Based Coaching; OT=Occupational Therapist; OPC= Occupational Performance Coaching; PEMCY= Participation and Environment Measure - Children and Youth; PSI-SF= Parenting Stress Index- Short Form; PSOC= Parenting Sense of Competence Scale; PT= Physical Therapist; SD= Standard deviation; SGSE=Sherer General Self-Efficacy Scale; SLP= Speech Language Pathologist; SP-2= Sensory Profile-2; SRS-2= Social Responsiveness Scale; w/=with; yr= Year