

CLINICAL CARE IN OCCUPATIONAL THERAPY FOR INFANTS AND THEIR PARENTS

O atendimento clínico em terapia ocupacional para o bebê e seus pais

Atención clínica en terapia ocupacional para el bebé y sus padres

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Abstract: Contextualization: Occupational therapy is relevant in treating babies and should guide the importance of parents in the therapeutic setting defending this place from a professional perspective. **Intervention Process:** This study is structured as an experience report, whit excerpts from weekly clinical sessions with a boy aged 8 months to 3 years. The report highlights the strategies used to involve the parents in their child's treatment. **Critical Practice Analysis:** Presents theoretical discussion defending Occupational Therapy in the treatment of babies and parents. The discussion emphasizes the importance of parental involvement in the therapeutic setting and highlights the strategies employed by Occupational Therapy to facilitate their inclusion. **Summary of Considerations:** Confirms the trajectory and importance of engaging and involving parents in the setting, contributing to developing and forming the infant's capacities and skills as they mature into childhood.

Keywords: Occupational Therapy. Child Welfare. Parent-child Relations. Therapeutic Uses.

Resumo: Contextualização: A terapia ocupacional é relevante no tratamento de bebês e deve pautar a importância dos pais no *setting* terapêutico, defendendo esse lugar sob a ótica profissional. **Processo de Intervenção:** Estruturado como relato de experiência, com fragmentos de cenas clínicas do tratamento de um bebê, dos 9 meses aos 2 anos. O relato dá destaque às estratégias utilizadas para que os pais acompanhem o tratamento do filho. **Análise Crítica da Prática:** Apresenta discussão teórica defendendo a terapia ocupacional no tratamento dos bebês e dos pais. A discussão problematiza a importância dos pais na cena terapêutica e o lugar da terapia ocupacional e suas estratégias para tê-los em cena. **Síntese das Considerações:** Afirma-se a importância da profissão no tratamento com os bebês e seus pais para estarem no *setting*, contribuindo para o desenvolvimento e a constituição do bebê, que se faz filho, e dos cuidadores, que se fazem pais.

Palavras-Chave: Terapia Ocupacional. Proteção à Infância. Relações Pais-filho. Usos Terapêuticos.

Resumen: Contextualización: La terapia ocupacional es relevante en el tratamiento de los bebés y debe orientar la importancia de los padres en el ámbito terapéutico, defendiendo este lugar desde una perspectiva profesional. **Proceso de Intervención:** Estructurado como un relato de experiencia con fragmentos de escenas del tratamiento de un niño, de los 8 meses a 3 años. Destaca estrategias utilizadas por padres para controlar el tratamiento de sus hijos. **Análisis Crítica de la Práctica:** Presenta discusión teórica defendiendo la terapia ocupacional en el tratamiento de bebés y padres. La discusión problematizó la importancia de los padres en la escena terapéutica y el lugar de la terapia ocupacional y sus estrategias para tenerlos en escena. **Resumen de Consideraciones:** Afirman la trayectoria e importancia de trabajar y cercar a los padres al entorno que puede contribuir al desarrollo y constitución de las capacidades y habilidades del bebé que se convierte en niño.

Palabras Clave: Terapia Ocupacional. Protección a la Infancia. Relaciones Padres-hijo. Usos Terapêuticos.

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Contextualization

Occupational therapists must advocate for the presence of parents in the therapeutic setting. This study aims to focus exclusively on this advocacy through fragments of clinical cases, chosen for convenience. This research presents and discusses, in a focused manner, the work carried out to help parents understand the importance of their presence.

Intervention process

This practice analysis complies with the ethical considerations approved in a CEP opinion N. 6.925.490. The clinical intervention component presented here aims to foster discussion on the relevance of occupational therapists' work in including parents within the therapeutic setting, experiencing their child's treatment. In addition, it highlights occupational therapy investment in welcoming parents, understanding that there is suffering related to the diagnosis. This, in turn, will also be reflected in therapeutic progress. In this sense, this study proposes to conduct a focused analysis directed exclusively at the occupational therapist's actions regarding the work of bringing parents into the setting. Therefore, the format and results of the infant's assessment will not be presented. Likewise, the objectives and intervention indicators will not be presented, as the purpose is not to present the entire treatment. The exercise will be to present a strategy and reflect on the importance of at least one parent being present in the session, regardless of what is defined as the treatment plan.

The infant diagnosed with a syndrome that presented characteristic features and risks to neuropsychomotor development was seen by the occupational therapist weekly for approximately three years. The fragments presented refer to the age range between 9 months and 2 years. The child was already being seen by a physical therapist and a speech-language pathologist, whose sessions the parents did not attend. After the assessment and presentation of the occupational therapy treatment plan, which included the recommendation that parents participate and be included in the therapeutic setting, they requested that the sessions take place in the presence of a third caregiver, as they were working. At that time, the occupational therapist chose to initiate treatment as the parents indicated was possible, understanding that part of the work would also be to help them understand the importance of their presence.

After some time, the occupational therapist noticed that the infant was already showing signs of progress in psychomotor development. With each new acquisition, the professional worked to inform the infant that the parents would be very proud to learn of the progress. The caregiver present was asked to help the infant show the child's new achievements to the parents.

As this continued, the infant began to show apathy and lack of interest in shared attention during everyday situations, particularly moments related to feeding. Along with this, the child also began to cry a great deal during sessions. At that point, the therapist understood that she should intensify efforts to ensure the parents' presence in the setting. Thus, she began to record sessions with photos and videos that were sent to the parents during the sessions. The therapist began to encourage dialogue between the parents and the infant about the therapeutic productions and found more responses from the mother.

In a session in which the child was crying inconsolably, the therapist made a video call to the mother, speaking on behalf of the infant and talking about how much he missed his parents, especially her, and narrating how much he was doing that she was not seeing. The mother, at a distance, seeing her infant crying, responded to the appeal by trying to calm him, and did so. This video call resource became constant. In this way, the occupational therapist enabled the mother to observe the session and the infant to receive her loving looks and words. After a few sessions, the mother reorganized her work demands and assumed her place in the treatment in person, being replaced by the father when she was unable to attend.

Other events occurred from that point on: the child's first movements, no longer a baby, to stand spontaneously happened in the setting during one of the many bodily play activities between the child and the mother, prompted by the therapist. It was also in the occupational therapy setting that the mother posed a question for the child to answer, as she had been doing for some time, and heard the response. The first words then emerged amid the mother's laughter of happiness.

Critical analysis of practice

Clinical practice for the infant, which extends into early childhood, implies establishing a clinical practice for the parents (Takatori & Tedesco, 2020). This is not a clinic of guidance, but rather of the production of everyday doings. Thus, it is understood that there is no clinical occupational therapy work with infants without also engaging in clinical work with parents.

It is considered that the task of the occupational therapist in this type of clinical practice should contribute to the constitution of maternal and paternal functions for those who exercise them. When Marini & Della Barba (2022, p. 74) point to the need for attention to family factors that "are not necessarily related to their understanding or availability," they highlight the need for an in-depth analysis of their resources.

For such in-depth analysis, the profession requires interdisciplinary studies with fields that have resources to consider the psychic position of parents in relation to difference, announced by their child's diagnosis. In this practice analysis, psychoanalytic theories were used to support the interpretation that the infant subject is constituted from the parents' desire, referred to as the "Primordial Other" (Vilani & Port, 2018, p. 141). The existence of a symbolic place granted to the infant is emphasized, without which the infant cannot emerge as a child who also desires their parents. In this sense, within the order of desiring and being desired, dimensions are established in the process of psychic constitution. On the other hand, it is also in this field that the infant comes to know their body, their resources, and the spaces that they, as a desired infant, inhabit through this Primordial Other. In other words, this perspective is lived in everyday experiences. This gives occupational therapy an important field of clinical intervention.

The study presented here considers the issues highlighted above based on the treatment of an infant who was being seen by a physical therapist and a speech-language pathologist, with parents outside the setting and without the contributions of the specificities of clinical practice for infants and young children.

This initiative is known as "early intervention" (Molina, 2008; Marini & Della Barba, 2022), which ensures the presence of parents (most often, the mother) in the setting.

The occupational therapist, understanding that this presence was essential, considered it important to bet on forming an alliance with the infant, organizing the therapeutic environment according to the equation Parents//Child \cup Therapist, proposed by Brandão et al. (2014). The proposal was to invest in the infant's development so that the infant could produce something new in the parents. Thus, the occupational therapist provided space and opportunity for the infant to experience their potentialities and abilities beyond the diagnosis, through experimentation with their body and voice and the construction of new repertoires of desires and wishes, understood in their singularity. For Molina (2008, p. 12), infant development is sustained in the "constitution of desire, and it is the only way to overcome the limits that the real lesion causes." The issue is that when the infant, already a young child, becomes aware of themselves and of their family role, they may question the sadness they see in their parents' gaze, compared to the gaze of therapists and other people in the care network.

In the fragments presented, the parents' position indicated that they were still deeply affected by the impossibilities previously announced in the diagnosis, compared to the infant imagined and desired during pregnancy. At different times, they also responded differently to their child's appeals. First, the infant managed to elicit maternal investment and, subsequently, paternal investment.

This highlights the importance of investing in studies that help to reflect on the effects of the diagnosis in relation to this woman's and this man's desire to become the mother and father of the child who is there.

The point is that, before birth, the infant occupies a symbolic place in which parents fantasize and imagine what the baby will be like, from sex, physical characteristics, and personality to glimpses of life in a distant and promising future (Levin, 2001, p. 64). When a child is born presenting a diagnosis or some alteration in development, this may generate a "fracture" in this imaginary and also in parental functions.

Consequently, there is a risk that the Primordial Other will not identify any sign of filiation that might engage them in producing new paths for the parental function. On the other hand, there is the possibility of reconstructing a new imaginary that sustains investment in the infant as a child, and no longer only as someone who has the syndrome. When this Primordial Other, upon looking at the infant with some issue (organic, for example), does not identify with them, there is something broken that must be considered by those who welcome the infant and the parents into treatment.

In the case presented, there was a new element to be considered: the occupational therapist perceived that the child was diminishing the desire to move forward. The hypothesis was that the child understood that their new doings were produced for the parents, who were not there. At some point, the child understood their great work of "becoming a child" of these parents (Peruzzolo *et al.*, 2018). For the occupational therapist, this was necessary and was part of her work. The occupational therapy investment aimed to provide resources for the infant to grow and "become a child-child" of the parents, but without the parents' presence. This became increasingly difficult, adding a dramatic symptom of

relational disinterest. The work required helping the parents to “discover what, singular and encouraging, beyond this disillusion, they will find in their child” (Molina, 2008, p. 12).

The belief that they could find traits of filiation as their infant, now a young child, expanded their repertoire of everyday doings points to one of the possible roles of occupational therapy: to equip the infant and young child to succeed in the work of “becoming a child” of their parents (Peruzzolo *et al.*, 2018). It is important that the infant’s new gestures be referred to the parents as a gift and, from this place, child and therapist give them the possibility of re-signifying this parental experience (Molina, 2008).

Considering that, in every human doing, there is a transformation of the individual and of those around them, occupational therapy is concerned with equipping the child to recognize themselves as a child. This helps parents to recognize themselves in their doings as parents of this child, beyond a syndrome or a diagnosis. For Hermes *et al.* (2022, p. 1041), occupational therapy work is also to sustain experiences “for a subject who may present resources, skills, and potentialities in relation to the doing of their occupations.”

It was with this in mind that the occupational therapist maintained video calls, producing experiences to sustain the desire for a loving encounter, and not only an encounter for daily care. Therefore, the need arose to announce, through the video call, that the parents’ absence, which initially resonated with the mother, caused pain for the child. When the therapist refers to her a feeling of filiation (missing), she calls upon the parents to make a choice: whether or not to welcome the child’s request to assume the parental role. The child who claims them authorizes them to be what they can be, giving them a place as mother and father.

At a special moment, after significant efforts by the therapist, since this is not an easy process for any of the parties, the mother managed to invest in her position, using the tools built by the occupational therapist and those she came to understand she had, even while being on the other side of the video call. Calming the child and enjoying the play promoted by the occupational therapist repositioned the mother as instituted in a parental place that the diagnosis had called into question.

The occupational therapist assumed that this affective availability, first reconfigured by the mother, did not occur only because the child was developing, but also because of the discovery that the mother, even very saddened by the diagnosis, had resources to help her child during therapeutic intervention moments and was very important to him there. Here there is another important position in the occupational therapist’s work: not to fully occupy the place of knowledge about the child and to call upon the parents to occupy this place. When the therapist was unable to calm the crying child, when the enjoyment of play was referred to the parents, and when the therapist obtained the mother’s return, not remaining solely under the professional’s gaze, the therapist kept open the possibility for that woman (and that man, when it was possible for him) to occupy themselves “in being present, in becoming, and in being” mother and father.

Summary of considerations

Occupational therapists should base their clinical work with babies and young children on the importance of parents in the therapeutic setting, helping both the child and their parents to become "children and parents." Therefore, investment in studies and scientific publications that affirm this role is considered important.

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