Culturally Responsive Pediatric Occupational Therapy Interventions: A Systematic Review

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Abstract

Importance: Culturally responsive frameworks are essential for delivering equitable and effective occupational therapy services in diverse communities. This systematic review supports evidence-based strategies to facilitate holistic, family-centered interventions.

Objective: To identify, evaluate, and synthesize the current literature concerning barriers and facilitators of cultural responsiveness to determine the efficacy of pediatric occupational therapy interventions.

Data Sources: A literature search occurred between May 14, 2025, and May 25, 2025. Follow up searches were conducted on May 25, 2025. Databases searched included PubMed, CINAHL Complete, Medline, Cochrane Library, and OTseeker using Hawai‘i Pacific University’s online library databases. Search terms included cultural competence, pediatric, occupational therapy, barriers, facilitators, as well as combinations of these terms.

Study Selection and Data Collection: This systematic review followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. Published studies on barriers and facilitators of cultural responsiveness were included in the systematic review. Data from presentations, non-peer reviewed literature, published abstracts, and dissertations were excluded.

Findings: Nine studies were included: Two Level III, two Level IV, and five Level V according to the American Occupational Therapy Association's Levels of Evidence. The outcomes of these studies indicate that occupational therapists have the potential to use culture in a beneficial manner for their interventions.

Conclusion and Relevance: Culturally responsive practices are effective for improving holistic and accessible care for all communities.

What This Systematic Review Adds: There are limited high quality studies that evaluate barriers and facilitators of cultural responsiveness in pediatric occupational therapy intervention. This systematic review provides a starting point for evaluating the efficacy of barriers and facilitators of cultural responsiveness in pediatric occupational therapy intervention in occupational therapy practice. More research is needed to understand experiences of diverse communities and the long-term impact of culturally responsive care.

Key words: Barriers, challenges, children, cultural competence, facilitators, limitations, obstacles, occupational therapy, pediatric, supports

Awareness and understanding of cultural responsiveness and humility, or lack thereof, can significantly impact the therapeutic relationship between occupational therapists and the clients they serve. As occupational therapists engage with increasingly diverse populations, it is imperative they adopt a culturally responsive lens across all aspects of care. This includes recognizing the influence of culture on occupational engagement and being aware of the barriers and facilitators to embracing cultural considerations while developing intervention plans.

Historically, the term "cultural competence" has been used to describe a practitioner's ability to effectively engage with people from diverse cultural backgrounds. However, this concept is criticized for implying that one can attain a level of mastery in understanding, which overlooks aspects of culture that stem from human identity and lived experiences (Greene-Monton & Minkler, 2019). More appropriate terms to use include cultural responsiveness and cultural humility, which emphasize the ongoing process of learning and adapting in response to a client's cultural identity, the importance of reflecting on one's lack of understanding and possible personal biases, and commitment to lifelong learning (AOTA, n.d.). Due to the historical prevalence of the term "cultural competence," this review will retain any original terminology when referring to study outcomes that use it. However, the authors of this review will use "cultural responsiveness" and "cultural humility" interchangeably to reflect a more accurate and up-to-date understanding of best practices in occupational therapy.

Tailored, culturally responsive approaches are essential not only for the efficacy and effectiveness of occupational therapy services but also for improving accessibility, fostering patient-provider trust, and promoting positive experiences for clients and families (Dumont et al., 2025). Practitioners who lack awareness or fail to incorporate cultural humility may have clients and families who feel misunderstood or isolated, leading them to seek care elsewhere or avoid it

altogether, which can result in poorer health outcomes. Providing culturally effective care requires occupational therapists to maintain a level of awareness of potential personal and cultural biases that could impact interactions and the development of therapeutic relationships with patients from other cultural backgrounds (Banks & Carames-Foley, 2025).

As North America continues to evolve into an increasingly diverse society, minority groups are expected to constitute the majority of the United States population by 2044 (Grandpierre et al., 2018). Occupational therapy practitioners must acknowledge the circumstance and adapt accordingly. Cultural responsiveness should not be viewed as a choice but rather as a critical lens through which barriers and facilitators to care are identified, understood, and addressed. This systematic review aimed to synthesize current literature on culturally responsive occupational therapy practice to inform more equitable, family-centered, and effective service delivery across diverse populations.

Method

The systematic review adhered to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines and incorporated recommended processes for conducting a systematic review. The guiding research question for this systematic review was: What are barriers and facilitators of culturally responsive pediatric occupational therapy intervention?

A broad search of the literature occurred between May 14, 2025, and May 25, 2025. An additional search was conducted on May 25, 2025, to ensure all relevant research was included. The inclusion criteria for studies in this systematic review were as follows: peer-reviewed, published in English, and dated between 2020-2025. Exclusion criteria, in addition to those

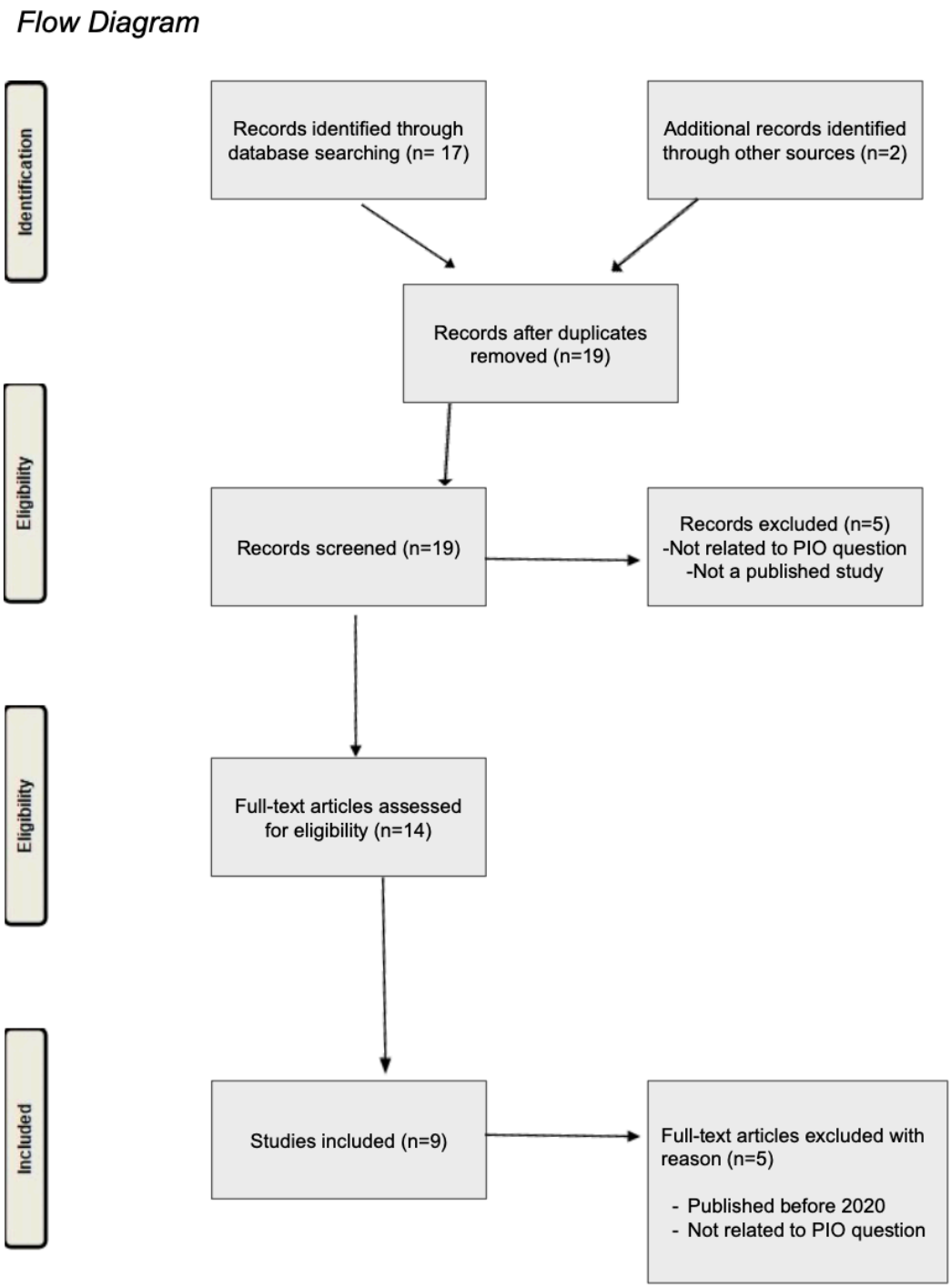
studies that did not meet the inclusion criteria, included articles that were systematic reviews, scoping reviews, dissertations, and presentations. A search for relevant literature was completed using electronic databases including PubMed, CINAHL Complete, Medline, Cochrane Library, and OTseeker through Hawai‘i Pacific University’s online library databases. Search terms included cultural competence, pediatric, occupational therapy, barriers, facilitators, as well as combinations of these terms. Appendix A provides an extensive list of all search terms used for this systematic review. The initial search included 16 articles related to the research topic (Figure 1). Four independent reviewers completed the screening and selection of the studies, assessed their quality, and extracted the data.

Results

Nine studies met the inclusion criteria. The articles were assessed according to their risk of bias, level of evidence, and quality. This systematic review included nine studies that contained relevant information regarding barriers and facilitators to cultural responsiveness in pediatric occupational therapy intervention. The information from these articles was divided into two themes: barriers and facilitators. An evidence table is provided in Appendix B. The Cochrane risk-of-bias guidelines were used to assess each article and are provided in Appendix C.

Figure 1

PRISMA Flow Diagram



Barriers

Five of the nine studies on the topic discussed barriers related to cultural responsiveness in pediatric occupational therapy intervention. One of these studies was Level IV and four were level V studies (see Appendix B). All studies provided evidence that barriers to cultural sensitivity and competence impact the effectiveness and potential benefits of service interventions.

Fan and Chen (2024) facilitated a single-case, qualitative, pilot study with the parents, grandparents, and providers for one family with two sons diagnosed with autism spectrum disorder (ASD). This study took a deeper look at the lived experiences of this Chinese-Canadian family as they received intervention services for their sons from Western-educated providers. Cultural relevance and family-centered care (FCC) were the key concerns for the study authors. Significant tension was noted in themes through the data across three areas: within the family members due to acculturation, in the therapeutic relationship due to differing priorities, and overall, in addressing culture in therapy from a lack of conflict resolution strategies and ability to find mutual ground. The major barrier presented in this study demonstrated that even with an agreement that culture is important, there was a lack of openness to discussing and collaborating on cultural issues specific to ASD services and goal-setting. This pilot study lays the groundwork for future considerations of exploring the cultural barriers and facilitators from all sides of intervention with larger sample sizes and perspectives. It may also add to the small amount of available research on the impacts of cultural sensitivity within provided services for Chinese immigrant families supporting children with ASD.

Golos et al. (2021) designed a mixed methods questionnaire on the clinician's views on the need for cultural adaptation for children with attention deficit hyperactivity disorder (ADHD) in the Ultraorthodox (UO) community. Participants included 28 occupational therapists that identified with the UO community that were certified to use the Cog-Fun intervention protocol for children 5 to 10 years. The 30-minute questionnaire examines the UO participant perception, professional and personal experience, and cultural relevance. Key themes that were found in the questionnaire were the parental knowledge regarding ADHD diagnosis and intervention, parental perceptions and attitudes, ADHD diagnosis and medication, factors affecting communication between the occupational therapist, parents, and teachers and adapting the intervention protocol to habits, routines, and lifestyle of UO families. The researchers concluded that it is important for occupational therapists to have knowledge of the UO routines, family structure, religion and more to provide effective therapy using the Cog-Fun interventions. Not having the knowledge or how to apply the knowledge is a barrier to successful implementation of culturally appropriate interventions.

Rakic et al. (2022) conducted a cross-sectional study using a national survey to perform descriptive and inferential statistics as well as content analysis amongst providers in pediatric oncology centers in Switzerland to explore the challenges faced in providing cross-cultural competent care. Analyses uncovered differences in cross-cultural competence between social workers, nurses, occupational therapists, physicians, and physiotherapists. Social workers displayed the highest cross-cultural competence while physicians and social workers declared more positive attitudes than nurses. The most frequently mentioned barriers included language barriers, different cultures and values, and different illness understanding. The most frequently mentioned facilitators were professional translators, continuous training and professional cultural

mediators. The findings of this study bolster not only the growing need to adapt training programs and interventions to the respective provider group but also to the appropriate level/dimension(s) of cross-cultural competence.

Shanmugarajah, Rosenbaum, and Di Rezze (2022) designed a qualitative study using semi-structured interviews for eight immigrant mothers of children with ASD living in Canada. The interview questions were categorized into three main areas: perceptions of ASD, cultural upbringing and family support, and potential barriers to ASD intervention planning. Most mothers shared that due to cultural differences with their health service provider, they were less likely to share practices or alternative intervention ideas based off personal cultural background. They underreported their cultural experiences due to fear of misunderstandings or felt cultural information would be irrelevant for treatment. All the participants listed Tamil as their first language and reported communication barriers were a significant challenge in healthcare and school settings.

Xu, Chen, Mirza, and Magaña (2023) published a qualitative study that used interviews and focus group discussions with parents, caregivers, and service providers of children from Chinese immigrant families, living in the United States, diagnosed with ASD, that participated in the well-known and evidence-based intervention, Parents Taking Action (PTA), to determine a process for culturally adapting it. The study defines health disparities and barriers faced by Chinese immigrant families. It sought to identify aspects of the PTA intervention needing to be adapted for cultural relevance and the necessary steps to do so, according to conversations with stakeholders. Snowball sampling strategies were used to enlist participants from this difficult-to-reach, underserved population. The disparities and barriers presented come from emerging research showing Asian American children with ASD have been underdiagnosed in comparison

to non-Latinx White children. English proficiency was also noted as a significant barrier due to miscommunications and misunderstandings with providers, and a lack of appropriate information on their children's disability in their native language. From a provider level, the disparities include a lack of cultural sensitivity and ill-qualified interpreters. From the parent perspective, cultural insensitivity was present in the need to advocate for their children when coming from a culture where disagreeing with authority is seen as disrespectful, leading to discomfort in questioning and clarifying. As a whole, the Chinese community lacks important resources on autism knowledge, best practices, and how to support children in their natural contexts. Following the interviews and focus groups, data analysis was completed using a combination of two theoretical frameworks and an evidence-based coding system. Two primary themes were identified for cultural adaptability: contextual modifications and content adaptations. The suggestions covered surface level adaptations, such as visual representation, bilingual inclusion, and myth busting throughout materials such as manuals and videos. There were also deeper suggested adaptations, including culturally relevant tailored content, incorporating specific elements of information based on the knowledge level of parents and caregivers, individualized goals, and adding an element with stress and coping strategies throughout the intervention (not just one session). Overall, this study identified many barriers for Chinese immigrant families supporting children with ASD and provided suggestions to facilitate change in one well-known intervention. More research is needed to identify adaptations necessary for other communities that may have their own unique needs to facilitate culturally appropriate interventions and care.

Limitations of the studies on barriers to cultural humility in pediatric occupational therapy intervention include the lead researcher's limited experience, the small number of participants, and only one source of data (Fan & Chen, 2024). Golos et al. (2021) lists limitations

as not addressing what UO parents know about ADHD and how they view the diagnosis, the fit of the intervention to the culture, and a small sample size. Social desirability and overestimation of cross-cultural competence was mentioned in Rakic et al. (2022). Lack of Tamil specific research on knowledge of ASD, not considering culture specific gender roles for caretaking, all participant's children were adolescents or older and the younger generation of parents may have a different perspective, all participants already had access to culturally sensitive programming, and significant language barriers as noted in Shanmugarajah, Rosenbaum, and Di Rezze (2022). Finally, Xu, Chen, Mirza, and Magaña (2023) reported a limited number of focus groups, no data on level of acculturation, small variety in provider disciplines, and the coding process may not generalize to other cultural adaptation programs without further research as limitations of their study.

Facilitators

Four of the nine studies on the topic discussed facilitators to cultural responsiveness in pediatric occupational therapy intervention. All four studies were Level V studies (see Appendix B). All studies provided evidence that cultural awareness, individualized care, and continuous training is effective and potentially beneficial when used during service interventions.

Banks and Carames-Foley (2025) designed a mixed methods study on a 2-hour cognitive behavioral based intervention module on culturally effective care for Hispanic families. Study participants included occupational therapy master's students enrolled in a pediatric course. The researchers used a Cultural Competence Self-Assessment Checklist pre and post intervention. Participants reported improved cultural awareness, skills and preparedness for culturally

effective practice. This study represents what can be facilitated at the beginning of an occupational therapist's educational journey for cultural awareness and competencies in practice.

Dumont et al. (2025) designed a qualitative study with focus groups and interviews on culturally adapting therapy interventions for Black American autistic communities. Participants in the study included families/caregivers of Black American autistic children, occupational therapists that work with Black American autistic children and two cultural experts. The researchers used focus groups and interviews to identify barriers and supports. Participants reported barriers including scheduling, access and delivery of services, systemic barriers and lack of cultural humility. Participants reported more supportive themes including access to additional resources, improved cultural humility and client-centered practices, improved use of therapeutic principles, parent and caregiver preferences and support building, changes at legislative and professional levels, increased autism education/training, and improved therapeutic service delivery. The researchers used the themes identified to adapt interventions using Ayres Sensory Integration theory to be more culturally responsive.

Halsall, Ward, and Jarvis (2024) conducted a qualitative study involving eight occupational therapists in the United Kingdom to explore the perceived barriers and enablers in meeting the occupational needs of perinatal mothers from ethnic minority backgrounds in mental health practice. The study used non-probability sampling to recruit practitioners through social media where they were then invited to participate in a semi-structured interview to share their views. Thematic analysis uncovered three overarching themes, each with sub themes. Cultural barriers, personal trauma or shame of mental illness, and language or the experience of using interpreters were believed to reduce accessibility to mental health services while individualized care and recognizing universal similarities of mothers' occupational roles enabled quality care.

Overall, this study identified the need to increase the diversity of the occupational therapy workforce and suggests that practitioners should strive to foster greater cultural sensitivity in their practice; both of which could affect the quality and effectiveness of interventions and improve understanding and inclusion.

Yu et al. (2025) designed a mixed-method, single group, pre-post pilot study utilizing standardized self-assessments for health and well-being programming efficacy by utilizing trained community healthcare workers to provide educational sessions to 30 Latino/a/x families with a child diagnosed with IDD. The program included 10 individual sessions and three group sessions led by trained community healthcare workers (promotoras) with a similar cultural background to the participants. The promotoras provided education about nutrition, physical activity, stress management, and self-efficacy. The participants filled out standardized assessments pre-post intervention over three categories: psychosocial, behavioral, and health outcomes. The findings of this study demonstrated the promotora model was an effective intervention for promoting healing and well-being of Latino/a/x families of children with IDD. The co-development of the program with families and community stakeholders ensured the intervention was cost-effective, family-centered, and supportive of culturally relevant care.

Limitations of the studies on facilitators include the lack of a control group and a low response rate (Banks & Carames-Foley, 2025), low generalizability due to results yielded from a small sample from a specific population (Halsall, Ward, & Jarvis, 2024), having an occupational therapy practitioner group that consisted of only White women (Dumont et al., 2025), and recruitment of a self-selected and highly motivated sample (Yu et al., 2025).

Discussion

The results of this systematic review suggest diversifying the occupational therapy workforce, providing practitioners with cultural awareness and humility training during occupational therapy education, creating coding systems for cultural adaptation of interventions, and utilizing trained community healthcare workers with similar cultural backgrounds to service users is effective to facilitate cultural responsiveness for pediatric occupational therapy interventions (Banks & Carames-Foley, 2025; Dumont et al., 2025; Halsall, Ward, & Jarvis, 2024; Xu et al., 2023; Yu et al., 2025). Identified barriers to cultural responsiveness include communication challenges, limited knowledge of cultural influences and their appropriate application, a shortage of providers with shared cultural experiences, and lack of willingness to discuss cultural influence for healthcare services (Golos et al., 2021; Rakic et al., 2022; Shanmugrarajah, Rosenbaum, & Di Rezze, 2022; Fan & Chen, 2024).

Language barriers and lack of shared cultural experiences can limit the delivery of holistic, family-centered interventions. Cultural humility in pediatric occupational therapy must begin with recognizing culture as a key client factor and integrating cultural values into services for families. A culture's view of disability and child rearing can influence caregivers' understanding, expectations, and participation in therapy. As a result, pediatric occupational therapy practitioners need culturally responsive frameworks to create interventions that are family-centered (Grandpierre et al., 2018). Occupational therapy practitioners can adapt existing interventions to be culturally relevant and support workforce diversity initiatives (Dumont et al., 2025; Halsall, Ward, & Jarvis, 2024). Occupational therapy education programs can include cultural humility coursework for future practitioners and perpetuate integration of cultural knowledge in continuing education courses (Banks & Carames-Foley, 2025; Fan & Chen, 2024).

Strengths and Limitations

The strengths of this systematic review include consistency with PRISMA guidelines/flow diagram for recording and guiding article search results. A team of six researchers examined the material during the systematic review process.

This synthesis resulted in the review of nine studies, which is a limited amount of data. During the systematic review process, the search criteria for, “pediatric or child or children or infant or adolescent” may have excluded relevant studies utilizing adults or subjects from all ages. Due to the emphasis on the pediatric population, there is a possibility that relevant studies for culturally responsive interventions for other ages were excluded. Articles were located using the Hawai’i Pacific University Database, which may limit search results due to journal accessibility in database results.

Implications for Occupational Therapy Practice

Enhancing cultural responsiveness among occupational therapy practitioners involves individual reflection and systemic change. Culture influences family dynamics, relationships with healthcare providers, and child development expectations. By recognizing the value of cultural humility, prioritizing linguistic accessibility, and integrating family values into intervention design, occupational therapy practitioners can deliver more equitable and effective care. As a profession, occupational therapy practitioners have the responsibility of creating holistic and intentional therapeutic approaches.

- Promote workforce diversity to improve cultural alignment with service users.
- Address communication barriers with on-site interpreters and language translations for handout materials.

- Include community health workers or cultural liaisons to bridge cultural gaps and enhance trust and engagement with families.
- Integrate cultural humility training into foundational occupational therapy education and continuing education for professional development.
- Adapt interventions using culturally responsive frameworks and coding.
- Encourage future research with diverse populations, native-language data collection, and long-term follow up to support evidence-based culturally responsive practices.

Conclusion

Studies included within this systematic review provide evidence on the effectiveness of culturally responsive strategies to improve effective pediatric occupational therapy interventions. Additional research is necessary to assess long-term outcomes, utilize more diverse population samples, and accessible research design methods for comprehensive data collection. Cultural humility is essential for delivering equitable and effective occupational therapy services in diverse communities.

References

American Occupational Therapy Association (AOTA). (n.d.). *Terms to know: Word bank.* https://www.aota.org/practice/practice-essentials/dei/dei-toolkit-word-bank

Banks, T. M., & Carames-Foley, C. (2025). Promoting culturally effective care for Hispanic families in occupational therapy: A curriculum pilot study. *American Journal of Occupational Therapy, 79*(2), 7902180130. https://doi.org/10.5014/ajot.2025.050840

Dumont, R. L., Rios-Vega, L., Barrett, A., Sivori, T. T., Knell, E., Njoroge, J., ... Schaaf, R. C. (2025). Culturally adapting an occupational therapy intervention for Black American autistic communities. *American Journal of Occupational Therapy, 79*(2), 7902180140. https://doi.org/10.5014/ajot.2025.050910

Fan, S. J. S., & Chen, S.-P. (2024). Does culture play a role? A pilot study on Western services for a Chinese-Canadian family with children with autism spectrum disorder. *Disability and Rehabilitation, 46*(12), 2584–2592. https://doi.org/10.1080/09638288.2023.2227566

Golos, A., Mor, R., Fisher, O., & Finkelstein, A. (2021). Clinicians' views on the need for cultural adaptation of intervention for children with ADHD from the Ultraorthodox community. *Occupational Therapy International, 2021*, 5564364. https://doi.org/10.1155/2021/5564364

Grandpierre, V., Milloy, V., Sikora, L., Fitzpatrick, E., Thomas, R., & Potter, B. (2018). Barriers and facilitators to cultural competence in rehabilitation services: A scoping review. *BMC Health Services Research, 18*(1), 23. https://doi.org/10.1186/s12913-017-2811-1

Greene-Monton, E., & Minkler, M. (2019). Cultural competence or cultural humility? Moving beyond the debate. *Health Promotion Practice, 21*(1), 142-145. https://doi.org/10.1177/1524839919884912

Halsall, K., Ward, K., & Jarvis, K. (2024). Understanding occupational therapy perinatal mental health practice in mothers from ethnic minorities: A qualitative study of practitioner perceived barriers and enablers. *British Journal of Occupational Therapy*, *88*(3), 166-176. https://doi.org/10.1177/03080226241295602

Rakic, M., Hengartner, H., Lüer, S., Scheinemann, K., Elger, B. S., & Rost, M. (2022). A national survey of Swiss paediatric oncology care providers' cross-cultural competences. *Swiss Medical Weekly, 152*, Article w30223. https://doi.org/10.4414/smw.2022.w30223

Shanmugarajah, K., Rosenbaum, P., & Di Rezze, B. (2022). Exploring autism, culture, and immigrant experiences: Lessons from Sri Lankan Tamil mothers. *Canadian Journal of Occupational Therapy, 89*(2), 170–179. https://doi.org/10.1177/00084174221085433

Xu, Y., Chen, F., Mirza, M., & Magaña, S. (2023). Culturally adapting a parent psychoeducational intervention for Chinese immigrant families of young children with autism spectrum disorder. *Journal of Policy and Practice in Intellectual Disabilities, 20*(1), 58–72. https://doi.org/10.1111/jppi.12432

Yu, A. P., Suarez-Balcazar, Y., Errisuriz, V. L., Parra-Medina, D., Mirza, M., Zhang, M., Lee, P. C., Zeng, W., Brown-Hollie, J. P., Yespica Mendoza, E., Brown, S., Vanegas, S. B., Heydarian, N. M., & Magaña, S. (2025). PODER Familiar: A culturally tailored health intervention for Latino families of children with intellectual and developmental disabilities. *Journal of Applied Research in Intellectual Disabilities*, *38*(2), e70048. https://doi.org/10.1111/jar.70048

Appendix A

Search Terms

culture competence OR cultural awareness OR cultural differences
AND
occupational therapy OR occupational therapist OR occupational therapists OR OT
AND
pediatric OR child OR children OR infant OR adolescent
AND
intervention

Appendix B

Evidence Table

Author/Year	Level of Evidence Study Design Risk of Bias	Participants Inclusion Criteria Study Setting	Intervention and Control Groups	Outcome Measures	Results
Banks, 2025	LOE: Level IV Study Design: Mixed Methods, pre-post interventional study ROB: M	Participants: 30 occupational therapy mater's students, 28 female, 2 male Inclusion Criteria: occupational therapy master's students enrolled in a pediatric course Study Setting: an entry-level occupational therapy master's program	Intervention: 2 hour cognitive behavioral-based intervention module on culturally effective care for Hispanic families	Cultural Competence Self-Assessment Checklist–Revised (CCSACR) administered pre- and post- intervention as well as a qualitative questionnaire on self-perceived changes	Significant Findings: Significant improvements were found in cultural awareness ($p = .013$) and cultural skills ($p = .038$) and self-perceived improvements in awareness, knowledge and preparedness for culturally effective practice.

Dumont, 2025	LOE: Level V Study Design: Qualitative study w/focus groups and interviews ROB: Qualitative Study	Participants, 12: 4 parents/caregivers, 2 cultural experts, 6 OTPs Inclusion Criteria: Of Black American [BA] ethnicity and/or directly work/care for with BA Autistic children and/or culture Study Setting: Virtual focus groups and interviews via Zoom platform	N/A	Brief description of method and process of analysis: Interview and focus group discussions Key Themes relevant: BA Families of Autistic Children report facing many challenges, biases, and lack of support in receiving therapy.	Significant Findings: 5 Barrier themes emerged: Access and delivery of Services, Systemic Barriers, Lack of Cultural Humility Practices, Scheduling and Obtaining an autism diagnosis 8 Supportive Themes Emerged: Access to additional resources, Improved cultural humility and client-centered practices, Improved use to therapeutic principles, Parent and caregiver preferences and support building, Changes at legislative and professional levels, Increased Autism Education/Training, Improved Therapeutic service delivery
Fan, 2024	LOE: Level V Study Design: pilot, single-case, qualitative semi-structured interviews with parents, grandparents, as well as service providers	Participants: one Chinese Canadian family receiving intervention services for 2 children with ASD, set in Canada	N/A - pilot single case study	Methods: Exploratory case study involving 6 stages; pilot investigation, single case study design Key themes: “three major themes in the form of tensions: (1) tensions within the family; (2) tensions within the therapeutic relationship, and (3) tensions when addressing culture in therapy”	Many internal and external tensions were found between family members and therapeutic service providers, especially in relation to cultural differences in goal setting. All agreed culture is important – but there was a lack of willingness to discuss the cultural issues within ASD services. Even though service providers agreed cultural influence is important, results suggested they were not providing adequate culturally relevant and family centered care.

Golos, 2021	LOE: Level IV Study Design: Mixed-method questionnaires ROB: M	Participants: 28 OTPs Inclusion Criteria: certified to use Cog-Fun intervention protocol for children 5 to 10 and experienced with the protocol for children from the UltraOrthodox (UO) Community.	1 group No Intervention provided only a questionnaire about Cog-Fun Interventions with UO Children with ADHD.	30-minute questionnaire that examine the UO participant perception, professional and personal experience, and cultural relevance	Key Themes: Parental knowledge regarding ADHD diagnosis and intervention, Parental perceptions and attitudes ADHD diagnosis and medication, factors affecting communication between the OTP, parents, and teachers and Adapting the intervention protocol to habits, routines, and lifestyle of UO families. It is important for the OTPs to have knowledge of the UO routines, family structure, religion and more to provide effective therapy using the Cog-Fun interventions.
Halsall, 2025	LOE: Level V Study Design: Qualitative study using non-probability sampling and interview for data collection ROB: Qualitative study where a small sample was explored from a specific population where resources and time were limited	Participants: 8 total, recruited via social media platform, X. Inclusion: respondents invited to participate if registered with UK regulatory body (Health and Care Professions Council); members of their professional body (Royal College of Occupational Therapists); and employed by NHS and working in an NHS community perinatal mental health service	N/A	8 introductory questions to collect participant demographics and info about employment and training 8 open-ended questions about participants' experiences working with mothers from ethnic minorities, enablers and barriers that affect treatment, and the support they believed was required to improve their practice	Thematic analysis: (1) observation of caseload (subthemes: concern about caseload demographics, experiences of cultural barriers facing women), (2) experience providing OT (subthemes: finding a language for OT, being person-centered, standardized assessments), (3) influence of therapist's own culture (subthemes: awareness of impact of own ethnicity, importance of cultural awareness) Barriers for ethnic minority mothers (as perceived by OTPs): perceived stigma, fear, language, and cultural perceptions

Rakic, 2022	LOE: Level III Study Design: Cross-sectional study ROB: Social desirability minimized by anonymity. 7 of 9 Swiss Pediatric Oncology Group (SPOG) stations participated, however largest SPOG station did not participate which could represent bias	Participants: All Swiss pediatric oncology care providers caring for pediatric (0-18 years) cancer patients. Included all occupational groups in direct contact with patients (e.g. nurses, physicians, psycho-oncologists, social workers, or physiotherapists) at 7 SPOG stations	N/A	Cross-Cultural Competence of Healthcare Professionals (CCCHP) questionnaire, 27 items	Overall: Physicians and social workers had higher cross-cultural competence scores than nurses; social workers had higher scores than OTPs and PTs Attitudes: both physicians and social workers had significantly higher scores than nurses Skills: OTPs and PTs had significantly lower scores than all three groups Emotions/empathy: social workers had significantly higher scores than all three groups Knowledge/ awareness: physicians had significantly higher scores than nurses Barriers: language barriers, different culture and values, and different illness understanding most frequently mentioned Facilitators: professional translators, continuous training, use of professional cultural mediators

Shanmugarajah, 2022	LOE: Level V Study Design: Qualitative study with semi-structured interviews and content analysis ROB: Small sample size used in qualitative study. Language barriers due to questions being asked in English (not native language)	Participants: 8 mothers of children with ASD who immigrated to Canada from Sri Lanka. All children were 16-23yo Inclusion criteria: parents of children diagnosed with ASD, identified as an immigrant or first-generation Canadian from South Asian region, and people who could communicate in English with interviewer Setting: private room at Autism Centre	No control group Intervention: N/A	In-person interviews from 30-60 min each. Interviews were transcribed and coded using rigorous analysis to create meaning units including the creation of themes: facilitators and barriers for occupational therapy interventions within the Canadian Healthcare system.	Facilitators: ● Family support ● Learning opportunities ● Faith/religious practices for child support ● Service providers with shared ethnicity ● Culturally-sensitive programs ● Resources in schools Barriers: ● Lack of knowledge about ASD ● Uncertainty/lack of knowledge about ASD interventions ● Adapting cultural practices to fit western norms ● Stigma ● Dismissing culture ● Distance from extended family ● Communication ● Financial ● Housing ● Education access ● Lack of qualified teachers ● Technological

Xu, 2023	LOE: Level V Study Design: Qualitative study with interviews or focus group discussions with stakeholders (snowball sampling)	Participants: parents and/or primary caregiver of children or adults with ASD, the child under care is over 10 years old, identifying as Chinese and was foreign-born, and fluent in Mandarin or Cantonese, set in the United States	N/A	Methods: interviews and focus groups with families following Parents Taking Action (PTA) intervention Key themes: few interventions are being adapted to be culturally responsive, there is a need for adaptation to meet the needs of diverse populations	Clear structure of how to gather stakeholder input and synthesize the process of coding and cultural adaptation of a parent training intervention. “Future intervention research should test and modify the cultural adaptation coding system as different communities may have unique adaptation needs.”

Yu, 2025	LOE: Level III Study Design: Mixed methods, single group, pre-post pilot study ROB: time constraints of intervention efficacy, small sample size, self-selected (highly motivated), self-reported assessments	Participants: 30 caregivers and their children with IDD Inclusion criteria: adult (18+) female caregiver self-identified as Latino/a/x or of Latin American decent and had a child with IDD Setting: recording of telephone or video chat for pre-post test. Interventions given virtually individually. Group sessions were planned 3 in-person, but switched to virtual after 2 sessions.	10 individual virtual sessions and 3 group sessions led by trained promotoras for education about nutrition, physical activity, stress management, and self-efficacy. No Control Group	Psychosocial Outcomes: ● Social Support: MSPSS ● Health Related Self-Efficacy: SRAHP ● Home Environment: ISCOLE Behavioral Outcomes: ● Diet: DSQ ● Physical Activity: CHAMPS ● Sleep Disturbances: Pittsburgh Sleep Quality Index ● Screen Time Health Outcomes: ● BMI ● Family Caregiver Depression and Stress: CESD-10 ● Quality of Life: PROMIS-10	Findings support intervention as an effective intervention for promoting health and well-being in Latino families of children with IDD. The co-development of the program with Latino families and community stakeholders ensured the intervention was culturally relevant. The promotora model was cost-effective and supported family-centered and culturally relevant care.

Note. ASD = Autism Spectrum Disorder; BA = Black American; CESD-10 = Center for Epidemiological Studies Depression Scale; CHAMPS = Community Health Activities Model Program; IDD = Intellectual Developmental Disability; ISCOLE = International Study of Childhood Obesity, Lifestyle and the Environment; LOE = Level of Evidence; MSPSS = Scale of Perceived Social Support; N/A = Not Applicable; OT = Occupational Therapy; OTP = Occupational Therapy Practitioner PROMIS-10 = Patient-Reported Outcomes Measurement Information System; PTA = Parents Taking Action; ROB = Risk of Bias; SRAHP = Self-Rated Abilities for Health Practices; UO = Ultraorthodox

Appendix C

Risk-of-Bias Table

Risk of Bias for Before-After (Pre-Post) Studies with No Control Group (One Group Design)												
Citation	Study question or objective clear	Eligibility or selection criteria clearly described	Participants representative of real-world patients	All eligible participants enrolled	Sample size appropriate for confidence in findings	Intervention clearly described and delivered consistently	Outcome measures pre-specified, defined, valid/reliable, and assessed consistently	Assessors blinded to participant exposure to intervention	Loss to follow-up after baseline 20% or less	Statistical methods examine changes in outcome measures from before to after intervention	Outcome measures were collected multiple times before and after intervention	Overall risk of bias assessment (low, moderate, high risk)
(Banks, 2025)	Y	Y	Y	Y	Y	N	Y	N	NR	Y	N	M
(Golos, 2021)	Y	Y	Y	Y	Y	N	Y	N	NR	N	N	M
(Yu, 2025)	Y	Y	Y	NR	NR	Y	Y	N	NR	Y	N	L

Note. Y = yes; N = no; NR = not reported. Scoring for overall risk of bias assessment is as follows: 0–3 N, Low risk of bias (L); 4–8 N, Moderate risk of bias (M); 9–11 N, High risk of bias (H).

Citation. Table format adapted from National Heart Lung and Blood Institute. (2014). Quality assessment tool for before–after (pre–post) studies with no control group. Retrieved from https://www.nhlbi.nih.gov/health-topics/study-quality-assessment-tools