OCCUPATIONAL THERAPY'S ROLE IN SUPPORTING THE FAMILY UNIT

The article by Price and Miner in this issue of *OTJR: Occupation, Participation & Health* reminded me of an experience I had as a young occupational therapist in a neonatal intensive care unit (NICU). One of the infants, Jeremy, had a particularly rocky course and had been in the unit for almost 5 weeks. As the team began to plan discharge, I perceived that the mother was extremely anxious about taking a medically fragile infant home. A week before Jeremy's planned discharge date, I asked the mother how Jeremy was doing and she answered by listing his medications, his oxygen saturation percentage, his vital signs, and his caloric intake. I realized that after weeks of living through seemingly endless medical procedures on her son, she did not see him as a tiny growing infant, but as a medical condition.

By appreciating the mother's perception of Jeremy, I understood why she was particularly anxious about taking on full responsibility for his medical procedures. She had not yet experienced mothering occupations of caregiving to her son and had no clear understanding of what her mothering role could be. I dedicated the next week to helping this mother see Jeremy as a growing, alert, interactive infant and to supporting her caregiving roles through holding, feeding, and interacting. When Jeremy's mother began to perceive him to be a developing infant instead of a medical condition and her role to be a mother instead of a nurse, she became more relaxed and excited about his homecoming.

Price and Miner describe the occupational therapist's roles of supporting and enhancing parent–infant relationships. Although virtually all healthcare professionals would agree that facilitating parenting and caregiving is important, services to support the parenting role are rarely documented in reports, do not have a billing code, and are not directly measured in clinical trials. Occupational therapy practices that support a parent's relationship with his or her child and promote being a family typically are unrecognized or hidden elements of our role. These elements often are embedded in our interactions with families but are not well defined and not well researched. We know about these practices that support, facilitate, and sustain family relationships through occupational therapists' stories and narratives. In this issue, Price and Miner use narrative analysis to reveal the occupational therapy practices that facilitate a mother–infant relationship and enable "being a family unit" in the harsh, technology-laden NICU environment. By facilitating the mother's "being" a caregiver, occupational therapists can positively influence the beginning of a lifelong relationship between mother and child.

This article helps occupational therapists understand and fully embrace their roles with parents. Environmental barriers and illness are often what limit individuals' full participation in desired occupations and roles. In this case, the NICU and the infant's medically fragile condition were barriers to the role of mothering. Being a mother and feeling confident in mothering occupations required reframing the mother's perception of the infant as more than a medical condition and valuing the mother's role in an intensely technical medical environment.

Using both interview and observation, Price and Miner analyzed the actions and interactions of a master occupational therapist with a mother whose infant girl was critically ill in the NICU. Using examples of the conversations between the occupational therapist and mother, the authors define how occupational therapists can promote the parenting role and parent–infant relationships in an environment and situation that present significant barriers to parenting. The parent–infant relationship was constrained because typical parent occupations such as holding and bathing the infant were not possible given her fragile medical condition. Price and Miner describe the occupational therapist's decision to deemphasize the typical practices of NICU occupational therapy (e.g., feeding and positioning) and instead emphasize the parenting roles (e.g., holding, rocking, and bathing) that help the family come together as a unit.

Price and Miner and DeGrace (2003) remind us

that practices that only emphasize "doing" may neglect the meaning of "being" a family. They advocate for therapy sessions in which parents are asked to tell stories about their families to fully understand the meaning that parents ascribe to their experiences and their perception of the barriers they face in enacting their roles. Occupational therapists' supports include facilitating parenting roles by removing barriers (e.g., how to hold and handle a fragile infant with intravenous and nasal gastric tubes), explaining to parents how their actions produce positive infant responses, listening to parents' anxieties, fears, and hopes, and providing reassurance.

Occupational therapists who receive a referral for a neonate in the NICU can easily establish biomechanical goals for the infant that involve the mechanics of positioning and feeding. However, by understanding that the infant is part of a family and that the parent's caregiving role is the most important to the infant's development and well-being, a family-centered focus to NICU practice becomes more relevant. In Price and Miner's case, the occupational therapist believed that a focus on the mother–infant relationship had more importance in the lifelong journey of raising a child than any particular infant performance goal.

As you read this article, you might ask whether the practices that emphasize the "meaning" and "being" of family are valid or credible or important to health care. Although compelling to the public and deeply embedded within our professional identity, the questions about outcomes and efficacy for these elements of our practice are unanswered. I hope that qualitative studies such as the one in this issue lead to efficacy studies that define the outcomes of practices that aim to enhance the meaning of being a family. With additional qualitative and quantitative studies to support these outcomes, interventions to enhance "being" can become an essential, well-documented and well-known part of occupational therapy practice.

Reference

DeGrace, B. W. (2003). Occupation-based and family-centered care: A challenge for current practice. *American Journal of Occupational Therapy, 57*, 347-350.

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