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Research Article

Pediatric Occupational Therapists' Perspectives on Parental Involvement in Child Therapy: A Phenomenological Study in the Context of Filipino *Pakikipagkapwa* Culture

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ABSTRACT

This study explored how occupational therapists viewed parental involvement in pediatric occupational therapy through the lens of *pakikipagkapwa,* particularly in understanding how collaboration, relational dynamics, and culturally grounded practices influenced therapy engagement and outcomes. Using a qualitative interpretative phenomenological analysis (IPA), the study examined therapists' perspectives on working with parents as active partners in the therapeutic process. Findings revealed that parental involvement was characterized by shared responsibility, joint goal-setting, and continuous communication, emphasizing the importance of collaboration in supporting the child's development. The study further identified challenges affecting parental engagement, including differences in understanding of the child's condition, family dynamics, practical constraints, and communication barriers. These factors contributed to inconsistencies in participation and in the implementation of therapy strategies at home. Despite these challenges, therapists demonstrated flexibility, empathy, and relational effort to maintain engagement and support therapy continuity. In addition, the findings highlighted *pakikipagkapwa* as a culturally grounded framework that strengthened therapist–parent relationships. Through empathy, mutual respect, and shared humanity, it fostered trust, improved communication, and encouraged active participation in decision-making. Its integration into practice enhanced collaboration and promoted more consistent parental engagement. Overall, the study concluded that effective pediatric occupational therapy was not solely dependent on clinical interventions but on the quality of relationships between

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therapists and parents. Strengthening collaboration through culturally responsive and empathetic approaches was essential in promoting sustainable child development outcomes.

Keywords: *Parental Involvement, Pakikipagkapwa, Pediatric Occupational Therapy, Therapist-Parent Collaboration, Therapeutic Relationship*

Introduction

Family plays a crucial role in a Filipino's identity and serves as a support system, with parents often expressing affection through actions rather than words, which has increased participation in children's mental health care (Alampay, 2024). Effective therapy depends on trust and collaboration between parents, children, and therapists, as shared decision-making enhances treatment outcomes and teamwork (Liverpool et al., 2020). In occupational therapy, collaboration is essential, as the field aims to support everyday activities such as self-care, play, and school participation, which require continuous parental involvement (Occupational Therapy Practice Framework, 2024). Nonetheless, time constraints, employment obligations, or limited knowledge may hinder consistent involvement (Collins, 2025). Within the Philippine context, *pakikipagkapwa,* rooted in empathy, respect, and shared humanity, offers a culturally relevant lens for understanding parental involvement in pediatric occupational therapy (Pe-Pua & Protacio-Marcelino, 2000). However, there is a research gap regarding how Filipino pediatric occupational therapists view and manage parental involvement in relation to *pakikipagkapwa.* Thus, this study aimed to explore the lived experiences and views of pediatric occupational therapists concerning parental involvement in child therapy within this cultural context.

Development of Child Therapy Parental Involvement

In early childhood therapy, parents were often positioned in a passive or observational role, while professionals primarily guided treatment goals, activities, and decision-making. A qualitative study by Guillot-Valdés et al. (2025) found that many parents in early intervention settings mainly observed sessions and relied heavily on professionals' expertise rather than actively participating in therapeutic decisions. In response to these limitations, contemporary approaches have shifted toward family-centered models that emphasize collaboration, shared decision-making, and active parental engagement, which are associated with improved participation and more effective interventions. This collaborative approach reflected the Filipino value of *pakikipagkapwa* by fostering empathy, mutual responsibility, and stronger parent–therapist relationships in supporting child development.

The COVID-19 pandemic further highlighted the importance of parental involvement, as therapy sessions shifted to telehealth and required greater home-based participation. Studies showed that increased parental engagement in teletherapy supported children's participation and improved continuity of interventions (Panotes et al., 2022), while more than half of pediatric occupational therapists continued using telemedicine even after restrictions eased, enhancing accessibility and family involvement (Baker et al., 2025). However, challenges such as time constraints, work demands, and managing children with coexisting conditions like ADHD or Oppositional Defiant Disorder limited full parental engagement (Johansson et al., 2023). Despite these challenges, the pandemic underscored that therapy becomes more effective and aligned with p*akikipagkapwa* when parents actively participate as partners in their child's development.

Pediatric Occupational Therapy's Background and Filipino Parents' Involvement

Occupational therapy has been practiced in the Philippines for more than a century, starting with informal ways throughout the Spanish and American colonial eras (Sy et al., 2023). Early initiatives, which reflected the Filipino ideology of *pakikipagkapwa,* concentrated on helping people with disabilities and involving war victims in beneficial activities (Kobayashi et al., 2024). When the University of the Philippines established Asia's first Bachelor of Science in Occupational Therapy degree in the 1960s, the profession received official recognition (Trinidad et al., 2025). In addition, the Occupational Therapy Association of the Philippines received official certification in 1981 (Press Release, 2025; Physical and Occupational Therapy | Professional Regulation Commission, 2025). This research emphasized the influence of early occupational therapy methods on the creation of family-centered approaches in pediatric therapy, covering gaps in historical records from the 1980s and 1990s.

Furthermore, children's development of vital life skills is greatly aided by pediatric occupational therapists. Based on evaluations of a child's holistic needs, encompassing both physical and emotional components, they develop individualized treatment programs (American Occupational Therapy Association, 2020). In order to improve children's motivation and facilitate the practical implementation of therapy at home, active parent involvement is essential to successful therapeutic outcomes (Collins, 2025). The American Occupational Therapy Association (2020) stated that strategies that empower parents in goal-setting and approach reinforcement are advantageous. Consistent engagement, however, may be hampered by issues including time restrictions and knowledge deficiencies (Collins, 2025). In the end, fostering children's long-term development and independence required cooperation between parents and therapists.

In the Filipino context, research has focused on parental engagement in education and telehealth therapy. In telehealth occupational therapy, caregivers talked about how online platforms affected their participation (Panotes et al., 2024), while encouraging parent participation was difficult for therapists (Delos Reyes et al., 2021). As a result, examining pediatric occupational therapists' experiences with parental involvement within the cultural framework of *pakikipagkapwa* is crucial to improving therapy outcomes and promoting culturally sensitive care

Parents Role in Pediatric Occupational Therapy

It is commonly acknowledged that parental involvement is essential to successful child therapy. According to Eyberg et al. (2025), when parents are actively involved in the process, Parent–Child Interaction Therapy (PCIT) can greatly improve outcomes for children with disruptive behavior disorders and attention-deficit/hyperactivity disorder (ADHD). According to the study, parents serve as co-therapists as well as spectators, modeling right behavior and reinforcing skills at home. In a comparable manner, Whitaker et al. (2025) discovered that parent-led, guided digital therapies for preadolescent kids with emotional and behavioral issues were successful, demonstrating that parental involvement even through online platforms can improve treatment outcomes. All of these results added support to the claim that parental involvement enhances the healing process by offering steady support and reinforcing acquired abilities in various contexts. The importance of parental involvement is further strengthened by organized parenting programs. According to an evaluation of the "Intelligent Families" program of Martinez-Pampliega et al. (2025), parents who actively engaged in structured interventions helped their kids develop in a good way. Furthermore, Chuah et al. (2025) investigated the difficulties parents have in psychotherapy interventions and discovered that when these difficulties are resolved, parental involvement is even more successful in promoting child development.

Despite this, some suggest that parental involvement by itself might not necessarily improve treatment results. According to Ytreland et al. (2025), when other elements like therapy content, child motivation, and

therapist expertise are maximized, some interventions for child anxiety and depression may still be beneficial even in situations when parental involvement is low. This comparison does not lessen the significance of parents but underscores that the success of therapy relies on various factors. This nuanced perspective is supported by Kurzweil's (2023) investigation into doctors' choices to include parents in child mental health treatments, which revealed that parent involvement was most commonly employed for children with conduct or oppositional defiant disorders. Clinicians indicated that the child's age, diagnosis, parental stress, and parent interest were vital elements affecting their choices. Although 90% of healthcare providers thought that involving parents was beneficial, just 25% indicated that their own training impacted these choices, underscoring the significance of clinician education in successfully incorporating parents into treatment. These results highlight the fact that, although parental involvement is generally advantageous, its efficacy depends on modifying involvement based on the child's condition, family situation, and therapeutic strategy.

Therapists and Parental Engagement

Pediatric occupational therapists consistently highlight the importance of parental involvement in improving therapy outcomes. Hackl (2022) found that children demonstrate greater participation and faster skill acquisition when parents actively engage in therapy sessions and consistently implement activities at home. Similarly, Lage et al. (2024) emphasized that treating parents as active partners rather than passive observers leads to more consistent therapy outcomes and sustained developmental progress. This collaboration allows therapy goals to be better aligned with the child's home and community context, increasing the transfer of skills beyond clinical settings (Humbert, 2021).

In addition, Burney et al. (2024) identified clinician–family relationships, contextual influences, and shared goal-setting as key factors in enhancing parent engagement, highlighting the importance of meaningful collaboration in therapy. Martello (2023) further noted that therapist empathy, effective communication, and cultural sensitivity are essential in encouraging parental participation, particularly in addressing barriers such as limited time, knowledge, and confidence. These findings support a shift from a hierarchical model of therapy toward a collaborative approach where parents and therapists jointly plan and implement interventions (Jose et al., 2024).

Despite these benefits, Collins (2025) reported that therapists continue to encounter challenges in sustaining consistent parental involvement, including varying levels of parental readiness, time constraints, and differences in parenting styles, which may affect the overall effectiveness of intervention.

Role of Pakikipagkapwa in Pediatric Occupational Therapy

Family-centered care in pediatric therapy emphasizes collaboration, communication, and shared decision-making between parents and therapists to promote consistent and compassionate care for children (Press Release, 2025; Advanced Therapy Clinic, 2025; Hope Abilitation Medical Center, 2024). Within this approach, parents are recognized as active participants in the therapeutic process, working collaboratively with therapists to support the child's development and well-being. Similarly, contemporary international approaches to family-centered care emphasize partnership, participation, and communication, while the Filipino value of *kapwa* highlights shared identity, empathy, mutual understanding, and relational interconnectedness within therapeutic relationships (del Castillo & Eder, 2022; Constante, 2022). This suggests that Filipino cultural values may provide a more culturally nuanced perspective of therapeutic engagement within the Philippine context.

Existing literature supports the importance of parent–therapist collaboration and therapeutic relationships in pediatric occupational therapy. Lage et al. (2024) found that collaborative practice is a key element of family-centered occupational therapy, emphasizing parent–therapist partnership, parental engagement, shared responsibility,

communication, mutual respect, and trust. Their review also described a shift from expert-led approaches toward collaborative practices in which parents are actively involved throughout the therapeutic process. Similarly, Gagné-Trudel et al. (2024) identified communication, trust, power dynamics, collaboration, and respect for diversity as important elements of pediatric therapeutic relationships, highlighting the different perspectives of caregivers and occupational therapists.

Western therapeutic relationship literature also conceptualizes the therapeutic relationship through the concept of working or therapeutic alliance. Paap et al. (2022), in a systematic review of the Working Alliance Inventory, discussed Bordin's conceptualization of working alliance in terms of agreement on therapeutic goals, agreement on tasks, and the development and quality of a therapeutic bond. These dimensions emphasize collaboration, shared understanding, trust, and the quality of the relationship between the client and professional helper. Beyond therapeutic alliance, Aponte (2021) described the therapist's use of self as the conscious, active, and purposeful use of the therapist's personal qualities in establishing an effective therapeutic relationship. These concepts overlap with the present findings regarding collaboration, communication, empathy, trust, and relational engagement. However, the findings suggest that *pakikipagkapwa* adds a culturally specific dimension by emphasizing shared identity, relational interconnectedness, mutual understanding, and empathy within Filipino therapists–parent relationships.

Importantly, *pakikipagkapwa* should not be viewed as an alternative to international therapeutic relationship approaches, as both recognize the importance of meaningful relationships, communication, collaboration, trust, and respect. Rather, *pakikipagkapwa* provides an indigenous Filipino perspective that may help explain how these relational principles are experienced and expressed within Filipino therapists–parent relationships. It situates therapeutic collaboration and empathy within a culturally grounded understanding of shared humanity and relational connectedness (del Castillo & Eder, 2022; Constante, 2022).

Existing literature also supports the relevance of *kapwa* in healthcare and therapeutic relationships. Tursunova et al. (2022) found that Filipino caregivers in Canada utilized *kapwa* as a moral and relational framework promoting compassion, respect, and understanding in healthcare settings. Similarly, *kapwa* and *pakikipagkapwa* may serve as culturally grounded approaches in pediatric occupational therapy by bridging cultural gaps between therapists and Filipino families and fostering emotionally affirming and collaborative relationships (Jose et al., 2024; Kobayashi et al., 2024). Despite these findings, limited research has explored how Filipino pediatric occupational therapists themselves experience and understand *pakikipagkapwa* in their relationships with parents. Although existing literature has established the importance of parent–therapist collaboration and therapeutic relationships (Lage et al., 2024; Gagné-Trudel et al., 2024), less is known about how these practices intersect with indigenous Filipino cultural values. This gap highlights the need to examine the lived experiences of Filipino pediatric occupational therapists regarding parental participation and the influence of *pakikipagkapwa* within therapist–parent relationships.

Synthesis

Existing literature emphasizes the importance of parental involvement in pediatric occupational therapy, as active participation has been associated with improved child motivation, skill acquisition, and the transfer of therapeutic skills into daily life (Panotes et al., 2022; Baker et al., 2025). Parent-focused interventions further show that parents can function as co-therapists who reinforce therapeutic gains across home and clinical settings (Eyberg et al., 2025; Whitaker et al., 2025). However, limited research has explored how Filipino cultural values, particularly *pakikipagkapwa*, influence parental participation in pediatric occupational therapy.

Previous studies highlight the importance of therapist–parent collaboration through

shared goal-setting, effective communication, trust, mutual respect, and culturally responsive approaches (Hackl, 2022; Burney et al., 2024; Jose et al., 2024; Lage et al., 2024; Gagné-Trudel et al., 2024). Western therapeutic relationship concepts, including therapeutic alliance and therapist's use of self, likewise emphasize collaboration, therapeutic goals, relationship-building, purposeful use of the therapist's personal qualities, and the development of effective therapeutic relationships (Papa et al., 2022; Aponte, 2021). While contemporary international approaches emphasize these collaborative and relationship-centered principles, *pakikipagkapwa* provides an indigenous Filipino perspective emphasizing empathy, shared identity, relational connectedness, and mutual understanding (del Castillo & Eder, 2022; Constante, 2022). Thus, *pakikipagkapwa* may complement established therapeutic relationship approaches by providing a culturally specific understanding of how collaboration, trust, and empathy are experienced within Filipino therapists–parent relationships. The historical development of occupational therapy in the Philippines likewise reflects culturally grounded and relational approaches associated with *pakikipagkapwa* (Sy et al., 2023; Kobayashi et al., 2024).

Despite these findings, limited empirical literature has examined how these cultural foundations shape contemporary pediatric occupational therapy and how Filipino pediatric occupational therapists experience and understand *pakikipagkapwa* in their relationships with parents. Consequently, there remains a need for phenomenological research exploring *pakikipagkapwa* in therapists–parent collaboration, parent engagement, communication, and culturally responsive practice. In response to this gap, the present study employed Interpretative Phenomenological Analysis (IPA) to examine the lived experiences of Filipino pediatric occupational therapists and their perspectives on *pakikipagkapwa* in pediatric therapy practice.

Problem Statement

Pediatric occupational therapists played a vital part in enabling Filipino parents to actively engage in a child's therapy, which is necessary to achieve significant treatment results. Parental participation was known to be influenced by aspects like COVID-19 teletherapy and respect for authority, but there was a lack of qualitative depth regarding the subjective lived experiences of therapists in balancing professional boundaries with the relational nature of *pakikipagkapwa.* Therefore, this study aimed to address the following central and specific research questions by looking at therapists' perspectives and identifying themes that highlight culturally sensitive pediatric occupational therapy approaches in the Filipino context.

Central Question

What experiences do pediatric occupational therapists have regarding parental participation in child therapy within Filipino culture?

Specific Questions:

1. How do pediatric occupational therapists view the role of parental involvement in supporting a child's therapy?
2. What challenges do pediatric occupational therapists face in engaging parents beyond clinical settings during child therapy?
3. What is the lived experience of a pediatric occupational therapist concerning the role and meaning of *pakikipagkapwa* in their therapeutic relationship with parents?

Methods

Research Design

This study utilized a qualitative research design, specifically Interpretative Phenomenological Analysis (IPA), to explore the lived experiences of pediatric occupational therapists regarding parental involvement in therapy sessions. IPA was employed to

examine how participants interpreted and made sense of their professional experiences within the context of the Filipino cultural value of *pakikipagkapwa* (Smith & Fieldsend, 2021). This approach was appropriate for understanding how therapists navigated parent-therapist relationships and family-centered interactions in pediatric practice. In-depth semi-structured interviews were conducted to obtain detailed insights into the participants' experiences and perspectives.

Participants

Participants were recruited through purposive sampling, a method commonly utilized in qualitative research to intentionally select individuals who can provide rich, detailed, and meaningful information relevant to the phenomenon being explored (Ahmad et al., 2024). In this study, purposive sampling was used to identify pediatric occupational therapists with experiences related to parental involvement in therapy within the context of the Filipino value of *pakikipagkapwa.* A total of 6 to 12 participants were targeted for this study. According to Guest et al. (2006), thematic saturation in relatively homogeneous samples is often achieved within six to twelve interviews. Similarly, Interpretative Phenomenological Analysis recommends small and homogeneous sample sizes to support in-depth exploration of lived experiences.

However, the final number of participants depended on data saturation, which was considered attained when succeeding interviews no longer generated new themes, insights, or perspectives relevant to the study.

Accordingly, participants included in the study were required to: (1) be licensed occupational therapists; (2) be currently practicing within a pediatric population; (3) have at least two years of clinical experience in a pediatric setting; and (4) be currently practicing in the provinces of Bulacan and Pampanga. Individuals who did not meet these criteria or were not proficient in Filipino or English were excluded from the study to ensure clear communication and accurate interpretation of participants' lived experiences during the interview process.

Data Gathering Procedure

A signed permission letter was provided to the Department of Psychology, and the complete research protocol and interview guide were examined and approved by the institution's ethics committee. The licensed pediatric occupational therapists were chosen using purposive sampling, with eligibility verified through the online system of the Professional Regulation Commission (PRC). Subsequently, potential participants were reached through email, social media, or in person, and informed consent was acquired through a clearly outlined consent form that described the study's purpose, processes, risks, and advantages. Participants had ample opportunity to review the information, ask questions, and voluntarily provide a signature after fully understanding.

Thereafter, semi-structured interviews were performed with expert-approved interview guide questions corresponding to the study goals, concentrating on therapists' views regarding parental roles with involvement, challenges involving parents outside clinical environments, and experiences of *pakikipagkapwa* within therapeutic relationships. This semi-structured interview took place online through Microsoft Teams at times chosen by participants outside of clinical responsibilities and was audio-recorded and note-taken with complete consent.

In addition, confidentiality was rigorously upheld by anonymizing transcripts, eliminating identifying details, and securely storing all data, which was accessible solely to the researchers. Participants were informed of having the capacity to withdraw at any point without facing any consequences. Debriefing took place following each interview to clarify answers, tackle issues, and guarantee the comfort and well-being of participants.

Data Analysis

The researchers initially conducted semi-structured, in-depth interviews to obtain detailed narratives and gain deeper insight into the participants' lived experiences. Interpretative Phenomenological Analysis (IPA) was employed in this study to investigate how participants experienced a specific

phenomenon, with particular focus on how they perceived, interpreted, and made meaning of their experiences (Alase, 2017). The interviews were subsequently transcribed verbatim to preserve the accuracy and authenticity of the participants' responses, including their exact words and expressions. Following transcription, the researchers engaged in repeated reading and rereading of the transcripts to achieve data familiarization and develop a deeper understanding of the participants' perspectives and experiences.

In accordance with IPA procedures described by Alase (2017), the researchers generated descriptive, linguistic, and interpretative notes to facilitate a more comprehensive examination of the data. Descriptive notes focused on the content of the participants' responses, linguistic notes examined the participants' language use and manner of expression, while interpretative notes reflected the researchers' analytical interpretation of the participants' lived experiences. Thereafter, first-cycle coding was conducted using in vivo, descriptive, and process coding to identify significant ideas, actions, experiences, and emerging patterns within the data (Saldaña, 2021).

Following the initial coding process, second-cycle coding was performed to identify recurring patterns, similarities, and relationships across participants' responses. Consistent with the IPA analytical process described by Alase (2017), related codes were clustered into subordinate themes, which were subsequently organized into broader superordinate themes representing the shared meanings and lived experiences of the participants. Finally, the findings were synthesized into a cohesive Interpretative Phenomenological Analysis (IPA) narrative to provide an in-depth and meaningful understanding of the participants' lived experiences.

Trustworthiness

To ensure the rigor and trustworthiness of this qualitative study, the researchers established credibility, transferability, dependability, and confirmability in accordance with the criteria proposed by Ahmed (2024). Credibility was attained through prolonged engagement with participants and member checking to verify the accuracy of transcripts, thematic interpretations, and narrative representations. Transferability was supported through thick descriptions of the participants, the pediatric occupational therapy setting, and the cultural value of *pakikipagkapwa.* Dependability was ensured through an audit trail and peer examination to assess the consistency, transparency, and traceability of the research process. Confirmability was supported through peer debriefing and review of the original transcripts to ensure that findings remained grounded in participants' lived experiences. During coding and interpretation, the researchers remained mindful of their insider and outsider positions in relation to Filipino cultural norms, recognizing that their familiarity with the local context could influence the interpretation of participants' responses. To minimize this influence, potential cultural assumptions were examined through peer debriefing, while original transcript statements were revisited during coding and theme development. The audit trail further documented coding and analytical decisions, helping ensure that interpretations reflected participants' expressed experiences rather than the researchers' pre-existing cultural assumptions. Collectively, these strategies strengthened the methodological rigor, credibility, and authenticity of the study findings (Ahmed, 2024).

Ethical Considerations

Prior to the start of this study, ethical approval was obtained from a recognized Institutional Ethics Review Board to ensure that all research procedures adhered to established ethical standards and the protection of participants' rights, welfare, and safety.

Participation was entirely voluntary, and pediatric occupational therapists were fully informed about the study's purpose, which focused on their professional experiences and perspectives regarding parental involvement in child therapy within the context of the Filipino value of *pakikipagkapwa.* Written

informed consent was obtained prior to participation.

Before the interview, participants were given a clear explanation of the research procedures, including the nature and estimated duration of the interview, the use of audio recording upon consent, and the secure handling of all collected data. They were also informed of their right to refuse or withdraw at any time without penalty.

Confidentiality was strictly maintained through the use of participant codes instead of names, with all identifying information removed from transcripts. All data were securely stored in password-protected files accessible only to the researchers and were destroyed after completion of the study in accordance with data privacy standards.

Although the study posed minimal risk, participants were informed that they could skip any questions that may cause discomfort. This was done to ensure the protection of their emotional well-being throughout the process.

Participants did not receive direct material benefits; however, they were given a certificate of appreciation in recognition of their time and contribution. Contact information of the researchers and ethics committee was also provided for any questions or concerns.

Results anda Discussion

Navigating the Relational Bridge: Balancing Clinical Authority and Shared Responsibility

This superordinate theme depicted how pediatric occupational therapists support the child's development by positioning themselves professionally while maintaining meaningful relationships with parents. This illustrates how pediatric occupational therapists involve parents as active partners beyond treatment sessions to reach shared objectives and maintain therapy consistency at home.

Table 1. Domain of the Lived Experiences and Views of Licensed Pediatric Occupational Therapists

Domain	Superordinate	Subordinate	Primary Analytical Insight
Pediatric occupational therapists' view on the role of parental involvement in supporting a child's therapy	Navigating the Relational Bridge: Balancing Clinical Authority and Shared Responsibility	1. From Clinic to Home: Shared Responsibility Beyond Sessions 2. Collective Child Understanding of Relational Goal Setting	Parental involvement is conceptualized as a dual obligation requiring active home reinforcement to prevent skill regression.
	The Tug-of-War: Balancing Home-Based Reinforcement with Clinical Gains	1. Discrepancy Between Clinical and Home Progress	

From Clinic to Home Responsibility Beyond Sessions

The participants described how therapy is continuously reinforced outside of clinical sessions through follow-up with parents, regular interactions, and home application. Therapists emphasized that developing cooperative relationships with parents and adapting strategies to the child's everyday activities improve consistent care and support the child's development at home.

Participant 1 highlighted the significance of parental involvement and regular check-ins in supporting a child's development. The participant explained that parents' involvement and communication with therapists serve as indicators of cooperative therapeutic relationships by stating, *"But just assuming that they're very involved and doing plenty of follow-ups, you can see progress quite quickly, depending on the case, but that's the general way I see it now. Usually, you can see it*

through the way they treat you or they approach you. So 'yung iba parang natutuwa, halimbawa, tapos 'yung iba gift giver, so they tend to do that. And meron naman iba na nagpo-provide ng update, like, Teacher, nakakatulong na po siya, ganun-ganun, so on and so on. That is definitely, definitely… a fulfilling knowing that you've, ah, helped someone and you've helped a child be able to do more in his or her life" (P1-L3). This demonstrates that parental involvement enables therapeutic benefits to be maintained outside clinical appointments, while also giving therapists insights into the child's development in daily environments.

Participant 3 discussed how therapists integrate intervention strategies into the home setting by modifying activities to align with the child's everyday routines and functional requirements. The participant indicated that working with parents enables therapeutic interventions to continue beyond clinic visits through practical activities at home by mentioning, *"For example, ano bang goal… for example 'yung kid is hindi regulated, diba may mga kids tayo na may autism usually meron silang sensory needs, so paikot-ikot, di makaupo. So pagka ganoon ang gagawin namin, more on sensory-based strategy sila so that we would be able to help modulate or at least integrate 'yung mga sensory needs nila or meet their sensory needs rather. So ang gagawin ko uhm sa bahay, kunwari 'yon 'yung kid kanina na sabi ko nung Holy Week sabi kasi niya, hindi daw siya makapag-stay sa one toy tapos sabi ko, "Mommy, sa swing ba nag-s-stay siya ng matagal?" sabi niya, "Yes po." Gaano po katagal? "Thirty minutes.'' Okay, that's enough, so siguro po 'yung toy na 'yon na nilalaro niya, ilagay niyo doon sa swing para magtagal siya doon sa swing. So 'yun 'yung mga usually binibigay kong work sa kanila, mga… mga sensory-based activities kasi 'yung mga kids with autism, marami silang sensory needs talaga'' (P3-L7).* This emphasizes that working with parents enables therapists to incorporate personalized approaches that enhance the child's engagement and skill growth in various environments.

Participant 3 highlighted the importance of fostering a supportive relationship with parents when implementing therapeutic suggestions beyond clinical sessions. The participant highlighted the significance of relational communication and *pakikipagkapwa* in making sure that parents stay involved without conveying the idea that therapeutic suggestions are additional responsibilities by expressing, *"Tapos meron din akong assignments like, gusto kong pa-enroll tong kid na to sa swimming class, gusto kong mag-hanap siya ng mga… physical activities during the summer, so yan. Then they will update me naman sa Messenger. Parang sinasabi ko lang na… kasi pag ganoon parang baka they would feel like it's really an assignment or a task kasi itong mga parents na 'to, they have so much na going on diba? Having a kid with autism is really a big big deal na big things to deal with everyday. So hindi ko gustong ma-feel nila, parang ano lang ako na, "Oh mommy,'' kunwari kanina, nakapag-haircut na daw siya ng hindi natatakot so 'yun, na-overcome niya na 'yung sensory sensitivity niya. Sabi ko, "Mommy, sendan mo naman ako ng video" so parang mga casual lang para'yun nga, 'yung pakikipagkapwa mo, relating with them, and na casual in a friendly way para mas ma-feel nila 'yung connection ganiyan'' (P3-L8).* This illustrates how therapists employ a relational strategy to enhance trust and create a sense of shared partnership in parental involvement rather than viewing it as an extra duty.

Moreover, Participant 3 noted that regular implementation of therapeutic techniques at home helps sustain children's advancement outside of clinical appointments. The participant highlighted the significance of parental involvement and teamwork in maintaining therapy results through stating, *"So kailangan natin ng mas effort, more effort from you na gagawin mo tong mga activities na to sa house araw-araw para it seems like nakakareceive pa rin siya ng therapy during those days." So kanina I was very happy kasi 'yung kid pala na 'yon, nakareceive siya ng most improved award na kahit- so sabi ko "Mommy, you know what, I'll be honest with you, parang sobrang bilis din ng improvement niya na hindi ko expect sa once a week na kid, ganoon na mag-improve na siya kasi first, nagka-cry siya tapos tantrums talaga pero ngayon, more regulated na siya tas nakakafollow na siya ng mga activities namin." So we were very happy, 'yung*

parents tsaka ako very happy kami kasi may collaboration between us, so that's a very good example na it's really important. 'Yun talaga pinaka- importante na mafo-follow up siya sa bahay even more than the frequency nung therapy pae. Importante 'yung effort talaga nila, ayon'' (P3-L2). This demonstrates that using skills at home enhances the application of learned abilities in everyday activities, resulting in more enduring therapeutic improvements.

Collective Child Understanding Relational Goal Setting

The participants described how pediatric occupational therapists and parents work together continuously to develop goals in therapy, incorporating both clinical knowledge and insights from the child's home circumstances. Therapists emphasized that this collaborative procedure enables more realistic and context-based intervention planning along with a clearer assessment of the child's specific needs.

Participant 5 highlighted the significance of joint goal setting between pediatric occupational therapists and parents in recognizing the child's needs and defining suitable therapeutic objectives. Parental involvement helps therapists gain insight into worries, hopes, and priorities throughout the therapy process, as the participant indicated, *"At the same time, we collaborate, nag-go-goal setting kami sa mga concerns ng mga parents nila sa mga bata. Usually, yun 'yung nagiging role nila or 'yun 'yung mga ginagawa talaga nila during therapy or the process ng therapy... Pag may new kid ka na papasok sa'yo, 'yun nga, may interview sa parent, kakausapin mo sila about their concern. Magpo-provide ng mga goals kung ano ba 'yung sa tingin nila concerns nila, tapos how can we address these concerns o kung ano 'yung mga expectations nila during the duration ng therapy" (P5-L4).* This emphasizes that including parents' viewpoints enables therapeutic objectives to be more customized and in harmony with the child's requirements and family situation.

Participant 1 elaborated that involving parents does not imply giving up the therapist's professional role, but instead, it involves including parents in a joint decision-making process by stating, *"Not 100% in control because we also have a say in it... we actively need your role here..." (P1-L30).* The participant emphasized that this cooperative method allows parents to feel acknowledged and valued in the therapy process by stating *"They feel it's more collaborative and they feel more valued" (P1-L31).* Additionally, the participant described this joint decision-making process as encompassing shared goal establishment and recognizing appropriate treatment approaches, stating *"Paggawa ng goal and pagdi-decide na kung ano pang mga pwede mong gawin (P1-L32)."* This emphasizes how collaborative decision-making enables therapists and parents to unite professional knowledge and familial viewpoints, promoting a more equitable and cooperative method for reaching the child's therapeutic objectives.

Furthermore, Participant 4 explained the importance of explaining expectations with empathy by saying, *"They will expect... out of this world goals... kakausapin natin sila in a comforting manner... ilatag 'yung reason bakit konti or slow 'yung progress..." (P4-L45).* The participant expanded on the idea that assisting parents in understanding the elements affecting a child's development is crucial, emphasizing: *"factors... personal, environmental, societal... what we can improve..." (P4-L46).* This emphasizes how therapists foster realistic expectations by directing parents toward a broader understanding of the child's development and progress context.

The Tug of War: Balancing Home-Based Reinforcement with Clinical Gains

This superordinate theme illustrated how therapeutic advancement was influenced by inconsistent parental involvement, resulting in a disparity between clinical improvements and practical application. This emphasized that the gains made in therapy could be diminished based on the consistency of skill practice in the child's home setting.

Discrepancy Between Clinical and Home Progress

This subordinate represented the tension that arises when inconsistent involvement

hinders treatment development, leading to unequal skill application in both clinical and home settings. It demonstrated how there was a discrepancy between clinical performance and daily functioning because progress was accelerated during therapy sessions but diminished when home reinforcement was scarce.

Participant 2 pointed out the difference between children's demonstrated skills in the clinical setting and their practical performance at home. The participant noted that certain children might display independence and communication abilities in therapy sessions but struggle to use these skills in non-clinical settings by noting, *"I give a sample 'yung mismatch ng mga skills na nakikita. So for example, the kid is very communicative dito, nakakapagsabi siya ng gusto niya, nagbibigay siya ng suggestions para makipag-play with other kids here. Pero paglabas, ang dali niyang magalit, and gusto niya si mommy or si lola lang ang gumagawa ng mga bagay para sa kanya—gusto niya sinusuotan siya ng socks, ng damit, ng shoes, ng ibang tao sa bahay or sa labas. Pero pag ako kasama niya, para matulungan siya na makalearn 'yung mga ganoong skills, naipapakita niya naman dito. So pino-point out ko 'yun sa parents na there is mismatch. And then I just emphasize 'yung long-term effects'' (P2-L8).* This emphasizes that therapists acknowledge the significance of skill transfer between settings, highlighting the necessity for ongoing support to aid children in utilizing acquired skills in daily situations.

Participant 4 elaborated on how insufficient home-based reinforcement can influence the speed of a child's therapeutic advancement. The participant explained that a lack of regular practice and stimulation beyond therapy sessions could lead to slower skill advancement by mentioning, *"Isang kid na alam na alam mo nagkaroon lang ng activity sa OT tapos twice a week siya, one hour each, tapos wala siyang follow-up at home as in zero na after niya mag-session sa amin is talagang at home hindi naman siya nag-gadget pero wala talaga siyang ginagawa walang stimulation ang tagal ng progress niya. Siguro we started learning about boards matching-matching ano lang matching skill, like matching shapes matching colors, it took us at least siguro six months bago niya ma-master or bago niya talagang makuha on how to play it. Kasi sa kids sobrang crucial every day or every month mo milestone nila'' (P4-L6).* This emphasizes that children's developmental progress is shaped not only by clinical intervention but also by the regular opportunities to practice and strengthen skills in their daily surroundings.

Participant 5 emphasized the significance of active communication in fostering parental involvement. The participant shared that therapists could reach out when parents show minimal involvement in the therapeutic process by stating, *"Usually kapag 'yung mga hindi masyadong nakikisama or involved, ang ginagawa ko diyan, kukunin ko 'yung contact number, ako mag-iinitiate ng communication'' (P5-L5).* This shows how therapists adopt a practical strategy to address involvement gaps by reaching out and providing opportunities for parents to be more involved in therapy.

Table 2. Domain of the Challenges in Engaging Parents Beyond Clinical Settings in Child Therapy

Domain	Superordinate	Subordinate	Primary Analytical Insight
Challenges in engaging parents beyond clinical settings during child therapy	Negotiating Engagement Within Everyday Life Constraints	1. Therapists Making Sense of Parental Responses to the Child's Needs Within Family Life 2. Collective Balancing Therapy With Time, Finances, and Daily Responsibilities	Parental involvement is influenced by factors related to the child and family, as well as practical and psychological barriers that can affect consistent participation in therapy and follow through at home.

Domain	Superordinate	Subordinate	Primary Analytical Insight
	Understanding Parental Beliefs in Engagement	1. Parental Acceptance, Beliefs, and Understanding of the Child 2. Openness, Resistance, and Application of Therapeutic Guidance	
	Navigating Communication With Parents in Therapy	1. Dynamics of Communication in Parent Engagement	

Negoitating Engagement Within Everyday Life Constraints

This superordinate theme reflected how therapists view parental engagement as shaped by everyday realities rather than willingness alone. Engagement is seen as something parents try to maintain within daily life, influenced by structural, environmental, and relational factors. From the therapists' perspective, it is not fixed but varies depending on context.

Therapists Making Sense of Parental Responses to the Child's Needs Within Family Life

This subordinate theme reflected how therapists interpret parental engagement through how parents make sense of the child's condition and how this understanding interacts with family dynamics. Participants described parental involvement as shaped by how parents understand the child's condition and assess the necessity of therapy within everyday caregiving.

Participant 1 highlighted how parents' engagement in pediatric occupational therapy may vary depending on their child's level of functioning and observed performance, stating, "*Kasi 'yung iba, let's assume na hindi ganun ka-severe or ka-delayed 'yung case ng kid, parang medyo konting difficulties with attention span or something, tapos pang patulong lang sa handwriting, 'yung iba, they're not as involved na parang keri na". (P1-L7)* This suggested that pediatric occupational therapists observe differences in parental involvement based on the child's needs and behaviors, particularly when the child presents with more challenging difficulties requiring greater attention and support.

Participant 4 shared that the child's behavior and level of functioning can influence how parents engage in pediatric occupational therapy, stating, "*Tapos meron din namang mga times na mga older kids is nagiging aggressive din sila if 'yung kid nila is medyo low-functioning pa… so it depends din talaga sa performance ng mga babies nila" (P4-L12)*. This highlighted how pediatric occupational therapists perceive parental engagement as being influenced by the child's behavioral presentation and functional performance during therapy.

Participant 1 observed that parents tend to be more involved when their younger children receive occupational therapy, stating, *"But for especially younger ones, mas involved 'yung mga parents because they wanna be there as much as possible"* (P1-L8). This reflected therapists' observation that younger children tend to have greater parental presence, as their developmental stage may require closer parental support and involvement during therapy.

Beyond the child's characteristics, therapists also considered family dynamics as an important context shaping parental engagement. Participant 2 pointed out that family-related concerns can influence parental engagement in pediatric occupational therapy, particularly when caregivers have differing

approaches to teaching the child, stating, *"Family problems, specifically 'yung mismatch ng approach ng mga caregivers sa teaching" (P2-L14)*. This referred to differences in how caregivers approach the child's teaching and care, which may create inconsistency in carrying over therapeutic strategies and supporting the child's development at home.

Participant 3 shared that family dynamics may influence parents' engagement in pediatric occupational therapy, particularly when one caregiver's expectations or decisions affect the child's participation in therapy, stating, *"Sabi niya 'yung daddy daw kasi taga US, so pag nagbabakasyon 'yung daddy dito, 'di sila nag the-therapy kasi mapapagalitan sila doon sa dad so may mga ganun na nakakalungkot." (P3-L11)*. This highlighted how family power dynamics and differing caregiver expectations may disrupt therapy routines and affect the consistency of engagement.

Participant 5 explained that the home environment can influence parents' ability to engage in their child's pediatric occupational therapy, particularly in terms of available space, stating, *"'yung set-up sa house kung may ano ba, meron bang uhh parang kung conducive ba 'yung environment, 'yung may enough space to move around, may corner ba siya, 'yung ganon" (P5-L12).* This suggested that having a conducive space at home may support parents in carrying out therapeutic activities with their child. Participant 5 added, *"Or maingay ba sa house kaya hindi siya matutukan, or may kapatid kaya hindi makapag-focus, or madalas kapag activity time, guguluhin ng kapatid, ganon" (P5-L13).* This further highlighted how household noise and distractions may limit parents' ability to consistently implement therapy activities at home.

Participant 6 highlighted that family dynamics can influence parents' engagement in pediatric occupational therapy, particularly when differing perspectives exist among family members, stating, *"Number 2, family dynamics—iba-iba, either parents vs. the grandparents, relative A vs. the relative B, father's side vs. mother's side"* (P6-L7). This further showed how conflicting perspectives among family members may affect the consistency of caregiving approaches and support provided to the child.

Collective Balancing Therapy With Time, Finances, and Daily Responsibilities

This subordinate theme described how engagement is shaped by practical realities that influence what parents are able to sustain over time. From the participants' perspective, involvement in therapy is not a singular commitment but something that exists alongside multiple daily demands that parents continuously manage.

Participant 2 noted that parents' availability can influence their engagement in pediatric occupational therapy, particularly when they have the time and resources to prioritize their child's therapy, stating, *"I think 'yung availability nila. Some parents, as I mentioned, are very hands-on. They are blessed enough to be able to quit their jobs and focus on therapy ng anak nila. Kaya they are able to come in, like hatid-sundo nila mismo 'yung mga anak nila, or they just wait outside or join inside the session" (P2-L10).* This highlighted how parents' availability may facilitate more active participation in therapy sessions and allow them to provide consistent support to their child.

Participant 1 explained that parents' availability may affect their engagement in pediatric occupational therapy, particularly when work commitments limit their presence, stating, *"Other factors, pwedeng busy schedule, kaya 'yung iba, they're not present because they have work, kaya 'yung mga caregivers 'yung mga kasama" (P1-L9).* This highlighted how work-related demands may limit parents' direct participation in therapy, resulting in caregivers accompanying the child during sessions.

Participant 4 emphasized that time availability can influence parents' engagement in pediatric occupational therapy, stating, *"Siguro para sa akin 'yung time. 'yung time talaga nila doon sa kid" (P4-L11).* This highlighted how the time parents can devote to their child may directly shape their level of participation in therapy, particularly when competing responsibilities limit their availability.

Participant 2 shared that financial capacity can influence parents' engagement in pediatric occupational therapy, particularly in maintaining regular attendance, stating, *"Financially, if they are able to access the therapy regularly… so minsan hindi na consistent 'yung attendance ng therapy sessions" (P2-L13)*. This highlighted how financial constraints may affect the consistency of children's attendance in therapy sessions.

Participant 6 noted that financial capacity can influence parents' engagement in pediatric occupational therapy, particularly among families with parents working abroad, stating, *"Number 1 is financial talaga kasi 'yun nga, when it comes to OFW parents, diba?" (P6-L6).* This highlighted how financial considerations may affect families' ability to consistently access and sustain therapy services.

Participant 2 explained that parents may experience difficulty in carrying over therapeutic strategies to the home setting due to competing responsibilities, stating, *"So parang, as I said earlier, nahihirapan siyang ma-generalize sa home setting kasi may work, may other siblings, may other household responsibilities" (P2-L12).* This highlighted how work, childcare, and other household responsibilities may limit parents' ability to consistently implement therapeutic strategies at home.

Understanding Parental Beliefs in Engagement

This superordinate theme captured how parental beliefs, knowledge, attitudes, and participation shape engagement beyond clinical settings. From the participants' perspective, engagement is influenced not only by external constraints but also by how parents perceive the child's condition and interpret professional recommendations.

Parental Acceptance, Beliefs, and Understanding of the Child

Participants described parental engagement as shaped by how parents understand, accept, and respond to their child's condition. From their perspective, engagement is seen not only in attendance during therapy but also in how parents interpret and align with clinical understanding.

Participant 3 noted that parents' acceptance of their child's condition can influence their engagement in pediatric occupational therapy, stating, *"I think, number one dyan 'yung acceptance nila dun sa condition ng kid nila, kasi some people who aren't that much involved… 'yung mga parents, napapansin ko in denial talaga" (P3-L9).* This highlighted how limited acceptance or denial of the child's condition may affect parents' willingness to become actively involved in the therapeutic process.

Participant 3 shared that some parents continue to bring their children to pediatric occupational therapy despite having difficulty accepting their child's condition, stating, *"Dinadala pa rin sa therapy because of. of their doctors, sinabihan sila pero makikita mo in denial sila." (P3-L12).* This further highlighted that attendance does not necessarily reflect full acceptance, as parents may continue therapy based on medical recommendations while remaining in denial about their child's condition.

Participant 1 emphasized that parents' beliefs may influence how they receive and interpret professional recommendations in pediatric occupational therapy, stating, *"The others would be, uhm ito 'yung depende na lang sa mga belief nila—like, we will tell them our opinion, our impressions as a professional, it's up to them if they're gonna take it with a grain of salt, they're gonna accept it, or they're not gonna believe us" (P1-L13).* This highlighted how parental beliefs may shape their acceptance and application of therapists' recommendations. Participant 1 added, *"The way they view their child's performance is not the way we judge it" (P1-L14).* This further reflected how differences between parental and professional perspectives may affect the interpretation of the child's performance and therapeutic needs.

Participant 5 highlighted that parental receptiveness can facilitate engagement in pediatric occupational therapy, stating, *"Easy siya kapag 'yung parent is assertive ganon ba, parang uhh kung baga makikinig siya sayo, i-a-accept niya 'yung sinabi mo, uhh makikinig siya sa suggestions mo kung may ma-advise ka man"*

(P5-L14). This suggested that parents who are receptive to therapists' recommendations may facilitate smoother communication and collaboration throughout the therapeutic process.

Participant 5 expressed that parental denial may create challenges in engaging with pediatric occupational therapy, stating, *"Ang mahirap kapag in denial, 'yun talaga 'yung parent, na 'di pa sila ganun ka-open na pwedeng may delay talaga or may condition ganiyan talaga may mga developmental delays talaga kahit i-explain mo 'yung red flags, pinagtatanggol pa rin nila ganon" (P5-L15).* This highlighted how difficulty accepting the child's condition may limit parents' openness to therapists' observations and recommendations.

Openness, Resistance, and Application of Therapeutic Guidance

Participants described engagement as shaped by how parents respond to therapeutic guidance, especially in terms of openness, communication, and application at home. From their perspective, engagement is not limited to sessions but is reflected in how strategies are carried over into daily routines, where consistency depends on interaction quality and parental availability.

Participant 2 noted that parents' responsiveness and accessibility can influence engagement in pediatric occupational therapy, stating, *"It is easier when they are very involved, and harder when they are hard to contact" (P2-L15).* This highlighted how parents' availability and responsiveness may facilitate communication and collaboration between parents and pediatric occupational therapists. Participant 2 added that changes in the parent may affect engagement in pediatric occupational therapy, stating, *"Due to changes din po ng parent" (P2-L16).* This further highlighted how changes in parental circumstances may disrupt communication, coordination, and continuity in the therapeutic process.

Participant 3 shared that some parents may provide limited information during the initial evaluation, stating, *"Oo meron din mga situations na ganoon. Kasi for example iinterviewhin ko 'yung parents during initial evaluation, wala ka masiyadong makukuhang informations sa kanila, so meron talagang ganoon" (P3-L16).* This highlighted how limited information-sharing during the initial evaluation may constrain pediatric occupational therapists' understanding of the child's context and affect early therapeutic planning.

Participant 4 described passive parental engagement in pediatric occupational therapy, stating,

"Kasi may mga parents talaga na very passive na makikinig lang sa'yo, tapos if you will ask some questions, wala talagang tatanungin" (P4-L20). This highlighted how limited parental participation may reduce opportunities for two-way communication during therapy. Participant 4 further explained, *"'yung talagang, kapag nag-feedback ka, wala ka talagang makuha ng inputs from them. 'yung very passive, 'okay lang" (P4-L19).* This further reflected how minimal parental input may limit collaborative decision-making between parents and pediatric occupational therapists.

Participant 4 explained that limited parental responsiveness may require pediatric occupational therapists to take a more active role in facilitating communication during feedback, stating, *"Imbis na smooth communication lang during feedback, parang kailangan mo talaga mag-prompts…" (P4-L21).* This showed how limited responsiveness may shift the interaction toward a more therapist-led process, requiring prompts to encourage parents to provide meaningful input.

Participant 5 described parental presence as an important aspect of involvement in pediatric occupational therapy, stating, *"Pero usually nga, ang parent na not involved… 'yung hindi present…" (P5-L16).* This suggested that when parents are not physically present during therapy, their opportunities to directly participate in the therapeutic process may also be limited.

Navigating Communication With Parents in Therapy

This superordinate theme captured the difficulties in communication between pediatric occupational therapists and parents

during therapy processes. From the participants' perspective, engagement beyond clinical settings is strongly influenced by how clearly information is exchanged, how parents respond during discussions, and how consistently communication is maintained. These interactional challenges affect the flow of information, collaboration in goal-setting, and the continuity of therapeutic strategies at home.

Dynamics of Communication in Parent Engagement

Participants described interactional barriers as challenges that arise in the ongoing communication between pediatric occupational therapists and parents during therapy processes. From their perspective, engagement beyond clinical settings is not only shaped by the presence of communication but also by how it is expressed, understood, and sustained across interactions, which affects collaboration and continuity of care.

Participant 2 noted that communicating effectively with parents may require therapists to adjust their language, stating, *"Additional effort in terms of matching the language" (P2-L17).* This highlighted how pediatric occupational therapists adapt their communication to accommodate differences in parents' comprehension. Participant 2 added, *"So for example, hindi ganun kataas 'yung educational attainment ng kasama or medyo matanda na, so kailangan mo bagalan 'yung pagsasalita mo, use simple language to keep" (P2-L18).* This further showed how adjusting speech pace and using simpler language can support parents' understanding and facilitate more effective communication during therapy.

Participant 4 added that language barriers may arise when pediatric occupational therapists have difficulty translating professional terms into simpler language, stating, *"Oo, language barrier siguro in a sense na—before kasi, during my first few months of working, ang pinaka-language barrier talaga na na-encounter ko is kapag hindi mo alam i-translate in layman's terms" (P4-L23).* This highlighted the importance of using layman's terms to make therapeutic information more understandable and accessible to parents during communication.

Participant 4 further explained that some parents may hesitate to communicate when they do not fully understand the information provided during pediatric occupational therapy, stating, *"Pero meron kasing mga ibang parents na hindi niya pala naintindihan, hindi niya pa sinasabi sa'yo" (P4-L24).* This highlighted how unspoken misunderstandings may create gaps in communication, potentially affecting parents' understanding of the child's needs and the continuity of intervention planning.

Participant 2 further noted that caregivers' work schedules may affect their attentiveness during pediatric occupational therapy sessions, particularly when therapy schedules conflict with their working hours, stating, *"Minsan merong caregivers na night shift din sila pero umaga 'yung therapy session. So pag waiting and feedback time na, antok na antok na sila" (P2-L19).* This highlighted how fatigue resulting from work schedules may limit caregivers' attentiveness during waiting and feedback periods, potentially reducing their meaningful participation in the therapeutic process.

Table 3. Domain of Pediatric Occupational Therapists' Lived Experiences of Pakikipagkapwa in Parent Relationships

Domain	Superordinate	Subordinate	Primary Analytical Insight
The lived experience of pediatric occupational therapists regarding the role and meaning	Relational Therapeutic Engagement	1. Collaborative Therapeutic Relationship 2. Empathic and Culturally	*Pakikipagkapwa* acts as a moral bridge that builds trust, but therapists must actively regulate

Domain	Superordinate	Subordinate	Primary Analytical Insight
of *pakikipagkapwa* in therapists–parent relationships.		Grounded Communication 3. Professionally Regulated Boundaries 4. Diminished Relational Engagement	boundaries to maintain appropriate therapeutic relationships.
	Communicative Dynamics in Therapeutic Relationships	1. Relational and Empathic Communication 2. Adaptive and Structured Communication 3. Communication Boundary Tension	
	Decision-Making Processes in Therapy	1. Shared and Trust-Based Decision-Making 2. Guided Decision Facilitation 3. Boundary-Regulated Clinical Decision-Making	

Relational Therapeutic Engagement

This superordinate theme highlighted the relational processes that influence how pediatric occupational therapists build and maintain meaningful connections with parents. Therapists emphasized that engagement is rooted in trust, empathy, mutual understanding, and the practice of *pakikipagkapwa*, which guides communication and collaboration with parents. However, therapists also recognized the importance of maintaining professional boundaries, as weakened relational connections or overly transactional interactions may negatively affect parent engagement and the therapeutic process.

Collaborative Therapeutic Relationship

This subordinate theme highlighted the importance of collaborative therapists–parent relationships in pediatric occupational therapy. Participants described therapy as a shared process in which both therapists and parents contribute to decision-making, goal-setting, and strategy implementation. Collaboration was strengthened through communication, trust, mutual engagement, and respect for parental perspectives, supporting consistent participation and improved therapeutic outcomes for the child.

Participant 1 underscored the value of parental engagement, noting that collaboration becomes more effective when parents actively acknowledge and participate in the therapeutic process, stating, "*Uh yes, definitely. Uhm since it's a give and take of that, the more naman na pinapakita yan, it's a lot easier for us to collaborate on what to do, what other goals the child may have, and how we can work together to achieve that"(P1-L19)*. This highlighted how

mutual effort strengthens the working relationship and facilitates smoother coordination in therapy planning.

Participant 5 also emphasized the importance of working together, stating, *"So need na ma-explain mo na 'ah ito 'yung ano,' kumbaga try natin makipag-collaborate ka, you work together. Need na ma-set natin 'yung collaboration in between para mas maging effective siya kasi yun nga dun lang makikita progress pag nagtutulungan kayong dalawa'' (P5-L17)*. This reinforced the idea that shared responsibility is central to therapeutic success, as progress is most evident when both therapist and parent actively contribute to the intervention process.

Emphatic and Culturally Grounded Communication

This subordinate theme captured how communication, shaped by empathy and the Filipino value of *pakikipagkapwa*, facilitates meaningful interaction between therapists and parents. Participants emphasized that beyond clinical instruction, communication involves understanding, validating, and connecting with parents on a human level. This relational approach allows therapists to create a safe and respectful environment where parents feel heard and supported. Overall, participants highlighted that empathic and culturally grounded communication fosters trust, openness, and deeper engagement, allowing for more effective collaboration in therapy

Participant 4 highlighted the importance of empathy in interactions, stating, "*Tapos ayun, tas siguro lumalabas talaga 'yung compassion, especially kapag they are sharing 'yung mga difficulties nila. Dapat mapa-feel mo na valid, comfortability nila to share… for them to feel validated… maka-help tayo na masolusyonan 'yung struggles…" (P4-L26)*. This reflected how *pakikipagkapwa* promotes understanding.

Participant 6 further described *pakikipagkapwa* as a form of mutual support and helping one another, which he associated with the inherently supportive nature of occupational therapy practice. He explained that this shared orientation toward helping others is consistent with his role as a therapist, stating, *"uhm, ako. actually ayun nga 'yung tanong ko eh-pakikipagkapwa nung binasa ko 'yung ano niyo 'yung guide questions niyo parang pakikipagkapwa helping one another diba? parang ganoon. so I think ayun yun, helping one another-and I am in the nature of helping my clients diba. So, I think parang same, I think ayun 'yung ano ko sa kaniya-that's how I see it "(P6-L13)* emphasizing that this shared intention strengthens both communication and therapeutic outcomes.

Professionally Regulated Boundaries

This subordinate theme emphasized the importance of maintaining professional boundaries while fostering supportive and empathic relationships with parents. Participants highlighted that although *pakikipagkapwa*, empathy, and relational closeness help build rapport, therapists must regulate their interactions to ensure relationships remain ethical, structured, and aligned with therapeutic goals. Maintaining boundaries involves expressing warmth and support while preserving professional roles, as overly informal or emotionally dependent relationships may affect therapeutic direction and continuity of care.

Participant 2 explained the need to balance friendliness with professionalism, stating, *"Oo, I mean of course I'm still friendly with the parents and mga caregivers,but not to the point na I'm their personal business kumbaga" (P2-L22).* This reflected the importance of maintaining appropriate limits despite building rapport. They further shared that communication must be delivered carefully to ensure that feedback is received positively, *"I have to say my recommendations or feedback in a way na they will take it positively… maybe kasi doon nanggaling kung bakit nasabi na friendly, but for me it's just being professional " (P2-L23),* highlighting how professionalism guides interaction and shapes how messages are conveyed.

Participant 4 also noted the potential risks of excessive relational closeness, stating, *"Minsan, ikaw 'yung magiging favorite nila, ang not good effect nun may mga parents na very rigid sa'yo. Kapag wala ako, hindi sila magpapatherapy, although ine-explain ko sasabihin nila 'Teacher, antayin na lang po namin kayo' " (P4-L28).* This illustrated how strong relational bonds, when not properly

regulated, can lead to over-dependence on a specific therapist, which may disrupt therapy continuity and limit flexibility in care.

Diminished Relational Engagement

This subordinate theme reflected how weakened relational connections between therapists and parents can affect collaboration and participation in therapy. Participants described that when trust, empathy, and mutual engagement are lacking, therapy may become more transactional, reducing parent involvement and communication. Such diminished relational engagement may negatively affect therapy consistency, continuity, and overall therapeutic outcomes.

Participant 1 observed that when parents view therapy merely as a service obligation, *"Ay sorry, pakikipagkapwa. So yeah, I think 'yung iba na those who treat it more as an obligation, medyo nawawala 'yung essence ng pakikipagkapwa'' (P1-L18),* indicating a loss of relational depth and shared engagement in the therapeutic process.

Participant 3 highlighted how relational connection influences parent retention and participation, stating, *"Oo. Yes. It is very very much important talaga and it affects how the parents participate in the therapy process kasi may mga parents na very mapili. For example, pag di ka nila feel, if they didn't like you during the first few sessions, you would know kasi ang gagawin nila, sasabihin nila sa admin, 'Meron po bang ibang therapist na available?' may mga ganoon sa parents e. So you would know kapag 'yung parents ay gusto ka kasi magtatagal 'yung kids sayo. May mga kids ako for example, three years na ako nag wowork may mga kids ako na nung start hanggang ngayon hawak ko pa din. Yeah may mga ganoon na 'yun, 'yun din 'yung mga parents na kinukuha ko sa research ko kasi kilala ko na sila e so mga ganoon. It's important 'yung pakikipagkapwa, very very important'' (P3-L22).* This demonstrated how relational engagement directly impacts continuity of care and long-term therapeutic relationships.

Communicative Dynamics in Therapeutic Relationships

This superordinate theme highlighted how communication shapes interactions between pediatric occupational therapists and parents. Participants described communication as central to building trust, promoting understanding, and supporting collaboration through empathy, respect, and *pakikipagkapwa*. Effective communication requires clarity, adaptability, and professional boundaries to strengthen parent engagement and therapeutic collaboration.

Relational and Emphatic Communication

This subordinate theme highlighted how therapists use empathic and emotionally attuned communication to build meaningful relationships with parents. Grounded in *pakikipagkapwa,* communication was viewed as a relational process that involves understanding, validating, and responding to parents' experiences. Participants emphasized that empathic communication fosters trust, openness, and stronger therapeutic collaboration.

Participant 1 emphasized the importance of balancing professionalism with empathy, stating, *"Uhm, my communication with them, una, it has to be professional and it's also very empathetic. Lalo na 'yung mga ibang kinukwento nila, syempre, pagod na sila, tapos uhm, like uhm, taking care of a child is hard enough. Taking care of a special child is even more difficult.'' (P1-L20).* This reflected an understanding of parents' lived realities as an integral part of communication

Similarly, Participant 4 highlighted that expressing concern and care strengthens trust, noting, *"Ayun, ayun nga, kapag napapakita mo na meron kang concern, and then, paano ba tawag dito, caring ka both sa child and sa kanila, parang good benefit 'yun sa'yo. Kasi mas magiging trusting 'yung parents sa'yo. Ayun." (P4-L30).* This demonstrated how empathic communication fosters relational confidence and encourages continued engagement.

Participant 6 further described communication as a "voice of concern," stating, *"Parang I think 'yung voice is more on voice ng concern doon 'yung pakikipagkapwa concern to the family especially doon sa kid na we can help them do better or how they can help their kids parang ganon'' (P6-L22),* emphasizing its role

in guiding families while maintaining sensitivity to their needs.

Adaptive and Structures Communication

This subordinate theme highlighted how therapists adapt their communication style based on the parents' needs, understanding, and responsiveness while maintaining clarity and structure. Participants emphasized the importance of balancing flexibility with professional guidance through clear explanations, organized communication, and supportive instruction to encourage parent participation and follow-through.

Participant 3 explained the need for individualized communication, stating, *"Kasi kailangan as occupational therapist, you know how to adjust, tinitimpla mo kumbaga 'yung pakikitungo mo sa kanila kasi iba iba 'yung mga parents. So what will work for Parent A, might not work for Parent B'' (P3-L26).* This reflected the importance of flexibility and sensitivity in communication style.

Participant 2 further emphasized a structured and strength-based approach, stating, *"I'm very careful with my language, 'yung mga words na ginagamit ko. There's an approach kasi called trans-based approach. Are you familiar ba or familiar ba ang mga psychologists with trans-based approach?'' (P2-L24).* They highlighted focusing on strengths rather than deficits to support engagement and motivation. They added,*"Pag ganon 'yung pagkasabi ko, it's polite, but for me it's just being professional. And it helps them stay engaged din. Natutuwa rin sila na merong positive achievements positive milestones, that's why I keep them engaged din'' (P2-L30)*, demonstrating how structured and positively framed communication enhances parent involvement.

Communication Boundary Tension

This subordinate theme reflected the challenges therapists experience in balancing relational closeness with professional boundaries. Participants described that while *pakikipagkapwa*, warmth, and trust strengthen therapeutic relationships, excessive familiarity may blur professional roles and expectations. Therapists therefore emphasized the need to regulate communication to maintain ethical and structured therapeutic relationships.

Participant 1 described how the relational closeness developed through therapist–caregiver collaboration may, in some cases, extend beyond the formal therapeutic setting. The participant shared an example of a physical therapist who was invited by a caregiver to attend a concert, suggesting that the relationship had developed a level of familiarity that extended beyond professional interactions, stating, "*'yung iba nga parang alam ko. Ah, parang ah, meron, may kilala ako na PT where they actually were invited by the caregiver to, like, go to a concert or something. So outside of work boundaries na. And it goes to show din na kahit na professional or even more than, they're willing to go through that length kasi through this collaboration, they've grown close enough.' (P1-L24)* , illustrating how cultural closeness can sometimes extend relationships beyond clinical boundaries.

Participant 3 also highlighted the need to carefully adjust communication styles, stating, *"For example kay parent A super ano ka parang makwela kwela ka, chika chika kayo. Kay parent B na alam mong mas formal, di pwede 'yon kasi baka feeling niya masiyado kang comfortable sa kaniya, hindi ka na professional. So you have to adjust talaga, it's very important'' (P3-L27).* This reflected how therapists must constantly calibrate their approach to maintain both connection and professionalism.

Decision Making Processes in Therapy

This subordinate theme highlighted how therapy decisions are formed through shared input, trust, and mutual engagement between therapists and parents. Participants emphasized that trust allows parents to openly communicate their priorities while remaining receptive to professional recommendations. Such collaborative decision-making strengthened alignment, partnership, and therapeutic outcomes.

Shared and Trust Based Decision Making

This subordinate theme captured how therapists guide parents in making informed and realistic therapy decisions through supportive and structured communication. Participants described therapists as facilitators

who help parents understand their child's needs, clarify expectations, and evaluate appropriate goals while respecting parental autonomy. Through this process, decision-making became collaborative, empowering, and grounded in the child's best interests.

Participant 1 highlighted the collaborative nature of decision-making, stating, *"Since it's collaborative, what I tend to do is I will say, mommy or daddy, this is what I will observe from your kid, but in addition to that, kayo mismo, ano ang gusto nyo pa i-target natin para sabay natin siya matarget na'' (P1-L25).* They further emphasized the importance of alignment, noting, *"We are on the same page rin kasi tinatanong ko siya, 'Ito ba 'yung gusto mo?' 'Possible ba ito sa bahay?' 'Medyo mahirap ba?'' (P1-L31).* This shows that decision-making involves working together with parents.

Participant 4 emphasized that trust strengthens decision-making, stating,*"Nakaka-influence siya… very beneficial… kapag nakakuha ka ng personal information… hindi kayang i-share kapag walang connection… malaking factor sa development… hindi mo makukuha kung walang trust." (P4-L31).* This statement illustrates that trust encourages parents to share information that supports decision-making.

Participant 6 described decision-making as a process of negotiation and compromise, stating, *"especially when it comes to setting goals, usually sa start we set goals–ito 'yung gusto mangyari ng parents, ito gusto kong mangyari as a therapist or 'yung goal na kailangan ng bata, nagmemeet kayo half way'' (P6-L20).* This reflected that goals are developed through compromise between the parents and the therapist.

Guided Decision Facilitation

This subordinate theme captured how therapists guide parents in making informed and realistic therapy decisions through supportive and structured communication. Participants described therapists as facilitators who help parents understand their child's needs, clarify expectations, and evaluate appropriate goals while respecting parental autonomy. Through this process, decision-making became collaborative, empowering, and grounded in the child's best interests.

Participant 3 emphasized the guiding role of therapists, stating, *"Kasi parents are ano eh, parang sila 'yung decision maker, hindi tayo. Kumbaga tayong mga therapist, tinutulungan lang natin sila'' (P3-L28).* They further explained, *"So yeah, it's important for you to learn how to ask them the right questions ganiyan so that they would arrive at their best decision for their kids'' (P3-L29).* This highlighted how facilitation is achieved not by giving direct answers, but by helping parents arrive at informed decisions through guided reflection.

Participant 5 highlighted the importance of step-by-step guidance, stating, *"Oo, importante 'yun, 'yung kumbaga parang dapat siyempre makarelate ka muna, nag-e-empathetic ka sa parent para mas maintindihan nila 'yung collaboration. Usually kasi, kunwari may parent na gusto niya makapagsulat na 'yung bata, makaupo 'yun. Pero sa tingin mo bilang therapist, medyo meron pang mga prerequisite skills na kailangan niyang ma-achieve bago tayo makareach doon sa goal na 'yun. May mga short-term goals, may mga baby steps pa na dapat matutunan 'yung bata bago ka makareach doon. So kailangan nun, 'okay mommy, gets ko na gusto natin ganito na parang expect natin makaschool siya or expect natin makapagsulat na siya pero gano'n.' Parang may mga 'pero' na kailangan sabihin na parang mapaintindi mo na agad-agad. Ma-reach 'yun kasi nga may mga milestone na na-skip pa, may mga skills na kailangan mo na i-target para ma-achieve 'yung certain goal na gusto nila. Kailangan mapaintindi mo kumbaga, mapaintindi mo na ito muna bago 'yung mas mataas na goal." (P5-L23).* This reflected how therapists support parents in understanding developmental progression, ensuring that expectations are aligned with the child's current abilities.

Boundary-Regulated Clinical Decision Making

This subordinate theme reflected how therapists balance parental expectations, clinical judgment, and professional boundaries in therapy decisions. Participants emphasized that while parents are actively involved in decision-making, therapists remain

responsible for ensuring that goals and interventions are realistic, developmentally appropriate, and ethically grounded. Therapists managed this balance through clear explanations, professional guidance, and collaborative adjustment of expectations.

Participant 3 highlighted these challenges of managing parental expectations when these expectations may not align with the child's current developmental abilities. The participant explained, *"Sometimes tama ka, unrealistic… gusto nila mag sulat na agad e 'yung kid di pa nga nakakaupo'' (P3-L30).* They explained the need to redirect expectations, *"Mommy, ito po kasing part na to hindi pa tayo okay dito so before we go there, we have to address this'' (P3-L31).* This reflected how therapists use explanation and sequencing to align parental expectations with developmental readiness.

Participant 5 emphasized pacing and developmental readiness, stating, *"kailangan mapaintindi mo na ito muna bago 'yung mas mataas na goal'' (P5-L23),* highlighting the importance of gradual progression in therapy planning.

Participant 6 also described the challenge of moderating parental expectations, particularly when parents want to see their child achieve their full potential immediately. The participant stated, *"Very common, parents want to see the full potential of the kid" (P6-L21)*. The participant further explained how therapists manage these expectations by focusing on achievable goals first, stating, *"Pero I have to bring them down a bit na ito muna 'yung targetin natin" (P6-L22).* The participant then emphasized the importance of gradual progression, adding, *"Let's settle for what we can accomplish muna, then let's bring it up to the next level" (P6-L23).* These statements illustrate how therapists actively recalibrate parental expectations while maintaining encouragement and support throughout the therapeutic process.

Summary of Findings

The findings presented in Table I highlight that pediatric occupational therapists view parental involvement as a collaborative and relational process essential to the child's therapeutic progress. Therapists emphasized that parental involvement extends beyond clinical sessions into the child's daily environment, requiring shared responsibility, goal alignment, and continuous collaboration between therapists and parents. Effective involvement was supported through adaptive communication, empathy, and culturally sensitive approaches. However, therapists also identified challenges arising from inconsistent parent participation, which may limit skill generalization, reduce therapeutic progress, and affect continuity of care. Despite these difficulties, therapists showed flexibility and relational tenacity by adjusting intervention methods, sustaining communication, and reinforcing collaborations with parents to facilitate the child's ongoing growth.

As reflected in Table II, parental engagement was influenced by several interconnected challenges related to parents' understanding of the child's condition, family dynamics, practical constraints, and communication barriers. Therapists described how denial, differing beliefs, inconsistent caregiving approaches, financial limitations, competing responsibilities, and difficulties in communication affected parent participation and therapy consistency. These findings suggest that parent engagement is shaped by the complex realities parents navigate rather than simply by willingness to participate.

Furthermore, the findings in Table III demonstrated that *pakikipagkapwa* serves as a culturally grounded framework that strengthens therapist–parent relationships in pediatric occupational therapy. Participants described *pakikipagkapwa* as fostering empathy, trust, mutual understanding, collaborative communication, and shared decision-making between therapists and parents. Through relational sensitivity and guided collaboration, therapists were able to balance professional expertise with parental perspectives while encouraging active parent participation. The findings further suggest that strong therapist–parent relationships grounded in *pakikipagkapwa* contribute to more consistent engagement, improved collaboration, and more meaningful therapeutic outcomes for children.

Conclusion

This study highlighted that parental involvement in pediatric occupational therapy is a collaborative and relational process shaped by communication, shared responsibility, and culturally grounded interaction. The findings show that parent engagement is influenced by challenges such as family dynamics, practical constraints, and communication barriers, which may affect therapy consistency and participation. Despite these difficulties, therapists demonstrated empathy, adaptability, and relational perseverance in supporting families and sustaining engagement.

The study further emphasized the significance of *pakikipagkapwa* in strengthening therapist–parent relationships through trust, empathy, collaboration, and shared decision-making. Overall, the findings suggest that culturally responsive and empathetic therapeutic relationships contribute to stronger parent involvement and more meaningful therapy outcomes for children.

Recommendation

Based on the results of the study, it is recommended that pediatric occupational therapists strengthen collaboration with parents by maintaining communication beyond therapy sessions, providing practical and context-based interventions, and enhancing parent education through clear and culturally sensitive orientation at the start of therapy. Promoting *pakikipagkapwa* through respectful communication, active listening, and shared decision-making is also encouraged to foster stronger engagement and consistency in implementing therapeutic strategies at home. Collaboration with other caregivers and continuous evaluation of communication and intervention strategies through parental feedback may further support more consistent and responsive therapy implementation.

For future researchers, it is recommended to further explore parental engagement from the perspectives of parents and caregivers themselves, focusing on how they experience and make sense of their involvement in therapy. Future studies may also examine how socioeconomic conditions, family structure, and cultural values influence engagement in pediatric occupational therapy. Additionally, conducting studies in different settings or locations may help broaden the understanding of parental engagement across diverse contexts and populations, allowing for more comprehensive and generalizable findings.

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Ultimately, this research acted not merely as an academic requirement but as a reflection of *pakikipagkapwa,* a shared experience rooted in trust, collaboration, and genuine human connections, where every contribution, regardless of its amount, plays a part in a larger whole.

References

Advanced Therapy Clinic (2025) The importance of family involvement in occupational therapy [Blogpost]. https://www.advancedtherapyclinic.com/blog/the-importance-of-family-involvement-in -occupational-therapy

Ahmad M, Wilkins S (2024) Purposive sampling in qualitative research: A framework for the entire journey. Quality & Quantity. 59(2). https://doi.org/10.1007/s11135-024-02022-5

Ahmed SK (2024) The pillars of trustworthiness in qualitative research. Journal of Medicine, Surgery, and Public Health. 2(1):1–4. https://doi.org/10.1016/j.glmedi.2024.100051

Alampay LP (2024) Cultural values, parenting and child adjustment in the Philippines. International Journal of Psychology. 59(4). https://doi.org/10.1002/ijop.13117

Alase A (2017) The interpretative phenomenological analysis (IPA): A guide to a good qualitative research approach. International Journal of Education and Literacy Studies. 5(2):9–19. https://doi.org/10.7575/aiac.ijels.v.5n.2p.9

American Occupational Therapy Association (2020) Occupational therapy practice framework: Domain and process (4th ed). American Journal of Occupational Therapy. 74(Suppl 2):7412410010. https://doi.org/10.5014/ajot.2020.74S2001

Aponte, H. J. (2021). The soul of Therapy: the therapist's use of self in the therapeutic relationship. Contemporary Family Therapy, 44(2), 136–143. https://doi.org/10.1007/s10591-021-09614-5

Baker AR, Barents ER, Cole AG, Klaver AL, Kampen VK, Webb LM, Wolfer KA (2025) Use and perceptions of telehealth by pediatric occupational therapists post COVID-19 pandemic. International Journal of Telerehabilitation. 16(2). https://doi.org/10.5195/ijt.2024.6655

Burney V, McCann CM, Arnold-Saritepe A (2024) Parent engagement in child-focused interventions: A systematised review of qualitative allied health literature. Child Youth Care Forum. 53:1451–1486. https://doi.org/10.1007/s10566-024-09797-6

Chuah HM, Sumari M (2025) Parents' challenges in children's psychotherapeutic interventions: A phenomenological study. Counselling and Psychotherapy Research. 25:e70003. https://doi.org/10.1002/capr.70003

Collins MS (2025) Family involvement in pediatric occupational therapy interventions: A qualitative study. Honors thesis. Eastern Kentucky University. https://encompass.eku.edu/cgi/viewcontent.cgi?article=2118&context=honors_theses

Constante A (2022) How "hiya," "kapwa," and other cultural values play a role in Filipino American mental health. http://casra.org/docs/culture-and-filipino-american-mental-health.pdf

Del Castillo FA, Eder CJ (2022) Pakikipagkapwa (fellowship) toward positive collective health behavior. Journal of Public Health. 45(2). https://doi.org/10.1093/pubmed/fdac137

Delos Reyes RC, Linang TN, Magsombol HA, Nebres ME, Zoleta M (2021) Experiences of Filipino pediatric occupational therapists in Batangas City on telehealth. World Journal of Research and Review. 12(4):e8. https://doi.org/10.31871/wjrr.12.4.8

Eyberg S, Nelson MM, Guzick AG, Druskin LR, McNeil CB, Bussing R (2025) An open randomized controlled trial comparing group and individual parent-child interaction therapy for preschoolers with ADHD. Evidence-Based Practice in Child and Adolescent Mental Health. https://doi.org/10.1080/23794925.2025.2457147

Gagné-Trudel, S., Therriault, P., & Cantin, N. (2023). Exploring Therapeutic Relationships in Pediatric Occupational Therapy: A Meta-Ethnography. Canadian

Journal of Occupational Therapy, 91(1), 78–87. https://doi.org/10.1177/00084174231186078

Guest G, Bunce A, Johnson L (2006) How many interviews are enough?: An experiment with data saturation and variability. Field Methods. 18(1):59–82. https://doi.org/10.1177/1525822X05279903

Guillot-Valdés M, Cuenca-Sánchez L, Sarhani-Robles A, Sánchez-Teruel D, Serra L, Robles-Bello MA (2025) Qualitative study on the perceptions and experiences of parents in early intervention centres in relation to family-centred practices. Children and Youth Services Review. 171:108196. https://doi.org/10.1016/j.childyouth.2025.108196

Hackl L (2022) Impact of the level of parental involvement in occupational therapy services on patient outcomes for children ages 0–3 in the outpatient setting. Doctoral capstone project. A.T. Still University Scholarly Works. https://scholarworks.atsu.edu/ot-capstones/54

Hope Abilitation Medical Center (2024) Pediatric occupational therapy – What parents should know and expect from the therapy. https://www.hope-amc.com/pediatric-occupational-therapy-what-parents-should-know - and-expect-from-the-therapy/

Humbert TK, Cargill E, Sanders A, Wood C (2021) Collaboration: Perspectives of occupational therapists on family-centered care and participation. Annals of International Occupational Therapy. 4(2):76–84. https://doi.org/10.3928/24761222-20200811-01

Johansson M, Greenwood L, Torres G, Link K, Sibley MH (2023) Predictors of engagement barriers for adolescent ADHD treatment. Journal of Attention Disorders. 27(5):499–509. https://doi.org/10.1177/10870547231153876

Jose CG, Lucy R, Parker AM, Clere J, Montecillo L, Cole AM (2024) Pakikisama: Filipino patient perspectives on health care access and utilization. Journal of the American Board of Family Medicine. 37(2):242–250. https://doi.org/10.3122/jabfm.2023.230165R2

Kobayashi V, Lavides M, Tiangco C, Panlilio P, De Leon R, Carreon A (2024) Understanding pakikipagkapwa through analytics. https://cids.up.edu.ph/wp-content/uploads/2024/10/Understanding-Pakikipagkapwa Through-Analytics.pdf

Kurzweil S (2023) Involving parents in child mental health treatments: Survey of clinician practices and variables in decision making. American Journal of Psychotherapy. 76(3). https://doi.org/10.1176/appi.psychotherapy.20220025

Lage CR, Wright S, Monteiro RGS, Aragão L, Boshoff K (2024) Collaborative practice with parents in occupational therapy for children: A scoping review. Australian Occupational Therapy Journal. 71(5):833–850. https://doi.org/10.1111/1440-1630.12974

Liverpool S, Pereira B, Hayes D, Wolpert M, Edbrooke-Childs J (2020) A scoping review and assessment of essential elements of shared decision-making in child and adolescent mental health. European Child & Adolescent Psychiatry. 30. https://doi.org/10.1007/s00787-020-01530-7

Mamauag BL, Alampay LP, Lachman JM, Madrid BJ, Hutchings J, Ward CL, Gardner F (2021) Cultural adaptation of a parenting program in the Philippines. Family Process. 60(4). https://doi.org/10.1111/famp.12625

Martello A (2023) The engaged family: Fostering family engagement within pediatric occupational therapy. Boston University Libraries OpenBU. https://open.bu.edu/items/dfdaafd7-c190-4825-848b-c3c04e5ce47a

Martinez-Pampliega A, Ortuño A, Mónaco E (2025) Effectiveness of the parenting intervention programme "Intelligent Families": A randomized controlled study. Social Sciences. 14(3):175. https://doi.org/10.3390/socsci14030175

Occupational Therapy Practice Framework (2024) Occupational therapy practice framework. http://ottheory.com/therapy-model/occupational-therapy-practice-framework

Paap, D., Karel, Y. H. J. M., Verhagen, A. P., Dijkstra, P. U., Geertzen, J. H. B., & Pool, G. (2022). The Working Alliance Inventory's Measurement Properties: A Systematic review. Frontiers in Psychology, 13, 945294. https://doi.org/10.3389/fpsyg.2022.945294

Panotes A, Jocson J, Andigan CM, Sy MP (2024) Lived experiences of caregivers receiving occupational therapy through telehealth. Cadernos Brasileiros de Terapia Ocupacional. 32:e3626. https://doi.org/10.1590/2526-8910.ctoAO27853626

Pe-Pua R, Protacio-Marcelino EA (2000) Sikolohiyang Pilipino (Filipino psychology): A legacy of Virgilio G. Enriquez. Asian Journal of Social Psychology. 3(1):49–71. https://doi.org/10.1111/1467-839X.00054

Physical and Occupational Therapy (2025) Professional Regulation Commission. https://www.prc.gov.ph/index.php/physical-and-occupational-therapy

Saldana J (2025) The coding manual for qualitative researchers. SAGE Publications.

Smith JA, Fieldsend M (2021) Interpretative phenomenological analysis. In Qualitative research in psychology: Expanding perspectives in methodology and design. 147–166. https://doi.org/10.1037/0000252-008

Soulé I, Littzen-Brown C, Vermeesch AL, Garrigues L (2022) Expanding the mind–body–environment connection to enhance cultural humility. International Journal of Environmental Research and Public Health. 19(20):13641. https://doi.org/10.3390/ijerph192013641

Sy MP, Yao DP, Panotes A, Kaw J, Mendoza T (2023) Contemporary history: Progress and resilience of occupational therapy in the Philippines (2004–2020). WFOT Bulletin. 79(1):80–93. https://bulletin.wfot.org/wfot-bulletin/article/view/1503

Trinidad OS, Mendoza TC, Sy M (2025) History of occupational therapy in the Philippines. In Occupational Therapy in the Philippines. 16–34. https://doi.org/10.4324/9781003321217-2

Tuliao AP, Ang AV, Garabiles MR, Tuliao MD, Samaco-Zamora MC (2020) Culture and mental health in the Philippines. Routledge.

Tursunova Z, Aguilar K, Caballero YD, Javate P (2022) Filipino family caregivers and aging patients for *kapwa* (shared identity). Journal of Peace Research. 54(1):1–29. https://www.researchgate.net/publication/366164829

Whitaker E, Chessell C, Klapow M, et al (2025) A systematic review of guided, parent-led digital interventions for preadolescent children with emotional and behavioural problems. Clinical Child and Family Psychology Review. 28:414–438. https://doi.org/10.1007/s10567-025-00521-x

Ytreland K, Bania EV, Lydersen S, et al (2025) Parental involvement in child anxiety and depression: Exploring the impact of delivery format on modifiable parental factors. Child Psychiatry & Human Development. https://doi.org/10.1007/s10578-025-01814-6