

Sylvie Ray-Kaeser and Helen Lynch

12 Occupational Therapy Perspective on Play for the Sake of Play

Despite play being identified as being a core aspect of occupational therapy (OT) from as early as 1922, the focus on play receded and did not come to the fore again until research and writings from therapists, such as Mary Reilly (1974), and further work that came from the emergence of the new science of occupation in the 1980s and 1990s (Hocking, 2009). The resurgence of occupation coupled with global influences, such as the evolving ICF (WHO, 2001) and ICF-CY (WHO, 2007), has resulted in a shift away from the traditional biomedical model to an occupational model; practice is orienting more towards participation than body function and structure (Figure 12.1). Participation in play is related to an interaction between the children's motivation and abilities, the characteristics of the environment, and available activities matching their preferences (Figure 12.1).

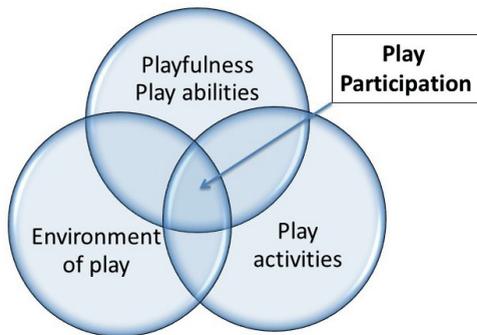


Figure 12.1. Focus on participation in play

An OT perspective on play is closely intertwined to the study of play from an occupational science perspective. Hence, this overview of the contribution of OT to play includes the study of play as an occupation (occupational science) as well as the translation of this knowledge into practice (OT). In occupational science and OT, *play* is named as a core element in the classification systems of occupations across the lifespan. It is viewed as the most common occupation of children, and *playing* one of the many daily routines, such as dressing, eating, and showering. Being a *player* is the primary occupational role of a child. Play is any fun activity that produces a sense of joy in the participant; it is viewed as a way of being, a state of mind, called *playfulness* (Lane & Bundy, 2012). Play is significant because it gives children a sense of mastery (Reilly, 1974), it transcends life's' distresses (Sutton-Smith, 2008), and it is central to how children learn, especially in the early years (Bateson, 2011).

Multiple disciplinary perspectives provide a strong basis for the theory of play as an occupation (Parham 2008). These include cognitive, psychodynamic, anthropological, motor, psychological, social, and competence fields of study. Researchers have built on these disciplinary perspectives to form an occupational therapy perspective specifically that reflects a *biopsychosocial view of play*. Research on play in the occupational science literature includes considering play in terms of occupational behaviour (Reilly, 1974) and play as occupational development (Humphry, 2002; Wiseman et al., 2005), integrating research on different play types and purposes, along with the influences of the physical and social environment on play (Knox, 1996; Pierce et al., 2009; Schneider, 2009).

From a *body function and structure* perspective, play is regarded as an important aspect of child development, consisting of a variety of movements and manipulation of the environment: through play, the child develops sensory integration, physical, cognitive, and language skills (Tanta & Knox, 2015).

In relation to *activity and participation*, play includes a sociocultural perspective, where it is acknowledged that play is viewed and valued differently according to cultural values, customs, and norms (Bazyk et al., 2003; Parham, 2008). Studies of children with disabilities have found that these children experience social exclusion in play activities due to difficulties in joining similar physical play activities as their peers (Law et al., 2013; Poulsen et al., 2007).

Regarding the *environment*, the physical environment is known to have a significant influence on the occupational development of the child (Lynch, 2012; Pierce, 1996). Researchers have found that the physical environment shapes play (Lynch, 2009; Prellwitz & Skar, 2007) and that playfulness is influenced by the environment (Rigby & Huggins, 1997). Concerning systems and policy contexts, play is considered as an occupational justice issue and a fundamental occupational right (Wilcock & Townsend, 2000). Conditions such as play deprivation, inability to engage in play, exclusion from play activities, and inaccessibility to playgrounds or other play spaces can be alleviated through social or political actions (Moore & Lynch, 2015).

Overall, play is a *quality of life* issue, improving the health and wellbeing of communities, groups, and individuals (Parham, 1996). Play as healing exercises “cognitive and affective flexibility to aid resilience”, which is “central to human adaptability” (Dell Clark, 2015:375). Play serves adaptation and has an adaptive function. It is believed to facilitate inclusion, social participation, and flexibility in thinking, learning, and problem-solving (Stagnitti & Unsworth, 2000).

While occupational science research values the extrinsic functional contribution of play to child development, it also values the intrinsic contribution for the child: “play is a vehicle for meaning” (Parham, 1996:78). Through interviews or observation with children and their families, the subjective meaning of play occupation has been studied (Prellwitz, 2007; Spitzer, 2003a; Tamm & Skar, 2000). While the subjective meaning for the child may not always be apparent, using an occupational science approach to understand play helps us to see that it is the individual’s experience of the activity that determines whether it is enjoyable (Pierce, 2001; Spitzer, 2003b).

To summarise, an occupational perspective of play is that it “only occurs when there is a ‘just right’ fit between the child and the environment” (Cooper, 2009:33), that it can be both productive as well as pleasurable and that it can be embedded in obligatory tasks and requires effort (Humphry, 2002). While play may be defined as pleasurable, it can still be productive, and therefore, there is no dilemma in arguing that play is also “serious business” (Bruner, 1976:20).

12.1 Definition of Play from the Discipline of OT

Play is defined in OT as any spontaneous or organised child-directed activity that is an interaction between the child and the environment, which “provides enjoyment, entertainment, amusement or diversion” (Parham & Fazio, 2008:448). It is characterised by core elements: intrinsic motivation, where the child is free to engage; controlled by the player; freedom from external rules or direction; with attention on the play process rather than on the product of play (Rigby & Rodger, 2006; Skard & Bundy, 2008). Although it is viewed as providing amusement and diversion, it should not be confused with being frivolous; it is the means through which the child learns and develops, the source of wellbeing, and is consequently an aspect of childhood that requires serious consideration. The American Association of OT (AOTA) acknowledges the importance of play in its “Societal Position on Play (Primeau, 2008:707):

OT practitioners support, enhance, and defend children’s right to play as individuals and as members of their families, peer groups, and communities by promoting recognition of play’s crucial role in children’s development, health, and wellbeing; establishing and restoring children’s skills needed to engage in play; adapting play materials, objects, and environments to facilitate optimal play experiences; and advocating for safe, inclusive play environments that are accessible to all.

12.2 Play in OT (how OT Contributes to the Topic)

Play has a central place in OT as primary means and goals for intervention with children (Parham & Fazio, 2008). This means that play in OT may not be play at all: it is often addressing functional skills for play or utilising a playful approach to target other skills (play as a means to an end). OT is also concerned with making sure that the child’s basic needs are met, so that they are able to play (e.g., environmental adaptations). Consequently, Bundy (2011) considers that there are five facets of play that have particular relevance to OT practice with children and families:

1. Skills for play
2. Approach to play (play attitude)
3. Play activities
4. Environmental supportiveness for play
5. Source of motivation for play

The occupational therapists (OTs) base their intervention on their knowledge of these five facets, with specific attention to play activities and characteristics (form, function, meaning, and context), of the art of play and science of human occupation (Hinojosa & Segal, 2012). They closely analyse how intra-individual characteristics and environments support or interfere with play to generate multiple therapeutic strategies at three levels of service.

1. *Universal*

- Assisting in the promotion of play for all children through the development of policies.
- Educating the community on the importance of play.
- Advocating a universal design for the public play areas and equipment.

2. *Targeted*

- Providing play environments usable for children at risk of developing health challenges.
- Assessing, selecting, and adapting play materials, equipment, toys, and games.
- Providing assistive technology for play for the ‘at risk’ group of children.

3. *Intensive*

- Encouraging child-parent playful interactions and educating families to balance their time with playful activities.
- Enabling engagement in play and play inclusion of a child with disability.
- Expending a child’s cognitive, physical, social, emotional, and play skills through individualised intervention.

The OTs provide *assessment* of a child’s play and playfulness, although play assessments have a limited role to date in OT practice (Miller Kuhaneck et al., 2013). As play typically occurs in the child’s environment, play assessment requires tools that facilitate an accurate and authentic assessment in context; therefore, observation of unstructured play in context is most common (Bundy, 2011) with observational tools such as the Test of Playfulness (ToP) (Skard & Bundy, 2008) as well as the environmental supportiveness of the player’s motivation for play (TOES) (Bronson & Bundy, 2001). Other forms of assessment include parent interviews about the play experiences of their child (Play History, Takata, 1974; Initial interview with parents, EIP, Ferland, 2003) or interview with the child (Pediatric Interest Profiles, PIP, Henry, 2000; Pediatric Activity Card Sort, PACS, Mandich et al., 2004). They also assess the play behaviour of a child (Revised Knox Preschool Play scale, RKPPS, Knox, 2008; Child Initiated Pretend Play, CHIPPA, Stagnitti, 2007; Evaluation of ludic behaviour in children, ECL, Ferland, 2003). To date, no assessment has been developed in OT for assessing motivation for play, and this has been noted as being an aspect requiring further research (Bundy, 2011).

OT *intervention* for play can be in the form of play as means versus ends (McLaughlin Gray, 1998) and play as both means and ends. In each case, where OT is working directly with the child, the therapist can utilise varied approaches that can

be considered as a continuum from a teaching approach (non-play), to directed play, to guided play, and then free play (Table 12.1).

Table 12.1. Continuum from therapist initiated to child-initiated play (adapted from Henrick, 2015 and Wood, 2007)

| Relationships OT-child in play | Therapist-initiated and directed | Therapist-initiated or child-responsive | Child-initiated or therapist-scaffolded and guided | Child-initiated, child-led, and child-directed |
|--------------------------------|-------------------------------------|---|--|--|
| Kind of activity | Activities are taught and practised | Activities are playful or play-based | Activities are playful, play-based, self-chosen, and voluntary | Activities are intrinsically motivated, self-chosen, voluntary |
| Kind of play | Work or non-play | Directed play i.e., playful work | Guided play, i.e., work-like play | Free play |

← ← ← ←.....moving from extrinsic motivation to intrinsic motivation..... → → →

Play as means to an end. The OTs use spontaneous and/or organised play as an attractive tool or medium to act upon the primary consequences of the disability and/or prevent psychosocial difficulties. They use playful activities to improve specific skills, which are expected to develop abilities in a range of daily activities. In this form of intervention, the child is directed to using play objects and play activities, in order to enable the development of specific motor, sensory, cognitive, emotional, and social skills. The child may not have a choice in the activity and may have less control in the play than if it was freely chosen and self-directed. Hence, the play form in this mode of intervention is more typically oriented towards directed, adult-led activity, to support learning. Play is primarily used in this instance as a motivator for engaging the child in therapy (Bundy, 2011; Miller Kuhaneck et al., 2013). Play as a means to an end refers, therefore, to playful activities rather than play.

It is known that interventions using playful activities yield better results than repeated exercises, for example, to increase the range of movement of children with burn injuries (Melchert-McKearnan et al., 2000). There is evidence that playful motor intervention with children at risk of developmental delay provides positive outcomes (Fromberg & Bergen, 2015). The OTs use objects’ and toys’ motivational properties to increase the appeal of therapeutic activities, address common performance skills, and support engagement in occupation. They create therapeutic situations in which children can experiment new skills with fewer risks and use play to encourage children’s participation.

Play as a therapeutic medium is also used outside clinical contexts, working, for example, in the family home in response to traumatic events or child’s inner conflicts (Johnson et al., 2015). More recently, play interventions have been developed to

address obesity and increasing physical activity in childhood through playground design (Bundy et al., 2008; Bundy et al., 2011; Engelen et al., 2013).

Play as ends/goal. When the OTs use play as the goal, this takes on many forms: the OT may consider addressing play skills of the child or addressing social and physical environmental enablers for play.

One OT intervention where activities, such as play, can be the goal is *the Cognitive Orientation to Daily Occupational Performance* (CO-OP) programme (Polatajko & Mandich, 2004). In this cognitive intervention, the therapist supports the child to identify and explore new strategies for learning a desired skill, such as riding a bike through problem-solving and practising in weekly therapy sessions. When play is the goal, the intervention uses playful activities rather than self-directed play; the child does not engage in a form of play that is flexible, where he or she can move from one activity to another at will. Instead, the child focuses on the chosen play activity and through directed engagement and guided discovery (i.e., guided by the OT), practises new strategies for successful achievement of the activity. An example of specific OT intervention where play is the goal is the *Learn to Play* programme from Australia, where the therapist begins by using a directed play approach until the child becomes more competent in play skills and moves to guided play (Stagnitti, 2004). The focus of this programme is to enable adults to direct the child in pretend play, beginning with the child's developmental level and modelling the play activity. The child is encouraged to develop six core skills: sequence of play actions, object substitution, play scripts, doll/teddy play, social interaction, and role play (Stagnitti, 2009). In a more recent work, further developments in play-based approaches have expanded to include interventions for children with ADHD, in home contexts and incorporating parents and friends in the therapy process (Wilkes-Gillan et al., 2014). Each example of intervention approaches demonstrates the current move towards contextual, participatory methods in provision of play-based OT, with a strong focus on changing the environment as a way to enable play.

The OTs include goals related to environmental supportiveness for play and skills for play aimed at improving play participation of children with special needs, enhancing parent-child interactions and play access. They can help families that struggle to manage their complex daily occupations with a child with disabilities. They identify the strategies the parents use at home to manage their child and support them to find and use the most appropriate ones for integrating play into the life of the whole family. They use their knowledge to adapt play and play materials. In such a family-centred approach, intervention is not always specifically aimed at reaching specific goals for the child only, but also for the parents and child to play without assistance from the therapist (Lane & Bundy, 2012).

The OTs also enable all children to play and promote playfulness and spontaneous, active community play experiences for children for the value of free play for its own sake (Lane & Bundy, 2012). This is in adherence with the overarching outcome of OT to promote engagement in occupation to support participation. They use their

knowledge to notice play inequities. They address the children's engagement in play within the context of their lives, the home, school, and community (Parham & Fazio, 2008). They support the parents to engage fully with their children through play and avoid play deprivation knowing that the actual hurried lifetime, the changes in family structures, and increased attention to organised extra-scholar activities reduce the time for free play in families (Singer et al., 2009). They support teachers and educators to create play opportunities in the school and day-care environment, in school playgrounds, as many schools restrict the play by removing play equipment and break time (Bundy et al., 2008; Ramstetter et al., 2010).

Combining play as means and play as ends. In other OT interventions, play is utilised as both a means to an end and also as the goal. One example of this is an OT intervention called *Ayres Sensory Integrative approach* (ASI), which provides opportunities for children with sensory-processing disorders to engage in active, child-led, and child-driven playful and fun activities with achievable challenges in a secure (safe) environment (Schaaf & Miller, 2005). This is an example where intervention is required to be play-based and the child is facilitated to engage in physical activity play primarily, through child-initiated, therapist-responsive activities. In this form of intervention, the child is not fully engaging in free play, but is more accurately taking part in guided play, where the therapist sets up the environment, so that the child will choose certain play activities (Weisberg et al., 2013). It is a form of guided play that meets their developmental needs and is based on the intrinsic motivation of the child (Table 12.2).

12.3 Conclusion

OTs are in a unique position to promote play for children in general and for children with disabilities, creating opportunities for an inclusive environment of play and providing education on the need for play to promote a healthy and playful life. To date, few studies have examined the effectiveness of using different approaches to play in intervention: to compare the effect of directed-play versus guided play versus free-play in enabling play occupation. Yet, in educational studies, play-based learning has been shown to be more effective than direct instruction, especially for pre-schoolers (Hirsh-Pasek et al., 2009). More research is needed to explore the different forms of play-based intervention, and specifically, the place of guided play or free-play as an effective means of enabling participation in play occupations for children with disabilities. If free play is the serious work of the child, then we must ensure that play occupation is more central in our work, as part of our role in enabling play as ends, and not just considering play as a means to an end.

References

- Bateson, P. (2011). Theories of play. In A. Pellegrini (Ed.), *The Oxford Handbook of the Development of Play* (pp. 41-47). Oxford, UK: Oxford University Press.
- Bazyk, S., Stalnaker, D., Llerena, M., Ekelman, B., & Bazyk, J. (2003). Play in Mayan children. *American Journal of Occupational Therapy*, 57(3), 273-283.
- Bronson, M., & Bundy, A. (2001). A correlational study of the test of playfulness and the test of environmental supportiveness. *Occupational Therapy Journal of Research*, 21, 241-259.
- Bruner, J. (1976). Introduction. In J. Bruner, A. Jolly & K. Sylva (Eds.), *Play: its Role in Development and evolution* (pp. 13-27). Harmondsworth, UK: Penguin Books.
- Bundy, A. (2011). Children: analysing the occupation of play. In L. Mackenzie & G. O'Toole (Eds.), *Occupation Analysis in Practice (1st ed.)* (pp. 133-146). Oxford, UK: Blackwell Publishing Ltd.
- Bundy, A. C., Luckett, T., Naughton, G. A., Tranter, P. J., Wyver, S. R., Ragen, J., ... & Spies, G. (2008). Playful interaction: Occupational therapy for all children on the school playground. *American Journal of Occupational Therapy*, 62(5), 522-527.
- Bundy, A. C., Naughton, G., Tranter, P., Wyver, S., Baur, L., Schiller, W., ... & Brentnall, J. (2011). The Sydney playground project: popping the bubblewrap - unleashing the power of play: a cluster randomised controlled trial of a primary school playground-based intervention aiming to increase children's physical activity and social skills. *BMC Public Health*, 11, 1-9.
- Cooper, R. (2009). Play as transaction: The impact of child maltreatment. In K. Stagnitti & R. Cooper (Eds.), *Play as Therapy: Assessment and Therapeutic Interventions*. (pp. 176-186). London, UK: Jessica Kingsley Publishers.
- Engelen, L., Bundy, A., Naughton, G., Simpson, J., Bauman, A., Ragen, J., ... & Van der Ploeg, H. (2013). Increasing physical activity in young primary school children—it's child's play: A cluster randomised controlled trial. *Preventative Medicine*, 319-325.
- Ferland, F. (2003). *Le modèle ludique (3^{ème} ed.)*. Montréal, CDN: PUM.
- Fromberg, D. P., & Bergen, D. (2015). *Play from Birth to Twelve: Contexts, Perspectives, and Meanings*. New York, NY: Routledge.
- Henrick, T. (2015). *Play and the Human Condition*. Chicago, IL: University of Illinois Press.
- Henry, A. D. (2000). *Paediatric Interest Profiles: Surveys of Play for Children and Adolescents, Kid Play Profile, Preteen Play Profile, Adolescent Leisure Interest Profile*. Psychological Corporation, a Harcourt Assessment Company.
- Hinojosa, J. & Segal, R. (2012). Building intervention from theory. In S. J. Lane & A. C. Bundy (Eds.), *Kids Can Be Kids: A Childhood Occupations Approach* (pp. 161-179). Philadelphia, PA: F. A. Davis.
- Hirsch-Pasek, K., Golinkoff, R., Berk, L. & Singer, D. (2009). *A Mandate for Playful Learning in Preschool; Presenting the evidence*. New York, NY: Oxford University Press.
- Hocking, C. (2009). The challenge of occupation: describing the things people do. *Journal of Occupational Science*, 16(3), 140-150.
- Humphry, R. (2002). Young children's occupations: explicating dynamics of developmental processes. *American Journal of Occupational Therapy*, 56, 171-179.
- Dell Clark, C. (2015). Play interventions and therapy. In J. E. Johnson, S. G. Eberle, T. S. Henricks, & D. Kushner (Eds), *The Handbook of the Study of Play* (pp. 365-380). London, UK: Rowman & Littlefield Publishers.
- Knox, S. (1996). Play and playfulness in preschool children. In R. Zemke & F. Clark (Eds), *Occupational Science: the evolving Discipline* (pp. 81-88). Philadelphia, PA: F. A. Davis.
- Knox, S. (2008). Development and current use of the Revised Knox Preschool Play Scale. In L. D. Parham & L. Fazio (Eds), *Play in Occupational Therapy for Children (2nd ed.)* (pp. 55-70). St Louis, MO: Mosby Elsevier.

- Lane, S. J., & Bundy, A. C. (2012). *Kids Can Be Kids: A Childhood Occupations Approach*. Philadelphia, PA: F. A. Davis.
- Law, M., Anaby, D. Teplicky, R., Khetani, M.A., Coster, W., & Bedell, G. (2013). Participation in the home environment among children and youth with and without disabilities. *British Journal of Occupational Therapy*, 76(2), 58-66.
- Lynch, H. (2009). Patterns of activity of Irish children aged five to eight years: City living in Ireland today. *Journal of Occupational Science*, 16(1):44-49.
- Lynch, H. (2012). *Infant Places, Spaces and Objects: Exploring the Physical in Learning Environments for Infants Under Two*. (Doctoral dissertation). Dublin Institute of Technology, Dublin.
- Mandich, A., Polatajko, H., Miller, L. & Baum, C. M. (2004). *The Paediatric Activity Card Sort (PACS)*. Ottawa, CDN: Canadian Occupational Therapy Association.
- McLaughlin Gray, J. (1998). Putting occupation into practice: Occupation as ends, occupation as means. *American Journal of Occupational Therapy*, 52, 354-364.
- Melchert-McKernan, K., Deitz, J., Engel, J. M., & White, O. (2000). Children with burn injuries: Purposeful activity versus rote exercise. *American Journal of Occupational Therapy*, 54, 381-390.
- Miller Kuhaneck, H., Tanta, K., Coombs, A. & Pannone, H. (2013). A survey of paediatric occupational therapists use of play. *Journal of Occupational Therapy, Schools & Early Intervention*, 6, 213-227.
- Montessori, M. (1967). *The Absorbent Mind*. New York, NY: Holt, Rinehart & Winston.
- Moore, A., & Lynch, H. (2015). Accessibility and usability of playground environments for children under 12: A scoping review. *Scandinavian Journal of Occupational Therapy*, 22(5), 331-344.
- Parham, L. D. (1996). Perspectives on play. In R. Zemke & F. Clark (Eds.), *Occupational Science: the evolving Discipline* (pp. 71-80). Philadelphia, PA: F. A. Davis.
- Parham, L. D. (2008). Play and occupational therapy. In L. D. Parham & L. Fazio (Eds.), *Play in Occupational Therapy for Children (2nd ed.)* (pp. 219-249). St Louis, MO: Mosby Elsevier.
- Parham, L. D., & Fazio, L. S. (2008). *Play in Occupational Therapy for Children*. St-Louis, MO: Mosby Elsevier.
- Pierce, D. (1996). *Infant space, infant time: development of infant interactions with the physical environment, from 1 to 18 months*. Doctor of Philosophy Doctoral thesis, University of Southern California, Los Angeles.
- Pierce, D. (2001). Untangling occupation from activity. *American Journal of Occupational Therapy*, 55(2), 138-146.
- Pierce, D., Munier, V., & Teeters-Myers, C. (2009). Informing early intervention through an occupational science description of infant-toddler interactions with home space. *American Journal of Occupational Therapy*, 63(3), 273-287.
- Polatajko, H., & Mandich, A. (2004). *Enabling Occupation in Children: The Cognitive Orientation to Daily Occupational Performance (CO-OP) approach*. Ottawa, ON: CAOT Publications.
- Poulsen, A. A., Ziviani, J. M., & Cuskelly, M. (2007). Perceived freedom in leisure and physical co-ordination ability: impact on out-of-school activity participation and life satisfaction. *Child: Care, Health and Development*, 33(4), 432-440.
- Prellwitz, M. (2007). *Playground Accessibility and Usability for Children with Disabilities*. PhD thesis: Lulea University of Technology, Sweden.
- Prellwitz, M., & Skar, L. (2007). Usability of playgrounds for children with different abilities. *Occupational Therapy International*, 14(3), 144-155.
- Primeau, L. (2008). AOTA's societal statement on play. *American Journal of Occupational Therapy*, 62(6), 707-708.
- Ramstetter, C. L., Murray, R., & Gardner, A. S. (2010). The crucial role of recess in schools. *Journal of School Health*, 80(11), 517-526.

- Reilly, M. (1974). *Play as exploratory Learning*. Beverly Hills, CA: Sage Publications.
- Rigby, P., & Huggins, L. (1997). Enabling young children to play by creating supportive play environments. In L. D. Parham & L. Fazio (Eds.), *Play in Occupational Therapy (1st ed.)*, (pp. 155-176). St. Louis, MO: Mosby.
- Rigby, P., & Rodger, S. (2006). Developing as a player. In S. Rodger & J. Ziviani (Eds.), *Occupational Therapy with Children: Understanding Children's Occupations and enabling Participation* (pp. 177-199). London, UK: Blackwell.
- Schaaf, R. C., & Miller, L. J. (2005). Occupational therapy using a sensory integrative approach for children with developmental disabilities. *Mental Retardation and Developmental Disabilities Research Reviews*, 11(2), 143-148.
- Schneider, E. (2009). Longitudinal observations of infant object play behaviour in the home context. *OTJR: Occupation, Participation & Health*, 29(2), 79-87.
- Singer, D., Singer, J., D'Agostino, H., & DeLong, R. (2009). Children's pastimes and play in sixteen nations : Is free play declining? *American Journal of Play*, 1, 283-312.
- Skard, G., & Bundy, A. (2008). Test of Playfulness. In L. D. Parham & L. Fazio (Eds.), *Play in Occupational Therapy for Children* (pp. 71-93). St. Louis, MO: Mosby Elsevier.
- Spitzer, S. (2003a). With and without words: exploring occupation in relation to young children with autism. *Journal of Occupational Science*, 10(2), 67-79.
- Spitzer, S. (2003b). Using participant observation to study the meaning of occupations of young children with autism and other developmental disabilities. *American Journal of Occupational Therapy*, 57(1), 66-76.
- Stagnitti, K. (2004). Occupational performance in pretend play: Implications for practice. In M, Mollineux (Ed.). *Occupation for Occupational Therapists* (pp. 103-121). Oxford, UK: Blackwell Science.
- Stagnitti, K. (2007). *The Child-Initiated Pretend Play Assessment: Manual and Kit*. Melbourne: Co-ordinates Therapy Services.
- Stagnitti, K. (2009). Play intervention-The Learn to Play Program. In K. Stagnitti & R. Cooper (Eds.), *Play as Therapy: Assessment and Therapeutic Interventions*. (pp. 176-186). London, UK: Jessican Kingsley Publishers.
- Stagnitti, K., & Unsworth, C. (2000). The importance of pretend play in child development: An occupational therapy perspective. *The British Journal of Occupational Therapy*, 63(3), 1211-127.
- Sutton-Smith, B. (2008). Play Theory: a Personal Journey and new Thoughts. *American Journal of Play*, 80-123.
- Takata, N. (1974). Play as a prescription. In M. Reilly (Ed.), *Play as exploratory Learning* (pp. 209-246). Beverly Hills, CA: Sage Publications.
- Tamm, M., & Skar, L. (2000). How I play: roles and relations in the play situations of children with restricted mobility. *Scandinavian Journal of Occupational Therapy*, 7(4), 174-182.
- Tanta, K. & Knox, S. (2015). Play. In J. Case-Smith & J. Clifford O'Brien (Eds.), *Occupational Therapy for Children and Adolescents (7th ed.)*. (pp. 483-493). St. Louis, MO: Elsevier Mosby.
- Weisberg, D. S., Hirsh-Pasek, K., & Golinkoff, R. M. (2013). Guided Play: Where Curricular Goals Meet a Playful Pedagogy. *Mind, Brain, and Education*, 7(2), 104-112.
- Wilcock, A., & Townsend, E. (2000). Occupational terminology interactive dialogue. *Journal of Occupational Science*, 7(2), 84-86.
- Wilkes-Gillan, S., Bundy, A., Cordier, R. & Lincoln, M. (2014). Child outcomes of a pilot parent-delivered intervention for improving the social play skills of children with ADHD and their playmates. *Developmental Neurorehabilitation*, early online, 1-8.
- Wiseman, J. O., Davis, J. A., & Polatajko, H. J. (2005). Occupational development: towards an understanding of children's doing. *Journal of Occupational Science*, 12(1), 26-35.
- Wood, E. (2007). New directions in play: consensus or collision? *Education*, 3(13), 309-320.

- World Health Organisation–WHO (2001). *International Classification of Functioning Disability and Health*. Geneva, CH: WHO.
- World Health Organisation (2007). *International Classification of Functioning Disability and Health, Children and Youth Version*. Geneva, CH: WHO.