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Original Article

"It's not part of my role." Practices and tensions around parenting occupations in occupational therapy

"No es parte de mi rol". Prácticas y tensiones en torno a las ocupaciones de crianza de adultos en la terapia ocupacional

"Isso não faz parte do meu papel". Práticas e tensões em torno das ocupações de cuidado parental de adultos na terapia ocupacional

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Abstract

Introduction: Although parenting is a central occupation in adult life, its inclusion within occupational therapy practice in Chile has been scarcely documented. **Objective:** To explore how occupational therapists in Chile address parenting occupations with adult clients, identifying professional barriers, tensions, and factors associated with varying levels of involvement. **Method:** A concurrent mixed-methods study based on 83 responses from occupational therapists practicing in Chile, drawn from an international survey conducted in Spanish. Descriptive statistics, chi-square tests, and inductive thematic analysis were applied. **Results:** While 96.3% of respondents consider parenting part of the occupational therapy professional domain, only 48.8% report frequently addressing these occupations. Just 25.3% have received specific training in parenting-related topics. A statistically significant association was found between such training and the frequency of parenting assessment ($\chi^2(2) = 6.54$, $p = .038$; Cramer's V = 0.282). Despite high exposure to clients in parental roles, 39% report never using formal assessment instruments, with informal methods, such as self-reporting, prevailing (54.2%). Qualitative findings revealed tensions related to professional identity and a lack of institutional support were evident, indicating that

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the approach to parenting often relies more on personal motivation than on formal training or institutional policies. **Conclusions:** Parenting is a frequently encountered yet under-addressed area in occupational therapy practice. Strengthening its inclusion in training, methodologies, and institutional policies is essential—particularly from an occupational justice and intersectional perspective.

Keywords: Occupational Therapy, Parenting, Chile, Activities of Daily Living.

Resumen

Introducción: Aunque la crianza es una ocupación central en la vida adulta, su abordaje desde la terapia ocupacional en Chile ha sido escasamente documentado. **Objetivo:** Explorar cómo terapeutas ocupacionales en Chile abordan las ocupaciones de crianza en personas adultas, identificando barreras, tensiones profesionales y factores asociados a su mayor o menor involucramiento. **Método:** Estudio mixto de tipo concurrente, basado en 83 respuestas de terapeutas ocupacionales que ejercen en Chile, extraídas de una encuesta internacional en español. Se aplicó análisis estadístico descriptivo, pruebas de chi-cuadrado y análisis temático inductivo. **Resultados:** El 96.3% considera que la crianza forma parte del ámbito profesional, y un 48.8% declara intervenir frecuentemente en este tipo de ocupaciones. Sin embargo, solo un 25.3% ha recibido formación específica en crianza. Se identificó una asociación estadísticamente significativa entre haber recibido dicha formación y la frecuencia de evaluación parental ($\chi^2(2) = 6.54$, $p = .038$; V de Cramer = 0.282). A pesar de la alta exposición a personas en rol parental, el 39% reporta no utilizar nunca instrumentos formales para su evaluación, predominando el uso de métodos informales como el autoinforme (54.2%). A nivel cualitativo, se evidenciaron tensiones asociadas a la identidad profesional y a la ausencia de respaldo institucional, mostrando que el abordaje de la crianza suele depender más de la motivación personal que de orientaciones formativas o políticas institucionales. **Conclusiones:** La crianza es una práctica profesional frecuente pero precarizada. Se requiere fortalecer su inclusión en la formación, metodologías e instituciones desde una perspectiva de justicia ocupacional e interseccional.

Palabras clave: Terapia Ocupacional, Responsabilidad Parental, Chile, Actividades Cotidianas.

Resumo

Introdução: Embora a parentalidade seja uma ocupação central na vida adulta, sua abordagem na terapia ocupacional no Chile tem sido escassamente documentada. **Objetivo:** Explorar como terapeutas ocupacionais no Chile abordam as ocupações de cuidado parental com pessoas adultas, identificando barreiras, tensões profissionais e fatores associados a um maior ou menor envolvimento. **Método:** Estudo de métodos mistos do tipo concomitante, baseado em 83 respostas de terapeutas ocupacionais atuantes no Chile, extraídas de uma pesquisa internacional em espanhol. Foram aplicadas análises estatísticas descritivas, testes de qui-quadrado e análise temática indutiva. **Resultados:** Embora 96,3% considerem que a parentalidade faz parte do campo profissional da terapia ocupacional, apenas 48,8% relatam abordá-la com frequência. Apenas 25,3% receberam formação específica sobre o tema. Foi identificada uma associação estatisticamente significativa entre ter recebido essa formação e a frequência de avaliação das ocupações parentais ($\chi^2(2) = 6{,}54$, $p = 0{,}038$; V de Cramer = 0,282). Apesar da alta exposição a pessoas com papéis parentais, 39% afirmam nunca utilizar instrumentos formais de avaliação, sendo predominantes métodos informais como o autorrelato (54,2%).

No nível qualitativo, observaram-se tensões relacionadas à identidade profissional e à falta de apoio institucional, indicando que a abordagem da parentalidade depende mais da motivação pessoal do que de orientações formativas ou políticas institucionais. **Conclusões:** A parentalidade é uma prática profissional frequente, porém precária. É necessário fortalecer sua inclusão na formação, nas metodologias e nas políticas institucionais, a partir de uma perspectiva de justiça ocupacional e interseccional.

Palavras-chave: Terapia Ocupacional, Cuidado Parental, Chile, Atividades Cotidianas.

Introduction

Parenting is a central occupation in the lives of many adults, not only because of the daily tasks it entails, but also because of its capacity to structure time, relationships, and identity. Caring for, educating, and supporting children requires active, ongoing, and emotionally complex engagement that extends across the life course and is shaped by social, economic, and cultural conditions.

From an occupational therapy perspective, parenting can be understood as a meaningful, relational, and situated occupation, with the potential to generate meaning, agency, and a sense of belonging (Honey et al., 2024; Lim et al., 2022; Sethi, 2021). However, despite its importance, it has historically been overlooked in healthcare systems and in clinical practice within the discipline, which has tended to prioritize biomedical models centered on individual dysfunction, or to focus on children's diagnoses without adequately recognizing the occupational dimension of parental care (Honey et al., 2025; McGrath et al., 2025b).

Much of the practice in this area has been shaped by personal experience, clinical intuition, or frameworks extrapolated from other contexts, such as pediatric practice or individual rehabilitation (Honey et al., 2025; Lim et al., 2022). As a result, approaches to parenting have often remained implicit, informal, and, in many cases, limited to specific parental profiles or situations of extreme vulnerability (Galindo et al., 2016).

In the Latin American context, recent studies have begun to highlight these gaps. For example, research in Chile has shown that family participation in therapeutic processes continues to be shaped by adult-centered conceptual and practice frameworks (Poblete et al., 2025), focusing on deficits or the rehabilitative function of the environment (Navia et al., 2024), without fully recognizing parenting as a legitimate field of practice. Even in contexts where parenting emerges as a relevant dimension, such as work with university students (Poblete-Godoy et al., 2024), the emphasis is typically placed on its effects on individual academic performance rather than on the occupational conditions of those raising children, with limited incorporation of critical, intersectional, or human rights–based perspectives.

Despite the growing attention parenting has received as a field of intervention in other professional areas, occupational therapy in Chile still lacks sufficient empirical evidence to characterize how it addresses parenting with adult populations. This gap is evident both at the epistemological level—in terms of models, conceptual frameworks, and specific instruments—and in training, as the topic is rarely incorporated in a structured way into curricula or continuing education programs (Navia et al., 2024; Poblete et al., 2025). As a consequence, many clinical practices draw on intuition, informal learning, or tacit

knowledge, without necessarily reflecting a situated understanding of the occupational dimensions involved.

This study responds to a dual need: first, to understand how occupational therapists currently address parenting in their work with adults; and second, to generate input to support the development of a professional agenda that recognizes parenting as a legitimate, relational, and diverse occupation. Examining these practices from an occupational justice perspective also entails an ethical commitment to the right to care and to be cared for, particularly in contexts shaped by structural inequalities, cultural norms, and still-limited institutional frameworks.

Thus, this study aims to explore how occupational therapists in Chile address—or fail to address—parenting in their work with adults, identifying the barriers, professional tensions, and factors that influence different levels of involvement in this area. Using a mixed-methods design, the study seeks to capture both general trends and the experiences, perceptions, and meanings that professionals attribute to this type of intervention.

The following specific questions guide the development of the study:

1. How frequently do occupational therapists in Chile address parenting in their clinical practice?
2. What personal, institutional, or professional barriers do they identify in relation to parenting?
3. What factors are statistically associated with the frequency of addressing parenting?
4. What professional representations emerge regarding the role of occupational therapy in relation to parenting?

Methodology

Study design

This study adopts a mixed-methods research design of the concurrent or simultaneous type (Lall, 2021), combining quantitative and qualitative analysis of data. The data source is an international, self-administered, and anonymous survey developed within the framework of the global study "Parenting and Occupational Therapy: An Exploration of Global Practice" (Honey et al., 2025; McGrath, et al., 2025a, 2025b). The survey was administered online between April and December 2023 and was available in nine languages, including Spanish.

This analysis focuses exclusively on the records of occupational therapists who responded to the survey in Spanish and indicated that they practice in Chile, as they represented more than 83% of the total responses in Spanish. Data from other Latin American countries were insufficient in number and distribution to allow for valid inferences or robust comparative analyses. In contrast, the concentration of responses in Chile offers an opportunity to explore in depth a relevant national case, considering the particularities of the occupational therapy training, healthcare, and professional practice systems in that country.

Participants and inclusion criteria

Eighty-three occupational therapists residing in Chile who completed the survey in Spanish were included. All indicated working or having recently worked with adults

(people over 16 years of age) in various institutional or community settings. No exclusion criteria were imposed regarding years of experience, type of institution, or clinical specialty.

Instrument

The survey was originally developed in English by authors 2 and 3, based on a literature review, cognitive interviews with therapists from different countries, and cross-validation with international experts in occupational therapy and parenting (McGrath et al., 2025a). The Spanish translation was carried out by the first author of this article. To ensure conceptual and linguistic fidelity, several verification strategies were applied:

- A direct translation from English was performed.
- The text was subsequently reviewed by a native Spanish speaker who was not part of the authoring team, to assess naturalness, readability, and contextual relevance.
- A non-native Spanish speaker with advanced fluency in both languages was then asked to verify consistency between the original and translated versions, identifying potential ambiguities or biases.
- Finally, two pilot tests were conducted with Spanish-speaking occupational therapists to evaluate the clarity, cultural appropriateness, and comprehensibility of the final Spanish version of the instrument.

The survey included a combination of closed-ended questions (multiple choice, frequency scales, and selection matrices) and open-ended questions, covering dimensions such as participants' professional characteristics; the frequency with which parenting occupations were addressed; populations and contexts served; instruments and methods used for assessment; intervention practices; level of professional confidence; family groups or caregivers involved; and perceived barriers or needs, among others.

Conditional and branching logic were used to tailor the questionnaire to each participant's reported experience; therefore, not all items were answered by the entire sample.

Data analysis

This study employed a parallel mixed-methods approach, in which quantitative and qualitative data were analyzed separately but integrated narratively in the presentation of the results (Creswell & Inoue, 2025). This integration was achieved through emergent analytical themes, which allowed for the intertwining of statistical patterns and the participants' discursive experiences.

Quantitative analysis

Quantitative data were analyzed using Jamovi software (version 2.6.44.0). A univariate descriptive analysis of the main variables included in the survey was performed, calculating absolute and relative frequencies (percentages).

Subsequently, bivariate analyses were performed using chi-square tests to explore associations between the frequency of parenting interventions and the following variables: specific parenting training, type of population served, and type of institution or service where the work was performed (for the latter two, a summary variable was created by assigning the first selected option from the available multiple responses as the main category).

The quantitative findings were thematically integrated with the qualitative results in narrative sections that explore the practices, barriers, and tensions surrounding interventions with mothers, fathers, and caregivers.

Qualitative analysis

Responses to the open-ended questions were analyzed using thematic analysis (Díaz, 2018), combining inductive coding with a constant comparative approach. The preliminary analysis was conducted by the first author and included an exploratory reading of the full set of responses; open coding of relevant segments, identifying barriers, tensions, and representations related to the professional role in parenting; and thematic grouping.

The analysis identified cross-cutting themes such as the diffuse nature of the professional role, the lack of methodological tools, and approaches to parenting that are not formally recognized by different institutions. The emerging themes were subsequently integrated with the quantitative results and organized into thematic sections structured around interpretive axes that form the core of the results section of this article.

Ethical considerations

The study was approved by the Research Ethics Committee of The University of Sydney (approval number 2022/898). Participation was entirely voluntary, anonymous, and unpaid. A Participant Information Statement was provided and informed consent was obtained prior to completing the survey through an initial question.

Findings

Only valid responses were analyzed for each item. The descriptive indicators in the tables specify the total number of responses considered in each case. Missing data resulting from omitted responses were excluded from the analysis. As each item was analyzed independently, the results do not depend on all participants having completed the entire questionnaire.

Sample characteristics

Sample characteristics are detailed in Table 1. Based on the data provided, it was observed that the majority of respondents (n = 83) identified as women (78.3%), while only 18.1% identified as men. Other gender identities were also reported, including one non-binary person and two people who preferred not to answer or used a different term. Regarding professional experience, more than 50% of the participants had between 2 and 10 years of work experience as occupational therapists, indicating a relatively young sample in terms of professional trajectory.

With respect to practice settings, 50.6% worked in the public system, and a significant percentage also worked in the private system (27.7%) or independent or self-employed (31.3%) settings, with it being common for the same person to participate in more than one type of service. The main care settings were inpatient (60.2%) and outpatient (42.2%), although there was also a significant presence in community settings (27.7%). Geographically, the majority practiced in urban areas (89.2%), with a smaller presence in rural (18.1%) and remote (14.5%) areas, reflecting an urban concentration of professional practice.

Regarding the conditions addressed, 68.7% of the professionals worked with mental health issues, followed by intellectual (32.5%) and physical (30.1%) disabilities. Other conditions, such as sensory and developmental disabilities and neurological disorders, were also addressed, but 27.7% indicated working with people without a specific health condition or disability, such as those in situations of social disadvantage.

Table 1. Characteristics of the participants (n ≈ 83).

Gender (n = 83)	n	%
Female	65	78.3%
Prefer not to answer	1	1.2%
Use another term	1	1.2%
Male	15	18.1%
Non-binary	1	1.2%
Years working as an occupational therapist (n = 82)		
0-2 years	14	17.1%
10-20 years	18	22.0%
2-5 years	21	25.6%
5-10 years	24	29.3%
More than 20 years	5	6.1%
Type of service* (n = 83)		
Public (governmental)	42	50.6%
NGO / Non-governmental service	13	15.7%
Private for profit	23	27.7%
Independent private practice	26	31.3%
Other	11	13.3%
Context of care* (n = 83)		
Inpatient care (e.g., hospitalization)	50	60.2%
Outpatient care	35	42.2%
Community care	23	27.7%
Location of professional practice* (n = 83)		
Urban	74	89.2%
Rural	15	18.1%
Remote	12	14.5%
What conditions do/did the people you work with mainly have?* (n = 83)		
Chronic conditions	24	28.9%
Physical disability	25	30.1%
Sensory disability	24	28.9%
Intellectual disability	27	32.5%
Developmental disability	20	24.1%
Mental health problems	57	68.7%
Neurological disorders	22	26.5%
Without a specific health condition or disability (e.g., social disadvantage)	23	27.7%
Other	6	7.2%

*The variables are not mutually exclusive: the same person could select more than one option

Addressing parenting as a marginal but persistent issue

High frequency of work with mothers/fathers

Quantitative data indicate that occupational therapists have substantial exposure to working with adults in parental roles. Among respondents, 30.5% estimated that between 81% and 100% of their clients are mothers or fathers, while 29.3% reported that this proportion ranges from 0% to 20% (Table 2).

Table 2. Specific training, professional perceptions and practices of identifying people in parental roles among occupational therapists in Chile (n ≈ 83).

Received specific training in assessment or intervention in parenting beyond the occupational therapy training program (n = 83)	**n**	**%**
No	55	66.3%
Not sure / Don't remember	7	8.4%
Yes	21	25.3%
Do you believe that parenting falls within the scope of occupational therapy practice? (n = 82)		
No	0	0
Not sure	3	3.7%
Yes	79	96.3%
What is your opinion on the level of involvement and the profile of occupational therapy in supporting parenting? (n = 82)		
It's fine as it is.	1	1.2%
It should be a little better	20	24.4%
It should be much better	60	73.2%
Not sure	1	1.2%
Percentage of adult customers who are parents of children (0–18 years) (n=82)		
0-20%	24	29.3%
21-40%	14	17.1%
41-60%	7	8.5%
61-80%	10	12.2%
81-100%	25	30.5%
I don't collect this information / I don't know.	2	2.4%
Ways in which occupational therapists in Chile obtain information about whether their clients are parents (n = 83)		
Collect this information as part of the routine assessment	18	21.7%
Ask if the client's condition could affect the parenting	67	80.7%
He finds out if the client or another colleague mentions it.	31	37.3%
All clients in their service are parents	11	13.3%
He is rarely aware of whether his clients have children.	2	2.4%
Use another method	2	2.4%

Regarding the type of population served, no statistically significant association was observed with the frequency of parenting interventions ($\chi^2(6) = 8.88$, $p = .180$; Cramer's $V = 0.329$). However, several relevant patterns emerged. The majority of those who frequently engage in parenting-related interventions reported working primarily with individuals experiencing mental health conditions (51.9%), compared to 21.8% in the group reporting infrequent intervention. In contrast, categories such as chronic illness (22.2% vs. 32.7%) and physical disability (7.4% vs. 16.4%) were more common among those reporting infrequent engagement in parenting. Although these differences are not statistically significant, the moderate strength of the association suggests potential directions for future research on how certain conditions—particularly those linked to

psychosocial distress—may increase the visibility of, or demand for, parental support within occupational therapy.

Regarding how therapists access this information, some discontinuities become apparent: 80.7% reported that they inquire about parenting only when they believe it may be relevant to the client's condition, while 37.3% indicated that they become aware of it only when it is raised spontaneously. Only 21.7% of respondents reported systematically including this information as part of the initial assessment. This lack of systematization suggests that, although parenting is present in professional practice, its identification does not consistently translate into a structured intervention approach.

Lack of specific training

A statistically significant association was found between having received specific training in parenting and the frequency with which therapists assess parental occupations in their practice ($\chi^2(2) = 6.54$, $p = .038$). Those who reported such training showed a higher proportion of frequent assessments (40.7%) compared to those who had not received it (18.2%).

The observed differences in assessment frequency exceeded those expected under statistical independence. The analysis indicated a medium effect size (Cramer's V = 0.282), suggesting a moderate association between specific training in parenting and the frequency with which parental occupations are assessed.

However, despite the frequency with which therapists work with individuals in caregiving roles, 66.3% of respondents reported not having received specific training in parenting intervention or assessment beyond their initial professional training (Table 2). This lack of training contrasts with the strong professional recognition of the topic's relevance: 96.3% consider childcare to fall within the scope of occupational therapy, and 97.6% believe that the profession's involvement in this area should increase.

The training experiences described in the qualitative responses reveal considerable variation. While some participants reported structured training programs, such as diploma courses exceeding 100 hours with supervised clinical practice, others referred to isolated training sessions without assessment or follow-up. This variation reflects the absence of shared criteria regarding what constitutes adequate preparation to work with parental occupations, as well as a fragmented and poorly standardized educational provision.

Practices present but not institutionalized

No significant association was found between the type of service in which occupational therapists work and the frequency with which they engage in support for parenting occupations ($\chi^2(4) = 2.09$, $p = .720$). Although proportions varied slightly across contexts (e.g., 31% reporting frequent intervention in the public sector and 45% in private practice), these differences were not statistically significant.

The open-ended responses clearly reflect routine practices related to parenting, albeit without explicit formalization in therapeutic plans or institutional structures. As one participant noted, "It's not part of my role; therefore, I have limited scope, and it depends on my personal motivation" (I51). Another stated, "In general, occupational therapy is not consulted about parenting, but it is clearly not excluded" (I80). These statements point to an implicit presence of practices supporting mothers and fathers, which nonetheless lack formal recognition or integration within institutional frameworks.

The lack of formal recognition of these actions does not imply their absence, but rather their limited acknowledgment: as one professional notes, "the lack of awareness of the work acts as a barrier" (I71). In a similar vein, it is noted that "intervention in the role of parenting is part of the area to be addressed according to what we collectively negotiate when establishing therapeutic objectives" (I21). These statements point to a field of practice that, while meaningful for those engaged in it, remains at the margins of dominant institutional discourse.

The coexistence of frequent practice and low institutional recognition generates ongoing tensions for occupational therapists. As the qualitative data suggest, much of the support provided in parenting arises from individual initiatives, guided by intuition, ethical commitment, or prior experience, but lacking methodological support or validation from organizational structures.

This situation becomes particularly complex in the absence of stable instruments, protocols, or mechanisms to guide and legitimize intervention. As one therapist summarizes, "I don't have enough tools… I don't have formal assessments… I don't have a way to quantify results" (I77). Another participant identifies the lack of institutional support as a direct barrier: "Lack of knowledge and support from institutions to address it comprehensively" (I9).

This context allows parenting-related intervention to be understood as a present but fragile area of practice, sustained more by individual agency than by a collective or normative professional framework.

Formal and informal assessment and limited methodological structure

High frequency of intervention without standardized instruments

The data indicate that the assessment of parental roles and occupations is present in the practice of a substantial proportion of occupational therapists. Among respondents, 45.1% reported that they very frequently ask clients in parental roles about these occupations, and 48.8% indicated that they work frequently or very frequently on these issues. However, this common practice is not accompanied by systematic use of formal tools: 39% reported that they rarely or never use standardized instruments when assessing parental performance (Table 3).

Predominance of informal and subjective methods and a diffuse professional role

This lack of tools is reflected in the predominant use of subjective procedures. Among respondents, 54.2% indicated using parental self-reports as their primary assessment method, followed by observation of interactions between adult and child (47%) and the use of information from family or informal networks (37.3%). In terms of instruments, the most commonly used are generic tools such as the Canadian Occupational Performance Measure (COPM) (28.9%), as well as non-standardized checklists designed for specific populations (20.5%) or locally adapted (10.8%). Only a minority reported using standardized instruments validated for parenting assessment, either for the general population (7.2%) or for groups with disabilities or chronic conditions (3.6%).

Qualitative responses indicate that assessment practices related to parenting are developed within institutional conditions that do not always recognize or prioritize this dimension of professional practice. As one participant states:

Table 3. Frequency, tools and methods used by occupational therapists to assess and intervene in childcare occupations (n ≈ 83).

Ask the clients who are parents about their parenting roles and occupations (n = 82)	n	%
Very frequently	37	45.1%
Frequently	19	23.2%
Sometimes	16	19.5%
Occasionally	6	7.3%
Rarely / never	4	4.9%
Work with clients who are parents in their parenting roles or occupations (n = 82)		
Often	24	29.3%
Very often	16	19.5%
Rarely / never	19	23.2%
Sometimes	14	17.1%
Occasionally	9	11.0%
Evaluate parenting roles using formal assessment instruments (n = 82)		
Rarely / never	32	39.0%
Very often	14	17.1%
Often	13	15.9%
Sometimes	12	14.6%
Occasionally	11	13.4%
Instruments used to assess parenting roles and occupations (n = 73)		
Generic occupational assessment (in. Canadian Occupational Performance Measure, COPM)	24	28.9%
Non-standardized instrument or checklist specific to the population served	17	20.5%
Non-standardized instrument or checklist designed for the general population or other parents	9	10.8%
Standardized instrument designed for the general population of parents	6	7.2%
Standardized instrument specific to the population it serves	5	6.0%
Standardized instrument for parents of children with disabilities or chronic conditions	3	3.6%
Other	9	10.8%
Method used in the assessment* (n = 73)		
Parental Self-Report	32	38.6%
Observation of the interaction between mother/father and child	30	36.1%
Observation of specific skills and tasks related to parenting	23	27.7%
Reports from family members or other informal networks	23	27.7%
Reports from health or social services professionals	23	27.7%
Other	3	3.6%
Evaluate parenting roles without using formal assessment instruments (n = 82)		
Very often	25	30.5%
Rarely / never	18	22.0%
Frequently	17	20.7%
Sometimes	15	18.3%
Occasionally	7	8.5%
Methods used in informal assessments of parenting* (n = 83)		
Mother's or father's Self-Report	45	54.2%
Observation of the interaction between mother/father and child	39	47.0%
Reports from family members or other informal networks	31	37.3%
Reports from health or social services professionals	24	28.9%
Observation of specific skills and tasks related to parenting	20	24.1%
Other	5	6.0%

*The responses are not mutually exclusive; participants could select more than one method.

> *"The type of intervention, the intervention time, and the distress it addresses lead to the invisibility of the parenting role, and consequently, it is not prioritized in intervention objectives" (I47).*

This statement illustrates how institutional frameworks shape the scope of intervention and relegate parenting to a secondary position.

Similarly, another therapist highlights a lack of training that contributes to methodological limitations in this area: "Lack of specific courses or training for occupational therapists in this field" (I27). The scarcity of targeted training constrains the development of shared criteria, common evaluative tools, and clinical strategies to support these practices.

Likewise, some professionals describe how their interventions are constrained by institutional mandates focused on productivity or return to work, often excluding family-related aspects unless they directly interfere with those objectives. As one respondent explains:

> *Since the intervention is aimed at supporting people's reintegration into the institution (I, as a professional from the institution that caused the where the work-related illness originated), avoid delving into family issues if they do not appear to be an obstacle to reintegration" (I73).*

Taken together, these accounts point to a context in which the assessment of the parental role is shaped by loosely defined institutional boundaries, with limited technical support and low organizational recognition.

Intervention practices: between the desire to support and the lack of tools

High frequency of emotional support and teaching daily tasks

Quantitative data indicate that parenting-related interventions are primarily focused on emotional support and assistance with daily care tasks. Among respondents, 72.6% reported providing emotional support frequently or very frequently, while 59.7% indicated that they teach parenting tasks—such as bathing, feeding, or daily routines—at least usually (Table 4). These practices are consistent with reported levels of professional confidence: 70.3% stated that they felt quite or very confident in teaching parenting tasks, and 72.9% in providing emotional support in these contexts (Table 5).

From a qualitative perspective, these practices are understood not only as part of the technical role but also as an ethical response to the needs of families. As one participant explains:

> *"In the context of institutionalization, and specifically with the clients I worked with on parenting, we were not in the presence of family members or their children, so the work was mostly psycho-emotional, involving the preparation of materials, bonding, and responsibilities as a mother, among others" (I34).*

Another therapist highlights a commitment to family well-being through the provision of specific tools:

> *"Counseling, providing strategies, training in habits and routines for children, training for family members to support parenting" (I2).*

This type of intervention appears to emerge more from the responsiveness of everyday practice than from standardized institutional mechanisms, reinforcing both its relevance and its fragility.

Table 4. Frequency with which occupational therapists provide different parenting support services, work with parents of children by age, and overall frequency of engagement with different groups of parents/caregivers.

Type of support provided (n ≈ 61)	Always + usually	Half the time + occasionally	Never
Prescribes adapted equipment for parenting activities	8 (13.1%)	26 (42.6%)	27 (44.3%)
Teach parenting tasks and skills (bathing, meal preparation, routines, etc.)	37 (59.7%)	21 (33.8%)	4 (6.5%)
Provides support with approaches and knowledge about parenting (child development, discipline, etc.)	40 (64.6%)	19 (30.6%)	3 (4.8%)
Provides emotional support or problem-solving on parenting issues	45 (72.6%)	15 (24.2%)	2 (3.2%)
Refers or supports access to community-based childcare services	33 (53.3%)	24 (38.7%)	5 (8.0%)
She advocates for the rights of people as parents.	33 (53.2%)	18 (29.1%)	11 (17.7%)
Works with other family members (children, partner) to support parenting	30 (48.4%)	26 (41.9%)	6 (9.7%)
Other types of support related to parenting	22 (35.5%)	11 (17.7%)	29 (46.8%)
Age of children (n ≈ 72)			
Babies (0–1 year)	14 (19.4%)	31 (43.0%)	27 (37.5%)
Infants (2–3 years)	23 (31.9%)	32 (44.4%)	17 (23.6%)
Preschoolers (4–5 years old)	27 (37.5%)	31 (43.0%)	14 (19.4%)
Middle childhood (6–11 years)	33 (45.8%)	23 (31.9%)	16 (22.2%)
Adolescence (12–18 years)	30 (42.3%)	24 (33.8%)	17 (23.9%)
Parent/Caregiver Group (n ≈ 72)	**Frequent (n, %)**	**Intermediate (n, %)**	**Infrequent (n, %)**
Mothers	**60 (83.3%)**	5 (6.9%)	7 (9.8%)
Fathers	20 (27.8%)	6 (8.3%)	46 (63.9%)
Other primary caregivers	15 (20.8%)	8 (11.1%)	49 (68.1%)
LGBTIQA+ Parents	2 (2.8%)	6 (8.3%)	64 (88.8%)
Non-custodial parents	5 (6.9%)	2 (2.8%)	65 (90.3%)
Teenage parents (<18 years old)	5 (6.9%)	4 (5.6%)	63 (87.5%)
Culturally and linguistically diverse (CALD)	4 (5.6%)	4 (5.6%)	64 (88.9%)
Migrant domestic workers (long-distance parenting)	3 (4.1%)	5 (7.0%)	64 (88.9%)
Parents without citizenship	7 (9.9%)	2 (2.8%)	62 (87.3%)

Low intervention in technical aspects or rights advocacy

In contrast to actions more closely related to relational and everyday dimensions, other areas of intervention show lower frequency and reduced levels of professional confidence. Only 13.1% of respondents reported regularly prescribing adapted equipment, which is also the area with the lowest confidence levels: only 35% feel comfortable prescribing assistive devices related to parenting (Table 4 and Table 5).

More structural actions, such as advocating for parental rights or engaging with other family members, show a moderate level of involvement. Although more than 50%

of therapists reported feeling quite or very confident in these areas, the frequency of such practices is more variable. A total of 53.2% indicated that they always advocate for the rights of mothers and fathers, and a similar proportion reported regularly working with other members of the family system (Table 4).

In the open-ended responses, these interventions often emerge as desirable but difficult to sustain. One therapist states:

> *"In Chile, the work of being a woman, mother, and worker is completely unbalanced. There is little support from mental health professionals (perhaps due to a lack of knowledge), and families are unaware of the conditions some families may experience as a result of stress—stress created by the social construct: 'work as if you didn't have children, and raise them as if you didn't work.' There is a lack of recognition of the role of WOMAN AND MOTHER. Many must choose to provide 24/7 care due to circumstances beyond their control, and there is no social or municipal support, no public policies to protect mothers, and no conscious and up-to-date professionals" (I35).*

This response reinforces the idea of ethically driven intervention, albeit constrained by institutional fragmentation, rigid care systems, and broader policy limitations.

Table 5. Level of professional confidence and comfort regarding different aspects of the parenting approach (n ≈ 81).

Dimension assessed	*Not at all confident + Not very confident (n, %)*	*Quite confident + Very confident (n, %)*
Assess parental capabilities/skills	39 (48.1%)	42 (51.9%)
Assess confidence/satisfaction in the parental role	36 (44.5%)	45 (55.5%)
Prescribe adapted equipment	52 (65.0%)	28 (35.0%)
Teach parental tasks (bathrooming, cooking, routines, etc.)	24 (29.7%)	57 (70.3%)
Provide support with parental approaches and knowledge (development, discipline, etc.)	30 (37.1%)	51 (62.9%)
Providing emotional support or problem-solving in parenting issues	22 (27.1%)	59 (72.9%)
Refer or support access to community resources for parenting	29 (36.3%)	51 (63.7%)
Advocating for the rights of a mother/father	35 (43.8%)	45 (56.2%)
Working with other family members to support parenting	30 (37.1%)	51 (62.9%)

Stages of the life cycle: emphasis on schooling, low attention to early childhood development

The approach to parenting is not evenly distributed across the life course. The data indicate a higher frequency of work with families of preschool- and school-aged children. For example, 37.5% of therapists reported working with families of preschoolers (4–5 years old) "usually" or "always," and this proportion increases to 45.8% for children aged 6 to 11 years (Table 4).

In contrast, intervention with families of infants (0–1 year old) is considerably less frequent. Nearly 80% of responses fall within the categories of "never" or "occasionally," indicating limited engagement at this early stage of parenting (Table 4).

This difference is also reflected in the qualitative narratives. One participant notes:

> *"I generally work with adults whose children are already grown, because they no longer live with them" (I49).*

Another states:

> *"I work with adults injured at work; some require support in developing motor skills for parenting as their main problem or therapeutic goal" (I56).*

These accounts suggest a focus on other areas of care or referral pathways into occupational therapy, rather than on comprehensive support for parenting processes from their earliest stages.

Perceived needs to strengthen the approach to parenting: knowledge, structures, and recognition

This final category is primarily based on responses to the open-ended question regarding what is needed to improve support for parenting from an occupational therapy perspective. The responses point to a common pattern in professional practice: a form of professional practice that occurs frequently but lacks adequate training, methodological grounding, and institutional support. This perception aligns with the quantitative findings presented earlier, which indicate a high frequency of work with mothers and fathers (over 60%), a predominance of informal strategies, and a low proportion of therapists who have received specific training in this area (25.3%) (Table 2).

Initial and continuing training: knowing more, knowing better

One of the most frequently expressed needs is the strengthening of undergraduate training. Participants propose explicitly incorporating content on parenting into university curricula, including attachment theory, parental psychology, assessment methodologies, intervention strategies, and ethical frameworks. Statements such as "More specific training for this role" (I3) and "Addressing parenting styles and attachment at the undergraduate level" (I7) recur in different forms.

This demand aligns with quantitative findings indicating that 66.3% of surveyed therapists have not received specific training in parenting beyond their initial degree (Table 2). Moreover, only 21.7% systematically include parenting in their client assessments, suggesting that the lack of training is reflected in notable gaps in practice.

The need for continuing education is also frequently highlighted, with proposals including diploma programs, specialized training, and thematic courses. As one professional summarizes:

> *More postgraduate training programs and a greater presence of occupational therapists in primary care services are needed to promote parenting (I42).*

Conceptual and methodological tools

Alongside training, the development and systematization of assessment and intervention tools tailored to parenting practices are identified as key priorities. Tables 3 and 4 show that the methods currently used are largely informal: 54.2% rely on self-report as their primary assessment method, and only 6% report using standardized instruments specific to the populations they serve.

Consistent with these findings, several respondents explicitly highlight the need for guidelines, scales, and protocols:

> *Training in parenting approaches, assessments, guides, and intervention strategies (I5). Structured guidelines, training, and raising awareness about the potential of occupational therapists in this area (I68). Specific training on parenting that considers working with parents and not just focusing on the children's goals (I21).*

The absence of such tools not only limits the depth of interventions but also makes it difficult to demonstrate their value. As indicated in other sections of the analysis, parenting-related practices are common but remain difficult to legitimize within teams or institutions due to the lack of structured frameworks.

Institutional recognition and professional visibility

The testimonies also point to the limited recognition of parenting as a legitimate field within professional practice. One participant states:

> *Officially recognize the role and intervention of occupational therapy in parenting tasks. Include this topic in educational training curricula (I33).*

This institutional invisibility is reflected in reported levels of professional confidence. Although 72.9% of respondents report feeling quite or very comfortable providing emotional support to mothers and fathers, this proportion decreases to 35% for more technical tasks, such as prescribing assistive devices for care (Table 5). In other words, professional confidence appears to be closely linked to the availability of structures that support these actions.

The need to disseminate experiences, systematize practices, and generate scientific evidence is also emphasized:

> *"More publications" (I12). More studies on occupational therapy support in parenting" (I63). "Validating our profession in the face of this issue" (I27).*

These statements reflect a broader call for greater disciplinary visibility.

Intersectional approaches and ethical commitment

Finally, some responses incorporate a critical perspective that challenges the epistemological frameworks through which parenting is addressed. Participants question the naturalization of normative models and emphasize the need to include gender, intersectional, and rights-based approaches. As one professional highlights:

> *Training in diverse parenting styles; stop standardizing parenting based on child developmental milestones (I80).*

Another states:

> *That it be approached from a gender and rights-based perspective; that it move away from normative frameworks and place the well-being of mothers, fathers, and caregivers at the center (I75).*

This ethical-epistemological critique is closely related to quantitative findings on intervention practices. As shown in Table 4, while over 83% of surveyed therapists report frequent interventions with mothers, levels of engagement with other parental profiles are considerably lower: over 85% report *infrequent* intervention with fathers, non-custodial caregivers, LGBTQIA+ individuals, adolescents, or migrants. The maternal figure continues to occupy a central place in interventions, while other parenting experiences remain less visible or are overlooked.

Qualitative accounts reinforce this pattern, highlighting how prevailing forms of care often assume "the mother" as the primary or sole parenting figure, making it difficult to recognize other family configurations.

Discussion

The findings of this study reveal a structural tension between the frequency with which occupational therapists in Chile engage in parenting-related occupations and the lack of institutional, educational, and methodological frameworks to support and legitimize these interventions. This tension points to an active yet informal clinical practice, grounded in tacit knowledge, intuition, and accumulated experience rather than in shared theoretical or technical frameworks. These findings are consistent with those reported by Navia et al. (2024), who highlight the need to develop more tools for working with families, particularly mothers and fathers.

The diversity of populations served by occupational therapists—including individuals with mental health conditions, disabilities, chronic illnesses, and other social challenges—suggests that professional practice extends beyond the boundaries of the traditional biomedical model. This finding aligns with the work of Honey et al. (2025), who argue that addressing parenting requires a holistic perspective that incorporates the social, cultural, and relational contexts of those involved. The wide range of populations represented in this study indicates that a substantial proportion of professionals engage with parenting on a routine basis, even in contexts where this dimension is not explicitly recognized.

At the same time, although the recognition of parenting as part of professional practice is nearly unanimous, this consensus coexists with a lack of formal methodological frameworks: most assessments are conducted through unstructured observation, informal conversations, or instruments developed ad hoc by practitioners, with limited empirical validation. This tension between the high frequency of engagement and the low level of methodological structure has also been identified in other contexts (Honey et al., 2025; Honey et al., 2024; Lim et al., 2022; McGrath et al., 2025b) and points to the urgent need to develop specific tools, protocols, and instruments that can strengthen professional practice without standardizing or decontextualizing it.

Qualitative narratives also point to institutional resistance to legitimizing work related to parenting, both within interdisciplinary teams and across care structures. Several participants reported restrictions linked to job roles, limitations imposed

by institutional priorities, and a lack of awareness among professionals from other disciplines. This pattern not only hinders the development of the professional role but also limits some families' access to relevant and culturally responsive interventions. The study by Galindo et al. (2016), conducted with incarcerated women and their children, likewise shows how institutional structures can shape parenting practices, while also highlighting the possibility of developing strategies to support these processes.

The implications of these barriers are significant from an occupational justice perspective. Unequal access to services based on gender, age, immigration status, or sexual orientation directly challenges the principle of equity underpinning the profession. For instance, Poblete-Godoy et al. (2024) show how gender differences among young parents influence occupational participation, constraining women's participation. Similarly, Morrison et al. (2024) demonstrate that parenting in LGBTQ+ families may involve forms of "occupational camouflage" to conform to heteronormative expectations, leading individuals to conceal or reduce their visibility. Together, these examples underscore the need for a critical reassessment of the frameworks that define what constitutes legitimate or visible parenting.

One of the most significant contributions of this study is that, despite these limitations, many therapists engage in practices centered on emotional support, routine adjustment, teaching parenting skills, and, to a lesser extent, prescribing adapted equipment. Although these interventions are sometimes informal, they are grounded in relational processes in which technical knowledge is closely intertwined with ethical commitment. This finding resonates with Sethi's proposal (2021), which introduces the concept of "temporal permeability" to explain how parenting occupations are shaped as transactional practices across personal history, present circumstances, and future horizons.

From this perspective, parenting cannot be reduced to a set of tasks or unidirectional functions; rather, it needs to be understood as a deeply situated and relational occupation (Sethi, 2020; 2021) and as a process of ongoing occupational transition (Chapdelaine et al., 2017; Domínguez et al., 2018; Morrison et al., 2020). This calls for an approach in occupational therapy that recognizes the specificity of each parenting experience while also questioning normative models that establish hierarchies around which forms of parenting are considered valid, visible, or worthy of support.

As the data indicate, having received specific training in parenting is one of the few factors associated with a higher frequency of parental assessment. This finding reinforces the argument that incorporating this topic into both initial and continuing education can meaningfully influence professional practice. In line with previous research (Honey et al., 2024; McGrath et al., 2025b), this study points to the importance of strengthening curricula that address not only technical dimensions but also incorporate critical, intersectional, and human rights–based perspectives.

It is also necessary to advance the development of conceptual frameworks that support the approach to parenting from an occupational therapy perspective. The existing literature still shows important gaps in relation to specific models, relational conceptualizations, and situated intervention strategies (Cilliers, 2021; Morrison et al., 2024; Sethi, 2020). In this regard, the present study offers empirical evidence that can inform future theoretical and programmatic developments.

Finally, it is important to clarify that an approach focused on supporting mothers and fathers does not imply an adult-centered perspective that excludes children's voices (Poblete et al., 2025). Rather, supporting parenting through occupational

therapy also involves enabling adults to listen to, interpret, and respond to their children's needs and perspectives. In this way, therapeutic support is directed not only toward assisting parents but also toward fostering more responsive and respectful intergenerational relationships.

Conclusions

This study shows that occupational therapy engagement in parenting-related occupations in Chile is common, yet remains insufficiently recognized, formalized, and supported within institutional structures. In many cases, practitioners rely on tacit knowledge and have limited access to specific training, which constrains the scope, visibility, and legitimacy of their work. In addition, interventions tend to focus on maternal figures, reflecting normative frameworks that limit the recognition of diverse forms of parenting. These findings point to the need to strengthen training, institutional frameworks, and the epistemological foundations of the field, enabling occupational therapy to position itself more clearly in supporting parenting from a relational, intersectional, and occupational justice perspective. Recognizing parenting as a legitimate, diverse, and situated occupation also entails an ethical commitment to supporting caregivers without reproducing exclusions or hierarchies, and to contributing to a more equitable society in relation to the right to care and to be cared for.

Limitations

This study has several limitations that should be considered when interpreting the findings. First, although the mixed-methods design allowed for a broader understanding of the phenomenon, the sample was self-selected and consisted of occupational therapists who voluntarily responded to the questionnaire. This may have introduced selection bias related to prior interest in, or sensitivity to, parenting. Second, while the inclusion of open-ended questions enriched the analysis, they did not allow for the same depth that could be achieved through qualitative approaches such as in-depth interviews or focus groups.

Finally, this study does not examine in detail the experiences of parents themselves, which could provide a complementary perspective on the impact of professional practices in everyday life.

These limitations do not undermine the value of the findings, but they do call for a cautious interpretation and for future research that further explores these aspects, incorporating diverse perspectives and methodological approaches to deepen understanding of the role of occupational therapy in supporting parenting.

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Author's Contributions
Margaret McGrath and Anne Honey designed and supervised the study. They also prepared the first version of the questionnaire. Rodolfo Morrison translated the questionnaire into Spanish. Rodolfo Morrison, Margaret McGrath, and Anne Honey collected the data. Rodolfo Morrison analyzed the Chilean dataset and drafted the first version of the manuscript. Margaret McGrath and Anne Honey reviewed the analysis, contributed to the theoretical framework, and revised the initial draft. All authors approved the final version of the manuscript.

Data Availability
The data supporting the findings of this study are available from the corresponding author upon reasonable request.

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