Outcomes of an Occupational Therapy Program for Mothers of Children With Disabilities: Impact on Satisfaction With Time Use and Occupational Performance

Betsy VanLeit, Terry K. Crowe

KEY WORDS
• health promotion
• psychosocial practice
• quality of life

OBJECTIVE. This experimental research study evaluated the impact of an 8-week psychosocial occupational therapy intervention program for mothers who have children with disabilities.

METHOD. Thirty-eight mothers of children with disabilities were randomly assigned to participate either in the treatment or the control group (19 in each). The occupational therapy intervention was designed to facilitate increased perceptions of satisfaction with time use and occupational performance, thereby positively affecting maternal and family well-being. The Canadian Occupational Performance Measure (COPM) was administered to measure self-perceptions of occupational performance and satisfaction over time.

RESULTS. No significant differences were found between the two groups on time use perceptions. Although no significant differences were found between the two groups on the COPM Performance subscale, the treatment group demonstrated significantly greater score increases ($p < .05$) on the COPM Satisfaction subscale.

CONCLUSION. This preliminary study suggests that attending to the time use and occupational concerns of mothers of children with disabilities can have a positive impact on their satisfaction with occupational performance.


Maternal work is time and energy intensive, and the demands are particularly great if the child has a disability (Barnett & Boyce, 1995; Breslau, 1988; Eisner, 1993). Mothers caring for children with disabilities spend more time engaged in child care activities than mothers of children without disabilities (Crowe, 1993; Harris & McHale, 1989; Johnson & Deitz, 1985), and they often are prevented from doing other discretionary occupations (Breslau, Salkever, & Staruch, 1982; Cant, 1993; Crowe, 1993; Crowe, VanLeit, Berghmans, & Mann, 1997; Widerstrom & Goodwin, 1987).

In addition, mothers of children with disabilities often are expected to include atypical caregiving activities in the maternal role, such as developmental interventionist (Allen & Hudd, 1987; Odom & Chandler, 1990) and “culture broker” between the medical culture and the family world (Brinker, 1992; Lawlor & Mattingly, 1998). These additional occupational dimensions of the caregiving role may undermine the parent–child relationship (Bazyk, 1989) and place difficult expectations on parents (Case-Smith & Nastro, 1993; Hinojosa, 1990).

A number of authors have pointed out the unique worries, hassles, challenges, and recurring grief that may be associated with raising a child with a disability (Crnic, Friedrich, & Greenberg, 1983; Hobbs, Perrin, & Ireys, 1986; Pearlin, Mullan, Semple, & Skaff, 1990; Schilling, Schinke, & Kirkham, 1988; Schultz & Schultz, 1997; Shapiro, 1989). Women may be particularly vulnerable because they are usually the primary caregivers (Crowe, VanLeit, & Berghmans, 2000; Eisner, 1993; Smith, Innocenti, Boyce, & Smith, 1993; Traustadottir, 1993).
The concept of working with families of children with disabilities in family-centered care is well established, but occupational therapists and occupational therapy assistants have tended to view attention to parental concerns as peripheral to the needs of the children (Lawlor & Mattingly, 1998). Lawlor and Mattingly (1998) explored in some depth the tendency of practitioners to view the child with the disability as the client and treatment of the child as the “real” work of therapy.

To address the needs of mothers of children with disabilities within this context, it is necessary to identify time use and occupational strategies that facilitate effective mothering. Occupational therapists are just now beginning to study the complexities of maternal work (Larson, 2000a). Potential strategies include careful orchestration of daily occupations, time use strategies of enfolding and unfolding occupations, and ecocultural accommodations.

Larson (2000b) described how mothers of children with disabilities “orchestrate” their daily occupations through the processes of planning, organizing, balancing, interpreting, anticipating, forecasting, perspective shifting, and meaning making. These processes appear to help mothers make sense of the past and plan more effectively for the future. Effective orchestration of daily occupations may be important to subjective well-being (Primeau, Clark, & Pierce, 1990) but requires more study (Larson, 2000b).

Segal (2000) studied time-use strategies of mothers of children with attention deficit hyperactivity disorder and identified three adaptive approaches: (a) enfolding occupations (performing more than one at a time), (b) unfolding occupations by changing the time sequence, and (c) unfolding occupations by having someone else perform certain occupations. Effective use of these strategies depended on family financial and human resources.

Ecocultural theorists suggest that families actively attempt to establish daily routines that are sustainable, personally satisfying, and responsive to the needs of family members (Gallimore, Weisner, Kaufman, & Bernheimer, 1989). Families respond to ecological variables and cultural influences by accommodating or adjusting their daily routines. Ten domains in which accommodation may occur were identified as (a) family subsistence, (b) services, (c) home and neighborhood safety and convenience, (d) domestic workload, (e) child care tasks, (f) child peer groups, (g) marital roles, (h) emotional support, (i) partner role, and (j) parent information (Gallimore, Weisner, Bernheimer, Guthrie, & Nihira, 1993). For example, choosing to cut back on paid employment is an example of an accommodation in the family subsistence domain.

Building on an ecocultural model, Kellegrew (2000) studied the daily routines of mothers of children with disabilities and noted that participants identified lack of time as an important ecological constraint.

To address the needs of mothers of children with disabilities, an occupational therapy intervention program called Project Bien Estar (meaning “well-being” in Spanish) was developed, implemented, and evaluated. This article documents the outcomes of the program. The intent was to increase mothers’ satisfaction with their time use and occupational performance, thereby positively affecting maternal and family well-being.

Method

Participants

A sample consisted of 38 mothers of children with disabilities who were randomly assigned to either the treatment or the control group (19 in each). The participants each had school-age children between 3 and 13 years of age with significant functional disabilities. A checklist rating functional concerns of the children with disabilities was developed by the researchers and used as inclusion criteria for study participation. Women met the inclusion criteria if they reported that their child required significant assistance in at least three of five functional domains (mobility, eating, toileting, communication, play). For purposes of this study, it was proposed that functional limitations were more important than the children’s specific conditions, which included autism, neuromuscular conditions, developmental delay, and multiple disabilities.

Descriptive statistics for several factors believed to have the potential to affect perceptions of time use, occupational performance, and occupational satisfaction were compared for the participants in each group. Variables were participant’s years of education (M = 16 years, range = 12–22 years), participant’s age (M = 37 years, range = 26–47 years), number of children in the household, number of adults in the household, and weekly hours of paid employment (range = 0–40 hours/week). Unpaired, two-tailed t tests were conducted for these variables because they consisted of interval-level data (Rosenthal & Rosnow, 1991), and no significant differences were found between the groups.

Other demographics could not be compared with t tests because the data could not be ranked (e.g., ethnicity) or were not numerically continuous with equal intervals between categories (e.g., income level). Ethnicity for the two groups was compared with Fisher’s exact test (Rosenthal & Rosnow, 1991), which is appropriate for nominal data and can be used more accurately with small samples than the chi-square test. More Hispanic women participated in the control group, and more Anglo women...
participants in the treatment group; however, these differences were not statistically significant. Level of income for the two groups was examined using the Wilcoxon rank-sum test (Monroe, 1997) as appropriate for data that are ordinal. No significant differences emerged between control and treatment groups for income. English was the first language for all participants.

Procedure

Participants were recruited from the greater metropolitan area of a city in the southwestern United States. Representatives from interested organizations and programs helped to identify mothers of children with disabilities, provided the mothers with written materials about the project, and encouraged them to contact the researchers for more information. In addition, some women learned about the program from other participants. Organizations that referred women to the study included parent advocacy groups, pediatric hospitals, private therapy practices, and public schools. Once a referral was made, the researchers completed the functional checklist with each potential participant by phone to determine whether the qualifying child criteria were met. Recruitment followed the University of New Mexico College of Education Human Research Review Committee guidelines, and all participants signed a Human Subjects Consent Form.

After recruiting 10 women who met the inclusion criteria, 5 were assigned randomly (using an SAS computerized randomization list) to participate in the intervention program. The other 5 were assigned to the control group. Intervention was offered to the control group after the posttest data collection phase. The process of recruiting 10 women occurred four times over 2 years. Participants who completed all phases of the study received a $50 stipend. Students enrolled in an accredited occupational therapy program provided free child care during the group sessions. The study did not take place during the summer because of a concern that the participants’ time use might be different when their children were out of school.

Pretest data collection phase. After recruiting 10 mothers into the study, data were collected during a 90-min home visit to each participant in both the treatment and the control groups. Pretest data consisted of several self-administered questionnaires and administration of the Canadian Occupational Performance Measure (COPM; Law et al., 1998). The data collector was either an occupational therapist (the second author) or one of two other occupational therapy students. The second author systematically trained the data collectors in the administration of the research protocol. Before collecting data, the data collectors had to obtain at least a 95% agreement on interpretation of COPM problem identification. To ensure consistency of data collection, collectors had to obtain 95% agreement on procedural protocol administration. Three checks were conducted with each data collector during the pretest and posttest phases. During these phases, both data collectors were in 100% agreement with the problem identification on the COPM when compared with the second author. Procedural agreement was 100% for both data collectors during the data collection phases.

Ultimately, 42 women were recruited into the study. Four (2 each in the treatment and control groups) dropped out of the study because they left the area or because their work schedules changed, making it impossible for them to participate in all phases of the study. An effort was made to collect pretest data for each cohort of 10 participants within 2 weeks. However, because of some participants’ busy schedules, data collection occasionally took 3 weeks.

Treatment group intervention phase. Intervention strategies were based on a collaborative relationship between the first author (an occupational therapist with extensive experience conducting group interventions) and the 5 participants in each small treatment group. The intervention was client centered (Corring & Cook, 1999; Fearing, Law, & Clark, 1997; VanLeit & Crowe, 2000), with an emphasis on respect for and partnership with the study participants. The purpose of the intervention was to increase participants’ satisfaction with their time use and occupations. The intervention program began with an initial 60-min individual session at the participant’s home so that the occupational therapist (first author) could become familiar with her particular interests and concerns. Use of participant occupational narrative and story making (Clark, 1993) was an essential feature of the intervention process, and occupational storytelling was used to help participants reflect on themselves as occupational beings (Kellegrew, 2000).

The initial individual intervention sessions occurred within 2 to 3 weeks of pretest data collection and focused on exploration of perceived time use and occupational performance and satisfaction. Occupations were framed from an occupational science perspective as the “chunks of activity within the ongoing stream of human behavior which are named in the lexicon of a culture” (Yerxa et al., 1989). Daily routines were defined as consistent temporal patterns of sequenced occupations (Clark, 2000). Actual discussions of “occupations” and “routines” typically included paraphrased descriptions. Participants were asked to reflect on their occupational routines, strengths, needs, and concerns. Exploration of occupational performance emphasized attention to the interaction of personal, environmental, and occupational factors as described by the Person-
Environments—Occupation Model (Strong, Stewart, Law, Letts, & Cooper, 1999) and the COPM (Canadian Association of Occupational Therapists [CAOT], 1997). Participants were encouraged to identify and develop occupational goals for change. Many needed reminders to focus on their own feelings and wishes. They were so accustomed to explaining their child’s needs to professionals that sometimes they naturally tended to talk about their children and excluded discussion about themselves.

After the initial individual intervention sessions, the 5 participants were brought together in a group format to capitalize on synergistic opportunities for group problem solving and support. The occupational therapist (first author) was the group facilitator and ensured that each participant had an opportunity to participate in the group discussions. The occupational therapist did not choose the specific topics for the six group sessions or serve as the “expert” in the group. However, she did encourage participants to reflect on their current and desired future involvement in occupations within the group setting. In addition, she occasionally asked questions, summarized central discussion points, and reinforced ideas or suggestions that seemed particularly useful. As in the individual sessions, the group sessions revolved around discussion of occupational routines and concerns. Generally, participants spent the majority of group time (a) engaged in discussions identified to increase self-awareness of their current perceived occupational performance and satisfaction, (b) problem solving creatively individual time use and occupational dilemmas, (c) examining strategies to communicate needs more effectively to others, (d) providing social support to each other and exploring ways to increase support in everyday life, and (e) discussing ways to expand involvement in discretionary occupations (e.g., hobbies) that currently did not fit into their extremely busy daily routines. (For a more detailed description of the group process and content, refer to VanLeit & Crowe, 2000.)

After completing the six group intervention sessions, each participant once again met individually with the occupational therapist (first author) for a final 60-min intervention session. An effort was made to complete the individual sessions within 2 weeks of the last group session. Each participant examined her group participation and reflected on perceptual and behavioral accomplishments achieved since the beginning of the intervention sessions.

Posttest data collection phase. All 38 participants completed the same outcome measures, including self-administered questionnaires and the COPM, to examine the immediate effects of the intervention program. The posttest home visit took about 60 min and was completed approximately 2 weeks after the end of the group sessions.

**Instruments**

A demographic questionnaire was developed by the researchers and used to gather the basic demographic information reported earlier. The full demographic questionnaire was administered during the pretest data collection phase. A shortened version was used in the posttest data collection phase to identify important demographic changes (e.g., a change in the number of adults in the household).

Outcome measures that addressed satisfaction with time use, perceptions of occupational performance, and occupational satisfaction examined program effectiveness. These measures are described in the following paragraphs.

**Time Perception Inventory (TPI).** The TPI (Canfield, 1987) is a self-administered, one-page questionnaire that evaluates the way in which individuals view their time use. Such questions as “How often do you get the feeling that you should probably be spending your time doing something other than what you are doing at the time?” and “How often does your day end up being less productive than you had planned?” are answered with a 4-point scale (rarely, occasionally, frequently, a great deal). The TPI is a succinct, objective measurement that can be easily quantified and compared across groups. Percentile norms were developed from a sample of more than 2,000 students (Canfield, 1987); however, reliability and validity are not reported in the test manual and have not been determined to date.

**Time Use Analyzer (TUA).** The main purpose of the TUA (Canfield, 1990) is to clarify current time use and satisfaction in eight areas: work, sleep, personal hygiene, personal and family business, community and church, family and home, education and development, and recreation and hobbies. For each area, the person is asked to select the response that best reflects his or her perspective from the following choices: I would like to spend a lot less time (1), a little less time (2), no more or no less time (3), a little more time (4), or a lot more time (5). The scores from the TUA provide information about another dimension of time use to add to the data collected with the TPI. Normative data for the TUA have been collected (Canfield, 1990); however, reliability and validity studies are not reported in the test manual.

**COPM.** The COPM (CAOT, 1997) detects changes in a person’s self-perception of occupational performance and satisfaction over time (Law et al., 1998). It is administered in interview format and is semistructured. Individuals are asked to list concerns in the areas of self-care, productivity (work), and leisure; rate the concerns in terms of importance; identify the five most important concerns; and evaluate performance and satisfaction relative to those five per-
formance areas on a 10-point scale. For example, a woman might identify a concern with gardening, which she recognizes as an important leisure task. She is then asked to rate how well she gardens and how satisfied she is with her gardening performance. The COPM gives the researcher important information about which daily tasks the study participants would like to perform more effectively. In addition, the COPM is sensitive to changes in perceptions of satisfaction with performance over time (Law et al., 1998). Bosch (1995) found test–retest reliability to be .89 for performance scores and .89 for satisfaction scores. Evidence for content and construct validity also has been found in a number of studies (Law et al., 1998).

As part of the posttest data collection phase, descriptive program evaluation data were collected about the participants’ perceptions of the usefulness of the program. Treatment group participants also were asked verbally what they liked and disliked about the program during the posttest home visit.

Data Analysis

Differences in satisfaction with time use between participants in the treatment and control groups were tested with the TPI and TUA outcome measures. Perceptions of occupational performance and satisfaction changes were tested with the COPM. Baseline pretesting and posttesting allowed for comparisons within groups over time as well as for comparisons between groups both before and after the treatment group completed the intervention program. For the TPI and TUA, a score decrease from Time 1 to Time 2 is favorable, representing an improvement in perceptions of time use satisfaction. For the COPM, a score increase from Time 1 to Time 2 is favorable, representing improvement in perceptions of occupational performance and satisfaction. The alpha level of significance was set at the conventional .05 for all analyses. Two-tailed tests were used because no previous studies could be used to rationalize the use of one-tailed tests.

It was important to measure within-group changes because of the concern that asking women to complete the pretest measures might have sensitized them to time use issues that could potentially lead to score changes in the control group as well as the treatment group. Within-group changes were analyzed with paired, two-tailed t tests because the TPI, TUA, and COPM provide data that are both ranked and continuous. The TUA results were calculated as absolute scores. Changes from extreme scores (a score of either 1 or 5) were calculated identically because they were equally distant from the most satisfied score of 3 for each question.

Results and Discussion

Table 1 describes pretest and posttest TPI, TUA, and COPM scores for both participant groups. In addition, p values were calculated for within-group changes from Time 1 (pretest) to Time 2 (posttest). Table 2 highlights between-group comparisons for both COPM outcome measures (occupational performance, occupational satisfaction) using unpaired, two-tailed t test analyses.

The TPI scores improved significantly for both control and treatment groups, suggesting that the instrument had a notable sensitizing effect. Asking such questions as “How often does your day end up being less productive than you had planned?” and “How often do you find yourself complaining about your lack of time to get things done?” perhaps heightened awareness of time use and planted the idea for all the participants to make efforts to improve their perceptions of control over time. The treatment group demonstrated greater pretest to posttest score changes than the control group, but not significantly so. This finding may suggest that a larger sample size was

<table>
<thead>
<tr>
<th>Measure and Condition</th>
<th>Pretest M (SD)</th>
<th>Posttest M (SD)</th>
<th>Change M (SD)</th>
<th>t (2-tailed)</th>
<th>p (2-tailed)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Time Perception Inventory</strong></td>
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<tr>
<td>Control</td>
<td>25.4 (7.9)</td>
<td>22.9 (7.3)</td>
<td>2.5 (3.8)</td>
<td>2.89</td>
<td>.01*</td>
</tr>
<tr>
<td>Treatment</td>
<td>25.6 (6.6)</td>
<td>22.4 (6.1)</td>
<td>3.2 (4.5)</td>
<td>3.10</td>
<td>.01*</td>
</tr>
<tr>
<td><strong>Time Use Analyzer</strong></td>
<td></td>
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<tr>
<td>Control</td>
<td>7.6 (3.0)</td>
<td>7.2 (3.0)</td>
<td>0.4 (2.7)</td>
<td>0.67</td>
<td>ns</td>
</tr>
<tr>
<td>Treatment</td>
<td>7.1 (2.5)</td>
<td>6.3 (2.6)</td>
<td>0.8 (1.8)</td>
<td>2.00</td>
<td>ns</td>
</tr>
<tr>
<td><strong>COPM–Performance</strong></td>
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<td></td>
<td></td>
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<td></td>
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<tr>
<td>Control</td>
<td>3.4 (1.2)</td>
<td>4.2 (1.7)</td>
<td>0.8 (1.7)</td>
<td>2.07</td>
<td>.05</td>
</tr>
<tr>
<td>Treatment</td>
<td>3.6 (1.0)</td>
<td>5.3 (1.4)</td>
<td>1.7 (1.3)</td>
<td>5.70</td>
<td>.0001**</td>
</tr>
<tr>
<td><strong>COPM–Satisfaction</strong></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Control</td>
<td>2.7 (1.5)</td>
<td>4.3 (2.0)</td>
<td>1.6 (2.0)</td>
<td>2.96</td>
<td>.01*</td>
</tr>
<tr>
<td>Treatment</td>
<td>2.7 (1.0)</td>
<td>5.7 (1.6)</td>
<td>3.0 (1.8)</td>
<td>7.07</td>
<td>.0001*</td>
</tr>
</tbody>
</table>

Note. n = 19 for both the control and the treatment groups. COPM = Canadian Occupational Performance Measure.

*Significant at p < .05. **Significant at p < .001.
required to have enough power to detect a treatment effect.

It is possible that the TPI is too global in scope to measure specific changes resulting from treatment. A participant may have improved her perceptions of time use in discrete ways that were not addressed by the particular questions. For example, a woman who was pleased that she was now exercising regularly as a result of involvement in the program might still believe that she could use more hours in the day. In this case, her TPI score would probably not reflect her satisfaction with having increased time devoted to exercise. In addition, the questionnaire may be sensitive to situational factors so that if a participant had a good (or bad) day on the posttest date, her responses to the questions could obscure the actual treatment effect.

The TUA scores did not change significantly for either the treatment or the control groups between pretest and posttest. In both groups, scores decreased (more so for the treatment than for the control group), but no significant differences between the groups were found. One possible explanation addresses the nature of the questionnaire itself. The TUA asks about satisfaction with time use for eight categories (see Method section), making it quite comprehensive in scope. Potentially, a participant could desire more time in all categories, which is clearly impossible to accomplish within a 24-hr day. In fact, a time increase in one category is likely to require a lessening of time in another category. This time shift could result in increased satisfaction in some time use categories coupled with decreased satisfaction in other time use categories. In such a scenario, the overall score would reflect very little change from pretest to posttest, and no treatment effect would be measured, even if the participant had made positive changes in the categories that she identified as the highest priorities.

The COPM measures perceptions of performance and satisfaction for specific occupations, and a number of significant changes were detected. Both groups demonstrated positive changes in perceptions of occupational performance and satisfaction between Time 1 and Time 2. Similar to the TUA, the COPM seems to have a substantial sensitizing effect. Verbalizing the intention to improve performance and satisfaction in an individualized occupation (anything from spending more time with friends to finding better child care) seemed to lead to perceptual and behavioral changes reflected in improved posttest scores for both participant groups. However, the treatment group reported statistically greater gains in COPM satisfaction scores (also greater gains in performance scores that were not statistically significant), suggesting a treatment effect related to satisfaction.

Although the intervention took place in a group context, it was individualized. Participants were asked to consider their own particular needs and to apply a problem-solving approach to their own everyday experiences. This approach may account for the changes in perceptions reflected on the COPM Performance and Satisfaction subscales. Participant perceptions of performance did not change as much as perceptions of satisfaction. This finding suggests that although participants did not necessarily change their task performance as measured in the study, their level of satisfaction with the performance did change. For example, several participants discussed their initial dissatisfaction with their housecleaning performance and level of satisfaction. With encouragement from other group participants and the facilitator, they eventually may have been able to conclude that it is acceptable to maintain a home in a less-than-spotless condition. Thus, housecleaning performance may have been perceived to remain unchanged, but satisfaction with performance improved.

**Implications for Professionals Working With Families**

The fact that participants in the control group made significant gains in some of their test scores between the pretest and posttest suggests that exposure to questions about satisfaction with time use and occupations is stimulus enough to lead to some type of change (either perceptual, attitudinal, or behavioral). This finding suggests that even a single, yet meaningful opportunity to reflect on daily occupational routines may sometimes be enough to lead to positive changes. If so, then professionals working with women who have children with disabilities may be able to assist mothers by giving them a chance to discuss how they are feeling about their time use and occupations. This discussion process reflects the occupational storytelling described by Clark (1993).

The participants in the treatment group commented very favorably about their involvement in the program on an open-ended questionnaire provided during the posttest

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**Table 2. Between-Group Comparisons of Occupational Performance and Satisfaction Perceptions**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Control Change M (SEM)</th>
<th>Treatment Change M (SEM)</th>
<th>t (2-tailed)</th>
<th>p (2-tailed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>COPM–Performance</td>
<td>0.8 (0.4)</td>
<td>1.7 (0.3)</td>
<td>1.85</td>
<td>.07</td>
</tr>
<tr>
<td>COPM–Satisfaction</td>
<td>1.6 (0.5)</td>
<td>3.0 (0.4)</td>
<td>2.09</td>
<td>.04*</td>
</tr>
</tbody>
</table>

*Note. n = 19 for both the control and the treatment groups. COPM = Canadian Occupational Performance Measure. *Significant at p < .05.
data collection phase. In addition, many spontaneously talked about how useful they found the program during the final group session and in the final individual intervention session (Helitzer, Sabo-Cunningham, VanLeit, & Crowe, in press). These descriptive data were not analyzed statistically but were overwhelmingly positive in nature. Participants placed great value on having a supportive opportunity to discuss their feelings and thoughts in a setting that was non-judgmental and comfortable. The emphasis placed on exploring adult needs (as opposed to children's needs) was important to them, and several participants stated that their usual experience was that professionals focused exclusively on the child while de-emphasizing the mother. Their comments highlight the importance of being family centered (Lawlor & Mattingly, 1998) and attending to the needs of other family members in addition to the child with the disability. Many of the participants spoke of becoming better advocates for themselves and their families. The experience of reflection and group sharing seemed to allow them to clarify their own strengths and needs and to identify occupational issues that they now felt more competent to address. From an ecocultural vantage point (Gallimore et al., 1989), the participants described how they were exploring possible accommodations in a variety of domains (e.g., family subsistence, emotional support) to address their own needs and the needs of other family members, including the child with a disability.

The participants also liked the fact that they were responsible for deciding what to discuss, and they commented frequently that the group facilitation was effective in that it provided a certain amount of structure without being directive or controlling. In fact, many participants discussed how professionals often are authoritarian and as “experts,” tend to minimize or ignore the parent’s perspective. Such a phenomenon is consistent with findings from other studies (Case-Smith & Nastro, 1993; Lawlor & Mattingly, 1998). The participants described their frustration with professionals who may appear harsh and judgmental, and they stated that professional arrogance might contribute to parental stress and feelings of either inadequacy or anger.

**Limitations**

This research was an exploratory pilot study in which a sample of 38 women from a metropolitan area in the southwestern United States participated. As a group, the participants were college educated and in their mid-30s. Recruitment was one of the most difficult aspects of conducting this research project. Many women reported that although they were interested in participating in the program, they could not make one more time commitment. On the other hand, some may not have chosen to participate because they believed that they were already coping adequately. Thus, the self-selected group of women who did participate in the study may differ in their perceptions of time and coping from those who did not. Caution must be used in any effort to generalize findings to the larger population of women who have children with disabilities.

The lack of reliability and validity studies for the TPI and TUA is of concern. It is possible that these measures do not accurately or reliably reflect the dimensions of time that they are purported to measure.

**Conclusion**

Many of the study participants said that they had not thought about their own needs in years. Assisting mothers of children with disabilities to increase their satisfaction with their time use and occupations is an area that traditionally has been ignored or neglected. This preliminary study suggests that attending to the time-use and occupational concerns of mothers of children with disabilities can have a positive impact on their perceptions and satisfaction with time use and occupations. The COPM appears to have great promise as a tool for measuring changes in client perceptions of occupational performance and satisfaction and for opening discussion about occupations and daily routines with clients.

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