Introduction to Coaching in Pediatric Occupational Therapy

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This comprehensive guide was developed by Rachel Usdin, MS, OTR/L in partial fulfillment of the requirements for the Doctor of Occupational Therapy degree at New York University. This guide is for pediatric occupational therapists who wish to learn about parent/caregiver coaching. For more information, suggestions, or feedback, email ru359@nyu.edu.

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1. Introduction

Family Centered-Care

In 1992, the Institute for Patient and Family Centered Care was founded with a mission to integrate patient- and family-centered care (PFCC) into healthcare. The Institute defines PFCC as:

> *"an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnership among health care providers, patients, and families"* (IPFCC, n.d.).

In pediatrics, a family-centered care approach recognizes the family as central to a child's wellbeing as well as a child's main source of strength and support (Bamn & Rosenbaum, 2008). Parents know their child best and research shows parents want to work collaboratively with professionals regarding the needs of their child (MacKean et al., 2005; Kuo et al., 2012). Family involvement in healthcare services has been shown to lead to positive outcomes for parents and children. Parents are able to take the skills they learn and apply them to natural environments, which then supports generalization to other contexts (King, Williams, & Hahn Goldberg, 2017).

Family Centered Care in Occupational Therapy

Family-centered care (FCC) in occupational therapy means involving parents in therapy and providing education and resources for the family to enhance their competence and efficacy in working with their child at home (Bamn & Rosenbaum, 2008). The family is essential to a child's care, development, and wellbeing and it is critical that they are involved in their child's occupational therapy. Despite this, many parents report they are not receiving the information, guidance, and support they need. Parents report feeling as though practitioners do not communicate enough and that they are not made aware of their child's progress or improvements (Miller-Kuhaneck & Watling, 2018; Kuo et al., 2012). There may be several reasons as to why practitioners are not implementing FCC. This may include a lack of understanding of FCC, lack of support for FCC, or lack of quality research that can guide practitioners in the implementation of FCC (Kuo et al., 2012). The intention of this guide is to inform pediatric occupational therapists (OTs) on coaching as a family-centered care practice, and how coaching can be applied to practice.

Coaching

Coaching is a method of intervention used in various professions including psychology, business, education, and healthcare. The International Coaching Federation (ICF) defines coaching as:

> *"partnering with clients in a thought-provoking and creative process that inspires them to maximize their personal and professional potential"* (ICF, 2020, para. 9)

The purpose of coaching is to help individuals make positive change while increasing their competence, improving their problem-solving skills, and enhancing their quality of life.

Coaching in Healthcare

Various methods of coaching exist in the healthcare literature. There are several reviews of the different coaching methods, yet there is not one agreed upon definition of coaching in pediatric practice (Kemp & Turnbull, 2014; Schwellnus et al., 2015). Researchers will sometimes define the method of coaching they are using, but other times researchers allude to components of coaching and do not state a specific method. Despite the use and adaptation of coaching among various disciplines, the central focus of intervention remains the same: a client-centered, naturalistic, problem-solving method of intervention. A commonly used and well-established method of coaching in pediatric care is defined by Dathan D. Rush & M'Lisa L. Shelden in "The Early Childhood Coaching Handbook." Rush & Shelden define early childhood coaching as:

> *"an adult learning strategy in which the coach promotes the learner's (coachee's) ability to reflect on his or her actions as a means to determine the effectiveness of an action or practice and develop a plan for refinement and use of the action in immediate and future situations"* (Rush & Shelden, 2011, p. 8).

After analyzing the research on coaching, Rush & Shelden established five essential characteristics of coaching, which have guided the development of this guide. An outline of these characteristics can be seen in Table 1 and will be discussed in further detail in subsequent sections.

Table 1.

Five Characteristics of Coaching (Rush & Shelden, 2011)

Joint Plan	The plan between the coach and the coachee
Observation	Examination of actions
Action	Opportunity for coachee to practice strategies
Reflection	Reflect on what happened
Feedback	Additional information

Theoretical Foundation: Adult Learning

This resource guide is based on the theoretical framework of Knowles' Theory of Andragogy. With regard to learning, Knowles claims we become adults "when we arrive at a self-concept of being responsible for our own lives, being self-directing" (Knowles, 2012, p 62). Knowles' theory of andragogy operates under six assumptions (Knowles, 2012).

1. **The need to know** → adults want to know why they are learning
    - In order to form a partnership and collaborate effectively, it is essential for the therapist to explain the coaching process to parents. Parents need to understand how coaching is going to be used and how it will benefit them, their child, and their family.
2. **The learners' self-concept** → as adults mature, they shift from dependency to increased self-directedness
    - Parents are not dependent on the coach, as they might be in a typical medical model. Best results in coaching are shown when parents take initiative and follow-through with goals.
3. **The role of the learners' experience** → as individuals mature, they gain more enriched experiences
    - Parents bring their expertise on their child to the coaching partnership.
    - Parents know their child's routines and habits better than anyone else and this is essential information in the coaching partnership.
4. **Readiness to learn** → adults need to be ready to learn
    - Parents should be ready to enter the coaching partnership and want to collaborate with the therapist.
5. **Orientation to learning** → adults have a problem-centered orientation to learning, they are motivated to learn if it will help them accomplish their goals
    - Coaching is a problem-solving process that assists parents in achieving goals for themselves and their child.
6. **Motivation to learn** → adults are extrinsically and intrinsically motivated to learn
    - Parents are motivated by the desire to problem-solve to support their child's development, growth, and participation in everyday activities.

Occupational therapists who are using coaching methods should keep in mind the principles of adult learning. Learning is an active, individualized process and it is important to understand the learner's desires, learning style, experiences, and motivation when coaching parents/caregivers (Knowles, 1973).

2. Coaching in Occupational Therapy

Various healthcare disciplines utilize coaching methods in practice. In an effort to define a method of coaching for use in occupational therapy, Occupational Performance Coaching (OPC) was introduced by Graham, Rodger, & Ziviani (2009). OPC is "an intervention for working with parents to achieve occupational performance goals for themselves and their children" (Graham et al., 2009, p. 203). OPC has two main objectives:

1) Develop parents' problem-solving skills in creating more enabling environments for themselves and their children
2) Facilitate improved participation of children and parents in valued activities and environments

The processes involved in OPC are detailed in Table 2.

Table 2.

Occupational Performance Coaching (Graham & Rodger, 2010)

1. Emotional Support	• Listen • Empathize • Reframe • Guide • Encourage

2. Information exchange	Collaborative Performance Analysis
	• Goal-specific examination of occupational performance based on information exchanged between the parent and the OT
	• Identify:
	  ○ Current situation
	  ○ What the parent would like to happen
	  ○ Benefits and barriers to performance
	  ○ Parents' needs in implementing change

3. Structured Problem-Solving Process	• Set goals • Explore options • Plan action • Carry out plan • Check performance • Generalize

Although OPC was developed for OTs, there are other evidence-based methods of coaching that OTs have used with positive child and parent outcomes. In addition, there are several other coaching methods that may not be specific to occupational therapy but can be applied within an occupational therapy context. Coaching in occupational therapy is unique because of the specific focus on participation in meaningful occupations. Table 3 presents an overview of other coaching methods used in pediatric care.

Table 3.

Caregiver Coaching Methods

Coaching Method	Key Components
Coping with and Caring for Infants with Special Needs (COPCA)	• Coaching caregivers • Challenging the infant to self-produced motor behavior • Stimulation of motor behavior at the limits of the child's capacities
Family Guided, Routines Based Intervention (FGRBI)	SSOOPPRR • Setting the Stage • Observation & Opportunities for Practice • Problem Solving and Planning • Reflection and Review
Parent Child Interaction Therapy (PCIT)	• Child-directed intervention: focus on increasing positive parenting behavior • Parent-directed intervention: teaches parents a structured and consistent approach to discipline
Solution Focused Coaching (SFC)	• Client orientation • Process orientation • Goal orientation • Ecological orientation

For more information on these coaching methods visit: https://wp.nyu.edu/rusdinotd/page-3c/

3. Coaching Partners

Partners

The coachee in the occupational therapy coaching partnership can be anyone that is involved in the child's life and has a role in his or her development. The coach and the coachee enter a collaborative partnership to assist the child in enhancing participation and achieving goals. An OT can coach parents, grandparents, caregivers, teachers, or anyone who spends a significant amount of time with the child and has a goal for that child. It is important to have a conversation with the family to discuss what "family" means to them and who is going to be part of the coaching partnership.

Parents – traditionally, parents spend the most time with the child

Grandparents – in some families, grandparents spend more time with the child

Other - some children may spend time with other family members or caregivers

Teachers - if working with a child regarding school related issues, teachers or other educational professionals might be the coaching partner

**For the remainder of the guide, "caregiver" is going to reflect parents, grandparents, family members or any individual responsible for the child's care.*

Initial Conversation

Before entering the coaching relationship, it is essential to explain coaching to the caregiver. The caregiver should know that coaching is a collaborative relationship of equal partnership and both parties will be teaching and learning from each other. A short video of what this conversation might look like can be viewed here: https://wp.nyu.edu/rusdinotd/page-3b/

Building a Relationship

While gathering information on the child and their family, it is important for the OT to develop a strong and positive relationship with the caregiver. Building rapport with the family is essential to foster strength and empower the coaching partner. The coach should be respectful of family values and mindful of different family cultural backgrounds. The coach must remain open minded, flexible, and curious throughout the coaching process.

4. The Occupational Therapy Coaching Process

The following section outlines the occupational therapy coaching process. The OT should first develop an occupational profile of the child and family. This will aid the OT in developing goals with the child and family. Following this, an initial joint plan is made in order to assist the OT and caregiver in outlining how to achieve the established goals. The joint plan is the first step in coaching and is followed by observation, action, reflection, and feedback, with joint planning continued throughout.

Developing an Occupational Profile

According to the Occupational Therapy Practice Framework - Third Edition (OTPF), an important initial step in the OT process is developing an occupational profile (American Occupational Therapy Association, 2014). An occupational profile helps the OT get a better sense of the reason a client is seeking services, as well as an overview of their day to day activities. This helps the OT understand which occupations are important to the client. It is important to gather information on the child's activities of daily living (ADLs), education, rest and sleep, leisure activities, social participation, performance skills, family values and beliefs, and essential environments and contexts.

Tools for Developing an Occupational Profile

A main principle of coaching is enhancing participation in everyday activities. Therefore, it is essential to evaluate participation in occupations when coaching families (Dunn et al., 2012; Graham et al., 2010; Simpson, 2015). The following is a brief overview of resources OTs can use to develop the occupational profile of a child and their family.

Family-Centered Measures of Pediatric Occupations:

- AOTA Occupational Profile
  - Overview of client's experiences, ADLs, interests, values, needs
- Canadian Occupational Performance Measure (COPM)
  - Evaluation of occupational performance across all areas of life
- Children's Assessment of Participation and Enjoyment (CAPE)
  - Assessment of child's participation in everyday activities
- Preferences for Activities of Children (PAC)
  - Evaluation of child's activity preferences
- Children's Occupational Self-Assessment (COSA)
  - Assessment of child's perceptions of their occupational competence
- Routines Based Intervention (RBI)
  - Evaluation of everyday routines
- Short Child Occupational Profile (SCOPE)
  - Assesses child's volition, habituation, skills and environmental factors that facilitate or inhibit participation

To learn more about these measures visit: https://wp.nyu.edu/rusdinotd/page-3a/

Initial Joint Plan

Once the OT and the family identify areas of concern and goals they have for the child, an initial joint plan is made. This plan should include information about the child and family's current needs, desired outcomes, goals, and plan for how to achieve their goals (Rush & Shelden, 2011). This information can be obtained through formal interview, conversation with the caregivers, and/or assessments listed above. Additional resources to guide OTs in establishing the initial plan are "The Coaching Plan" in *The Early Childhood Coaching Handbook* (Rush & Shelden, 2011, p. 77) and the "Collaborative Performance Analysis" in *Occupation-Centered Practice with Children: A Practical Guide for Occupational Therapists* (Graham & Rodger, 2010, p. 208).

Coaching Characteristics

After the initial joint plan is made, the coaching process continues with observation action, reflection, feedback and continued joint planning. These are the characteristics outlined by Rush & Shelden (2011) in *The Early Childhood Coaching Handbook.* These do not necessarily happen in one fluid manner and may be repeated throughout the coaching process (Rush & Shelden, 2011). The following section outlines the five characteristics and how they are applied in occupational therapy (Rush & Shelden, 2011, p. 9).

1. **Joint plan** - "Agreement by the coach and coachee on the actions they will take or the opportunities to practice between coaching visits."
    - The initial joint plan is developed at the start of intervention
    - At the end of each session, the OT and the caregiver plan what will happen between the current session and the next session
    - The joint plan from the previous session must be addressed at the beginning of each session
        - Ex: "Last time I was here, you said you were going to try setting a timer at bath time. Tell me how that went."

2. **Observation** - "Examination of another person's actions or practices to be used to develop new skills, strategies, or ideas."
    - The OT might model strategies or behaviors for the caregiver to observe
    - The OT will also observe the caregiver interacting with the child
        - This context and environment should be as natural as possible

3. **Action** - "Spontaneous or planned events that occur within the context of a real-life situation that provide the coachee with opportunities to practice, refine, or analyze new or existing skills."
    - What happens during and between coaching sessions
    - Opportunity for caregiver to practice strategies in real-life situations within their family's day to day routines

4. **Reflection** - "Analysis of existing strategies to determine how the strategies are consistent with evidence-based practices and may need to be implemented without change or modified to obtain the intended outcome(s)."
    - Reflection on what worked or didn't work
        - Opportunity for both the OT and caregiver to gain insight
    - Use of reflective questioning to gather information
        - The OT should ask questions that promote awareness, analysis, alternatives, & action
    - Example questions to promote problem-solving
        - "What worked well?"
        - "What didn't work?"
        - "What would you do differently next time?"

5. **Feedback** - "Information provided by the coach that is based on his or her direct observations of the coachee, actions reported by the coachee, or information shared by the coachee and that is designed to expand the coachee's current level of understanding about a specific evidence-based practice or to affirm the coachee's thoughts or actions related to the intended outcomes"
    - What the OT has observed
    - What the caregiver has reported
    - Collaboratively develop strategies to meet the family and child's needs
    - The OT is not directly providing intervention but may offer suggestions and guidance

Ending the Coaching Process

The coaching process ends when the caregiver determines their desired outcomes have been accomplished (Rush & Shelden, 2011). During this time, the OT and caregiver should discuss strategies that worked well for the family. The OT and the caregiver should also discuss how these strategies and skills can be generalized to other areas in the child and family's life.

5. How to Ensure Fidelity in Coaching

Unique and Essential Characteristics

Consistency in the implementation of intervention is essential to ensure strong fidelity. Confirming fidelity is an important step in evidence-based practice in order for other practitioners to properly replicate intervention (Dunn et al., 2018). Dunn et al. (2018) evaluated the fidelity of coaching in occupational therapy telehealth session with families of children with autism spectrum disorder. The researchers followed specific guidelines to monitor the interventions for essential and unique characteristics. Unique characteristics are defined as actions that happen only in coaching (i.e. use reflective questioning and guided discovery). Essential characteristics are actions that must occur in coaching, but might also occur in other interventions (i.e. collaboration) (Dunn et al., 2018). Although the study was conducted via telehealth with a small sample size, the findings can be used to replicate coaching in other practice areas. The findings can also be used for further research into fidelity.

Occupational Performance Coaching - Fidelity Measure

Fiona Graham, one of the authors of OPC recently developed an Occupational Performance Coaching Fidelity Measure (OPC-FM). The OPC-FM is an observational rating scale to determine fidelity in using Occupational Performance Coaching. The scale contains 18 items that reflect OPC behaviors. The scale is broken into three sections: 1) critical components of OPC, 2) client response, and 3) distinguishing factors (what the therapist should *not* do). Scores range from zero to three, zero indicating the behavior did not happen and three indicating the behavior happened with high quality (Graham, 2020). More information, including the manual and full measure can be viewed at: https://www.otago.ac.nz/wellington/otago731671.pdf.

Other Resources

Resources for OTs to evaluate the extent to which they are following coaching principles:

- **Coaching Practices Rating Scale,** *The Early Childhood Coaching Handbook,* Appendix A (pp. 119-121)
    - Assesses whether the practitioner used methods to promote self-assessment, self-reflection, and self-generation of new and existing skills for the family
- **Coaching Log,** *The Early Childhood Coaching Handbook,* Appendix A (pp. 122)
    - Enables the practitioner to assess whether they adhere to proper coaching characteristics
- **FGRBI Key Indicators Checklist,** retrieved from http://box5495.temp.domains/~fgrbicom/wp-content/uploads/2020/03/FGRBIKeyIndicators.pdf
    - Assesses whether the practitioner adheres to Family Guided Routines Based Intervention
- **Coaching Self-Assessment,** retrieved from http://dunnandpopecoaching.com/worksheets
    - Assess how often the practitioner uses coaching principles across families
- **Strengths Self-Assessment,** retrieved from http://dunnandpopecoaching.com/worksheets
    - Assesses whether the practitioner recognizes the strengths of families

Resources for OTs to evaluate the extent to which they are providing family-centered care:

- **Measure of Processes of Care - Service Provider** https://canchild.ca/en/shop/11-mpoc-sp
    - A measure for pediatric service providers to determine the extent they are using family-centered care
- **Talking to Families Checklist**, *Working with Families of Young Children with Special Need*s, Appendix 5.1 (pp. 144-146)
    - Assess whether the practitioner followed family-centered care principles

6. Benefits of Coaching

What the Literature Says

- Research shows that coaching leads to increased **competence** and **self-efficacy** in caregiving skills (Dunn et al., 2012; Dunn et al., 2018; Foster et al., 2013; Graham et al., 2013; King, Schwellnus, Servais, et al., 2017; Little et al., 2018; Meadean et al, 2018).
- Caregivers demonstrate an increase in **knowledge** and **problem-solving** skills after coaching. (Foster et al., 2013; Graham et al., 2010).
    - Caregivers report feeling empowered when they are able to develop the strategies to problem-solve and generate intervention ideas (Dunn et al., 2012; Dunn et al., 2018; Little et al., 2018).
    - Caregivers learn the skills necessary to identify their child's occupational performance needs, as well as develop strategies to address these needs (Little et al., 2018).
- Coaching leads to increased **engagement** of caregivers.
    - Caregivers become more aware of their child's needs and develop confidence to address problem areas. Caregivers also develop a better relationship with the therapists (Foster et al., 2013; Meaden et al., 2018).
- Improved **reflection** and **mindfulness** of the caregivers.
    - Coaching leads to greater insight and ability to reflect for caregivers (Foster et al., 2013).

What Therapists Are Saying

The author of this guide distributed an informal survey across Facebook groups for pediatric practitioners in order to gain information on implementing coaching into practice. Based on responses from 70 practitioners, the most common benefits of coaching reported are as follows:

- Caregiver empowerment
- Increased caregiver competence and self-efficacy
- Increased caregiver confidence
- Improved caregiver follow through of strategies
- Increased generalization of skills
- Embedding therapy into natural routines and environments
- Holistic approach

7. Barriers to Coaching

What the Literature Says

- Coaching is an **advanced skill** that takes time to learn in order to ensure proper implementation.
    - Although there are various models of coaching, therapists should adhere to the basic principles of coaching including collaboration, problem-solving, and empowering families (Ziegler & Hadders-Algra, 2020).
- Coaching requires a shift in **mindset and behaviors** for the practitioner.
    - Therapists need to go from decision maker to an equal partner, and that can be challenging (Ziegler & Hadders-Algra, 2020).
- Caregivers are accustomed to the **medical model** and expect the practitioner to be the **expert**.
    - Caregivers have to make the shift from receiving instructions and education to being part of the decision-making process (Meaden et al., 2018; Ziegler & Hadders-Algra, 2020).
- The coach needs to be **adaptable** and **flexible** and learn to "go with the flow" (Meaden et al., 2018, Rush & Shelden, 2011)
- **Attitudes**, **beliefs**, and **motivation** of both the parent and the practitioner.
    - Practitioners need to enter the coaching partnership with a positive attitude and believe in the family's ability to problem-solve and develop strategies. When practitioners are motivated and believe in the family, the family feels empowered (Ziegler & Hadders-Algra, 2020).
    - When parents show positive attitudes and beliefs toward parent programs, there is likely to be higher attendance and greater participation (Hackworth et al., 2018).

What Therapists Are Saying

The informal survey distributed by the author of this guide asked practitioners to report the barriers they face in implementing coaching. Based on responses from 70 practitioners, the most common barriers reported are as follows:

- Caregiver hesitation and resistance
- Caregiver follow-through
- Caregiver mindset – shifting to an equal partner and decision maker
- Therapist mindset - shifting from the medical model
- Lack of knowledge/formal training on coaching
- Time or environmental constraints

Overcoming Barriers

1. Learn about coaching
    a. An important initial step in addressing many of the barriers OTs face is gaining the knowledge necessary to begin coaching. OTs need to learn the basic principles of coaching before implementing coaching methods. This can be achieved through learning about coaching in OT school, taking continuing education courses, or reading available resources (See Appendix).
2. Find a mentor
    a. Finding a mentor will assist the OT in applying coaching skills to practice. Receiving guidance is an important part of professional development. An experienced OT who is competent in coaching can mentor, or even coach, an OT who wants to start using coaching in practice.
3. Practice & role play
    a. Before using coaching, it is important to practice. This can be achieved through role playing with another therapist or recording oneself. Practicing will assist in ensuring competence and improving confidence in coaching skills.

In addition to this guide, a list of books, websites, and continuing education courses can be seen in the Appendix. When equipped with the right knowledge and resources, OTs can begin using coaching methods in practice.

Conclusion

The intention of this guide is to provide a comprehensive overview of parent/caregiver coaching for pediatric occupational therapists. Additionally, this guide has been adapted into a short guide titled, “Introduction to Coaching: A Guide for Pediatric Occupational Therapists.” For suggestions, comments, or feedback email ru359@nyu.edu.

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Schwellnus, H., King, G., & Thompson, L. (2015). Client-centred coaching in the paediatric health professions: a critical scoping review. *Disability and Rehabilitation, 37*(15), 1305-1315. https://doi.org/10.3109/09638288.2014.962105

Ziegler, S.A. & Hadders-Algra, M. (2020). Coaching approaches in early intervention and paediatric rehabilitation. *Developmental Medicine & Child Neurology, 62*, 569-574. https://doi.org/10.1111/dmcn.14493

Appendix

Resource List

Family-Centered Care Information

- Institute for Patient- and Family-Centered Care
  - https://www.ipfcc.org/

Coaching Information and Resources

Books

- *The Early Childhood Coaching Handbook*
  - Rush, D.D. & Shelden, M.L. (2011). *The early childhood coaching handbook*. Baltimore, MD: Paul H. Brookes Publishing Co.
- *Occupation-Centered Practice with Children: A Practical Guide for Occupational Therapists*
  - Rodger, S. (2010). *Occupation centered practice with children: A practical guide for occupational therapists*. Oxford, England: Wiley-Blackwell.

Websites

- Rachel Usdin, MS, OTR/L Doctorate ePortfolio
  - https://wp.nyu.edu/rusdinotd/
- Occupational Performance Coaching
  - https://www.otago.ac.nz/wellington/departments/medicine/postgraduate/rehabilitation/otago695258.html
- Family Guided Routines Based Intervention
  - http://fgrbi.com/
- Strengths Based Coaching
  - http://dunnandpopecoaching.com/

Fidelity Measures

Family-Centered Care

- Measure of Processes of Care - Service Provider https://canchild.ca/en/shop/11-mpoc-sp
- Talking to Families Checklist
  - *Working with Families of Young Children with Special Need*s, Appendix 5.1 (pp. 144-146)

Coaching

- OPC-Fidelity Measure
  - https://www.otago.ac.nz/wellington/otago731671.pdf
- Coaches Practices Rating Scale
  - *The Early Childhood Coaching Handbook,* Appendix A (pp. 119-121)
- Coaching Log
  - *The Early Childhood Coaching Handbook,* Appendix A (p. 122)
- FGRBI Key Indicators Checklist
  - http://box5495.temp.domains/~fgrbicom/wp-content/uploads/2020/03/FGRBIKeyIndicators.pdf

- Coaching Self-Assessment
  - http://dunnandpopecoaching.com/worksheets
- Strengths Self-Assessment
  - http://dunnandpopecoaching.com/worksheets

Continuing Education

American Occupational Therapy Association (AOTA)

- Occupational Performance Coaching as an Ultimate Facilitator
  - https://myaota.aota.org/shop_aota/product/CEA1119
- Coaching Interventions, Team Models, and Approaches in Early Intervention, 2nd edition
  - https://myaota.aota.org/shop_aota/product/OL5120

Occupationaltherapy.com

- Occupational Coaching Basics for Practice: Facilitating Self-Direction in Your Clients
  - https://www.occupationaltherapy.com/ot-ceus/course/occupational-coaching-basics-for-practice-3518
- Coaching: An Evidence Based Practice That Supports Participation and Efficacy
  - https://www.occupationaltherapy.com/ot-ceus/course/coaching-evidence-based-practice-that-3134

Occupational Performance Coaching

- Training in OPC
  - https://www.otago.ac.nz/wellington/departments/medicine/postgraduate/rehabilitation/otago695265.html#opctraining