

Running head: INCREASING AWARENESS

Increasing Awareness and Acceptance of Children with Disabilities through Children's Picture

Books

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Abstract

Children with disabilities often demonstrate reduced participation in social occupations such as recess play, due to exclusion by others. Children without disabilities are often lacking understanding or awareness about a child's disability and are therefore less likely to be accepting. Disability awareness simulation programs are often helpful in increasing level of inclusion and acceptance, but are costly and time-intensive (Hurst, Corning, & Ferrante, 2012). Children's picture books can serve as educational tools to increase awareness and acceptance that are cost and time efficient (Turner, 2006). However, picture books featuring children with disabilities are vastly underrepresented, and there is a push within the publishing field to increase diversity (We Need Diverse Books, 2014). Occupational therapists, due to their expertise in analyzing needs and barriers, their skills in knowledge translation, and ability to promote health and wellness, are well equipped to write, publish, and/or disseminate children's books about children with disabilities. Such books can promote wider recognition of occupational therapy, furthering the goals of the *Centennial Vision* (AOTA, 2007). There is also a multitude of non-traditional entrepreneurial possibilities and marketing opportunities associated with the writing or distribution of children's books featuring children with disabilities. In addition to such books helping promote awareness and acceptance of children with disabilities, occupational therapists and clinics could directly and indirectly profit from the selling or distribution of these books.

Keywords: disability, children, picture books, diversity, occupational therapy, entrepreneurial

Increasing Awareness and Acceptance of Children with Disabilities through Children's Picture Books

Children with disabilities face barriers to occupational participation, whether related to client factors, performance skills, or contexts and environments (American Occupational Therapy Association [AOTA], 2014). Some barriers are easily addressed, such as modifications of physical environments, while others, particularly pertaining to social environment and cultural context, require nuanced navigation, sometimes at a community level. For example, many people without disabilities in the community are lacking awareness, understanding, and acceptance of children with disabilities, and therefore exclude them, whether inadvertently or deliberately (Hurst, Corning, & Ferrante, 2012). This social exclusion leads to occupational deprivation of children with disabilities, negatively affecting their quality of life, self-acceptance, developmental growth, and more (Dahan-Oliel, Shikako-Thomas, & Majnemer, 2012; Houtrow, 2012; Lawlor, 2003).

Occupational therapists (OTs) have an ethical and moral imperative to address this injustice, considering that the OT profession is based on the fundamental belief that occupational participation is a basic human right (AOTA, 2010; World Health Organization [WHO], 2011). One of the main interventions currently used to promote awareness and acceptance of children with disabilities (hopefully leading to social inclusion and occupational participation) is disability awareness programs or events (Ison et al., 2010; Rillotta & Nettelbeck, 2007). However, such programs are typically costly, time-intensive, and local affairs. There may be similarly effective approaches that are inexpensive, require less time, and can more efficiently reach a broader audience. For example, bibliotherapy, or the use of books as a therapeutic tool, has been completely ignored within the field of occupational therapy, at least based the absence

of literature. Yet there is a wealth of evidence in other fields that supports the use of children's picture books as educational tools that can promote emotional competency and increase understanding of various issues (Gebarski et al., 2013; Turner, 2006).

One could argue, based on synthesis of the literature, that the collaborative reading and discussing of carefully chosen children's picture books could be an effective tool for OTs to use for increasing awareness and acceptance of children with disabilities. Unfortunately, there are limited books out there that appropriately portray children with disabilities (Brenna, 2008; Dyches, Prater, & Leininger, 2009). Therefore one could also argue that occupational therapists are uniquely suited to write children's books that cover these gaps in the literature. By writing and reading books about children with disabilities, it helps promote awareness and acceptance, leading to social inclusion, which leads to increased participation in occupation. In addition, use of children's books as a tool, whether through creation or curating, could provide a non-traditional, entrepreneurial stream of income or value-added service that can increase referrals and place occupational therapy in the public eye.

Importance of Participation

The WHO's International Classification of Functioning, Disability and Health (2007) defines participation as 'involvement in life situations' ([3], p. 1). AOTA defines participation as "engagement in desired occupations in ways that are personally satisfying and congruent with expectations within the culture" (AOTA, 2014b, p. 35). In 2010, Hoogsteen and Woodgate performed a concept analysis of the term "participation," finding that the term was not well defined for the purposes of measurement or even understanding. The researchers, through an exhaustive literature review, determined that for true participation, the child must feel a sense of inclusion, be engaged either with "something or with someone" (p. 326), feel some level of

control, and be working toward a goal or something that enhances quality of life, which can refer to something as simple as play, something children value. In a systematic review of nineteen studies, compiled by Dahan-Oliel et al. (2012), they found that children's level of participation in leisure activities, whether structured or unstructured, were positively correlated with quality of life. This was a Level 1 study per the Oxford 2011 levels of evidence (OCEBM Levels of Evidence Working Group, 2011). Please note that all levels of evidence discussed in this paper were determined from the same resource.

Yet multiple studies have found that children with special needs demonstrate decreased levels of occupational participation (Hurst et al., 2012; Masse, Miller, Shen, Schiariti, & Roxborough, 2013) due to barriers related to mismatches between occupation and necessary performance skills, client factors, and/or contexts and environments. In 2013, Masse et al. retrospectively analyzed the survey data from over 7,000 interviews with Canadian parents who had children between the ages of five- to fourteen-years-old with activity limitations, as determined during a 2006 census. The researchers reviewed patterns of participations in children with neurodevelopmental disabilities, finding that results varied dramatically by environment and specific subtype of disability, but that children with social interaction or psychological disorders had the lowest participation within educational activities. Also in 2013, Coster et al. had 576 parents fill out a *Participation and Environment Measure for Children and Youth* questionnaire in order to compare patterns of social participation by children with disabilities versus those without. Their results showed that parents reported their children with disabilities participating far less in school activities, and that one major reason was a socio-environment barrier.

In an even more recent systematic review by Shields, King, Corbett, and Imms (2014),

the investigators determined that children with intellectual disabilities were significantly less likely to participate in community-based activities (social, recreational, formal, etc.). Thus, participation restrictions are consistently noticed in a wide variety of contexts and environments with children who have a wide variety of diagnoses. Considering that the U.S. Census Bureau (2010) reports that at least 19% of non-institutionalized individuals have a disability, and that major laws such as the Americans with Disabilities Act of 1990 and Individuals with Disabilities Education Improvement Act of 2004 have been in place for over a decade, this is a disturbing finding. Unfortunately, despite the laws that state it is illegal to exclude someone based on disability, social exclusion is still common in most settings, such as schools and recreational areas (Coster et al., 2013; Dahan-Oliel et al., 2012). This social exclusion has massive effects on the construction of occupational identity, an extremely important component of early development (Lawlor, 2003).

Occupational Identity and Deprivation

Occupations are central to a person's identity and sense of self-efficacy, and different occupations will have different meanings to different people (AOTA, 2014b; Bandura, Barbaranelli, Caprara, & Pastorelli, 2001). According to developmental frames of reference, the construction of occupational identity begins early in childhood, as children began to take on different roles and engage in occupations that can provide them with experience, the mastering of tasks, knowledge, and experimentation. This helps children discover what does and does not interest them, enforces values that he or she applies to self and others, and builds (or destroys) self-esteem (Bandura et al., 2001; Sokol, 2009). Erikson (Sokol, 2009) looked at identity construction from an individualistic perspective, while other theorists have preferred a more sociocultural perspective (Phelan and Kinsella, 2013). Yet very little research has been done on

occupational identity in children with disabilities. Phelan and Kinsella (2013) were curious to know how occupation at a sociocultural level shapes identity in this population. The researchers used a Level IV collective case study methodology to explore perspectives on identity with six children and their parents through three different methods: assessment, photoelicitation interviews, and semi-structured interviews. The children were between the ages of ten to twelve and had a variety of disabilities, including cerebral palsy and spina bifida. Purposeful sampling was used to capture data from children both in rural and urban areas. The major theme that arose was that of relational identity, with the children having and/or wanting relationships with their peers, being very aware of these relationships, and identifying themselves through those relations.

Other themes that arose that affected occupational identity were whether the children had feelings of success when accomplishing occupations such as swimming, and whether the children were able to keep up with their peers. Based on the children's narratives and their analysis, using grounded theory methods, researchers determined that the overarching theme was one of a desire and focus on "sameness" (p. 349) due to the children's (with disabilities) desire to fit in with their peers on a sociocultural level. The researchers also found that occupational identity was far more dynamic than realized and that sociocultural dimensions had significant impacts, sometimes on a day-to-day basis on the types of occupations chosen to participate in, level of participation in occupation, and how the child defined him or herself (Phelan & Kinsella, 2013). This dynamism could be argued to be a good thing, as it speaks to the ability of positive external influences, such as that of an occupational therapist, being able to help reconstruct a child's occupational identity. Considering the developmental interplay between construction of occupational identity and how heavily it's affected by participation, children who have restricted

participation (focusing on social barriers for the purpose of this paper) are at extreme risk of occupational deprivation. Considering how rarely the occupational identity of children with disabilities has been studied, the trustworthiness of this study is vital.

While the adult participants were not asked to review the data for credibility purposes, the researchers included many quotes from both the children and parents, were in prolonged engagement with the participants, and triangulated the data, which all contributes to credibility. The thick description, content, and thorough overview of the methodology was also helpful in addressing dependability, as it appears the study could easily be replicated. Confirmability was strong, as the two researchers were in constant contact and left a strong audit trail, as well as wrote reflexive field notes after each interaction. Limitations of their study included that five of the six participants were female, and four of them had either cerebral palsy or spina bifida, which can hypothetically affect transferability as it was primarily based off female perspectives and two specific disabilities. However, the authors' provision of thick description and context somewhat counteracts that issue. Based on the trustworthy findings of identity construction, it does appear valid to say that occupational deprivation could lead to significant dysfunction (Phelan & Kinsella, 2013).

Deprivation occurs when one is not able to engage in occupations that one wants or needs to participate in (van Bruggen, 2014). Risk factors for social exclusion are similar to those of occupational deprivation, as they feed off each other. The more a child is socially excluded, the more the child can be occupationally deprived, leading to a decreased quality of life (van Bruggen, 2014). In 2014, Spilt, van Lier, Leflot, Onghena, and Colpin conducted one component of a longitudinal study with 570 Belgian children, examining how self-concept was affected by peer rejection. They found that the higher the levels of peer rejection, the lower the self-concept

and the higher risk of psychopathology. Children with disabilities are typically rejected more than their peers (Dahan-Oleil et al., 2012; Hurst et al., 2012) and are thus at high risk for internalizing their problems and having poor self-esteem. Considering young children are in the thick of the developmental necessity of identity construction and task mastery (Sokol, 2009), social exclusion and occupational deprivation are extremely harmful. Thus, health and wellness are inextricably linked with participation and inclusion in occupation (Hocking, 2013).

Occupational deprivation is often an issue of deprivation from social occupations, such as playing a game. Lawlor (2003) argues that children are "...socially occupied beings, doing something with someone else that matters" (p. 432), meaning that meaningful participation requires social interaction as a part of basic human development. Lawlor (2003) also points out that children are innately wired from birth to seek out connection. Thus the developmental importance of participation, social inclusion and engagement in occupation cannot be understated.

Developmental and occupational theorists, operating under developmental frames of reference, have long noted that through participation and engagement in tasks, activities, and occupations, children establish feelings of task mastery and competence, learn a sense of self-efficacy, develop/refine motor, cognitive, and socioemotional skills, and construct their occupational identity (AOTA, 2014b; Lawlor, 2003; Phelan & Kinsella, 2013; Sokol, 2009). Within each life stage, to achieve competence, children must be provided with "just-right" challenges that facilitate their growth in each of these areas (Bandura et al., 2001; Sokol, 2009).

Developmental theorist Piaget stated that young children (ages two to seven) are in a preoperational and then concrete operational stage (ages seven to eleven), acquiring new knowledge through their hands-on manipulation of objects, such as learning about mass and

volume during water play, implying that children who do not participate in these activities are reducing their chances of acquiring new knowledge about how their world works (Blake & Pope, 2008). Freud argued children between the ages of six to eleven-years-old are in their latency stage in which they focus on learning new skills and forming defense mechanisms based on their interactions with peers (Smith-Osborne, 2007). Erikson based his theories off social interaction, arguing that at different ages, certain conflicts had to be resolved for developmental health. In “middle childhood,” roughly the same ages as in Freud’s latency stage, Erikson theorized that children have to resolve feelings of “accomplishment versus inferiority,” through focusing on learning skills, comparing self to others, and competing. Children began to gain a sense of competence and identity from these experiences (Sokol, 2009). Gesell notes that socioculturally, children in early and middle childhood are looking for friends, wanting to play with other children, and starting to form groups and teams. Vygotsky also believed that social interaction and the sociocultural environment was critical for developing self (Blake & Pope, 2008).

Children prevented from participating in these phases of growth due to barriers, with a focus on social barriers in this case, are at a massive developmental disadvantage. While these children may have been able to remain somewhat developmentally on par with their peers had they been allowed the same experiences, their lack of participation can cause a learned, or perhaps “unlearned-induced” developmental delay. From a motivational standpoint, most children are motivated to continue learning due to success in previous learning experiences. Children who are repeatedly excluded or are unable to complete tasks like their peers are likely to lose motivation, which hinders their progress even more (Bandura et al., 2001).

In other words, children who are occupationally deprived due to social exclusion (ignoring physical barriers for the purpose of this paper), which is often the case with children

with disabilities, are less likely to participate in the very activities that help them developmentally, leading them to fall farther behind their peers. The growing developmental disparity perpetuates the social exclusion, leading to ever-increasing chances of exclusion and therefore restricted participation or occupational participation. It's a vicious cycle, and a reason why it is so important to address the concept of social inclusion as early as possible.

In 2013, Anaby et al. performed a scoping review of the effect of environment on participation of children with disabilities. The researchers reviewed thirty-one studies written between 1990 and 2011, having to do with children between the ages of five- to twenty five-years of age in non-school environments. They determined that different domains of the environment could act as a facilitator or barrier, but that social support was one of the most important for increasing participation.

Occupational Justice

While there are unlimited reasons to promote social inclusion of children with disabilities within all environments, one of the ethical reasons to do so is due to the concept of occupational justice, which addresses the fundamental right of all people, regardless of differences such as a disability, to have full inclusion in daily life participation, within any context and environment (AOTA, 2014a). The AOTA emphasizes the importance of occupational justice in its *Occupational Therapy Practice Framework: Domain and Process*, 3rd ed., ([*Framework-III*], AOTA, 2014b), *Code of Ethics* (AOTA, 2015), and *Standards of Practice* (AOTA, 2010). AOTA notes that it is a professional responsibility and ethical imperative for occupational therapists to be aware of and address occupational disparities, which can often be done via intervention. Van Bruggen (2014) notes that occupational injustice is a huge factor contributing to social exclusion, thus addressing injustice can help reduce social exclusion. In addition,

AOTA (2014a) has a specific policy statement on nondiscrimination and inclusion, noting that society as a whole benefits from the inclusion of all individuals, and that the profession's interventions are expected to be facilitators of occupational engagement. However, as Nilsson and Townsend (2010) point out, there is a difference between occupational therapists understanding and valuing the concept attitudinally, versus actually incorporating the concept into practice. A bridge must be found to link attitude and behavior, and intervention can vary by therapist and situation.

Occupational therapists must remember that intervention for occupational justice does not always have to occur at an individual level. There is growing awareness and calls for action within the profession of occupational therapy to promote and encourage inclusion and participation at a community and population level as well (Hildenbrand & Lamb, 2013; Leclair, 2010). However, the first step for an occupational therapist to take is to explore the literature on social inclusion and exclusion in order to gain a clearer understanding of the barriers and perceptions of the phenomena.

Social Inclusion: Addressing Lack of Awareness and Understanding

Addressing social inclusion can seem deceptively simple. One could conjecture that all it takes is an adult requiring social interaction between children with and without disabilities. For example, an adult could force children playing kickball to include a child with a disability in the game. For all intents and purposes, one could look at a snapshot of the scene and it would appear the child with a disability is being included. However, in order for social inclusion to authentically take place in social environments such as the classroom, the children without disabilities must be accepting of inclusion. This can be very challenging as many children without disabilities have negative attitudes/feelings/behaviors/thoughts towards children with

disabilities (Nowicki & Brown, 2013). The level of negativity can vary by type of disabilities, level of children's contacts with children with disability, and amount of accurate disability knowledge/understanding (Anaby et al., 2013; Hurst et al., 2012). How to address these attitudes can take many approaches, and children have differing views on inclusion than adults.

Children with and without disabilities are typically well aware of the difference between forced inclusion and desired inclusion, as discovered in a phenomenological Level IV study by Spencer-Cavaliere and Watkinson (2010). These researchers explored the concept of inclusion from the point of view of the children with disabilities, which has rarely been done. Typically inclusion is studied from the perspective of how it impacts others, versus analyzing the feelings of children with disabilities. The researchers were interested in learning more about the subjective experiences of children with disabilities because it has important implications for how adults should approach the encouragement of inclusion.

Researchers performed semi-structured interviews with eleven children total: nine boys and two girls with an age range from eight to twelve years old. All had disabilities that varied dramatically in impact/type, from asthma to cerebral palsy. The researchers utilized purposeful sampling with a goal of maximum variation, in order to explore individual perspectives from a wide range of ages, gender, and type of disability, and find similarities among the participants' experiences as well. After each recorded interview, the researcher also wrote reflective field notes. After transcription of the interviews had taken place, researchers used content analysis to extract and tag major themes, and then analyzed line-by-line to sort the information into more specific groupings. This continued until data saturation took place. Three major themes about inclusion, from the perspective of children with disabilities, emerged from analysis: gaining entry to play, feeling like a legitimate participant, and having friends.

Regarding entry to play, children with disabilities talked about feeling included when other children invited and/or allowed them to play, and felt excluded when other children either said no or ignored them. Regarding feeling like a legitimate participant, it was affected by whether a teacher or parent initiated/forced the participation, whether the child felt capable of performing the task, whether the other children treated them differently for having a disability, and whether the other children seemed to want their participation. Children talked about the difference between *being* included and *feeling* included, a rather profound distinction. Regarding having friends, children felt that having friends was a bridge/opportunity to feel included and/or invited to play, leading to an increased chance of participation. Overall, the three feelings of inclusion seemed to be “acceptance, belonging, and value,” and that “peer support, social isolation, and negative emotions” also corresponded with the three themes (p. 287). The concept of social acceptance by others was extremely important to feelings of inclusion, and being asked to play was particularly important, although the most salient factor seemed to be the perception of having friends (Spencer-Cavaliere & Watkinson, 2010).

Overall, the children’s feelings of inclusion were heavily influenced by how others treated them, and a feeling of inclusion went far beyond the actual “act” of inclusion, i.e. where for all intents and purposes the child appears to be included. While adults could contribute (or not) to feelings of inclusion, ultimately it was the actions of peers that made the most comprehensive differences in children’s perceptions of inclusion (Spencer-Cavaliere & Watkinson, 2010). None of these results is surprising, although many studies are undertaken in order to accumulate evidence for a seeming fact. Based on these results, adults who push inclusion and help children participate need to realize that the child may still not feel included, and that it makes sense to work on inclusion from a peer level rather than from an adult level. (In

other words, work on increasing children's willingness and self-initiated desire to include others in play, as children with disabilities are sensitive to the difference between what's mandated and what's desired.)

The researchers addressed major components of trustworthiness, allowing readers to feel more confident about using and applying the provided information. The researchers discussed the 20+ years of experience of the researcher/interview, their use of two pilot studies, and use of two types of data to demonstrate credibility/corroboration. In addition, a second person independently coded the data to establish dependability and confirmability. The researchers explained their audit trail so one could follow their reasoning (Spencer-Cavaliere & Watkinson, 2010). While transferability was slightly limited because nearly half their participants had cerebral palsy, and only two girls were included, they provided such thorough coverage of the context these statements were made in that they appear transferable to the general population of children with disabilities. While this study examined the perception of social inclusion and exclusion from the point of view from children with disability, there are also studies that examine the perception from the point of view of children without disabilities.

In a qualitative phenomenological Level III study, Nowicki, Brown, and Stepien (2014) performed semi-structured interviews with 36 Canadian school children in grades five and six (mean age = 10.42 years), exploring the children's views on why social exclusion of peers with intellectual or learning disabilities took place. The researchers then transcribed the interviews, sorted out the unique information, and then collaboratively concept mapped the emerging themes with the students. They found that most of the concepts fit into one of four clusters, including "thoughts and actions of other children," "differences in learning ability and resource allocation,"

“differences in affect and physical characteristics,” and “negative behavior and thoughts” (p. 351).

For the first cluster of thoughts and actions of other children, the concept of social selectivity emerged, where children choose to play with others like themselves (for example smart or cool), and dismissing other students as dumb or less cool. For the second cluster of differences in learning ability and resource allocation, there was the concept that children with disabilities would cause issues that disturbed a game, or would not have the same abilities or interests. In addition, children were bothered with the perception or idea that the children with disabilities got paid more attention and took up too much of the teacher’s time, which was frustrating. For the third cluster of differences in affects and physical characteristics, children discussed fear, anger, and frustration as possible feelings of either the child with a disability or the child without. In addition, physical differences or other types of problem such as a hearing, visual, or speech issue was a cause for social exclusion. Finally, within the cluster of negative behaviors and thoughts, children noted that sometimes children with disabilities were mean or weird or caused issues, and/or that children without disabilities didn’t know what to do or are ignorant, which leads to social exclusion. All of the information in the clusters above was suggested as possible reasons for social exclusion.

The study appeared trustworthy. The interviewer was an experienced teacher, which raises credibility. In addition, the three researchers performed independent reviews, with discussion to resolve any differences in process, contributing to confirmability and credibility. They utilized thick description to help with transferability and confirmability. They also shared their audit trail, and used evidence to back up their rationale for using or modifying certain types of data, which contributes to all aspects of trustworthiness. A limitation of the study was that

while students readily provided reasons for social exclusion, none admitted to practicing those reasons. Therefore the students were likely not fully truthful in their interviews as the students did not want to appear as if they were practicing social exclusion. However, the reasons the students provided appeared legitimate, even if they did not own them as their own. Overall, the researchers felt that the unifying theme of reasons for social exclusion was difference. Children's perception of self, versus their perception of children with disabilities as "others" due to their differences, coupled with the children's often-inaccurate perceptions of children with disabilities due to lack of awareness and understanding, is a recipe for social exclusion. This perception of self versus other due to differences is in alignment with socio-developmental theories, as children in their early and middle childhood years, are in the process of learning "theory of mind," defining themselves in relation to others and learning how others feel may be different than their own feelings (Korkmaz, 2011).

In addition, children with and without disabilities have ideas on strategies for social inclusion. In a phenomenological Level III study that took place in 2012, Lindsay and McPherson explored the views of fifteen children with cerebral palsy in regards to social inclusion, interviewing the children either individually or via group discussion. These children with disabilities came up with a variety of strategies to increase inclusion, and several had to do with increasing awareness of the disabilities. Insert sentence here. In 2013, Nowicki and Brown performed semi-structured interviews with thirty-six children in junior high school (nine to twelve years of age), without disabilities, in a phenomenological study examining the children's ideas for social inclusion of children with intellectual and/or learning disabilities in their school environment. Seven major themes arose from the children's strategies, one of which was a need to focus on similarities, not the differences, between children with and without disabilities. This

in alignment with the findings of Phelan and Kinsella (2013), as one of the themes that emerged from the researcher's interviews with children with disabilities is that the children desired fitting in with their peers/being similar.

In 2014, Macmillan, Tarrant, Abraham, and Morris performed a Level I narrative systematic review on thirty-five quantitative studies that were observational in nature, examining the associations between contact with a child with a disability and attitude. All studies measured children's attitudes towards disability, and consisted primarily of Level IV studies, correlational using multiple school sites. The majority of studies had samples of over 100 students, increasing both internal and external validity. Overall, significant positive association and correlation was found between children who have contact with people with disabilities and their attitudes towards disability, in 16 of 35 studies. Six studies found no association if a full attitude measure was in place (overall score), but five of those studies did show significant results on some subscales. Eleven studies found no association at all, and two found a negative association. However, one of those two had a small effect size, and an effect size was not noted in the other. Interestingly, when looking only at the twenty-two articles with school-level contact, there was a positive association in twelve studies, two negatives, and no association in eight. On the other hand, in the self-report studies, eleven out of thirteen of them found positive associations and only two studies found no association. Researchers noted that in general, self-report measures were found to be more reliable for these types of studies, pointing out a possibility that there is maybe a stronger positive association than it appears when looking at school-level studies. Overall, based on the number of studies that found a positive association, it does seem to confirm that the more contact a child had with someone who had a disability, the more likely they were to have an more accepting attitude. Also, thirteen out of the thirty-five studies were from the 1980s,

which may not reflect attitudes of current times, considering all the legal and social changes that have occurred in the past thirty years. One would cautiously and hopefully assume that attitudes have continued to improve since then. There were some issues with the systematic review, including that out of thirty-five studies, there were twenty-six different measures used, which can make it very hard to compare. The instrument widely considered the most reliable was only used in five of them. Some of the studies focused on a specific disability, and some more generally, and there is possibly differences in contact attitudes depending on the type of disability. In addition, the majority of the studies were lacking vital information, meaning they were relatively poor quality.

The systematic review was overall well done, explaining in detail their methods, results and including tables of information for all studies, as well as including a quality appraisal. One cannot have contact without simultaneously being exposed, and exposure by itself, via the reading of children's books, could potentially be considered a priming factor for contact. It stands to reason, with studies like this one backing it up, that if children are exposed and have new knowledge about a child with disabilities, they are more likely to have a positive association with children with disabilities. This was true over 75% of the time in the self-report studies, which are considered more valid than school-contact studies. The more likely the child is to have a positive association with a child with disabilities, the more likely the child may reach out to the child with disability due to an increase in awareness. The strategies provided by children, with and without disabilities, regarding social inclusion, all included increasing awareness of disability, and contact is certainly one method to do so.

One major component of awareness and reason for its effectiveness is that awareness is often coupled with an increase in understanding. Lawlor (2003) discusses the concept of

intersubjectivity, or the capacity to understand the viewpoints of others, which first requires awareness, leading to the next potential step of understanding. Hong, Kwon, and Jeon (2014) found that the more understanding of disabilities that children without disabilities had (for any reason, such as previous exposure, adult discussion, etc.), the more likely the children were to have positive feelings and the higher the probability these children would socially include children with disabilities in play. The researchers performed semi-structured interviews with a staggering ninety-four preschoolers and their parents to come to this conclusion, which is in alignment with the results of other studies discussing children with disabilities and social inclusion (Nowicki, Brown, & Stepien, 2014; Spencer-Cavaliere & Watkinson, 2010). The researchers highly recommended promoting awareness and understanding of children with disabilities starting as young as possible, while children were developmentally most malleable and therefore most receptive to attitudinal change (Hong, Kwon, & Jeon, 2014).

Many types of programs have been implemented, formally or informally, in order to address social inclusion in the schools, with varying but typically positive levels of success (Hurst et. al, 2012; Nowicki & Brown, 2013). Some schools have special events or programs, others rely on their teachers, and some do not address it at all except through having socially inclusive classrooms (which is typically not enough to actually have social inclusion). Those environments that actually address participation and social inclusion typically attempt to do so via awareness, understanding, knowledge, contact, and discussion. Via literature review, it appears that disability awareness programs of varying lengths and complexity, undertaken by schools, camps, or other environments, were the most common approach to promoting social inclusion.

Disability Awareness Programs

Many disability awareness programs have been attempted in schools and the community, with the aim of increasing awareness and acceptance of children with disabilities. Those that succeed attribute the increased level of acceptance and inclusion among teachers and peers as being due to increased awareness and education (Hurst et al., 2012; Ison et al., 2010; Rillotta & Nettelbeck, 2007). In 2010, Ison et al. researched a two-session disability awareness program with 147 Australian students from nine to eleven years of age. Multiple educational modalities, primarily cognitive-behavioral in approach, were used in these sessions, and included writing, simulations, and demonstrations. In this mixed-method study, children filled out pre-post questionnaires and participated in focus groups to provide measures of change. Researchers found significant improvements in knowledge, attitude, and acceptance, even after just two sessions.

In 2012, Hurst et al. examined how a disability-simulation program would impact children's acceptance of children with disabilities, using a Level III one-group pretest-posttest study with a convenience sample of 231 second- and third-graders. As a pre-test, researchers first administered an adapted version of Voeltz's Acceptance Scale, which is a survey with Likert-scale questions asking students about others with a disability, to measure acceptance levels. All participants then participated in a one-time disability awareness event in which the children rotated to four different stations in which they could simulate various disabilities as well as observe and discuss. Afterwards, the children once again filled out the same survey, in order for researchers to measure the change in students' acceptance of children with disabilities from pretest to posttest (with the pretest serving as a control for comparison). Researchers compared the group means of the pre-and post-survey questions, finding an expected increase in students'

acceptance, as measured by the survey, on seven of the eight questions. (The one question that showed a decrease appeared to be an outlier due to the researcher's scale adaptation versus a true decrease). The results were only statistically significant for five of the questions, $p < 0.05$, although the increase was clinically meaningful in the seven questions. Investigators also found that students who knew someone with a disability were significantly more likely to be accepting, and students who had exposure to other students with disability, regardless of frequency, were more accepting than those who had not been exposed, which was clinically meaningful even the result was not statistically significant. This finding is in alignment with multiple other studies on contact (Ison et al., 2010; Papaioannou, Evaggelinou, Barkoukis, & Block, 2013.). The researchers posited that there may have been a ceiling effect on some scores since 70% of students had shown high acceptance rates even on the pre-test, so there were limits to how much further the scores could go up, making it harder for there to be statistical significance.

Limitations included the fact that both schools were over 70% Caucasian, which makes it potentially hard to generalize the results to minority populations. However, they did use both genders and explained their process and shared the questions asked, which helps with external validity. Another limitation was that investigators adapted a validated version of the Voeltz Acceptance Scale, and based on their description, modified it so extensively that it would not be recognizable as the original. Therefore its internal validity is in question (although they do note correlations between questions such as it appeared to have good construct validity). Another concern was how the researchers worded their question, which appeared confusing. For example, children had to agree or disagree on the following. "At lunch, I would not like to sit next to someone who had no arms." Even though there were threats to both internal and external validity, their results were overall in alignment with the expected hypothesis, which is that a

disability awareness program leads to increased acceptance. This study helps demonstrate that awareness is a major factor in acceptance.

In a Level II randomized controlled trial by Papaioannou et al. (2013), 387 adolescents without disabilities (mean age = 13) in a summer camp were divided into an experimental and control group. Those in both groups had typical programming, although those in the experimental group also attended a full-day disability awareness program, participating in a variety of modified sports, reading books, watching videos, and taking part in discussions. Participations completed a scale addressing attitudes towards inclusion both before and after the programming, and there was a significant increase in positive attitude towards inclusion in the experimental group, whereas the control group remained stable in attitude. Noticeably, the children's attitudes changed from the program even in the absence of any children with disabilities. The researchers discuss the importance of awareness in promoting understanding, and therefore attitude shifts. While this study did not follow-up after a period of time to determine attitude stability, a very similar study completed by Moore and Nettelbeck (2013) found that the improvement in attitude was still present at a one-month follow up.

Lindsay and Edwards (2013) performed a Level I systematic review of forty-two studies to examine the characteristics of successful disability awareness interventions. Thirty-four of the studies found an increase in awareness and therefore acceptance, eight studies found an increase in knowledge, and only five studies reported negative or neutral results, suggesting strong evidence that these programs can be effective. However, the researchers found that nobody had analyzed the programs to determine the most effective methods. Methods can include simulations, theater, children's books, discussions, videos, and more. Researchers found that the most effective programs included a wide variety of multi-media and interaction, and virtually all

the successful programs noted that the increase in awareness and knowledge of disabilities led to positive attitude changes.

In 2014, De Boer, Pijl, Minnaert, and Post performed a quasi-experimental longitudinal study with an experimental and control group consisting of 271 children in school between the ages of four- to twelve-years-old. Children in the experimental group underwent six educational sessions on children with disabilities, and completed pre-test, post-test, and one-year follow up surveys on attitudes and acceptance. The sessions included picture books, videos, discussions, and simulations. The youngest children demonstrated the most dramatic positive results.

A common theme in the results of all these disability awareness programs, all of which had mostly positive results, was that the students had more knowledge and understanding of children with disabilities, recognizing that they weren't so different after all, or how their disabilities worked. Thus the programs were valuable in increasing awareness and acceptance due to increased understanding, after education. These programs are valuable in minimizing sociocultural barriers, which can lead to increase in participation in occupation. However, these programs require time, cost, resources, and there may be a method that can have similar results, with far less resources, which would be through the use of children's picture books.

While peer-reviewed studies on the topic are minimal, one could argue, based on the synthesis of evidence from above and below, another less invasive, less time, cost, and resource-intensive method to increase awareness is potentially through use of children's picture books.

Children's Picture Books

Children's picture books are typically a total of 32 pages, geared at children four- to eight-years-old and are less than 1000 words, with illustrations telling as much of the story as the text (Backes, 2012). The protagonist is typically a child and the story is told from a child's point

of view. High-quality children's picture book literature does not seem overtly didactic and does not have a concretely-stated theme, leaving it up to the reader/adult facilitator to determine its lessons rather than have it fed to them. Typically the child fails a task, fails again trying an alternative route, then succeeds and changes over the course of the book due to this experience, for example being shy then learning that sometimes being outgoing isn't so bad. In this process, the child protagonist is empowered. He or she must solve the problem his or herself rather than having an adult or someone else solve it for them. There are also other types of picture books, such as concept books, where the child is taught or has a concept reinforced, such as opposites or colors. Again, a high-quality concept book is engaging and not overly didactic even while getting the concept across. Regardless of the type of picture book, the pictures must tell as much of the story as the text (Backes, 2012).

Pantaleo (2005, as cited in Mantei & Kervin, 2014) describes a synergistic effect in the picture book combination of text and pictures, and Keifer (2008, as cited in Mantei & Kervin, 2014) argue the combination, when done well, can be an art form with its intricate dance of text and pictures combining to tell a story. Such stories are engaging and motivating. A few famous examples include "If You Give a Mouse a Cookie," "Where The Wild Things Are," and "Stella Luna." Any library, bookstore, daycare, house, and most waiting rooms are filled with children's picture books. As the following paragraphs will attest, there is a strong evidence to support the ability of children's picture books to promote literacy, promote the development of knowledge, strengthen caregiver-children relationships, provide many types of socioemotional education (including emotional competence, empathy and theory of mind), and be useful for bibliotherapy (Montgomery & Maunders, 2015). Thus children's picture books can transform attitudes and

behaviors and serve as jumping points for other activities and/or discussion, all of which can ultimately promote social inclusion.

Promoting Literacy

The importance of children's literature and reading out loud to young children for the purpose of developmental skills is nearly uncontested by researchers (American Academy of Pediatrics [AAP], 2014; Zuckerman & Augustyn, 2011). The majority of parents agree to its importance, and over 60% of parents above the poverty line report reading books out loud to their children on a daily basis (AAP, 2014). There are many early intervention and charities out there that focus entirely on providing children's books to children with limited or no access (Zuckerman & Augustyn, 2011). According to a policy statement by the American Academy of Pediatrics (2014), promoting literacy is an "essential component" of pediatric care, as reading out loud stimulates brain development, relationships between the reader/child (typically a caregiver or teacher), language, fine motor skills, and emerging academic skills. In addition, reading promotes the learning of joint attention and provides awareness and labeling of feelings (Zuckerman & Augustyn, 2010). Primary care physicians are encouraged to promote literacy within their practice (Khandekar, Augustyn, Sanders, & Zuckerman, 2010) with programs such as "Reach Out and Read," where the physicians discuss with caregivers the benefits of reading aloud, and also provide developmentally appropriate books for high-risk families (Zuckerman & Augustyn, 2011).

Developmental Growth and Education

There is a wealth of evidence to support the influence of children's picture books as vessels of knowledge, providing children with awareness and understanding of topics, new perspectives, motivation, and vocabulary, and more (Kumschick et al. 2014; Pardeck, 2005).

Children's books can serve as diverse educational tools, including motivating and aiding children in the learning of early mathematical concepts (Flevaris & Schiff, 2014) and affecting whether children had an anthropomorphic versus biological perspective of animals (Waxman, Hermann, Woodring, & Medin, 2014).

While children's picture books by themselves can have the power to change a child's attitude and behaviors, often times the magic lies in the aftermath of reading a book. The child ideally first becomes engaged in a topic on a cognitive-knowledge level as well as a more emotional level, allowing for far more increased learning than if the child felt no ties to the information (Mantei & Kervin, 2014; Pardeck, 2005). During the process, the children can begin making connections between what they are reading and how it relates to their own lives. Often this link is facilitated by an adult, such as a teacher, and can take place through discussion during and after reading the text. In a study by Kara, Aydos, and Aydin (2015) on changing the ecological attitudes of preschoolers into behaviors, the researchers used children's books as the starting points for other activities and discussion. In a study by Kumschick et al. (2014), children's books were used as a starting point to improve emotional competence, with activities and discussions based off the book. Thus stories and discussion have the ability to help children with task mastery on a variety of levels, including emotionally and cognitively. Bettelheim (1976, as cited in Montgomery & Maunders, 2015) captures the sentiment clearly:

When all the child's wishful thinking gets embodied in a good fairy; all his destructive wishes in an evil witch; all his fears in a voracious wolf; all the demands of his conscience in a wise man encountered on an adventure; all his jealous anger in some animal that pecks out the eyes of his archrivals — then the child can finally begin to sort

out his contradictory tendencies. Once this starts, the child will be less and less engulfed by unmanageable chaos. (p. 66)

Developmentally, based on how children use picture books as a reflection and method of their own internal struggles, they are using the books in a way to gain emotional competence by learning to identify, sort, and manage their emotions on a sociocultural/socioemotional level.

In 2006, Turner analyzed the contents of 119 children's picture books that had themes of injury, illness, and/or health. Turner wanted to determine how often causation was addressed, what themes arose most frequently, and how characters in the book such as parents and providers are presented. Turner noted that picture books, due to their structure, often did not delve into detail on causation, the majority of the books focused on illness (67.2%) and caregiving most frequently was depicted as taking place by multiple caregivers (52.9%). Turner discusses the socioemotional importance of these books, noting that most of the picture books on illness had a positive tone (72.4%) and an emphasis on the caregiving, providing children with a sense of comfort and safety. The focus on caregiving may also help the caregivers reading them out loud and encouraging interaction. In addition, 24.4% of the sample had an educational tone, providing age-appropriate information on illness that could be utilized by healthcare providers as a patient resource due to the books' abilities to increase awareness and understanding. All the books, whether with an educational focus or a story with information, were useful. When Turner's (2006) study noted the socioemotional impact of books about illness and how they provide information to the child on caregiving or with important knowledge, it was demonstrating that the picture books were being used to reduce socioemotional distress

In 2013, using a Level II randomized controlled trial, Gebarski et al. explored whether children who were read a specialized picture book about an upcoming medical procedure, called

a voiding cystourethrogram (VCUG), had less distress during the procedure than children who did not read the storybook. Researchers recruited the parents of 232 children who were between the ages of 2-14 years of age. Half the parents received the storybook (experimental), and half did not (control), based on random assignment. Those that received the storybook were encouraged to read the book with their child in the weeks leading up to the child's procedure. After the child's actual procedure, the parent rated their perception of their child's distress levels on an anonymous questionnaire. In addition, the VCUG technologist, blinded to who received the storybook, rated the child's tolerance using an adapted *Groningen Distress scale*, for comparative purposes. Researchers noted that the score provided by the parent and technologist were 80% of the time concordant within one grade, meaning that both caregivers and the technologist were reasonably congruent in their appraisal of the child's distress level. Researchers received a usable 100 questionnaire responses, and 50% of them had read the storybook. Researchers found a statistically significant difference between the two groups, $p = .0092$, with children who had read the storybook performing better on the procedure (less distress), meaning that the storybook was an effective method for reducing distress levels. This is likely due to the previewing of the procedure in advance, helping children prepare psychologically as they knew what to expect. In this case, the storybook served as a basic educational tool for providing information about a procedure, yet also had a socio-emotional effect, as Turner (2006) had discussed in the content analysis of picture books on illness.

Some limitations of the study included that no instructions were provided with the VCUG storybook, with details such as when to read it, how often to read it, or how to approach the storybook, thus intervention was poorly controlled (at survey conclusion, investigators only knew, based on caregiver response, if the book had been read or not, but without helpful details.

This slightly endangered both internal and external validity. Also, the storybook was the same whether children were two or fourteen years of age. In addition, the storybook may have been a catalyst to discuss emotions/other issues surrounding the upcoming procedure, so it may just be the discussion that helped (or the combination), rather than just the storybook. The researchers note that in other studies, children's anxiety is reduced when parental anxiety is reduced, so it's possible that the storybooks were helpful to the parental anxiety more so than the child (perhaps they could just have the parent read it only for themselves in a future study). There was at least one numerical typo, which slightly decreases the reliability as it signifies an inattention to detail. There was also a relatively small sample size within each age group. A major limitation is that the researchers used their own adapted version of the *Groningen Distress Scale*, meaning their version's reliability and validity were unknown. However, researchers noted the high concordance rate likely helped confirm its reliability. There was a corroboration of scores between blinded VBUG technologist and caregiver that demonstrates good interrater reliability. While there were limitations, the most egregious related to the intervention not being standardized or providing instructions on method to the experimental group, the results were still clear that the experimental group experienced less distress, which answers the question of whether it was an effective method, and the limitations did not appear to dramatically affect the reliability and validity of the study to the point that one would have serious doubts.

This study on reducing distress by Gebarski et al. (2013) has important implications for the use of children's books as a tool for increasing acceptance and awareness of children with disabilities. For children's books to serve as an effective tool, there must be evidence to prove that children are able to learn from the material provided and apply it to the real world, raise their emotional awareness of others, and increase their tolerance of others' differences, among other

things. This study looked at children's books as a tool that could increase, decrease, or not affect the probabilities of a future action or emotion. If a child can gain understanding and increase tolerance/reduce distress (a form of emotional dysregulation) for a stressful medical procedure by reading a children's book, which the evidence does support, it bolsters support that a child can take away important information from a book and apply it to the real world situations, and that the books can both relay information and have an effect on emotional states.

In a Level III controlled quasi-experimental study by Kumshick, et al. (2014), investigators explored "emotional competence" in second and third grade children, as children with high competence (which includes intersubjectivity, empathy and awareness of emotions) are more likely to be socially included and socially inclusive, as well as perform better academically and have a decreased likelihood of psychopathology. In an effort to determine whether it was possible to use children's literature as a primary tool to increase emotional competence, researchers developed a program called "READING and FEELING" and enrolled 104 students in an afterschool daycare for intervention as the experimental group, with an additional 104 students in a control group. The children in the intervention group participated in twice-weekly sessions for eight weeks, where they first read a carefully chosen children's book before participating in discussions, group and individual activities. The researchers tested the children on components of emotional competence both before and after the 9-week program, finding that the intervention group had significant improvements in three of the four variables the researchers used to test for emotional competence, including emotional vocabulary ($p < .001$), explicit emotional knowledge ($p < .05$), and recognition of masked feelings ($p < .001$). There was a gender effect, as boys demonstrated higher improvement than girls in recognizing masked feelings. No significant improvement was noted in recognition of mixed feelings. While the

outcome measures used in this quantitative study had relatively questionable reliability and validity due to use of unstandardized assessments, the researchers did discuss item homogeneity and inter-rater reliability, as well as noting (without detail) that the reliability and validity of the assessments had been explored during pilot studies. However, considering the use of a control group and that the authors provide a thorough overview of the intervention and outcome measures, the results appear valid.

These results were promising and positive in supporting the use of children's books as an effective tool for increasing emotional competency in children, which is associated with increased likelihood of awareness, acceptance, and social inclusion of children of diverse backgrounds. Lawlor (2003) discussed the importance of intersubjectivity in occupation and development, and social beings. When children develop increased emotional competence, they are more likely to be aware of the perspectives of others, understand feelings, i.e., "maybe that child with a disability feels left out." While the study did not address the use of this program with children with disabilities, these children could theoretically benefit as well, as many children with disabilities are found to be lacking social skills (Masse et al., 2013; Phelan & Kinsella, 2013), which of course affects likelihood of social inclusion and participation.

In 2015, Montgomery and Maunders performed a Level I systematic review on the use of creative bibliotherapy as a means of affecting internalizing, externalizing, or prosocial behaviors in children between the ages of five and sixteen. They defined creative bibliotherapy as "the guided reading of fiction and poetry relevant to therapeutic needs" (p. 37). They accurately operationalized internalizing behaviors as behaviors such as depression, externalization as behaviors such as aggression, and prosocial behaviors as attitudes or intent. They noted that prosocial behaviors include self-regulative abilities and emotional competence, which are

correlated with empathy. The researchers noted that there is minimal research on the effects of creative (versus self-help) bibliotherapy on “psychosocial outcomes” (p. 37). They started with over nine thousand articles and ended up with forty-six potential articles, although only eight met their inclusion criteria. Their rationale of inclusion criteria was clear. Of these eight studies, the authors note that all lacked important information, even though all were randomized controlled trials. However, they found that overall, there were small to moderate helpful effects of the bibliotherapy on the prevention and treatment of internalizing and externalizing behaviors, and strengthening of prosocial behaviors. Montgomery & Maunders (2015) hypothesized that the bibliotherapy worked along the same lines as cognitive behavioral therapy.

Some of the disability awareness programs utilize a cognitive-behavioral approach as well (Ison et al., 2010). It makes sense that the bibliotherapy works along similar mechanisms as cognitive-behavioral therapy, because both work on cognitive and emotional planes, working to shift attitudes and behaviors from negative to positive. Contact and exposure is a form of recognizing that previously held beliefs (children with disabilities/differences are scary) are not necessarily accurate, and revising those attitudes (Macmillan et al., 2014). The researchers recommended bibliotherapy as a low-cost tool that at the very least, if using high-quality age-appropriate books, did not harm. Considering even small shifts in behavior can affect an interaction or event, there is great promise in bibliotherapy as a tool to promote awareness and acceptance of children with disabilities (Montgomery & Maunders, 2015). This in turn can lead to attitudinal and therefore behavioral changes (Kara et al., 2015) and an increase in social inclusion (Spencer-Cavaliere & Watkinson, 2010). This leads to higher probability of occupational participation, which is vital to the development of occupational identity (Lawlor, 2003). Within occupational identity, children not just defined by their actual occupations, but

sense of self, sense of belonging, self-concept, etc. (Bandura et al., 2001; Phelan & Kinsella, 2013). Children's books have the power to affect this development.

Acceptance of Self and Occupational Identity

In an article by Mantei and Kervin (2014), the authors discussed how children's picture books allow the children to make connections between themselves and that of the book. While there will be similarities and differences no matter what, a sense of self-recognition or mirroring can help with helping a child feel a sense of identity or validation. From a developmental standpoint, young children are finding their place in the world in relation to others, and are reifying sociocultural norms and determining hierarchies and sense of self (Blake & Pope, 2008; Sokol, 2009). A major component of this time period is the sense of fitting in, of belonging to a particular group, as the children continue forming their identity. Phelan and Kinsella (2013) examine the concept of creation of occupational identity being a dynamic process, thus easily reconstructed on even a daily basis as new information is received, such as when a children's picture book is read that resonates with the child.

In the following anecdote relayed by a pediatric occupational therapist (K. Holt, personal communication, July 2, 2015) the power of self-recognition is noted. She had worked with a five-year-old child who had a congenital deformity of her right arm, rendering it unusable. This little girl was self-conscious and often did not participate in play with her peers. After she saw the movie *Finding Nemo*, however, something shifted in her. She approached her mother several days later and spoke about the character Nemo and his similar challenges, and how he still had friends and could do many things like the other children. The little girl began incorporating herself into class nearly immediately (K. Holt, private communication, July 2, 2015). When children hear or read stories that resonate with them or that they can identify with, it can have a

powerful impact on their attitude, which in turn can affect their participation in occupation.

For example, a child who has belief in his or her ability to accomplish a task will have more motivation and therefore more likelihood of participating in a task than a child who has a sense of despair, fear, or belief of inability (Bandura et al., 2001).

For a child with a disability, self-recognition in a children's picture book can sometimes be quite rare. Reading a book about a child with his or her own disability or a similar one, who is (ultimately) successful in their attempts to complete an action, can provide inspiration for the child with a disability. This can help a child feel better as he or she is constructing a more positive occupational identity, and can potentially contribute to increasing self-esteem. In addition, completing actions successfully can allow children to feel more similar to other children, again increasing motivation to feel similarly in the future through continuing to attempt tasks.

Transfer of Knowledge

One could question whether young children have the capacity to transfer information learned from picture books into the real world. The general consensus is "of course," although in truth there have been few peer-reviewed studies published that verify it. Most of the evidence is purely anecdotal and considered "common sense." Ganea, DeLoache, and Ma (2011) took a more evidence-based approach and explored this capacity with a set of two experiments, both on teaching preschoolers about how animals and camouflage abilities. In the first pretest posttest experiment, 3- and 4-year-olds (N=104) were tested with pictures to pick which predators were most at risk (depending on whether camouflaged or not), then read a picture book on the topic (either purely factual or factual story-based), and were tested again. The children were more likely to choose the correct answer (72.6%) posttest versus pretest (56.9%) after reading the

picture books. Type type of picture book (factual or story-based factual) did not have an effect. In the second experiment of similar design, 4-year-olds (N=32) were asked the questions using real animals as well as pictures. Researchers found that children were more than 84% likely to get the right answer after reading the picture books, and that type of picture book did not matter. At post-test children were significantly more likely to answer correctly on the pictures versus real animal questions, although the difference had only marginal significance, $p < .01$. Overall, these results demonstrate that children were able to generalize knowledge learned from picture books into real world scenarios (Ganea et al., 2011). Considering children would be learning about children with disabilities via the use of picture books, it's important to establish that children can, in fact, transfer the knowledge from the printed page to their 3-D environment. More studies, using more populations, more subjects, and other types of knowledge (less concrete), for more generalizability, are encouraged.

Another important question to address is not only whether children can transform their knowledge or attitude post-intervention, but whether that in turn can shift their behaviors. As Townsend (2011) noted, there is not always a bridge between theory and practice. Sometimes there is also not a bridge between attitude and behavior. In 2015, Kara et al. addressed this topic, performing a collaborative action research study with a teacher and her preschool students aged 60-72 months in an early childhood education program. The teacher had contacted them regarding ecological issues, noting that her students were aware of environmental issues such as the need to recycle, yet the children did not necessarily demonstrate "ecocentric" behavior (p. 46). In other words, their behaviors were not congruent with their attitudes. The researchers aimed to create and research a protocol that would help the children's attitudes link to their behaviors, thus become more authentically ecocentric. The researchers implemented a protocol

that focused heavily on the use of children's picture books about environmental issues as a starting point to other interactive activities. Behavioral data was collected via teacher reports both before and after the action plan had been implemented. In addition, the fourteen students, half male and half female, underwent individual semi-structured picture interviews, all administered by their familiar teacher. The questions asked had to do with four areas: consumption patterns, environmental protection, recycling and reusing, and living habits. After the researchers transcribed each audio recording of the interviews, they coded the children's responses to each question and extracted detailed examples for each coding type. They then analyzed the teacher's observation reports and extracted examples from there as well. They analyzed data both before and after the implementation of protocol, as their protocol was based off the teacher's and students' initial responses.

The teacher noted before protocol implementation, via her observation reports, that while children were mostly demonstrating ecocentric attitudes, their behaviors did not show it, for example they would waste paper. After implementation, which was a series of sessions that started with reading a children's picture book and then discussing and participating in activities having to do with the book, the review of the new observation reports showed a marked improvement in the children's abilities to behave in an ecocentric manner, such as being more aware of the need to save paper. Researchers noted the importance of providing the children with many diverse activities, including children's picture books, while teaching lessons about environmental issues. Overall, researchers concluded that their protocol was successful in the transforming of preschoolers' attitudes into behaviors within the topic of environmental issues, and that targeting the children in early childhood education was a developmentally and environmentally appropriate thing to do.

Data was coded into themes by two independent and experienced researchers, with excellent interrater reliability of .89. Their data was validated using triangulation methods, confirming that observation data corroborated with interview data, which demonstrates confirmability. Limitations of this study include the specificity of using only one topic (environmental issues), which can challenge generalizability. In addition, they utilized only one classroom and one teacher, so results could vary depending on teacher. Demographic makeup was not discussed beyond gender and age. In addition, their interventions, while quite detailed, had so many diverse activities that it was impossible to truly pinpoint what aspect of the interventions was the most helpful in transforming their attitudes into behavior. The researchers did not explain what the teacher was doing beforehand, activity-wise, and why their new plan worked when the old one didn't. Considering that the participants were primarily young children, credibility of their results is not possible to measure, although the teacher did report credibility and the behavior/observations appeared to match the results. Even though this study took place in a single classroom in Turkey, there appears to be reasonable transferability, as the underlying problem (attitude versus behavior) seemed quite universal in nature, and their explanations were quite in-depth/thick. Finally, because their description of the population and their protocols were so detailed, there was reasonable dependability. Replication would be relatively easy. The researchers did address change and since it was action research, there were somewhat constant adjustments, which were explained. Thus the investigators addressed all aspects of trustworthiness in some manner.

It was overall clear the children's picture books served as a strong vehicle of knowledge and were always the starting points. While one must be cautious with generalizing this study to other non-environmental topics, especially considering that this study used only one extremely

cooperative and motivated teacher, it can be reasonably inferred that a similar action plan, this time pertaining to disability issues rather than environmental, would similarly help transform behavior. For example, instead of picture books being read about environmental issues and follow-up activities with recycling, the children would read books that have disabilities within them, and then engage in activities such as disability simulation.

In addition, the study overall provided evidence that it's possible to transform a child's attitude into a behavior, and that children's books can serve as a strong starting point for leading into other relevant activities. The study was clear that the children's picture books served as a strong vehicle of knowledge for every lesson plan within their protocol. Investigators provided detailed information of how they utilized the children's books, and how attitudes morphed into behaviors. This is evidence supporting the argument that children's books serve as a vessel for knowledge and exposure into the topic of children with disabilities, so having proof that children's books can do so is important to prove. In addition, showing that young children can make behavioral changes based on attitudes is very helpful, as increasing awareness and understanding of children with disabilities via picture books is one component, but acceptance and subsequent behavior change is what's ultimately most important.

In an anecdote demonstrating how children's behaviors can be changed via the reading of children's picture books, a mother talked about her preschooler getting in trouble at school for hitting other children. Her mother read her child a book entitled "Hands are not for Kicking," and then the mother brought the book to the child's daycare and asked them to read it both with her daughter and the rest of the class. The back of the book had several pages of suggestions for caregivers on how to handle hitting. The mother reported her daughter's incidents of hitting

others went down dramatically after this occurred (K. Czech, personal communication, June 20, 2015).

Current Status of Picture Books

While children's picture books can have powerful effects, some of their power lies in accurate portrayal and representation of many types of people in many types of situations, ideally with universal themes. While there are many books featuring young white children, there are far fewer books geared at minority populations (We Need Diverse Books [WNDB], 2014). There is luckily a currently a large push in children's literature to increase its representation of diversity of color, sexual orientation, gender, and disability, as well as intersections of those areas, due to their massive under-representations (WNDB, 2014). The famed Scholastic Books has recently announced a pairing with the non-profit organization "We Need Diverse Books" in response to the increasing requests by teachers, parents, and students for more diverse books, which is a big deal. In addition, *Sesame Street* has just come out with a new character, Julia, who has autism (Barajas, 2015). Sesame Street has also provided a digital children's picture book entitled "We're Amazing! 1, 2, 3!" However, children of diversity are underrepresented in children's picture books, with less than 10% having children of color, and a smaller but unknown percentage having children with disabilities as protagonists (Kirch, 2013; WNDB, 2014). Yet according to the U.S. Census Bureau, as of 2010 at least 19% of non-institutionalized people had some form of disability.

Many forward-thinking librarians and educators of children with special needs are beginning to address diversity and disability, curating/recommending books that have to do with specific issues (Tan & Campbell, 2014). Many are also writing articles on the matter discussing rationale for inclusion and exclusion and the extreme importance of choosing books wisely,

providing guidelines as to how to do so, considering stereotypes/learning process and ability to harm. Several peer-reviewed research articles have been written on the topic.

Dyches et al. (2009) analyzed forty-one children's books written between 2004-2007 to examine the portrayals of children with developmental disabilities (DD). In this case, they defined DD as ones that limit the child in at least three out of seven major life areas. Examples include intellectual disabilities and autism. The researchers note that many children will have their first encounter with children with DD via children's literature, and thus it's important the child with DD is portrayed in an accurate manner rather than a stereotypical one. In this case, accuracy doesn't have to mean positively so much as "multi-dimensional" (p. 304). Of the forty-one books, thirteen were picture books. Many of the books analyzed were rather instructional, educating on the disability. These are appropriate at times, but ideally there would also be books that just have the child with DD be a character in the story, without a focus on the impairment. Researchers note that the number of children's books that feature children with DD are increasing, and simultaneously there is an increase in ethnic or other types of diversity in combination, such as a black child with Down syndrome.

In addition, they found that certain types of disabilities were becoming over-represented in the literature, while others were under-represented, and hypothesized this was due to increases in media attention of certain disabilities, such as autism. The researchers noted a trend towards books portraying more inclusive environments and with the character with DD demonstrating an increase in initiation and success, rather than being dependent or a static character. They recommend that future authors actively work to accurately portray children with DD as multi-dimensional and participate in self-directed activities. They also encourage that educators

carefully choose high-quality literature, essentially meaning in this case that the values of the book are positive.

Koc, Koc, and Ozdemir (2010) explored forty-six picture books that had a child character with a physical or sensory impairment, analyzing the types of relationships taking place between the characters without impairments and the characters with impairments. The researchers determined eleven different types of relationships found within these books, and that the relationships could be positive, negative, or neutral in nature. Oftentimes, the relationship evolved over the course of book, such as starting out negative [child with impairment is misunderstood, shunned] and transitioning into a positive relationship once the action of the story has taken place and the child with impairment is now better understood by others. Considering that picture book characters often serve as role models for children, educators, researchers, and others are concerned about the possibility for harm in such books, such as when stereotypes are used. The researchers provide a large list of things to look out for as well as recommendations, such as having the child with impairment be a main character without the story actually being about the impairment.

After exhaustive literature review, Pardeck (2005) has one of the only articles on the use of children's books specifically to teach others about disabilities. He specifically looks at "developmental interactive bibliotherapy" (p. 79) used to promote children's development and in this case, awareness and appreciation of children with disabilities. He notes that fiction, nonfiction, self-help books, fairy tales, and picture books can be useful in bibliotherapy. In the case of picture books, children can learn different way to solve conflicts and can gain self-recognition, self-reflection, and new perspectives through the reading of such books. However, bibliotherapy does not stop at the reading of the book. Pardeck (2005) notes that follow-up,

through a variety of activities and discussion with peers and ideally an adult facilitator, is also an important component. Finally, these books must contain characters that are portrayed realistically, without stereotypical personalities, with legitimate and appropriate methods of reaching their goals.

Occupational Therapy and Picture Books

Where there are currently not any peer-reviewed studies within any professional field that address the use of bibliotherapy as an intervention specifically intended to increase occupational engagement in children, there is plenty of evidence to suggest the strong likelihood of its efficacy (Gebarski et al., 2013; Montgomery & Maunders, 2015). Yet there are no articles about children's books within the occupational therapy literature, with exception of a brief mention by Jacobs (2012), who noted that children's books are a "powerful tool" (p. 662) that engage children in learning and can potentially be used to promote occupational therapy. When evidence of the role of occupational therapy in promoting engagement is combined with the role of bibliotherapy in promoting awareness of children with disabilities and therefore acceptance, it becomes evident that bibliotherapy can be a powerful modality that OT should consider adopting. OTs could be the first to demonstrate the power of children's books to promote social inclusion and occupational participation within a public health and wellness arena. Other positive points are that children's books are typically inexpensive in comparison to most therapy toys, compact and therefore transportable, and easily accessible in stores and libraries. In addition, there are carefully curated lists of books on children with disabilities that have been compiled by librarians and others, so an OT would not have to spend the time doing the curating. However, considering the gaps and other issues in the current literature (Dyches et al., 2009; Koc et al., 2010), OTs should consider not just utilizing bibliotherapy but actually creating the books

themselves.

Occupational therapists are uniquely suited to write children's books featuring strong and ultimately empowered protagonists that happen to be a child with disability, ultimately increasing representation of children with disabilities in children's literature, increasing awareness and acceptance of children with disabilities, and therefore social inclusion and then occupational participation. Occupational therapists have a holistic perspective, and a strong understanding of how the lives of children with disabilities are impacted on many levels. In addition, OTs are aware of the basic needs of children with varying types of disability which can at times be subtle. OTs are also strong in knowledge translation (Cramm, White, & Krupa, 2013), breaking down complicated topics into chunks of information that are easier to digest. Even though there are already increasing numbers of authors writing about diverse topics, many of the children's books out there on children with disabilities are low quality, promote stereotypes, have the children with disabilities as secondary characters, and/or focus on the disability rather than plot (Brenna, 2008; Dyches et al., 2009). In addition, from a proportionality standpoint, children with disabilities are extremely underrepresented in children's literature (Dyches et al., 2009; WNDB, 2014). To address this is a form of occupational justice, and can simultaneously serve as a platform to promote the contributions of OT in disability awareness and acceptance. The creation and use of bibliotherapy can also be considered a new opportunity for OT, in alignment with both AOTA's *Framework-III* (2014b) and the *Centennial Vision* (2007). These concepts will be explored further in the following pages, and in addition the process of writing children's books and the business and financial aspects will be provided.

Occupational Justice

Educating individuals and communities on children with disabilities, and removing

barriers to occupational participation, are areas that occupational therapists (OTs) can and should address (Christiansen, 1999; Hildenbrand & Lamb, 2013). One reason to utilize or write children's books is that it can serve as an intervention that promotes occupational justice, addressed in depth earlier in this paper (p. 2). The OT profession takes this seriously, as the very foundation of occupational therapy is based off the concept that participation in occupation is a basic and necessary human right (AOTA, 2014b). The World Health Organization (2011) agrees that the exclusion from life activities is a human rights concern. AOTA (2014) pushes therapists to become advocates for their clients as a means of encouraging occupational justice. Hocking (2013) discusses the need for therapists to pinpoint societal factors that affect people's health, and intervene at a societal level in the areas that can be changed via skillful intervention, to prevent exclusion. There is luckily a growing awareness within the profession of occupational therapy that occupational justice (which includes promoting inclusion/participation) can take place at the societal level, which can be extremely efficient. (Hildenbrand & Lamb, 2013; Leclair, 2010). If children's books about children with disabilities are being dispersed at a societal level in order to increase awareness and acceptance of children with disabilities (which promotes inclusion), then occupational justice is being served. Simultaneously, considering that this type of intervention could take place on a grand scale, it's also a wide-reaching promotion of OT.

Unique Focus

Occupational therapy can be considered a science and an art, as is writing picture books. To skillfully weave a short yet engaging and age-appropriate story with nuanced characters, in a way that teaches a child about the world and provides words to his or her experiences, while simultaneously avoiding a didactic approach, is not easy. Yet OTs have undergone holistic

training that bolsters their abilities to tackle children's books. For example, the domain of OT encompasses five areas, including occupations, client factors, performance skills, performance patterns, and contexts and environments (AOTA, 2014b). These areas have a transactional relationship in which each affects the others in a dynamic manner, and occupational performance is the output of this constant and complicated interplay (AOTA, 2014b). This is reflected in a model of practice called People-Environment-Occupation (PEO) model (Law et al., 1996). Because OTs are trained to notice and analyze the transactional relationship between these areas in order to determine a client's or society's barriers to occupational participation, OTs can accurately capture the whole picture of a child with a disability in their natural contexts and environments (Heah, Case, McGuire, & Law, 2006).

For example, perhaps the OT who creates a children's book can ask the illustrator to show specific adaptations in the environment that have been made. Also, the OT can emphasize the child's strengths, abilities, and areas of sameness as studies show this awareness helps with social inclusion (Phelan & Kinsella, 2013) because it of it "bridging the gap between the different parties involved." (Sharp, Dunford, & Seddon, 2012, p. 493). In addition, it helps the focus be not on the disability itself but on the child, with the disability present yet not the issue. An example would be to show a child in a wheelchair who is leading a scavenger hunt. The protagonist has a disability and adaptations/modifications are present and woven into the story, yet the focus is not on the child's differences/need for a wheelchair. Instead the focus could be a typical age-appropriate issue, such as arguments with another child as to who should be the leader.

Developmental Frame of Reference and Person-Occupation-Environment (PEO) model of practice

One of the unique advantages that occupational therapists have in writing children's books is an ability to understand and capture the children characters from both from a developmental standpoint and an interactive sociocultural standpoint, giving the characters more depth. In addition, OTs understand the vital importance of children participating in occupations from a developmental growth standpoint. It is through participation in tasks, activities, and occupations, that children work towards achieving task mastery, a major component of the developmental frames of reference (Sokol, 2009). Intervention focuses on the child's life stage and provides "just-right" challenges that facilitate a child's growth, while also acknowledging the role of context (AOTA, 2014b). Developmental age rather than chronological age is the focus as a 7-year-old with a mental disability could be at a very different stage than a 7-year old child without a disability. Various theorists have looked at stages in a different way. For example, Erikson looked at a child's development from an individualistic view (Sokol, 2009), while Vygotsky looked at it from a sociocultural view (Blake & Pope, 2008). Occupational therapists, on the other hand, are holistic and examine not just a developmental life stage but how this stage plays out in every day life, meaning *en vivo* within various contexts and environments (AOTA, 2014b).

For example, a child in a concrete operational stage is learning about tangible items, and requires a lot of exploratory play, such as manipulation of sand or water. His or her caregivers need to be providing lots of opportunities in a variety of environments for the child to make developmental progress and achieve task mastery. A child who is in the concrete operational stage and yet is given minimal opportunities for exploratory and experimental play or in limited settings (potentially for social reasons) is not going to have the same foundational learning experiences and may subsequently struggle to gain certain types of skills, due to a mismatch

between what the child needs at a particular stage versus what the child is receiving. OTs can pinpoint the mismatches that can lead to pathology or at the very least cause some developmental stunting. Children with disabilities may face a variety of barriers to appropriate developmental exploration, typically done through play, and one of those reasons is social exclusion (Hurst et al., 2013).

For example, if three preschoolers are playing a game in the sandbox, they are learning cause and effect, conservation of mass and volume, etc., and building cognitive, motoric, and social knowledge. The child who they have socially excluded is not able to participate in this activity and is therefore deprived of opportunities to master skills. The act of building the perfect sand castle is in itself not a necessary skill of course, but the factors that go into it – the ability to gradate movement, turn over items, carefully sculpt, and negotiate the steps with another child, are useful in a variety of settings. Social inclusion and developmental progress are therefore closely tied. An OT is able to address this issue at individual and societal levels after looking at the interaction of individuals, environments/contexts, and activities (AOTA, 2014b). In the *Framework-III*, AOTA (2014b) notes that OTs use analysis of these combinations in order to determine intervention, which can affect client factors, skills, performance patterns, and any other area of occupation. The PEO model of practice addresses these interactions as well, noting there is a transactive and dynamic relationship between person, environment, and occupation, and there must be a good fit between all three areas for an occupation to be completed successfully (leading to task mastery and developmental progress) (Heah et al., 2006; Law et al., 1996). A child's developmental stage and age affects all three areas, as the areas change constantly over the course of the lifespan. The occupations a child participates in will vary by age and stage. The child's client factors, performance skills, and performance patterns will also

change by age and stage, as will contexts/environments (AOTA, 2014b; Heah et al., 2006; Strong et al., 1999).

This dynamic relationship is often modeled in children's books. The protagonist faces a conflict, often fueled by a mismatch between what's expected, what the child can do, and what resources are available. Resolution occurs when the different components are addressed, and occupational performance commences. OTs have a much stronger understanding than other professions as to the complexity of the transactive relationship, and are therefore more likely to capture the nuances within children's books if writing them. The PEO model has primarily been utilized at an individual level, yet Watson and Wilson (2003, as cited in LeClair, 2010) discuss use of the model at a community level, arguing that OTs could perform task analysis of the person-environment-occupation by looking at the population, contexts/environments, and occupations at a community level. The model as it stands is not quite intended for that task, so it is up to the OTs to modify approach, but LeClair (2010) points out that it's a first step leading towards new models that function at a community level. When OTs are able to look at barriers from a community level, OTs can either select children's books that address such barriers, or can even choose to write them if none exist for a particular community-level issue.

Habilitative Services

In the *Framework-III* (AOTA, 2014b) and a policy statement by AOTA entitled *OT Promotion of Health and Wellbeing* (2013), it is noted that it is within the scope of practice for OTs to perform habilitative services as well as rehabilitative services, and therefore OTs have the capacity to promote health and wellbeing. The public health necessary of preventative measures is an area that OTs have not seemed to be fully comfortable with (Hildenbrand & Lamb, 2013). Yet OTs have the ability to analyze barriers whether at an individual or societal level, analyzing

performance patterns, activity demands, contexts and environments, etc. (Hildenbrand & Lamb, 2013). OTs can implement measures that aid in the creation and promotion of healthy behaviors, enhancement of existing healthy behaviors, reduction of unhealthy behaviors, and overall championing for preventative measures that nip problems before they can even start (AOTA, 2013).

One measure of health is the amount of participation a person has in occupations meaningful to him or her (AOTA, 2011). The primary interest of OTs is in helping people engage in occupation, although the approach to that final goal can vary dramatically. The process can start with something as simple as sitting down in a general education classroom and reading the children a book about children with disabilities, and afterwards discussing the story. This increase in awareness on the part of children without disabilities, leading to increased acceptance of children with disabilities, leading to more likelihood of social inclusion, can lead ultimately to increased participation in occupation in children with disabilities. Thus even the reading of carefully chosen children's books can be considered a form of habilitative service (Brown, 2014).

Co-occupations

OTs are aware of the importance of social inclusion (AOTA, 2014b). When writing or reading children's books having to do with children with disabilities, OTs must also be cognizant of capturing the complexity of social relations. In the *Framework-III* (AOTA, 2014b), the authors acknowledge the importance of co-occupations, in which an occupation involves more than one individual. For example, the child playing a social interactive game of "Castle" in a sandbox with three peers is involved in co-occupation. OTs must recognize that at an individual or societal level, children and people in general are by nature social beings in an interactive

world, and thus co-occupations in many different contexts must be addressed (AOTA, 2014b; Lawlor, 2003). LeClair (2010) discusses the role of OT in the community, noting that OTs must always self-reflect, “Are we enhancing participation in shared occupations?” (p. 19). This goes back to the Person-Environment-Occupation model at a community level, acknowledging the transactive relationship occurs not just with the individual but at a more macro level (Law et al., 1996; LeClair, 2010). In addition it falls under the developmental frames of reference in that it acknowledges the importance of social relations in the construction of identity and the various stages children go through that rely heavily on social participation in co-occupations (Blake & Pope, 2008; Lawlor, 2003).

Diversity and Identity

Disability can be considered a form of cultural diversity (Pardeck, 2005). Clark (2013) points out in a lecture on connectivity and diversity that there are two types of diversity, demographic and embodied, which go hand-in-hand. The first has to do with a category such as age or ethnicity or disability, while embodiment has more to do with the personal consequences of these demographic realities. Many writers do not have a nuanced understanding of disability and may therefore oversimplify matters by focusing more on the sociocultural typicality of any one type of demographic diversity, whereas OTs have an appreciation for the complexity of each individual and how embodiment is essentially a recognition that the person-environment-occupations of each person leads to each of us being as unique as our fingerprints (AOTA, 2014b; Clark, 2013). Therefore OTs may be more likely to write children’s books that capture and celebrate the individuality of each book character. In the capture of individuality, the featured child with a disability will show both similarities and differences to their peers, versus only differences. Phelan and Kinsella (2013) note after their qualitative study exploring the

perspectives of children with disabilities on their identity, that children with disabilities desire “sameness,” to be similar to their peers. There is a famous quote by comedian Steven Wright that says, “Always remember you are unique – just like everybody else.” When an OT writer is able to give a child with disability character a nuanced and layered personality, just like any other child, the OT is recognizing and honoring the sameness as well as the diversity. In addition, children can be diverse in many ways – a child may be from India and have cerebral palsy and have a peanut allergy, for example. OTs would also be able to understand how each of these components affects a child differently and reflect that in the text, while still staying true to the concept that the focus is the sameness. This reflection can be helpful to children with and without disabilities.

In addition, children with disability who recognize a character similar to him or herself, may feel a sense of pride, validation, and community. At the very least, the relief to discover he or she is not alone. In an anecdote provided earlier (p. 17), about a little girl with one hand who identified with a one-finned character of *Finding Nemo*, the little girl subsequently participated more in her community. When children are able to identify with their disability as a positive or at least neutral entity versus a negative one, they are more likely to participate in occupation (Sharp et al., 2012). Providing an intervention (such as the reading of an appropriate children’s book) for the purpose of acquisition of a more positive occupational identity is an area that the *Framework-III* endorses in the OT profession (AOTA, 2014b).

Knowledge Translation

Another area where OTs excel is in knowledge translation and transfer. The importance of knowledge translation is becoming increasingly recognized as our healthcare system grows (Metzler & Metz, 2010). Communicating complicated/complex concepts between disciplines or

between healthcare providers and clients can be challenging, yet vital for health and wellness (Cramm et al., 2013). For example, if a person with diabetes does not understand the information provided to him or her, then he or she is less likely to follow through with instructions, and may become sicker. Occupational therapists are quite aware of the capacities and abilities of their clients, and after an occupational profile and analysis, are able to determine the health literacy level of a client, and manipulate any information accordingly, so that the person can understand. In terms of children's books, occupational therapists are aware of and well versed in prominent healthcare topics and needs, and also understand how to educate a person at any level, child or adult. An OT can take a complicated concept and boil it down to the level that even a toddler can understand. Therefore an OT can likely take a concept such as empathy or fear and write a story where even a 5-year-old can extract information about the concept, which can garner awareness.

Centennial Vision

Since 2007, AOTA has espoused the following goal to be met by 2017: "We envision that occupational therapy is a powerful, widely recognized, science-driven, and evidence-based profession with a globally connected and diverse workforce meeting society's occupational needs." (AOTA, 2007, p. 613). Leaders of the profession discuss their desire for OTs to seek out new areas in order to help advance the OT profession (Anderson & Nelson, 2011). The writing and/or use of children's books as socioemotional and educational tools for promoting awareness and acceptance of children with disabilities, falls perfectly in alignment with this vision. The books can be powerful because they help children's attitudes change, thereby potentially changing behaviors (Kara et al., 2015), which can have positive and far-reaching consequences. The books written by OTs can potentially become widely recognized if they're distributed to a large audience, which can help put OTs in the public eye as experts in health promotion and

providers of public health needs. Clark (2011) notes that OTs should be sharing their innovative efforts, so writing and dispersing these children's books would allow society to become aware of our abilities, value, and potential (AOTA, 2007). The writing of children's books could somewhat be considered evidence-based in that there is a large quantity of literature pointing to the efficacy of children's literature as a tool for learning (Gebarski et al., 2013; Hurst et al. 2013). It is globally connecting in that children and OTs all over the world can become familiar with a single book, as many books have been translated into multiple languages, and often have a universal message. This is "fostering global connections," as Clark (2013, p. 627) espouses. And finally, the books can most certainly meet some of society's occupational needs as it can provide social inclusion in a world with a rapidly increasing rate of children with disabilities. For all these reasons, writing and disseminating children's books furthers the goals of the *Centennial Vision* (AOTA, 2007).

Entrepreneurialism

A leader is often a pioneer, one who sees an area of need, analyzes what is happening, and decides he or she can make a difference in meeting that need. Leaders by their very nature are often entrepreneurial thinkers, which is something the profession of OT appreciates and desires (AOTA, 2009, 2014). In a 2009 policy statement by AOTA entitled *Specialized Knowledge and Skills of OT Educators of the Future*, AOTA notes that OTs must be innovators, that "as social concerns evolve" . . . they "must understand occupational implications of issues" and must be proactive (p. 804). This is in agreement with Hinojosa (2007) who argues the existence of hyperchange in the healthcare environment and the necessity of OT to evolve to meet the changes head-on. In 2012, Clark noted in a presidential address for AOTA that "we must evolve in order to survive" and "push beyond comfort zones to expand influence, visibility,

and power.” (p. 645-646). In a 2013 presidential address for AOTA, Stoffel notes we must “lift our eyes to see the openings...” (p. 635) in a variety of areas, from construction sites to day care centers, using our creativity to find innovative new ways to meet society’s occupational needs, which is one of the tenets of the *Centennial Vision* (AOTA, 2007). In 2014, Holmberg and Ringsberg note that OTs must “innovate” in order to expand emerging niche areas as well as brand new areas. It’s clear that innovation and evolution are constantly urged within the healthcare environment of OT, and that far more work needs to be done in order for the field of OT to meet its *Centennial Vision* in 2017 (AOTA, 2007).

In fact, Anderson and Nelson (2011) note that entrepreneurialism is a necessity within the profession in order to meet the goals of the *Centennial Vision* to be more “powerful” and “widely recognized” (AOTA, 2007). Braveman and Metzler (2012) also point out that the *Patient Protection and Affordable Health Care Act* also provides the OT profession with new opportunities that further the *Centennial Vision*. Habilitative services including prevention and wellness are becoming more prominent in the general healthcare environment, although OTs must advocate in order to play their part in the public health arena. Anderson and Nelson (2011) discuss the important of experimentation and how entrepreneurs are willing to take risks when they see valid opportunities. Anderson and Nelson (2011) also note that two of ten emerging practice areas recognized within OT are in the area of “health and wellness consulting” and “psychosocial needs of children and youth.” The writing and or/sharing of picture books that promote social inclusion of children with disabilities (through increasing awareness and acceptance) can fit under both those categories, and it’s also low risk and manageable, which is important when first entering the realm of entrepreneurialism (Anderson & Nelson, 2011).

There is a push in occupational therapy to find alternative streams of revenue that are not

insurance- or direct service-based (LeClair, 2010), as old models of reimbursement are changing, and innovative methods of making money for our professional expertise are being sought out (Hildenbrand and Lamb, 2013; Hinojosa, 2007). Earning income through the publishing of children's picture books that promote awareness and inclusion of children with special needs, and simultaneously inform consumers of the value of occupational therapy is an alternative form of revenue that has barely been explored (Jacobs, 2012). As of 2015, there appear to be only three occupational therapists with children's books linked to them. Karen Jacobs (2012) has written two, *How Full is Sophia's Backpack?* And *Three Bakers and a Loon*. Paulette Bourgeois is a Canadian OT who has written *You, Me, and My OT* per request by the Canadian Occupational Therapy Association, as well as a famous but unrelated series of children's books about a turtle character called Franklin. In addition, Nicole Poplos Thompson wrote a book called *Sophia Discovers Occupational Therapy*. While others may exist, those were the only three with known links. Therefore those who enter the business of bibliotherapy and writing children's books now are at an advantage, as the market is not saturated.

Possibilities

One can think of a multitude of possibilities on how to approach both sharing and/or writing children's books. It first depends on what type of children picture book one is sharing and/or creating. One can consider writing social stories, disability education-based books, fiction with children with disabilities as main characters, books that have occupational therapists in them as characters, and/or have a glossary in the back with OT-related information. Social stories and those with OT characters would likely need to be marketed only in the OT arena, while the others would have potential in mainstream audiences. Based on the type of book, one can then look at the entrepreneurial opportunities.

The first opportunities arise in product development and product management. Writing and publishing a book requires multiple steps of development, ending with a need to set a price point that will allow for profit. Once a profitable price has been established, the OT will work in product management and can attempt to sell his or her books to catalogs, schools, libraries, parents, teachers, bookstores, clinics and even set up booths at local health fairs or even a Farmer's Market to sell his or her own books or other carefully curated books on disabilities. E-mails, postal mail, and social media could also be used to promote the books. The books could be sold as either e-books, print-on-demand, or paper books, depending on the OT's desires, which would affect where the OT could market. This type of entrepreneurialism would be the selling of goods. Alternatively, the OT could use the books as a starting point for services, such as consultation.

Consultation is when an OT advises others based on their knowledge and experience base, for example when an OT consults with a teacher to show him or her some methods to calm down a student (AOTA, 2014b). In addition, after the children's books are created, their very presence/use can almost be considered a form of permanent consultation, in which the data is permanently available. An OT could consult with daycares, doctor's offices, libraries, and more, to discuss the use of children's books and how particular ones can be used within a particular setting to prevent bullying and promote social inclusion. The OT could also promote and provide any of his or her own books he or she has written (Anderson & Nelson, 2011). The OT could also offer to run story-time at a library or a community center, with discussion, interaction, and activities afterwards based off the story.

After becoming familiar with the process of selling and/or creating children's books, other opportunities arise in this emerging area. An OT could offer continuing education courses

on the process of writing children's books, as it is relatively complex. An OT could offer mentorship, either paid or as a volunteer, to OTs starting the process. An OT could offer presentations or workshops to parents, teachers, or other OTs on how to use bibliotherapy within OT, or write their own books. In addition, an OT could obtain a grant or permission to do a research study in which the use of bibliotherapy in OT is in some way researched, as there is currently no OT literature on the topic, so the current evidence comes from other fields.

Considering there is no research at all that demonstrates how bibliotherapy can be used with the end goal of occupational engagement, this would be a pioneering effort. Even the use of bibliotherapy to promote social inclusion (awareness and acceptance) has not been specifically done. One advantage to this type of entrepreneurial work with its endless possibilities is that there is flexibility in approach and relatively minimal risk to income. One can continue a full-time job while working on writing children's books, or selling them.

The Process Of Children's Book Writing

The amount of work needed to write a children's book, publish it, and market it, is daunting and seemingly endless. One might think the hardest part would be the creative process, which can take a surprisingly long time considering the book should be less than 1,000 words long (Backes, 2012). One must note, however, that there is always a learning curve, and the first book will therefore likely take the longest. It becomes easier, especially if writing e-books and marketing only a very specific population. The cost of writing, publishing and marketing a children's book is extremely variable and depends on the amount of support one desires or requires, what type of publishing route taken (self, hybrid, or traditional), how much marketing takes place, and whether one needs an illustrator. An OT with reasonable illustration skills who wrote and illustrated a book by him or herself for the purpose of selling to other therapists and parents, then

self-published as an e-book only, could potentially spend less than \$100. The majority, however, will require some outside support and an illustrator. If an OT primarily depends on outside support to guide the process, hires a high-quality illustrator, and wishes to print on paper, the final cost of a single book could run easily over a thousand dollars. The process of writing a children's picture book, for the purpose of increasing awareness and acceptance of children with disabilities, will be briefly covered in conjunction with the financial component for each stage.

Needs Assessment

Before starting the children's book writing process, one should conduct a needs assessment, informally or formally (Anderson & Nelson, 2011). It may be that one notes a gap in the literature in a particular area. Or one might hear the lament of a parent who wishes there were more books that featured children with ankle-foot orthoses. Many parents, children, and OTs can gladly share what types of books they wish were out there, and not surprisingly, the suggested books likely have to do with the child's own struggles. One can also consider sending out a questionnaire through surveymonkey.com or a similar site, which allows one to create a specific questionnaire. The results of a questionnaire can help guide the next step. For minimal usage of surveymonkey.com, there is no fee. For assistance with analysis or for a large-scale questionnaire, one can pay a one-time monthly fee of \$25.00 (Survey Monkey Inc., 2015). By completing a needs assessment of some sort, one can get a better sense of what is most likely to be marketable (Anderson & Nelson, 2011).

In addition, one can research data trends via the website *Google Trends*, which is part of a search engine run by *Google*. This site allows one to explore how often a particular search term has been made, and how the number of searches for that word or phrase has changed over time (Google, 2015). For example, if one types "autism" into the search box at *Google Trends*,

Google will provide a graph of the overall trend from 2004 to 2015, based off how often people have searched for that term. The website provides suggested related searches, options to search by region, and even a forecast option. Multiple fields have run studies using *Google Trends* and found that there are correlations between *Google Trends* data and economic shifts or flu cases, for example (Preis, Moat, & Stanley, 2013). Essentially studies are demonstrating that the exploration of a large aggregation of data that shifts over time (a temporal context) provides inquirers with valuable information as to the attitudinal or behavioral shifts of a market. If one searches “autism” and finds there is increasing interest in the term based off how often it has been searched, it’s an indicator that a children’s book about this topic may be pertinent to current consumer interest (Preis, Moat, & Stanley, 2013).

Questionnaire Results

This author used surveymonkey.com to create a one-page, nine-question questionnaire entitled “*Children’s Books as an Occupational Therapy Tool*” (see Appendix A for the list of questions). It would likely take participants (occupational therapists) a maximum of five to ten minutes to fill out. I distributed the questionnaire electronically on my personal Facebook page, Facebook business page, a Pediatric Occupational Therapists Facebook group of over 15,000 members, OT Twitter account, and to my doctoral student cohort. I received a total of 36 responses. A response rate is not possible to calculate as it is unknown how many people actually saw these requests.

The following is a brief analysis of the results, provided as an example. Twenty-four of the thirty-six respondents worked in the schools. Twenty-five percent of the thirty-six respondents frequently used books in their practice, 53% used them rarely, 14% had never thought about it, and 8% had never used them in practice. Forty-seven percent would prefer a

picture book that is fictional with a main character that has a disability as the focus. Sixty-seven percent would prefer that the disability was *not* the focus. And 39% would prefer nonfiction, about a disability, for educational purposes. From this data, I note that I should consider focusing on a fictional book without disability as a focus, since that is what the majority preferred. Therapists would like to see more children's books about a variety of diagnoses covering essentially any and all disabilities or skills, such as social skills. Twelve therapists would like to see more books about autism, while all of the other specific categories received less than six votes. Most therapists provided a list of diagnoses or issues they would like covered. When asked if therapists would use children's books in their therapy setting if available, 95% said yes, and 5% said maybe. No one responded with a no. This data tells me that marketing children's books to other OTs would be smart, as nearly 100% of them are potentially interested in utilizing such books.

In addition, 28% of therapists replied that yes, they consider writing their own children's books. 47% said no, and 25% said maybe. Those who declined stated reasons such as not being creative enough or too busy. Those who replied positively were quite enthusiastic about the possibility. Based on this data, I would note that the 28% of therapists who were interested may be willing to take a continuing education course on writing children's books as an OT, so from an entrepreneurial standpoint, I could use this data to develop one.

When asked if therapists would consider spending their own money on a book to use with clients, 78% said yes, 3% said no, and 19% said maybe. From a financial standpoint, this is lucrative news in conjunction with the news that nearly 100% of therapists would consider using books in practice. When therapists were asked if they felt children's books could be used to increase awareness and acceptance of children with disabilities, 94% said yes, and 6% said not

sure. Nobody said no. The results of this survey were promising, as it confirmed that therapists were already using or open to the idea of incorporating children's books into their practice. Not only that, they are willing to spend their own money. Therefore OTs writing children's books, or selling those of others, should strongly consider marketing to other OTs as their primary base. Once the needs assessment is complete, the next step is to approach the writing of the book.

Writing

The actual writing of the story may be the hardest part of all. One should consider first writing an outline or coming up with a general story arc, then filling in the gaps. Searching the Internet will provide one with literally thousands of pages of advice on how to go about this process. One can join a critique group or send a draft to colleagues and family for feedback, although ideally one searches for unbiased critiques by those in the children's book business. Manuscript mentors advise going to a library or bookstore and looking at popular books written within the last five years, as word count and style have changed dramatically over the decades (L. Backes, personal communication, August 4, 2015). One should strongly consider researching the community one wants to write about, both online and in person. For example, if wanting to write a book about a child with cerebral palsy, speak to children with cerebral palsy and their parents, review the literature, and search online communities/forums to accurately capture voices and get ideas.

If one uses critique groups, this writing process can be free of direct costs, although there are indirect costs associated with the large amount of time required for acquiring the initial concept, actually writing it, then revising it multiple times. From this author's personal experience, it's highly recommended that a beginning writer spend money on a critique from a children's book professional, or consider a mentoring relationship. While prices vary, a critique,

which includes a review of one's work, written comments and a thirty-minute phone call, can cost \$150 (Backes, n.d). However, in an agreed-upon ongoing mentoring relationship, prices may be lowered substantially.

Illustrations

Occupational therapists interested in publishing traditionally would not hire an illustrator, as that is the job of a publishing house if a manuscript is accepted. However, OTs interested in self-publishing would need to procure their own illustrator. An OT's job when using an illustrator would include ensuring the pictures accurately capture the environment of a child with a disability. For example, for a child with cerebral palsy, one might see some ankle-foot-orthoses strewn across a children's bedroom floor, or the child completing an activity of daily life using a modified approach due to use of one-hand. One uses art notes in brackets throughout the manuscript to explain to the illustrator the desired pictures. Illustrations can be the most costly aspect of the process, yet are a requirement for picture books. While many OTs are creative and artistic, illustrating children's books is quite specialized and challenging (Art Career Project, n.d.), and the majority of OTs, even those with artistic backgrounds, will likely not have the ability. One can search for an illustrator through a search engine, with the more heavily used sites showing up first. Depending on the type of illustrations wanted, complexity of the drawings, resolution, and speed desired, a reasonably high quality yet unknown children's book illustrator on a site such as Fiverr.com can easily charge \$40 for a page. There are typically approximately 28 pages of pictures in a picture book (Backes, 2012), so that would be \$1120 for a book. Prices can be dramatically higher if the illustrator is known, with total cost running into the thousands (Society for Children's Book Writers and Illustrators [SCBWI], n.d.).

Publishing

The question of whether an OT should attempt to traditionally publish a book or self-publish a book is an extremely complicated one, and the nuances are beyond the scope of this paper. The following is an extremely broad overview with brief description of the financial differences. Traditional publishing is what most people think of when they think about publishing a book. It's when an individual writes a manuscript and then submits it to either a small independent press, or a small, medium, or large publishing company, with the goal of having the publishing company take on the book and the process from that point on, which would include illustrations, sales and marketing. While this method is still widely considered the most respectable, it's also extremely difficult to have a manuscript accepted, and the process can take years (SCBWI, n.d). On the other hand, self-publishing is becoming increasingly accepted, and this is where an OT author would perform all the steps by his or herself (with paid support as needed) in order to get his or her book out to the public. There are no gatekeepers in self-publishing, so if one goes through the process, the book can exist. However, whether or not anyone reads the book is another story, as sales and marketing are extremely important (Zimmerman, n.d.).

While there is controversy as to whether one is more financially better off attempting to publish traditionally or self-publishing, there are trade-offs. In traditional publishing, the house is responsible for procuring and paying an illustrator as well as marketing, which saves the author money. An advance is typically given, which can range from hundreds to many thousands, depending on the market and desirability. That is a financial advantage to traditional publishing. However, the royalty rate will likely be 10%. Therefore, for every \$20 book sold, the author may only receive \$2 of that, while the publishing house could receive \$5. Whereas in self-publishing,

the author may be able to keep approximately 80% of net proceeds, selling an e-book for \$5 and gaining \$4 of those dollars (Zimmerman, n.d). Thus self-publishing is a lucrative method if successful.

Realistically, the chance of writing a children's book that is financially lucrative is slim. If an OT chooses to write quick e-books with minimal investment in illustrations, and successfully markets them to other OTs and clinic consumers or through various websites such as Teachers Pay Teachers, then there is a chance for hundreds of dollars a month, possibly more. Yet an OT who wants to write a high-quality children's book with high-quality illustrations and self-publish, may spend thousands and therefore have to recoup those costs before ever making any profit. There is certainly a chance for profit and success, but one must understand that it will most likely not become a significant source of income. However, there are other types of value besides cash. Relatively customized children's books that are linked with a therapist or clinic can be helpful in promotions, advertisements, word of mouth, prestige, and recognition, and can therefore increase or encourage referrals (Gronroos & Ojasalo, 2004).

Marketing

The marketing possibilities when writing children's books are endless. Whether an OT works as an independent contractor, private clinic owner, or staff therapist in a setting such as a clinic, his or her services and OT skills can be promoted through such a book. One important step is to prominently feature the logo of the clinic, or brand of the OT, on the front of each book. This is especially important for waiting rooms, or if giving away books for free as a value-added service. Books with this marketing information on them can also be donated to local auctions, local libraries, school districts, bloggers in exchange for reviews, medical waiting rooms, daycares, and more. If one writes a book about a child with cerebral palsy, then locations

that cater to this population (such as a doctor who specializes in cerebral palsy) would be ideal places to send book copies. In addition, one can submit to sites such as littleparachutes.com, which is a search engine that parents can use to find books on particular developmental topics. The tagline of *Little Parachutes* is “picture books to help children with life’s challenges,” and children’s books written by OTs on children with disabilities would be appropriate in this setting. An OT author could also consider submitting the book to catalogs and to AOTA, listing it on sites such as GoodReads.com and Amazon Lists, advertising it on Facebook groups such as Pediatric Occupational Therapists which has over 20,000 members, and more. All of these actions will contribute to the distribution and dissemination of information about children with disabilities, helping place the books in the hands of those who will learn more about disabilities and therefore awareness and acceptance, while simultaneously learning more about the power of occupational therapy.

In addition, the books can serve as marketing vessels for other services. If a particular book is associated with an OT’s company or clinic, readers will become more familiar with that company and clinic, and may be more likely to purchase other services. For example, if two clinics are in a town and a parent of a child with cerebral palsy is trying to decide which of the two to attend, the parent may be more likely to choose the one that has published a children’s book about a child with cerebral palsy. In addition, it allows an OT to serve as an expert in a topic. If a news outlet decides to write a story about a child with cerebral palsy, he or she may do some Internet searching and reach out to the OT who has written stories on the topic. Whether selling the children’s books of others, or creating one’s own books, figuring out the implementation is an important factor to consider.

Innovation, Implementation, and Customer Satisfaction

Having the idea to write and publish children's books, or sell them in various settings, is an important first and innovative step. However, "seeding innovation into practice" is potentially complicated, if an OT is not the person responsible for making decisions at their treatment setting (Burke & Gitlin, 2012, p. e86). The following information is based on the hypothetical intent to implement the selling of children's books within a pediatric clinic setting. Getting managers, owners, administration, and fellow OTs to buy into a new idea can be difficult. Sudsawad (2005) discusses *Diffusion of Innovation* theory, and how the adoption rate of a new product or process is affected by relative advantage, compatibility, complexity, trialability, and observability [these are the exact terms used for this theory]. Essentially, is the innovation perceived as better than other options, is it consistent with the needs and values of those who will use it, how easy is it to use, how easily can it be experimented with without risk, and how obvious are the results of the use of this innovation? In the case of children's books and selling them in the clinic, one would to prove to those in charge that the selling the product can be reasonably implemented in an efficient manner, is client-centered, applicable and relevant to intervention, and provides benefit. Pointing out that the use of bibliotherapy is evidence-based may also further one's argument.

Another evidence-based argument is from a business perspective. By providing clients with customized book recommendations and offers, the client can realize that their healthcare provider is providing attention to the client's needs and values, strengthening the client-practitioner relationship and therefore customer satisfaction. In addition, this innovative practice, the selling of these customized goods, is relatively unique as a value-added service that the client may not be able to get at other clinics. This customer satisfaction can lead to increased loyalty,

increased word-of-mouth referrals, and increased standing in the community (such as rating higher on Yelp.com reviews and therefore more prominently). The evidence shows that loyalty and satisfaction can lead to higher profit margins, and the referrals lead to decreased advertising costs (Gronroos & Ojasalo, 2004).

However, ultimately in businesses the management and owners are concerned with financial feasibility, examining both indirect and direct costs (Dickerson, 1990) in its relation to profit. Direct costs would be related to the pricing point of a book, including tax and shipping. A clinic could look into the possibility of buying wholesale or receiving discounts for buying in bulk. The indirect costs would primarily be related to storage and time. For example, is there a place to display or store these books that would not be inconveniencing or lead to crowding out of other more lucrative products? Does an OT or administrative staff have to take time out of their schedule to discuss the books and complete transactions with parents, and if so is that feasible given a particular OT's schedule or an administrator's frenzied duties? If so, perhaps the selling of children's books is not reasonable in that environment. One possibility would be to have one or two books for waiting room or for use by therapist, and then cautiously build up a stock of only a few books of the most common diagnoses for the most minimal financial risk. One can experiment with price point, considerably raising the resale price since this obviously leads to increased profit, to explore whether parents will buy the book at the clinic for convenience, or find the price too high and order online or elsewhere.

The entire process is a learning experience at first, so after a period of time, one can assess whether it was a successful endeavor from a financial performance perspective and if it's worth it to continue, expand, or discontinue the attempt. It's important to remember that even if profit is negligible or even causing a small amount of financial loss, the selling of books may

continue to be worth it if it leads to higher customer satisfaction and loyalty, because referrals and continued treatment bring in the revenue (Gronroos & Ojasalo, 2004). Therefore, for example, losing \$2 for each book sold may be worth it if a child continues to come in at \$125 an hour due to satisfaction and loyalty (Gronroos & Ojasalo, 2004).

Sample Manuscript

An example of an 809-word manuscript is included (see Appendix B). The manuscript is formatted per industry standards (Sherman, n.d.) with 1” inch margins, size 12-font Times New Roman or Ariel, and double-spaced. This sample manuscript, written by this author, is entitled “The Centipede Who Can’t Tie His Shoes”, and its protagonist is Alex, a centipede starting second grade. He is having trouble learning to tie his shoes, as he can’t differentiate the laces due to his low vision disability. He is bullied by a peer for his inability to tie his shoelaces, which causes Alex distress. An occupational therapist aids him by providing high-contrast shoelaces and reviewing the steps. Alex must then decide whether he feels brave enough to go to school with the new laces, which will cause him to stand out from his peers. He ultimately learns how to tie his shoes, thanks to his own perseverance in practice, his willingness to stand out, and his assistance from an OT. Children who are read this story will learn a little bit about low vision, and how that disability can affect a child’s ability to tie his or her own shoes. In addition, the children learn of alternative shoelaces, both the type that tie and do not tie. This new knowledge can lead to understanding, awareness, and acceptance, which is the purpose of these books. A glossary is provided at the end to provide more information about occupational therapy and shoe tying, which increases the usability and value of the book for parents and educators.

Conclusion

In conclusion, children's engagement in occupations is vital to their health and well-being, but children with disabilities are less likely to participate in occupations, often due to social exclusion (Dahan-Oleil et al., 2012; Masse et al., 2013). Children's books can be used as bibliotherapy (Turner, 2006), and a synthesis of evidence from other professions, combined with evidence within occupational therapy on the health benefits of occupational participation, leads one to conclude that children's bibliotherapy can be used to promote awareness and acceptance of children with disabilities, leading to social inclusion, which can lead to occupational participation (Hong et al., 2014; Hurst, et al., 2012; Montgomery & Maunder, 2015; Phelan & Kinsella, 2013). In addition, OTs are well-suited to write children's books about disabilities due to OTs' ability to transfer knowledge, holistically analyze situations, and understand the transactive relationships between person, environment, and occupation (Heah, et al., 2006; LeClair, 2010). Occupational therapists who choose to sell or write children's books can market the books to a variety of populations, including other occupational therapists, which can hopefully bring in a small nontraditional source of income, and additionally serve as a value-added service that promotes loyalty and increases customer satisfaction within the consumer base. This loyalty and satisfaction can have an effect of increasing future revenue (Gronroos & Ojasalo, 2004). The process of writing children's books can be daunting, but the benefits, both for the author and for society, are large. In addition, the goal of the *Centennial Vision* for OT to have wider recognition is partially fulfilled by the writing and dissemination of children's picture books about children with disabilities (AOTA, 2007). Occupational therapists are encouraged to start the process of utilizing bibliotherapy within their practice, and to consider the creative and rewarding process of writing their own children's books to help promote awareness and

acceptance of children with disabilities.

Self-Reflections

Questionnaire

I sent out a one-page, nine-question questionnaire that would likely take participants (OTs) five to ten minutes at a maximum to fill out. I posted it on my personal Facebook page (10/12), my Miss Awesomeness Facebook business page, a Pediatric Occupational Therapists Facebook group of over 15,000 members, my OT Twitter account, and my OT blog, as well as to my OTD cohort. I received a total of 36 responses. While I do not know the outreach of my questionnaire request, I am aware that 36 responses are an extremely low percentage. While it was a little disappointing, I was not surprised. Time is extremely valuable, and few people, especially strangers, are willing to give up their time.

In analyzing the results, I found multiple areas where I should have specified something that I left out due to it being so obvious to me that it never occurred to me to include it. For example, when I asked if OTs thought that children's books about children with disabilities could be used to increase awareness and acceptance of children with disabilities, one person commented, "Only if the books were used with children in general education." I realized I should have specified that. I can see, based on results, why researchers often perform pilot/preliminary studies in order to determine faults that were not visible without participant feedback.

I did find the feedback helpful. I was pleasantly surprised to see blah. However, I also know that the majority of people who took the time to take my questionnaire were the ones who were most interested in the topic, so there is some bias in the results, which is a known issue with all questionnaires, not just mine.

Marketing to a private pediatric clinic owner

I was apprehensive to e-mail Amanda, the private pediatric clinic owner (she is also the

only employee), as I know she is very busy and I hated to take up her time on a currently hypothetical situation. However, she was extremely generous and supportive, and we arranged to meet for one hour during her lunch break. I offered to bring her lunch, but she refused.

On the day we met, I came prepared with a curated list of children's books she may find useful to her practice, a gift of a children's book entitled "Ish" by Peter Reynolds that I felt she might find useful with her clients, a written rationale for the use of children's books as bibliotherapy, a copy of my manuscript, and an informal script prepared in my head. I was nervous because I didn't want to stutter over my explanations or feel like I was wasting her time. I know I didn't need to be nervous, as I knew she would be gracious no matter what, but I think it's typical to feel anxious when trying to propose use of a new tool! Ironically, we ended up sitting in little chairs right next to a bookcase, where lo and behold, she had a variety of picture books that she excitedly showed me, about the tease monster, worrying, anger, etc. She said she uses them a lot with children and that at her old clinic she did occasionally sell them. She actually had quite a few books that I haven't seen and so I took pictures of the covers to look up. She told me sometimes she makes copies of the glossary notes at the back for parents on some of the books. She could have practically given the spiel herself!

It definitely went well. She was extremely receptive and complimentary/impressed with the idea of creating children's books to address gaps in the literature. In the clinic letter, I gave an example of a scared monkey being used to teach about gravitational insecurity (see Appendix C) and she appreciated that idea because she said that's something a lot of parents need to learn more about. While she has used bibliotherapy in her clinic, she has not sold them for profit, but the discussion reminded her that they did that at her old clinic, and she could do it again. She said it was popular and parents bought books there a lot. She was appreciate of the curated list I

gave her and said she'd definitely be buying some books from it or giving it to parents. She also said she would happily buy some of my books when they become ready. I left feeling good about the experience and could see how clinic owners/managers could be enthusiastic about this win-win situation!

Manuscript

I originally planned to write a story about a princess with sensory integration issues, and ultimately switched to one about a centipede with a low vision disability who couldn't tie his shoes. I spent a lot of time deciding which disability the centipede would have, because ideally a book about shoe-tying could be popular in the general population, so I wanted the shoe-tying instruction to be the type that would be helpful to all, versus specifically adapted. In addition, I couldn't decide whether to have an OT present or not as a character, as it felt a little like taking away the child's empowerment. I shared my dilemmas with multiple therapists, who gave me feedback on the disability. And I shared my concerns of empowerment with my manuscript mentor, who assured me that leaving the decision up to Alex as to whether or not to actually wear the different shoelaces at school was a form of empowerment. This manuscript went through multiple revisions and meetings with my mentor, trying to lower the word count to less than a thousand words, give it some humorous touches, determine the story arc as to how much a bully should be a part of the story, and more. It gets frustrating to continuously revise a story, but I was relatively content with the final product, at least for therapists as an audience. There's much more I wanted to show and do, but I had to show a lot of constraint as to stay within word count limits. I have to remember that children have a short attention span so they won't listen

I can't decide whether to self-publish it as an e-book (after getting it illustrated) and sell it on places like teacherspayteachers.com for a few dollars, or to modify it to remove the OT

character yet keep the glossary, or change the plot, but I can figure that out after I graduate.

Capstone Project/General Implementation

When I went through the process of picking a graduate school, I deliberately chose one that allowed us to choose our own project at the end. I knew my work style and that working on a project that did not strongly appeal to me would potentially lead to difficulties. By being allowed a chance to work on a passion, I knew my likelihood of success was much higher. Dr. Sweetman noted that while we might enter graduate school with one topic, there was a good chance we'd end up choosing a different one. I thought "maybe that's true for some students, but not for me." Of course, probably everyone thinks that. Now I don't even remember the topic I expected to work on when I first entered the program!

I became very concerned when I discovered that my capstone project would have to be in alignment with our chosen elective tracks. Mine was business, and because my interests had changed over time and I really wanted to work on children's books, I was struggling to figure out how to align the two. I seriously considered dropping out of the business track so that I didn't have that significant limitation. Luckily, Dr. Sweetman was willing to work on figuring out a solution that would be satisfactory to both of us, which I deeply appreciated as it meant I could stay in the business track without capstone angst.

Narrowing down the capstone topic was the next struggle. I couldn't decide how to approach the topic. Should I approach it from a disability standpoint? Or approach it from an occupational participation standpoint? Education? Now I don't even remember my beginning thoughts. Part of me wishes I had chosen the use of children's books as a means to occupational engagement versus specifically awareness and acceptance. Ultimately, the awareness and acceptance hopefully leads, several steps down, to end result of occupational engagement. Even

within my specific topic, I couldn't decide what did or did not belong – could I address occupational identity for both the child with and without disabilities? Dilemmas abounded. I sent approximately six million e-mails to poor Dr. Sweetman, asking her questions and frequently panicking.

I was concerned with the long-term process of the capstone, as well as the long paper that would be due. I've never done well with pacing on long-term projects as I tend to procrastinate. I think about working, get overwhelmed, and then I procrastinate. Even short-term goals and steps are not particularly helpful as I still follow that same process of getting overwhelmed. Luckily, for this project I was able to usually get my act together. I tried to work at least a few hours most days of the week, and sometimes much more. I'd work a few hours, do something else, and then come back to it for a while. I remain utterly impressed with people who managed to do their project while working full-time and having a family (or even one of those factors). I can't even fathom that. I found it a stressful and time-consuming process even without those added stressors. Especially since some are more technologically savvy than others, or faster readers, writers, typists, etc. We all have our strengths and weaknesses and that includes in the area of stress management.

I often had to skip around, since sometimes one area seemed too overwhelming to tackle (*Centennial Vision*) while another area seemed doable (discussing questionnaire results). This was helpful in getting things done, although it meant sometimes that I had components of many sections yet none finished, which could be disheartening. Now that I am done, it is exciting but also scary. My brain is tired from looking over this paper, and while I've taken plenty of breaks over the weeks, I know that I'm probably passing by some glaring mistakes that I am now blind to. Although I am pretty good at catching typos most of the time, so maybe I am just being

paranoid. Part of me wonders how much of this paper will help me in my future or if only two people will ever read it. Several people have asked to read it, but I feel confident that as non-OTs or future authors, they will skim it in two minutes and decide that's enough. I totally understand. I do think writing this paper was overall helpful, however, and that I can modify and use components of this in publications both for OT and also in the literature world, such as submissions to the Society of Children's Book Writers and Illustrators newsletters. I've discovered through the writing of this paper, at least twice the size of my previous longest paper, that it's a mixture of satisfying and horrifying to write something so long. Horrifying when approaching it, but satisfying as I found the literature and starting piecing it all together. I have about 50 more articles (most of them not studies) I would have liked to include, but I had to stop somewhere!

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