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Therapeutic Relationship in Theory and Practice

(In partial fulfillment of requirements for Occupational Therapy Doctorate)

University of Utah

Jerilyn Callen

June 6, 2018

Introduction

On average, over 9,000 students graduate from occupational therapy programs each year (AOTA, 2014a). These students range from entry-level masters and doctoral students to students graduating with associates degrees as occupational therapy assistants. Each of these students will likely go on to take the national board certification exam, and if they pass, they will become registered occupational therapists or assistants. By the time of graduation, these students will have been exposed to a wide variety of theoretical models as well as had opportunities to employ these models with actual clients during their clinical field work rotations (AOTA, 2012). Student clinicians need to be prepared to engage in the therapeutic use of self, therapeutic relationship, and therapeutic process, and use themselves therapeutically to move the therapy process toward collaborative and desired outcomes.

Although these concepts have been valued and articulated theoretically, their use in practice has only recently been empirically studied (Bonsaksen, 2013; Mattingly, 1994; Pearson, 1982; Peloquin, 1993, 1997, 2002, 2005, & 2007; Price, 2003, Price & Miner, 2007 Price & Miner Stephenson, 2009; Taylor, 2013, Tickle-Degnen, 2002; Unsworth, 2001). There is a dearth of literature regarding how students learn about and perceive their skill and comfort with the therapeutic use of self and managing the therapeutic relationship (Taylor, Lee, Kielhofner, & Ketkar, 2009).

Definitions

The therapeutic use of self is defined within the Occupational Therapy Practice Framework (OTPF; AOTA, 2014b) as how practitioners "develop and manage their therapeutic relations with clients by using narrative and clinical reasoning; empathy; and a client-centered, collaborative approach to service delivery" (AOTA, 2014b, p. S12). Within the OTPF, the

therapeutic relationship is described as “the way client and therapist collaborate utilizing each of their personal experiences and clinical knowledge to engage in meaningful and mutually beneficial exchanges” (AOTA, 2014b p. S12).

The therapeutic process is defined by AOTA (2014b) as the “client-centered delivery of occupational therapy services that include evaluation and intervention” (p. S10). The process is directed by a client and his or her therapist’s ability to collectively determine the most cohesive path towards the commonly agreed upon outcomes (Price & Miner, 2007).

Theoretical Studies

Suzanne Peloquin has long been held as one of the first occupational therapists to delve deeply into explaining what the therapeutic relationship is and how the therapeutic process unfolds. Peloquin (1990) explained that the therapeutic relationship is an “evolving blend of competence and caring” (Peloquin, p. 13). She said that our roots to the therapeutic use of self, therapeutic relationship, and therapeutic process go back even farther to the first edition of Willard and Spackman (1947), which most therapists consider the preeminent text for academic learning in occupational therapy (Peloquin, 1990). Dr. Peloquin explained that our although our roots are deep, they are so in a fragmented fashion, and ultimately the basis of this ever-evolving relationship and process depend on our ability to be, simultaneously, competent and caring (Peloquin,1990). Over the course of her distinguished career, Dr. Peloquin (1993, 1997, 2002, 2005, & 2007) repeatedly discussed the importance of the therapeutic use of self, the therapeutic relationship, and the therapeutic process as an intertwined process by which both parties are transformed and fully engaged in the process of transformation. Dr. Peloquin reminds us that it is our commitment to the therapeutic relationship and process that helps therapists enable occupation (Peloquin, 2007).

Throughout the evolution of this idea of the therapeutic relationship, various authors (Mattingly, 1994; Price, 2009; Taylor, 2008; Tickle-Degnen, 2002) have attempted to define the key terms: therapeutic process, therapeutic relationship, intentional relationship, and therapeutic use of self. The therapeutic process as explained by Price (2009) is "intimately intertwined with and propelled by the therapeutic relationship. It evolves in stages: being there and understanding the client, engaging the client in therapy, working together, enabling occupational performance, and achieving outcomes (p. 337)." Therapeutic relationship, as defined by Taylor (2008) is the "socially defined and personally interpreted interactive process between the therapist and the client (p. 54)."

Renee Taylor (2008) created a model of practice that guides the use of therapeutic relationship and process; the Intentional Relationship Model (IRM) includes the Modes of Relationship. The Modes of Relationship include advocating, collaborating, empathizing, encouraging, instructing, and problem solving (Taylor, 2008; Taylor & Van Puymbroeck, 2013). The Intentional Relationship Model (Taylor, 2008) essentially explains how the therapist and the client utilize intention to build rapport and come to common occupationally-based goals (Taylor). Despite this work, there continues to be a lack of specific curriculum for actively engaging students in learning how to employ these modes and skills with clients. Even with the lack of specific curriculum, there is emerging scholarship regarding the importance of utilization of the Intentional Relationship Model (Fan & Taylor, 2016; Taylor, 2008; Taylor & Van Puymbroeck, 2013) and the therapeutic relationship within occupational therapy practice (Price 2003; Price, 2009; Price & Miner, 2007).

The Intentional Relationship Model.

As stated earlier, current research that looks at the use of the therapeutic relationship exists; however, there continues to be a need for more scholarship to support the need for advanced curriculum in this area of study. Fan and Taylor (2016) studied the validity of the modes and how they are used by clinicians; the authors found that when therapists and clients were able to understand and communicate, there were increased functional outcomes and mutual feelings of satisfaction. The Intentional Relationship Model helps to define how the client and clinician will engage in the therapeutic process. Taylor made the argument that the use of IRM with clients helps to build the rapport, helps clients take a greater stake in their recovery, as well as enriches the therapeutic process (Taylor, 2008).

This type of research is crucial to the continued development of knowledge regarding the use of the Intentional Relationship Model within the therapeutic process. Additionally, more research is needed by scholars within and outside of occupational therapy in this understudied aspect of practice. This approach to research may contribute to increased understanding of the therapeutic relationship within occupational therapy practice.

Empirical Studies

In 1982, Jean Anne Pearson discussed the clinical implications and value of an equal partnership (therapeutic relationship) between therapist and client. She determined that utilization of the therapeutic process and enrichment of the therapeutic relationship led to greater feelings of satisfaction on behalf of the client as well as greater functional outcomes (Pearson, 1982). Dr. Pearson would be followed by others who would continue to develop ideas and eventually create a model of practice that embraced the therapeutic relationship as the basis for client-centered and collaborative practice in occupational therapy.

In a study conducted by Bonsaksen (2013), Master of Occupational Therapy students who were preparing for their first fieldwork experience were given the Self-Assessment of Modes Questionnaire (Taylor et al., 2013) to help determine their primary mode of relating to their clients. In this study, Bonsaksen (2013) found that most students identified their primary mode of practice as the problem-solving mode (Taylor et al., 2013). He also reported that when students engaged in a problem-solving mode, instances of client collaboration suffered (Bonsaksen, 2013). He concluded that when clinicians engage with clients primarily from the problem-solving mode, there is the potential that some or all the collaborative interactions could suffer because the clinicians might centrally focus on fixing the problems instead of engaging with the client to come to a mutual space of understanding and planning (Bonsaksen, 2013).

Price and Miner (2007) observed how therapists utilized the therapeutic use of self with clients to enhance the therapeutic process (Price, 2003; Price & Miner Stephenson, 2009). Other authors within the fields of occupational therapy and occupational science have also attempted to take on the task of explaining how the therapeutic relationship relates to overall success of therapy and how the therapeutic process plays out within occupational therapy practice (Mattingly, 1994; Peloquin, 1993, 1997, 2002, 2005, & 2007; Tickle-Degnen, 2002; Unsworth, 2001). Tickle-Degnen (2002) concluded in her study that evidence-based practice methods combined with clear, constant, and collaborative communication between therapist and client result in greater achievement of outcomes.

Unsworth (2001) examined the clinical reasoning skills of clinicians with varying degrees of expertise: novices and expert clinicians and explained that a factor in clinical reasoning on the clinician's part comes directly from a clinician's expertise level. She further explained that while novice clinicians often find it difficult to communicate with clients when challenges arise, expert

clinicians can more easily engage their therapeutic use of self and more adeptly communicate with their clients (Unsworth, 2001). Another author who contributes to the body of knowledge on the use of therapeutic relationship and its effect on the therapeutic process is Cheryl Mattingly (1994). Her work on clinical reasoning, specifically the use of narrative in the therapeutic relationship, has assisted in the later works of other authors in this field of study.

Gaps in Literature

While the importance of the use of the therapeutic process, use of self, and models such as the IRM is asserted, there continues to be a lack of clear pedagogy on how to teach students how to engage in these processes with their potential clients. The degree to which the therapeutic relationship is emphasized most likely varies among academic programs and clinical fieldwork experiences depending on the university programming and clinical settings/fieldwork educators. Currently, the University of St. Augustine's MOT program has less than 10% of its core curriculum devoted specifically to educating student clinicians on the therapeutic use of self (M. Zadnik, personal communication, November 17, 2017). Additionally, the Accreditation Council for Occupational Therapy Education (ACOTE) standards do not reflect a designated percentage of curriculum that must be devoted to the therapeutic use of self (ACOTE, 2013). This lack of standard in curriculum allows for wide variability from program to program. The intent of this study, therefore, is to address the gap in the literature by exploring student's perceptions of their exposure to and comfort with the therapeutic relationship, therapeutic use of self, and the therapeutic process.

Study Purpose

The purpose of the study is expansion of the knowledge base about student perception of and comfort regarding the therapeutic process, therapeutic relationship, and the therapeutic use of self. Additionally understanding what related content students are exposed to, and the instructional strategies in which they were engaged in could contribute to further development of curriculum to support the therapy process. This research could suggest new standards of practice that could be evaluated as part of Accreditation Council for Occupational Therapy Education (ACOTE) credentialing as well as part of the AOTA guidelines for fieldwork.

Research Questions

What is the student's perception of and level of comfortability with the therapeutic use of self, therapeutic relationship, and therapeutic process? What do they report being exposed to in didactic curriculum about the therapeutic process, therapeutic relationship, and the therapeutic use of self? What do they wish they had been exposed to?

Design

Methods

An exploratory survey design (Creswell, 2013) was utilized to understand students' exposure to and comfort with the therapeutic process, therapeutic relationship, and therapeutic use of self. A survey to collect demographics and information regarding exposure to program curriculum related to therapeutic process, therapeutic relationship, and therapeutic use of self was distributed to students utilizing an online format (Appendix I). The study utilized an anonymous survey given to students in an ACOTE accredited, entry-level master's program, at two universities, who were preparing for their first Level II fieldworks.

Participants and Recruitment

Participants for this study were recruited from a convenience sample from both the University of Utah MOT program and the University of St. Augustine-Austin MOT program from the students who had completed level I fieldwork, were in their second year, and were scheduled to commence their first level II fieldwork placement.

Data Collection

An online survey was created to collect student perceptions of preparation and confidence implementing the therapeutic use of self, therapeutic relationship, and therapeutic process. The survey consisted of nine quantitative questions, including two demographic questions about age and program they attend. Three open-ended qualitative questions gave students the opportunity to identify instructional strategies employed in the didactic curriculum to teach the therapeutic process, therapeutic relationship, and therapeutic use of self, express what they wish faculty had provided to prepare them, as well as any prior experience that influenced their comfort with the use of the therapeutic process, therapeutic relationship, and therapeutic use of self (e.g. having worked as a CNA or teacher). See Appendix I.

Data Analysis

Quantitative data was reviewed, and descriptive statistics were used to examine trends in the data. The primary investigator utilized a secondary coder to address transparency and trustworthiness. The assistant coder had a solid understanding of the foundational concepts of the therapeutic use of self, therapeutic relationship, and therapeutic process from previous academic coursework. Following this, the primary investigator and assistant coder described the major/significant trends brought forth by the surveys. All quantitative data was reviewed by a statistician to ensure the accuracy of data analysis. (See Appendix II).

First, quantitative processes (i.e. frequency counts) were used to fully explore the qualitative data (see Appendix III). These findings were confirmed by an external statistician. Next, the qualitative data retrieved through the open-ended questions were coded utilizing a multi-column method with multiple cycles of coding to ensure the raw data was sufficiently vetted (Saldana, 2009). Both coders completed pre-coding to identify significant participant quotes (Saldana, 2009, p. 16). The raw data (1st column), complete with pre-coding, was then preliminarily coded (2nd column) to provide a transitional link between the raw data and the final codes (3rd column) (Saldana, 2009, p. 17). The information from the final codes column was organized into larger categories; from these categories, subcategories were synthesized. Lastly, from the categories/subcategories, themes and concepts were established (Appendix III). Finally, the primary investigator and research assistant agreed that the following themes emerged from the data responses with respect to instructional strategies: didactic learning, simulation learning, scenario/role playing, client interactions, and work background.

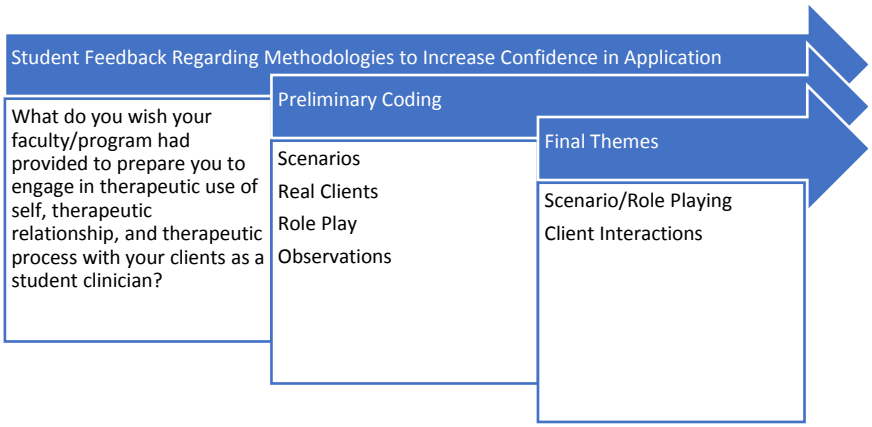


Figure 1- Data analysis and coding of question 8 on the student survey (Callen, 2018).

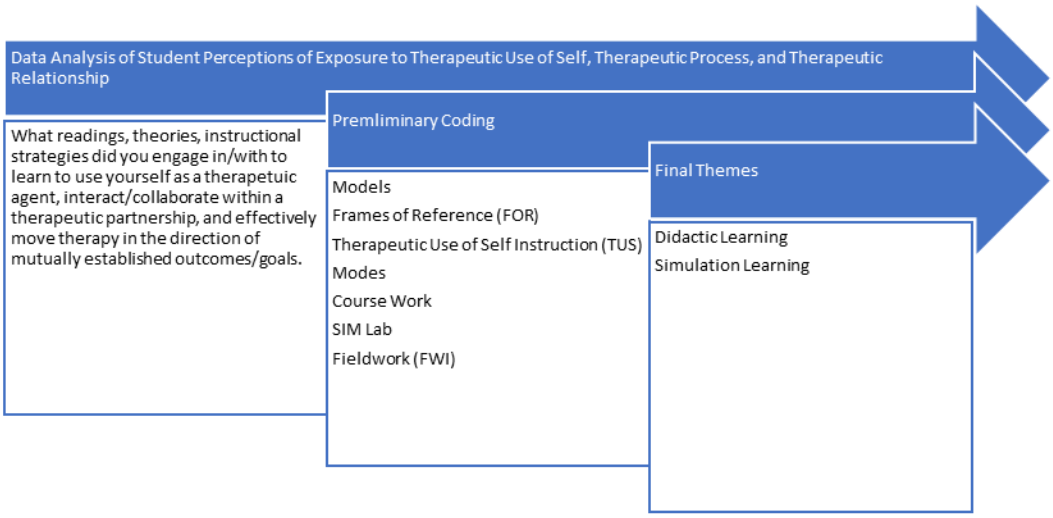


Figure 2-Data analysis and coding of question 7 on the student survey (Callen, 2018).

Findings

The survey was sent to 107 students at the University of Utah and the University of St. Augustine Austin campuses. The survey was sent out to each cohort at both universities two times to ensure ample opportunity for the students to complete the survey. The survey was closed, and 55 responses were collected. Of the 55 collected responses, 83.64% of the respondents self-identified as students at the University of St. Augustine (Appendix II). The students self-identifying from the University of Utah contained the remaining 16.36% of total respondents (Appendix II).

Quantitative data showed that all fifty-five (100%) students reported exposure to the therapeutic relationship and therapeutic use of self within their respective curriculums (Appendix II). Three students, out of 55 respondents (5%), indicated that they "were not sure" if they were educated on the therapeutic process (Appendix II). On average, forty-nine students (89%)

reported feeling mostly comfortable/comfortable with their ability to engage in the therapeutic use of self, therapeutic relationship, and therapeutic process (Appendix II).

The qualitative data analysis also gave the investigator and the research assistant some insight into the participant's prior experiences with utilizing these topics. Twelve percent of the total number of questions possible were skipped or left unanswered (Appendix III). Most of those lacking response were the open-ended questions at the end of the survey (Appendix III). However, upon further inquiry to the data, there was not a question that was skipped more often than another. Of the forty-nine students from Saint Augustine campus twenty students, responded that they had previous experience in the 'healthcare' setting before attending occupational therapy school (Appendix III). Three (6%) students reported they had previous experiences in "academic" settings prior to attending occupational therapy school (Appendix III). Two (22%) students at the University of Utah reported they had experiences engaging in these topics in previous wellness, non-healthcare jobs/internships prior to the admission to the occupational therapy program and two (22%) students reported they had "healthcare" related experiences prior to the entry into their program (Appendix III). Lastly, one responder ~~(11%)~~ reported engaging in the therapeutic use of self as a parent and caregiver for older family members (Appendix III). Nine (16%) of the students, from both universities, indicated they had previous experience but did not elaborate on the type of experience (Appendix III). Thirteen (23%) of the students, from both university programs surveyed, responded that they had not had any form of previous experience engaging in the therapeutic use of self, therapeutic process, or therapeutic relationship prior to entering their occupational therapy program (Appendix III).

When asked what students would have wished the faculty/program had provided to prepare them to engage in the therapeutic use of self, therapeutic process, and therapeutic

relationship, twenty-seven students (49%) expressed the desire to utilize the frames of references and theories they had learned in application scenarios to 'real-life' clients and or scenarios (Appendix III). One student reported, "I wish I saw more real-life scenarios of the therapeutic use of self with clients. I know we have sim lab, but I'd like to see an experienced OT do it first, possibly through video" (Appendix III). In agreement, another student reported, "More time spent on different modes. Specifically, appropriate modes for specific settings, patients, diagnosis, etc. Effective ways to approach a client to find appropriate modes-ways to 'read' clients to find what mode will work best for them" (Appendix III).

Nine (16%) respondents felt their faculty/program adequately prepared them for engagement in the therapeutic use of self, therapeutic process, and therapeutic relationship with their future clients by (Appendix III). One student reported, "I think faculty had done a good job in incorporating the therapeutic use of self, and with more practice, I would feel more comfortable with it." (Appendix III). Twelve (21%) students either skipped the question and or gave a response of "N/A" (Appendix III). In analyzing this data, the researcher sees a disconnect in the number of students (49 or 89%) who felt that they were comfortable/mostly comfortable in their ability to engage in the therapeutic use of self, therapeutic process, and therapeutic relationship yet only nine (16%) responded that their program/faculty had adequately prepared them for this engagement.

Discussion

Susan Peloquin (1990) prophetically described the therapeutic relationship as an "evolving blend of competence and caring" (Peloquin, p. 13). As our students transform from students into student clinicians, faculty are charged with helping them develop these basic understandings and skills to employ the therapeutic process, therapeutic relationship, and

therapeutic use of self. However, until recently, there have been no empirical studies which specifically gather student's perceived understanding and comfort in engaging in the therapeutic use of self, process and relationship with clients. This study is the first of its kind to look at the therapeutic use of self, process, and relationship from the student's perspective. While 89% of the students reported they had a moderate level of comfort engaging in the therapeutic use of self, therapeutic process and therapeutic relationship, they overwhelmingly called for more face to face interaction, more modeling with active observation, and more opportunities to demonstrate their skills in these areas before working with real clients who are not their peers or professors. This desire is directly represented by the final theme of the greater use of scenario/role playing and client interactions for greater understanding of how to engage in the therapeutic use of self, therapeutic process, and the therapeutic relationship. This information suggests that faculty should attempt to maximize students' opportunities to apply their didactic knowledge in clinical scenarios utilizing clients that are unfamiliar to them, real-life clients if possible, and simulation labs.

The greatest insight gained from the survey responses showed that students from two different university systems are expressing similar levels of comfort with their skills in the areas of therapeutic relationship, therapeutic process, and therapeutic use of self. The student's responses pointed to the foundational knowledge they received in their didactic and simulated learning opportunities. Within the student responses, it was clear that students felt they were exposed to ample foundational knowledge on models, frames of reference, the Modes (Taylor, 2009), lectures, simulation lab (SIM lab), and level I fieldwork experiences.

Unfortunately, without a baseline or national standard for readiness in this area, it is difficult to make a grounded stance other than students show moderate levels of confidence in a

self-reported survey (Appendix II). An interesting facet to the study is while students rate themselves as moderately confident, their open-ended responses indicate they would like to have more interactions with 'real clients' and that 'increased one to one interactions' would improve their levels of comfort (Appendix III). This dissonance potentially comes from the student's hesitancy in admitting they are not yet fully ready for level II fieldwork. This might also infer that students rarely feel prepared for fieldwork and upon completion might have a different opinion of their readiness.

At this time, based on the responses, we can conclude that students acknowledge that they are exposed to the concepts of therapeutic process, therapeutic relationship, and therapeutic use of self within the didactic curriculum. We can also conclude that student self-perceptions indicate that they report feeling moderately comfortable when anticipating their ability to utilize these concepts when engaging with future clients on level II fieldwork. Findings suggest that further development needs to focus on potentially providing more opportunities for students to simulate these concepts with clients on their level I fieldwork experiences with faculty facilitation, or with clinical scenarios using volunteer clients. Overall, students appear to be learning the basic skills needed to be student clinicians but have a clear desire to improve their skills beyond that of the student clinician.

Reflexivity

As an academic instructor and a previous level II fieldwork educator, the implications of this survey help me to gain insight into the parts of the occupational therapy education process that have previously been somewhat of a mystery to me. Students frequently reach their level II fieldwork experiences with concerns about their ability to complete assessments, write goals, and

document progress. While these are all worthy concerns as their educator, I often held concerns about their ability to interact and collaborate with their clients effectively.

Limitations

Throughout the course of the data analysis, a limitation was identified. Respondents expressed they would have liked to have a more uniform set of definitions for the terms the therapeutic use of self, therapeutic process, and therapeutic relationship (Appendix III). In future studies, this would be addressed by giving students definitions of these terms within the cover letter as well as a reiteration of these terms in the instruction portion of the survey with examples of each.

Future Implications

There are several possible future studies that could add to this study's findings. A future study could include a follow up survey to this same cohort of students to determine if increased direct client contact, through the student's level II fieldwork assignments, affects their levels of comfort in engagement with clients in the therapeutic use of self, therapeutic process, and therapeutic relationship. A future national study of students who are scheduled to commence their first level II fieldwork to determine what formal and informal knowledge, content, and or experiences they have been exposed to would give a more broad and thorough narrative to what students are exposed to and how they feel employing that knowledge with their future clients. This study would allow for even more robust data to determine if tentative conclusions from the current study can be substantiated. Additionally, a national study of occupational therapy faculty members could be conducted to determine their perceptions of the materials and experiences they are transferring to their students. With the current move towards an entry-level doctorate

degree, programs and faculty nationwide, are looking to expose students to more robust and earlier experiential fieldwork opportunities. Many universities are moving towards faculty facilitated level I group fieldwork experiences to improve student's interaction and ability to employ therapeutic use of self, process and relationships with clients at the earliest stages of learning as well as to meet growing demands for fieldwork site placements as well as to meet the standards set forth by the Accreditation Council for Occupational Therapy Education (ACOTE). future proposed study with fieldwork educators and students could examine student's readiness and ability to engage in these processes utilizing the faculty-facilitated level I fieldwork model. With the rapid development of the level I fieldwork changes, these studies might influence the ACOTE standards to guide curricula for both didactic and fieldwork levels of practice for this important area of practice.

Conclusions

With the results of this survey, we can now tentatively conclude that students, overall, are receiving the information didactically but desire increased ability to employ these concepts with clients before level II fieldwork. Active and intentional utilization of the Intentional Relationship Model (Taylor, 2008) throughout didactic experiences, as well as other instructional processes, could result in greater levels of comfort with and engagement in these processes; this is worthy of further study. The development of more explicit curriculum, using innovative and integrative instructional practices, could produce clinicians who are highly skilled in collaborative practices, thus improving the quality of novice clinicians' services for the clients they serve.

References

Accreditation Council for Occupational Therapy Education. (2013, July 3). *Standards and interpretive guide.* Retrieved from https://www.aota.org/~/media/Corporate/Files/EducationCareers/Accredit/Standards/2011-Standards-and-Interpretive-Guide.pdf

American Occupational Therapy Association. (2012). *COE guidelines for an occupational therapy fieldwork experience - level II.* Retrieved file:///C:/Users/bryan/Desktop/IRM%20Proposal/COE%20Guidelines%20for%20an%20Occupational%20Therapy%20Fieldwork%20Experience%20--%20Level%20II--Final.pdf

American Occupational Therapy Association. (2014a). *Academic programs annual data report, academic year 2013-2014. Retrieved from file:///C:/Users/bryan/Desktop/IRM%20Proposal/2013-2014-Annual-Data-Report.pdf*

American Occupational Therapy Association. (2014b). Occupational therapy practice framework: Domain and process (3rd ed.). *American Journal of Occupational Therapy, 68(Suppl. 1),* S1– S48. doi:10.5014/ajot.2014.682006

Bonsaksen, T. (2013). Self-reported therapeutic style in occupational therapy students. *British Journal Occupational Therapy, 76(11),* 496-502. doi: 10.4276/030802213X13833255804595

Creswell, J. W. (2013). *Qualitative inquiry & research design: Choosing among five approaches* (3rd ed.). Los Angeles: Sage.

Fan, C. W., & Taylor, R. R. (2016). Assessing therapeutic communication during rehabilitation: The clinical assessment of modes. *American Journal of Occupational Therapy, 70(4):*7004280010p1-7004280010p10. doi: 10.5014/ajot.2016.018846

Mattingly, C. (1994). The narrative nature of clinical reasoning. In C. Mattingly & M. H. Fleming (Eds.), *Clinical reasoning: Forms of inquiry in a therapeutic practice* (239–269). Philadelphia: F.A. Davis Company.

Pearson, J. A. (1982). *Active patient involvement in the goal-setting process and patient satisfaction with occupational therapy services.* (Master's Thesis) Retrieved from ProQuest Dissertation Publishing (EP62488)

Peloquin, S. M. (1990). The patient-therapist relationship in occupational therapy: Understanding visions and images. *American Journal of Occupational Therapy, 44(1),* 13-21. doi:10.5014/ajot.44.1.13

Peloquin, S. M. (1993). The patient-therapist relationship: Beliefs that shape care. *American Journal of Occupational Therapy, 47(10),* 935-942. doi: 10.5014/ajot.47.10.935

Peloquin, S. M. (1997). The spiritual depth of occupation: Making worlds and making lives. *American Journal of Occupational Therapy,51(3),* 167-168. doi:10.5014/ajot.51.3.167

Peloquin, S. M. (2002). Reclaiming the vision of reaching for the heart as well as hands. *American Journal of Occupational Therapy, 56(5),* 517-526. doi:10.5014/ajot.56.5.517

Peloquin, S. M. (2005). The 2005 Eleanor Clarke Slagle Lecture-Embracing our ethos, reclaiming our heart. *American Journal of Occupational Therapy, 59(6).* 611-625. doi:10.5014/ajot.59.6.611

Peloquin, S. M. (2007). A reconsideration of occupational therapy core values. *American Journal of Occupational Therapy, 61(4).* 474-478. doi:10.5014/ajot.61.4.474

Price, P. (2003). *Occupation-centered practices: Providing opportunities for becoming and belonging.* (Doctoral dissertation) Retrieved from ProQuest Dissertation Publishing (3133327).

Price, P., & Miner, S. (2007). Occupation emerges in the process of therapy. *American Journal of Occupational Therapy, 61(4),* 441–450. doi:10.5014/ajot.61.4.441

Price, P. (2009). The Therapeutic Relationship. In E.B. Crepeau, E.S. Cohen & B.A. Boyt Schell (Eds.), *Willard & Spackman's occupational therapy* (328-341). Philadelphia: Wolters Kluwer Health/Lippincott Williams & Wilkins.

Price, P., & Miner Stephenson, S. (2009) Learning to promote occupational development through co-occupation. *Journal Occupational Science, 16(3),* 180-186. doi: 10.1080/14427591.2009.9686660

Saldana, J. (2009). *Coding manual for qualitative researchers.* London: SAGE Publications.

Taylor, R. R. (2008). *The intentional relationship: Occupational therapy and the use of self.* Philadelphia: E.A. Davis Company.

Taylor, R. R., Ivey, C., Shepherd, J., Simons, D., Brown, J., Huddle, M., . . . Steele, R. (2013). *Self-assessment of modes questionnaire – version II.* Chicago, IL: University of Illinois at Chicago.

Taylor, R. R., Lee, S. W., Kielhofner, G., & Ketkar, M. (2009). Therapeutic use of self: A nationwide survey of practitioners' attitudes and experiences. *American Journal of Occupational Therapy, 63(2),* 198–207. doi:10.5014/ajot.63.2.198

Taylor, R. R., & Van Puymbroeck, L. (2013). Therapeutic use of self: Applying the intentional relationship model in group therapy. In J. C. O'Brien & J. W. Solomon (Eds.), *Occupational analysis and group process (pp. 36–52).* St. Louis, MO: Elsevier

Tickle-Degnen, L. (2002). Client-centered practice, therapeutic relationship, and the use of research evidence. *American Journal of Occupational Therapy, 56(4),* 470–474. doi:10.5014/ajot.56.4.470

Unsworth, C. A. (2001). The clinical reasoning of novice and expert occupational therapists. *Scandinavian Journal of Occupational Therapy, 8(4),* 163–173. Retrieved from http://web.a.ebscohost.com.ezproxy.lib.utah.edu/ehost/detail/detail?vid=0&sid=c24a99b3-5f22-45f4-bcdb-894cf89a0e27%40sessionmgr4007&bdata=JnNpdGU9ZWhvc3QtbGl2ZQ%3d%3d#AN=106946451&db=rzh

Willard, H. S., & Spackman, C. S. (1947). *Principals of occupational therapy.* Philadelphia: J.B. Lippincott.

APPENDIX I

Therapeutic Methods and the Student Clinician

Student Clinician Survey

This survey is being given as part of the required curriculum for fulfillment of the capstone project as part of the University of Utah's Occupational Therapy Doctorate program.
This survey is intended to reflect on the training that you have received as part of your program of study. In this survey I will be asking about your perception of your exposure to and level of comfort with engaging in the therapeutic use of self, therapeutic relationship, and therapeutic use of self.

According to the Occupational Therapy Practice Framework, 3rd Edition (2014) the therapeutic process, therapeutic relationship, and therapeutic use of self are defined as:

Therapeutic Process- is the client-centered delivery of occupational therapy services which includes evaluation and intervention (pp. S10).

Therapeutic Relationship- as the way client and therapist collaborate utilizing each of their personal experiences and clinical knowledge to engage in meaningful and mutually beneficial exchanges (pp. S12).

Therapeutic Use of Self- develop and manage their therapeutic relations with clients by using narrative and clinical reasoning; empathy; and a client-centered, collaborative approach to service delivery (pp. S12).

Your responses are anonymous. I appreciate your responses and look forward to reviewing the date collected. Completion and return of the survey imply your consent to participate in the study.

1. My MOT program addressed the concept and practice of the therapeutic use of self within the curriculum.

- ◯ Yes
- ◯ No
- ◯ I am not sure.

* 2. What is your level of comfort with your ability to engage in the therapeutic use of self with your clients as a student clinician?

	Not Comfortable				Comfortable
Therapeutic Use of Self	◯	◯	◯	◯	◯

3. My MOT program addressed the concept and practice of the therapeutic relationship within the curriculum.

- ◯ Yes
- ◯ No
- ◯ I am not sure

* 4. What is your level of comfort with your ability to engage in the therapeutic relationship with your clients as a student clinician?

	Not Comfortable				Comfortable
Therapeutic Relationship	◯	◯	◯	◯	◯

5. My MOT addressed the concept and practice of the therapeutic process within the curriculum.

- ◯ Yes
- ◯ No
- ◯ I am not sure

* 6. What is your level of comfort in your ability to engage in the therapeutic process with your clients as a student clinician?

	Not Comfortable				Comfortable
Therapeutic Process	◯	◯	◯	◯	◯

7. What readings, theories, instructional strategies did you engage in/with to learn to use yourself as a therapeutic agent, interact/collaborate within a therapeutic partnership, and effectively move therapy in the direction of mutually established outcomes/goals?

8. What do you wish your faculty/program had provided to prepare you to engage in the therapeutic use of self, therapeutic relationship, and therapeutic process with your clients as a student clinician?

9. Do you have any prior experience/s that have influenced your use of and comfort with the therapeutic process, therapeutic relationship, and or the therapeutic use of self?

- ◯ Yes
- ◯ No
- ◯ If yes, please explain below.

* 10. The university I attend is:

- ◯ University of Utah
- ◯ St. Augustine University Health Sciences

11. Age of Responder

- ◯ 20-25
- ◯ 25-30
- ◯ 30-35
- ◯ 35-40
- ◯ 40+

APPENDIX II

Data Results SPSS

Statistics

		My MOT program addressed the concept and practice of the therapeutic use of self within the curriculum.	Therapeutic Use of Self	My MOT program addressed the concept and practice of the therapeutic relationship within the curriculum.	Therapeutic Relationship	My MOT addressed the concept and practice of the therapeutic process within the curriculum.
N	Valid	55	55	55	55	55
	Missing	0	0	0	0	0
Std. Deviation between two programs.		.00000	.75656	.00000	.77936	.37784
Variance		.000	.572	.000	.607	.143
Range		.00	3.00	.00	3.00	2.00

Statistics

		Therapeutic Process	The university I attend is:	Age of Responder
N	Valid	55	55	55
	Missing	0	0	0
Std. Deviation between two programs		.77111	.37335	.68755
Variance		.595	.139	.473
Range		3.00	1.00	3.00

Frequency Table

My MOT program addressed the concept and practice of the therapeutic use of self within the curriculum.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	55	100.0	100.0	100.0

Therapeutic Use of Self

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Uncomfortable	0	0	0	0
	2	3	5.5	5.5	5.5
	3	1	1.8	1.8	7.3
	4	29	52.7	52.7	60.0
	5 Comfortable	22	40.0	40.0	100.0
	Total	55	100.0	100.0	

My MOT program addressed the concept and practice of the therapeutic relationship within the curriculum.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	55	100.0	100.0	100.0

Therapeutic Relationship

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Uncomfortable	0	0	0	0
	2	2	3.6	3.6	3.6
	3	6	10.9	10.9	14.5
	4	26	47.3	47.3	61.8

	5 Comfortable	21	38.2	38.2	100.0
	Total	55	100.0	100.0	

My MOT addressed the concept and practice of the therapeutic process within the curriculum.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	53	96.4	96.4	96.4
	I am not sure	2	3.6	3.6	100.0
	Total	55	100.0	100.0	

Therapeutic Process

		Frequency	Percent	Valid Percent	Cumulative Percent
	1 Uncomfortable				
	2	2	3.6	3.6	3.6
	3	14	25.5	25.5	29.1
	4	28	50.9	50.9	80.0
	Comfortable	11	20.0	20.0	100.0
	Total	55	100.0	100.0	

The university I attend is:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	University of Utah	9	16.4	16.4	16.4
	St. Augustine University Health Sciences	46	83.6	83.6	100.0
	Total	55	100.0	100.0	

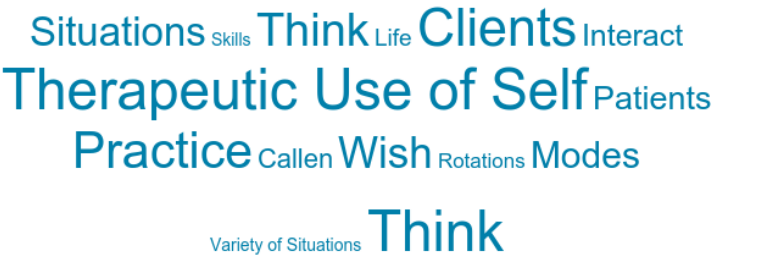
Age of Responder

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	20-25	29	52.7	52.7	52.7
	25-30	22	40.0	40.0	92.7
	30-35	3	5.5	5.5	98.2
	35-40	1	1.8	1.8	100.0
	Total	55	100.0	100.0	

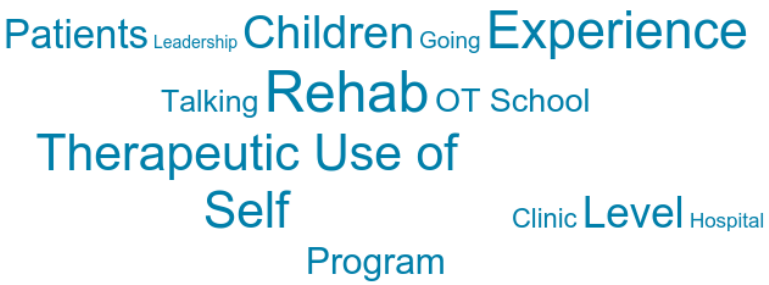
Survey Monkey Word Clouds

Q7 What readings, theories, instructional strategies did you engage in/with to learn to use yourself as a therapeutic agent, interact/collaborate within a therapeutic partnership, and effectively move therapy in the direction of mutually established outcomes/goals?

Q8 What do you wish your faculty/program had provided to prepare you to engage in the therapeutic use of self, therapeutic relationship, and therapeutic process with your clients as a student clinician?



Q9 Do you have any prior experience/s that have influenced your use of and comfort with the therapeutic process, therapeutic relationship, and or the therapeutic use of self?



Appendix III

Question 7: What readings, theories, instructional strategies did you engage in /with to learn to use yourself as a therapeutic agent, interact/collaborate within a therapeutic partnership, and effectively move therapy in the direction of mutually established outcomes/goals?

Column 1-Raw Data	Column 2-Preliminary Codes	Column 3-Final Codes/Themes
1. Models/FOR	Models Frames of Reference (FOR)	Didactic Learning Simulation Learning
2. Our program included multiple PowerPoint lessons in the curriculum regarding therapeutic use of self. We also had the opportunity to take a screening quiz to figure out which mode of therapeutic use of self we use the most since most people employ more than one mode.	Course Work Therapeutic Use of Self (TUS) Modes	
3. Skipped Question		
4.Taylor's Seven Modes, OTPF	Modes FOR Models	
5. Although we had many assigned readings, it was the lectures during class that made me realize how to discover my inner therapeutic self and apply it to various situations. I learn best from listening to others and what they do in certain situations, since it makes me reflect on what I would do and what I would do differently.	Course Work TUS	
6. Skipped Question		
7. Process of Occupational Therapy and Psychosocial courses	Courses	
8. Skipped Question		
9. Skipped Question		
10. Class power points, class lectures, videos, and simulations	Power Points Course Work	
11. Our instructors explained a lot of therapeutic use of self and how to use it through the different methods. Taking the "quiz" on which mode we most likely use made everything a little more clear as well. Sim lab helped understand this concept as well.	TUS Modes SIM Lab	

12. here were many provided readings, lectures, and textbook chapters over therapeutic use of self.	Course Work TUS	
13. We have had multiple assignments in which we had to include therapeutic use of self. There are many various units explaining it as well.	TUS Course Work	
14. Readings in selective classes from the textbooks required per course.	Course Work	
15. Learning and understanding the different modes of communication and ways to collaborate with patients based on their communication style.	Modes Communication Collaboration	
16. I learned about about the therapeutic use of self through the lecture, but in class we went into a more in-depth discussion about which mode was advantageous over the other in different situations.	TUS Course Work	
17. Skipped Question		
18. Simulations labs, fieldwork I experiences.	SIM Lab Fieldwork I (FW I)	
19. Much of the fieldwork experiences as well as the simulations help foster these skills. Additionally, working in collaborative groups with other students helps one work on therapeutic use of self	FW I Collaboration TUS	
20. Client-centered care, Moho, active listening, therapists personalities (problem-solver, empathetic, etc.), bio mechanic, cognitive behavioral therapy, etc. Family centered care.	FOR Models	
21. Classroom lecture material, simulation labs, fieldwork experiences.	Course Work SIM Lab	

	FW I	
22. Skipped Question		
23. Used group interactions, surveys, scholarly research to understand the concept further, and to participate in a practical way using therapeutic use of self	TUS	
24. Textbooks and evidence based research articles	Course Work FOR	
25. SIM lab has bene a great tool to engage and practice therapeutic use of self and its process. It allows students to develop their own strategies in a nonjudgemental environment.	SIM Lab	
26. -Preformed practicals with patient to establish therapeutic relationship before implementing treatment Completed multiple tasks by describing how to use the therapeutic use of self with a mock patient	Course Work TUC SIM Lab	
27. During fieldwork, I would use my therapeutic use of self by asking questions such as "how are you doing today?" to assess the client's mood. If they were upset or sad, I would validate feelings and let them feel heard. Usually, the client would feel more trusting to engage in activity after they see someone is affirming their feelings.	FW I	
28. MOHO	Models	
29. Online lectures, and simulation labs	Course Work SIM Lab	
30. Mode worksheet, therapeutic use of self PowerPoints and in class discussions, case studies, fieldwork experiences	Modes TUS Course Work	
31. All of the models and frames of reference in Cole & Tufano's textbook "Applied Theories in Occupational Therapy: A Practical	Models	

Approach" including: MOHO, PEOP, Occupational Adaptation, Toglia's, and others. Most courses have included a lecture on therapeutic use of self and how it applies to the topic of that course.	FOR TUS	
32. Skipped Question		
33. Willard and Spackman, therapeutic modes, interpersonal communication, intentional relationship model, self-assessment of therapeutic modes, simulation lab, clinical reasoning	Modes Models FOR SIM Lab	
34. Lectures from the classroom contained useful information that I can apply to increase my therapeutic use of self with my clients	Course Work TUS	
35. intentional relationship model, Taylor?, therapeutic modes quiz, simulation, experience in level 1a fieldwork, examples from teachers, lecture notes	Models Modes FW I	
36. Reading scenarios and thinking about which mode of therapeutic use of self would be most effective.	Modes TUS	
37. AOTA's OTPF, Willard & Spackman's Occupational Therapy, Level I fieldwork experience at varying settings	Models FOR FW I	
38. We were given lectures on each of the different therapeutic modes that it is possible to use with clients and when each is appropriate. We have participated in sim lab and	Course Work	

level 1 FW to be able to have opportunities to practice.	Modes SIM Lab FW I	
39. Since the start of term 1 students has had the chance to participate as a therapeutic agent through practical tests, simulation labs, and level 1 fieldwork. Given these opportunities helped to understand what working as a OT will potentially look like when entering the workforce.	SIM Lab FW I	
40. Skipped Question		
41. In one of my courses the instructor provided us a scanned copy of a chapter in a text book. All I know is the name of the chapter (4) was Knowing Ourselves as Therapists: Introducing the Therapeutic Model.	Models FOR	
42. Hands-on lab and role-playing opportunities have been very helpful in learning and applying therapeutic use of self.	SIM Lab	
43. Skipped Question		
44. We engaged in a lot of case studies. Fieldwork at Inspire was the best experience with practicing the therapeutic relationship and the therapeutic process of planning and engaging in activities that work toward goals.	FW I Therapeutic Relationship (TR) Therapeutic Process (TP)	
45. We had a handful of assignments strictly focused on therapeutic use of self, so it was really helpful going through the different qualities OTs should have and thinking of examples or scenarios where we would and would not use a specific aspect of communication.	TUS	
46. We discussed multi-disciplinary teamwork, Cole's	FOR	

Seven Steps of Leadership, In depth discussion of therapeutic use of self and the various modes, discussion on different styles of communication and when/why one is most effective, practiced/simulated these skills in multiple simulated labs.	Models	
47. Pedretti, OTPF,COPM	Models FOR	
48. Class readings and lectures	Course Work	
49. Readings: "Therapeutic Use of Self: A Nationwide Survey of Practitioners' Attitudes and Experiences" "An Exploratory Study of How Occupational Therapists Develop Therapeutic Relationships With Family Caregivers" "Therapeutic Use of Humor in Occupational Therapy" I have learned through observing therapists on fieldwork.	TUS FW I	
50. I have really liked the readings on occupational adaptation as a way to help me understand how to work together with a client to help them problem-solve and make goals	Models FOR	
51. Skipped Question		
52. MOHO and PEO	Models FOR	
53. I don't remember too many, not many addressed this		
54. OTPF, MOHO, PEO, "Occupational Therapy in Mental Health", importance of narrative stance/life history of patients.	Models FOR	
55. I can't cite specific readings. This was often discussed in theory-based classes.		

Question 8: What do you wish your faculty/program had provided to prepare you to engage in the therapeutic use of self, therapeutic relationship, and therapeutic process with your clients as a student clinician?

Column 1-Raw Data	Column 2-Preliminary Codes	Column 3-Final Code/Theme
1. Skipped Question		

2. I think the screening we did was really helpful. I think more activities like that with possible scenarios would be useful.	Scenarios	Scenario/Role Playing Client Interactions
3. More examples and real cases where we can ask questions to a client	Real Cases	
4. Increased practice to use the modes during role play	Role Play	
5. Professor Callen is amazing in the way she connects with her students. She uses her therapeutic use of self to explain and teach us what its all about. I wish we had more time in class with her.		
6. Skipped Question		
7. N/A – I feel successful in these areas		
8. More realistic opportunities to interact using these therapeutic engagements.	Real Clients	
9. Skipped Question		
10. I think they did a good job		
11. Talk about specific situations that are hard. Callen touched on this the most.		
12. More in class, hands on experience in real situations.	Role Play Real Clients	
13. My program has sufficiently covered therapeutic use of self.		
14. More opportunities to practice scenarios in a role-play type of manner	Role Play	
15. Skipped Question		
16. I wish I saw more real life scenarios of the therapeutic use of self with clients. I know we have sim lab, but I'd like to see an experienced OT do it first, possibly through video.	Real Clients Scenarios	
17. The one thing I would say that for some professors do not always use Therapeutic use of self when addressing their students		
18. Being able to interact with actual patients in need; for example in one of our peds rotations it would have been beneficially to work with children who have a challenge in their life rather than a "normal" developing child.	Real Clients	

19. I wish there was greater opportunity to see real patients with small groups of students to work through the therapeutic process from start to finish. This occurred in the adult sim with real patients, however that was one of the few (if not only times) that we were able to do initial eval. And assessment, create a treatment plan and see the patient again for another treatment session.	Real Clients	
20. A foundation for interviewing for basic questions such as the SAMPLE acronym that most health care professionals use when interviewing. A foundation for choosing interventions and models when assessing a client.	Stronger Foundations	
21. A longer duration of a mock clinical program - to better prepare and gain more experience in expressing our therapeutic use of self before leaving for actual clinical rotations.	Scenarios	
22. Skipped Question		
23. Possibly more experience and practice in a real-life scenario	Real clients Scenarios	
24. A practical to work on skills	Scenarios	
25. Providing more opportunities to practice then using therapeutic use of self by either more time out in the community or more SIM opportunities.	Real Clients Scenarios Role Play	
26. wish we saw more visual representations of how to use them.		
27. Skipped Question		
28. Given more actual clients to work with and more opportunities watching other actual therapists.	Real Clients Observations	
29. I think faculty had done a good job in incorporating the therapeutic use of self, and with more practice, I would feel more comfortable with it.		
30. More time spent on different modes. Specifically appropriate modes for specific settings, patients, diagnosis, etc. Effective ways to approach a client to find appropriate modes - ways to "read" clients to find what mode will work best for them	Scenarios	

31. More personal stories and examples from faculty on how they implement or have implemented therapeutic use of self/relationship/process in practice.	Scenarios	
32. Skipped Question		
33. More feedback about my own communication skills and more concrete examples of therapeutic use of self in practice	Scenarios Feedback	
34. I wish the program provided more practice of the therapeutic process with actual people instead of simulations.	Role Play Real clients	
35. more communication examples or simulation of specific modes. for example what does encouraging mode look like vs instructing vs problem solving. what does it sound like to use a problem solving mode and not be so encouraging all the time	Scenarios	
36. Practicing more situations, especially ones that are unpredictable and may require different modes of therapeutic use of self.	Scenarios	
37. I thought I had sufficient exposure to working with the concept of therapeutic use of self. Both simulation situations and level I fieldwork experience in the community allowed me to practice these concepts		
38. I think my teachers provided us with the needed materials.		
39. I wish it was emphasized more throughout the program and make it a topic of conversation in every class and not just particular classes. At the end of the day, apart from performing assessments, treatment, and interventions; the main point is how you maintain the integrity of your relationship with the clientele. I personally believe having a good relationship and building that trust will lead a therapist to achieve better outcomes. So with that being said, I wish this topic was emphasized more in all of my classes and educate us on how to handle families or clients in touch situations/scenarios. I feel like this	Consistency	

concept is touched upon here and there but not really emphasized as much as it should be.		
40. Skipped Question		
41. N/A		
42. I think good opportunities have been provided to us through this program.		
43. Skipped Question		
44. I think more engagement with clients like at inspire would be helpful.	Real Clients	
45. Maybe more role playing with given scenarios where we have to act as the client or OT as if it were a session.	Role Play Scenarios	
46. More opportunities to work with actual clients who are not our classmates.	Real Clients	
47. I think more hands on practice as Level 1 students	Scenarios Role Play	
48. N/A		
49. Assignments on fieldwork, such as class discussions about therapeutic use of self seen on fieldwork.	Assignments	
50. I feel like that is talked about early on, but it is easier to understand when practicing. I think that the use of terminology makes it difficult to understand. Had I known that it meant being genuine and finding that part of me that best benefits a client I would have understood it earlier on.	Clarification	
51. Role-play a variety of situations, difficult conversations, etc.	Role Play Scenarios	
52. Practicing in a variety of situations	Scenarios Role Play	
53. Skipped Question		
54. More examples of what is appropriate/inappropriate to share as a clinician.	Scenarios	
55. I feel that our program prepared us well for this. I cannot think of anything to add.		

Question 9: Do you have any prior experience/s that have influenced your use of and comfort with the therapeutic process, therapeutic relationship, and or the therapeutic use of self?

Column 1-Raw Data	Column 2-Preliminary Codes	Column 3-Final Code/Theme
1. Level 1 fieldwork professors	FW I Interactions	
2. Working as adjuct faculty in higher education required me to implement therapeutic use of self among my students. Different modes were used depending on the student and the situation.	Academic	Work Background
3. Yes		
4. I worked as a bartender and had to adjust my attitude based on the guest's when communicating with them	Food Service	
5. I have currently worked in various hospitals and clinic where I had to build relationships with the patients and clients that I worked with so it was a great benefit that I had previous exposure.	Healthcare (HC)	
6. Previous Work		
7. my experience before school, working in a TBI clinic made me feel more comfortable and confident	HC	
8. No		
9. Yes		
10. My internships and previous jobs	HC	
11. Being a rehab tech.	HC	
12. No		
13. Shadowing experience at in-patient rehab hospital	HC	
14. I have experience in problem solving from playing soccer at a collegiate level	Collegiate Sports	
15. I worked as an OT tech and interacted with numerous patients. This experience taught me how to effectively communicate with a variety of people for purposes such as educating, instructing, or simply learning about one another.	HC	
16. I spent 2 years working with children and talking to their parents. I also spent 5 years in a doctor's office directly talking to patients.	HC	
17. Cardiac Rehab Exercise Specialist, Program Manager of Wellness Center	HC	

18. Volunteers hours at other hospital facilities and working at a summer camp	HC	
19. Working with individuals with special needs, children with autism and geriatric population	HC	
20. Yes		
21. Independent caregiver	HC	
22. Yes		
23. No		
24. Yes		
25. Going through a leadership program, in which I would have to counsel and help with peers with problems or situations	Academic	
26. Previous to OT school I worked as a rehab tech and wellness tech in a general outpatient and s	HC	
27. Working as a rehab tech in an inpatient rehab facility. Level one fieldwork	HC	
28. have had many volunteer experiences under occupational therapists before.	Volunteer	
29. No		
30. No		
31. I worked as an ABA therapist with children prior to OT school and everday felt that I wanted to treat the children the same ways I would want my own children to be treated if they were in the same situation. I also wanted to have a relationship with the children and their parents. We were not allowed to communicate with parents and I felt that relationship was missing in order to provide the best care to the children. I think this is the first window to using theraputic use of self and relationship I experienced and I now have a better understanding of how to take that feeling and use it in OT and apply it to using therapeutic use of self/proces/relationship in the future.	HC	
32. Working as a Rehab Tech helped prepare me for these items, especially therapeutic use of self!	HC	
33. No		
34. Yes		
35. Yes		

36. Working as a PT tech I experimented with different therapeutic use of self and found an identity of which mode works best for me	HC	
37. No		
38. No		
39. No		
40. Skipped Question		
41. I worked as an after school counselor to utilize my undergraduate degree in child development, providing me with the experience of the instructing mode. In undergraduate studies I was enrolled in courses where I was told that my role is to be an advocate for families.	Academic	
42. Working as a preschool teacher prior to beginning my program. Also, prior work experience has been helpful.	HC	
43. No		
44. Yes		
45. I feel like the different aspects of communication are used on a daily basis when talking with friends, family members, classmates, etc. who are going through something and they need someone to talk to.	Community	
46. Leadership positions. Working with children with Autism and their families.	HC	
47. Training clients at the gym	Health and Wellness	
48. No		
49. Previously worked as a health coach, and learned more about therapeutic use of self.	Health and Wellness	
50. No		
51. Work experience, Bachelor of Social Work and internships	HC	
52. No		
53. Yes		
54. Sales in DME, CNA at assisted living facility	HC	
55. I'm a mother of three children and have cared for elderly family members. This is a very natural process for me.	Community	