Therapeutic Use of Self: A Nationwide Survey of Practitioners’ Attitudes and Experiences

Renee R. Taylor, Sun Wook Lee, Gary Kielhofner, and Manali Ketkar

Practitioners’ preparation for, attitudes toward, and experience of the therapeutic relationship and use of self were explored using a survey study with a random sample of 1,000 American Occupational Therapy Association members. Participants reported a high value for the therapeutic relationship and use of self; most felt that they were inadequately trained and that the field lacks sufficient knowledge in these areas. Regardless of practitioners’ age, gender, experience level, setting, treatment intensity, and client impairment, those who placed higher value on the use of self and had more training related to the therapeutic use of self were more likely to report interpersonal difficulties and feelings of positive regard for clients and were more likely to report concerns about clients. The findings suggest that more attention needs to be paid to the therapeutic relationship and to the therapeutic use of self in education and in research.


Throughout its history, occupational therapy has emphasized the importance of therapists’ interactions with clients. Although there has been no consistent terminology to refer to therapist–client interactions (Anderson & Hinojosa, 1984; Ayres-Rosa & Hasselkus, 1996; Cole & McLean, 2003; Eklund, 1996), one of the most common terms is the therapeutic relationship. Discussions of the therapeutic relationship commonly address communication, emotional exchange, collaboration, and partnership between therapists and clients.

The term therapeutic use of self is ordinarily used to refer to therapists’ conscious efforts to optimize their interactions with clients (Cole & McLean, 2003; Punwar & Peloquin, 2000). The most widely cited contemporary definition of therapeutic use of self describes it as a therapist’s “planned use of his or her personality, insights, perceptions, and judgments as part of the therapeutic process” (Punwar & Peloquin, 2000, p. 285).

Early occupational therapists viewed the therapeutic use of self as a means for encouraging clients to engage in occupation (Kielhofner, 2004; Schwartz, 2003). The role of the therapist was to promote confidence about occupational engagement, to function as an expert and guide, and to act an emulator of the joy of occupation (Bing, 1981; Bockoven, 1971; Dunton, 1915, 1919; Tracy, 1912). In the middle of the 20th century, the therapeutic use of self was viewed through the lens of psychoanalytic concepts and seen as a means of achieving changes in clients’ psychological makeup (Azima & Azima, 1959; Conte, 1960; Fidler & Fidler, 1954, 1963; Wade, 1947).

The past 3 decades have witnessed a growing literature on the therapist–client interaction. Although the term therapeutic use of self is not applied to all of these discussions, the phenomena they address fall within the scope of the definition noted earlier. Some authors have written about the importance of collaborative and client-
centered approaches (e.g., Anderson & Hinojosa, 1984; Ayres-Rosa & Hasselkus, 1996; Hanna & Rodger, 2002; Hinojosa, Sproat, Mankhetwit, & Anderson, 2002; Law, 1998; Law, Baptiste, & Mills, 1995; Restall, Ripat, & Stern, 2003; Sumson, 2000, 2003; Townsend, 2003). Others have emphasized the importance of caring and empathy (e.g., Baum, 1980; Cole & McLean, 2003; Devereaux, 1984; Eklund & Hallberg, 2001; Gilfoyle, 1980; King, 1980; Lloyd & Mass, 1992; Peloquin, 2005; Yerxa, 1980). Discussions of the use of narrative and clinical reasoning have also touched on the need for therapists to comprehend clients’ perspectives and interact with clients to facilitate their unfolding life stories (Clark, 1993; Crepeau, 1991; Fleming, 1991; Kielhofner, 2007; Lyons & Crepeau, 2001; Mattingly, 1994; Rogers, 1983; Schell, 2003; Schell & Cervero, 1993).

Although these discussions underscore the value that occupational therapy places on the therapeutic relationship and on the therapists’ use of self, they do not constitute a single approach to conceptualizing either of these phenomena. Rather, they are loosely connected by virtue of common concerns for how therapists achieve and demonstrate understanding, caring, and concern for clients’ perspectives and experiences in their interactions with therapists.

Empirical Studies of the Therapeutic Relationship

Only a few empirical studies have been conducted on the therapeutic relationship or therapeutic use of self in occupational therapy. These studies have differed widely in the variables they studied and the methods they used. They also represent a variety of settings and client groups.

In a qualitative study using focus groups, Allison and Strong (1994) examined how 23 occupational therapists in general rehabilitation perceived their use of verbal interaction with their adult clients. They concluded that good clinical communicators accommodated their interactions to clients’ needs.

Jenkins, Mallett, O’Neill, McFadden, and Baird (1994) conducted systematic observations of how eight occupational therapists communicated with geriatric clients during therapy sessions. They found that more experienced occupational therapists achieved more mutual participation in the therapy process.

Eklund and Hallberg (2001) investigated how and why occupational therapists in psychiatric settings used verbal interaction with their clients. On the basis of a survey of 292 therapists, they found that verbal interaction was used not only for assessment and interventions but also in treatment planning and posttreatment evaluation. They concluded that verbal interaction was a significant component of the therapeutic relationship and emphasized the need to study and develop the verbal and the doing aspect of occupational therapy.

In a survey of 129 practicing occupational therapists from various practice areas, Cole and McLean (2003) found that therapists strongly emphasized rapport, open communication, and empathy as important roles in the therapist–client relationship. They also found that therapists perceived the therapeutic relationship as critical to therapy outcomes.

Palmadottir’s (2006) qualitative study explored adult clients’ perceptions of the relationship with their occupational therapists in a rehabilitation setting. On the basis of interviews with 20 adult clients, she concluded that therapists needed to pay more attention to their clients’ occupational issues and needs, involve them more in a goal-directed therapy process, and have more awareness of how their own attitudes are communicated and acted out in therapy.

Norrby and Bellner (1995) attempted to identify barriers to a good therapeutic relationship. They interviewed 16 therapists working with adults in mental health and physical rehabilitation settings and found that therapists’ concerns over professional ambiguity and their aspiration to be recognized as professionals sometimes led to an emphasis on professional knowledge and authority that conflicted with achieving egalitarian client–therapist relationships. Norrby and Bellner (1995) also concluded that therapists with more self-confidence were able to grow personally and professionally and to achieve better relationships with their clients. Rosa and Hasselkaus (1996) surveyed by telephone 83 occupational therapists who were practicing nationwide. Their qualitative analysis concluded that therapists’ personal identities appeared to combine with their professional identities. They concluded that it is important to have a sense of “connecting” with clients in terms of helping and caring.

Guidetti and Tham (2002) interviewed 12 occupational therapists who worked on self-care training with clients with either stroke or spinal cord injury. Their qualitative study identified several interpersonal strategies, including building a relationship, establishing trust, motivating clients, and providing an enabling occupational experience.

Eklund (1996) investigated whether the therapeutic relationship was related to outcomes in mental health practice. In an observational study of 20 clients and five occupational therapists, she found that both therapists and clients perceived their working relationship as good. However, no consistent relationships with outcomes were found using a measure of the quality of the working relationship; both clients’ and therapists’ perceptions of the extent of client participation in the treatment process were related to outcomes.
Although these studies provide only limited findings about the therapeutic relationship, they do suggest that therapists sometimes encounter barriers to maximizing the therapeutic relationship and that therapists differ in their degrees of success in this area. They also suggest that therapists with greater confidence, awareness of their own thoughts and feelings, and orientation toward the interpersonal aspects of therapy may achieve more effective therapeutic relationships.

Collectively, the studies underscore that there is no single way of operationalizing the therapeutic relationship and the therapeutic use of self. The variables they have examined include communication, mutuality, rapport, and empathy, as well as some consideration of how therapist characteristics (identity, role ambiguity) play out in interactions. Finally, they suggest that despite the field’s long-term and contemporary emphasis on the importance of therapeutic use of self (AOTA, 2002), little is known about the circumstances of therapy that require it, how therapists learn about therapeutic use of self, and how they experience and manage the therapeutic relationship.

**Study Objectives**

The aim of this exploratory and descriptive study was to describe occupational therapists’ preparation for, attitudes toward, and experience of the therapeutic relationship and use of self. Therefore, the objectives of this study were as follows:

1. Characterize occupational therapists’ views of the importance of the therapeutic relationship and use of self for the process and outcomes of occupational therapy;
2. Identify how occupational therapists acquire skills for the use of self;
3. Characterize the kind of difficult interpersonal behaviors therapists encounter within the therapeutic relationship;
4. Characterize therapists’ reported thoughts, feelings, and level of concern about their clients; and
5. Explore relationships between the descriptive characteristics of occupational therapists (age, gender, experience levels, practice settings, treatment intensity, and primary problem of the client population) and their levels of training in use of self, value for use of self, perceptions of difficult behaviors, positive regard for clients, and concern about clients.

**Method**

A mailed questionnaire was used to elicit information relevant to the study objectives from practicing occupational therapists. The study was approved by the Institutional Review Board at the University of Illinois at Chicago.

**Participants**

The research participants were practicing occupational therapists residing in the United States who were registered in the member-sampling database, which is owned by AOTA and the American Occupational Therapy Foundation. Every 23rd record from a total list of 23,168 AOTA members was identified. This effort resulted in a systematic random sample of 1,000 AOTA members from a wide range of practice specialties and settings; with different levels of education, training, and experience; and seeing clients of various ages and presenting problems.

To invite occupational therapists to complete the questionnaire, each prospective participant was mailed a packet containing an introductory letter of invitation to participate, a consent form, and a questionnaire on therapeutic use of self. Only currently practicing occupational therapists were invited to participate and included in the analysis.

**Measures**

**Use-of-Self Questionnaire.** A self-administered mail survey questionnaire on therapeutic use of self was developed by Renne R. Taylor and Manali Ketkar and pilot tested on a group of 22 occupational therapists. The questionnaire was then revised on the basis of findings from the pilot study, additional qualitative criticisms about the questionnaire from pilot study participants, and a focus group discussion with pilot study participants.

To create a common frame of reference for the survey, respondents were provided the contemporary definition of therapeutic use of self noted at the beginning of this article. They were instructed to respond to the survey with reference to this definition. Moreover, questions addressed to the therapeutic relationship were consistently worded to refer to the therapists’ relationships with their clients. The questionnaire contained 19 questions and was divided into two sections. The first part collected sociodemographic information and descriptive information about the respondents’ educational levels, practice experience, primary treatment setting, primary impairments seen, typical length of treatment, and nature and extent of training in use of self.

The second part of the survey asked respondents about their perceptions of the importance of the therapeutic relationship, the difficult interpersonal behaviors they encountered in practice, and their attitudes toward and concern for clients.

**Procedure.** Mailed surveys require systematic follow-up procedures to ensure acceptable response rates. Thus, we used standard follow-up methods for survey research (Fowler,
Within a week of the initial survey mailing, a follow-up letter was sent to thank everyone who responded and to ask those who had not done so to respond. Two additional mail attempts were made to solicit participation from those who did not respond. Four weeks after the initial mailing was sent, a second mailing containing a replacement copy of the questionnaire, a copy of the consent form, a self-addressed stamped envelope, and a reminder letter was sent to all nonrespondents. Eight weeks after the initial mailing, a third mailing containing the same items was mailed. Three weeks after the third attempt, accrual ceased, no new questionnaires were processed, and data were entered into an SPSS database.

Data Analysis. Cases with missing data on any variable were not included when summing items comprising the five scales and were eliminated from all analyses using the listwise deletion method. Descriptive and inferential statistics were used to analyze questionnaire data. Descriptive analyses included the assessment of frequency and percentage data for sociodemographic and descriptive variables and the respondents’ training and education in use of self, value for use of self, perceptions of difficult interpersonal behaviors in clients, and positive regard for clients.

Five scales were formed from the items in the survey. Table 1 shows the scales along with the operational definition of each scale. The five scales were used to explore the relationships stated in the study objectives. Internal consistency was measured using Cronbach’s alpha. Coefficients are presented in Table 1 and ranged from .7 (acceptable reliability) to .9 (excellent reliability). Internal consistency was not measured for the extent-of-training scale because of its high face validity and because the scale is a simple tally of types of training received. Conceptually, there is no reason to believe that types of training in the use of self in occupational therapy would converge in any meaningful way.

To explore relationships between the variables of interest (training in the use of self, value for the use of self, difficult interpersonal behaviors, positive regard for clients, and concern about clients) and the descriptive variables, bivariate correlations using Pearson’s coefficient were conducted for the continuous variable of age; t tests were used for dichotomous variables of gender and primary problem of the client population; and one-way analyses of variance (ANOVs) were used for variables with three or more levels, including experience levels, practice settings, and treatment intensity. Partial correlations were used to account for the influence of the descriptive variables while exploring relationships between the variables of interest. Bonferroni post hoc tests were conducted for all the ANOVA analyses to isolate significant relationships and to control for Type I error. In addition to the use of Bonferroni tests, a conservative p value of .01 was set to designate significance for all analyses to reduce the chances of Type I error emanating from multiple univariate comparisons.

Results

Descriptive Characteristics

The response rate was 64%, which is somewhat higher than that typically obtained from surveys of practitioners within occupational therapy (Giesbrecht, 2006; Jones, Drummond, & Vella, 2007; Mu, Lohman, & Scheirton, 2006; National Board for Certification in Occupational Therapy, 2004). After excluding noncurrent practitioners, 568 valid participants remained. Most respondents were women (92%), and the mean age was 42 years (SD = 11). Most of the sample participants

### Table 1. Subscales Created From the Survey Instrument

<table>
<thead>
<tr>
<th>Scale</th>
<th>Operational Definition</th>
<th>How Quantified</th>
<th>Internal Reliability Coefficient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent of training in therapeutic use of self</td>
<td>Reported number of ways that the therapist learned about therapeutic use of self</td>
<td>Sum of yes responses to items listed in first part of Table 2</td>
<td>NA</td>
</tr>
<tr>
<td>Value of the therapeutic relationship or</td>
<td>Extent to which therapists agreed on the importance of the therapeutic relationship or</td>
<td>Sum of responses to items listed in Table 3</td>
<td>.70</td>
</tr>
<tr>
<td>therapeutic use of self</td>
<td>use of self for therapy process and outcomes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extent of interpersonal difficulty experienced</td>
<td>Reported frequency of difficult interpersonal behaviors encountered in practice</td>
<td>Sum of frequency responses to items in Table 4</td>
<td>.90</td>
</tr>
<tr>
<td>Positive regard for clients</td>
<td>Reported frequency of positive thoughts, memories, and feelings about clients</td>
<td>Sum of frequency responses to items in Table 5</td>
<td>.70</td>
</tr>
<tr>
<td>Concern about clients</td>
<td>Reported frequency of confused, sad, worried, sorry, or intrusive feelings or thoughts concerning clients</td>
<td>Sum of frequency responses to items in Table 6</td>
<td>.70</td>
</tr>
</tbody>
</table>

*Note. NA = not applicable.

4Strongly agree = 4; agree = 3; disagree = 2; strongly disagree = 1.
4Always/almost always = 4; frequently = 3; sometimes = 2; never/almost never = 1.
(77%) had been practicing for >5 years. Most (72%) had a bachelor’s degree in occupational therapy; 25% had an entry-level master’s degree, 2% had a certificate, and 1% had a doctorate in occupational therapy (OTD). Only 9% reported seeing clients with psychiatric disorders as their primary client population. Most respondents (91%) were treating other impairments as their primary diagnoses; motor or movement impairments were the most common, followed by sensory, cognitive, perceptual, intellectual, and learning impairments. Respondents worked in a wide range of treatment settings, with inpatient settings (34%), outpatient rehabilitation (28%), and school settings (23%) being the most frequent.

Training in the Use of Self

Frequency and percentage data summarizing the nature and extent of respondents’ training in use of self are presented in Table 2. As demonstrated in the table, most respondents did not take a specific course in use of self during occupational therapy school but instead acquired their knowledge through various courses, during fieldwork training, and through interacting with non–occupational therapist professionals. Approximately half agreed or strongly agreed that they were sufficiently trained in use of self upon graduating from occupational therapy school; the other half were less certain. Fewer than one-third agreed or strongly agreed that sufficient knowledge about the use of self exists in this field.

A t test revealed that respondents whose primary client population was psychiatric (M = 3.6, SD = 1.6) reported having a greater number of different types of training in use of self than those seeing nonpsychiatric (M = 2.9, SD = 1.4) client populations (t[1, 546] = 13.4, p < .01). No other significant relationships with the descriptive variables were observed.

| Table 2. Practitioners’ Training and Education for the Therapeutic Use of Self (N = 568) |
| --- | --- | --- |
| Training Modality | Agree, Strongly Agree | Frequency | % |
| I took a class that focused ONLY and SPECIFICALLY on this topic in occupational therapy school. | 24 | 4.3 |
| I hold certification or licensure in counseling or in another mental health discipline. | 29 | 5.2 |
| I sought out expert consultation or supervision of an expert after occupational therapy school. | 36 | 6.4 |
| I sought psychotherapy, and it influenced knowledge in this area. | 48 | 8.5 |
| I took continuing education workshops or courses on this topic. | 50 | 8.9 |
| I learned about it through supervision on the job in an occupational therapy clinical setting. | 225 | 40.0 |
| I gained knowledge from reading about this topic. | 259 | 46.0 |
| I learned about this during my fieldwork experiences in occupational therapy school. | 293 | 52.0 |
| I learned about it through interaction with professionals from other disciplines at my workplace. | 315 | 56.0 |
| This topic was covered in various classes in occupational therapy school. | 408 | 72.5 |
| There is sufficient knowledge available in the field of occupational therapy about therapeutic use of self. | 158 | 28.7 |
| I was sufficiently trained in therapeutic use of self on graduation from occupational therapy school. | 285 | 51.3 |

Note. Percentages are “valid” percentages that took into account the missing data.

Value for Use of Self

Frequency and percentage data indicating respondents’ value for use of self are presented in Table 3. As seen in the table, most therapists reported a high level of value for the therapeutic relationship and the therapeutic use of self in occupational therapy. More than 90% reported that their relationships with clients affected occupational engagement. More than 80% believed that therapeutic use of self was the most important skill in their practice and was the key determinant of therapy outcomes and that clinical reasoning should always include use of self. No significant findings involved the value of the therapeutic relationship or therapeutic use of self scale and the descriptive variables.

Difficult Interpersonal Behaviors

Frequency and percentage data summarizing respondents’ reports of difficult interpersonal behaviors in clients are presented in Table 4. The difficult behaviors most frequently reported included emotional dependence, manipulative behavior, and attention-seeking or attention-demanding behavior. At the same time, all of these behaviors were reported as occurring frequently to always in less than one-third of the sample.

A t test showed that respondents whose primary client population was psychiatric (M = 35.1, SD = 6.9) reported a greater frequency of difficult interpersonal behaviors in clients than those seeing nonpsychiatric (M = 29.3, SD = 5.7) client populations (t[1, 546] = 58.9, p < .01). In addition, a one-way ANOVA revealed a significant effect of treatment setting on respondents’ reports of the extent of difficult interpersonal behavior in clients (F[4, 536] = 13.5, p < .01). Therapists working in inpatient settings (M = 32.4, SD = 6.1) reported a significantly greater number of difficult
interpersonal behaviors than did therapists working in outpatient settings ($M = 30.0, SD = 5.8$), school settings ($M = 27.9, SD = 5.4$), and home health care ($M = 28.5, SD = 6.1$). Bonferroni post hoc testing revealed no significant differences for community-based settings. No other significant relationships involving the descriptive variables were found.

### Positive Regard for Clients

Frequency and percentage data reflecting respondents’ positive regard for clients are presented in Table 5. Most respondents reported feeling positive regard for clients on a frequent-to-always basis. Most reported frequently to always feeling good about a compliment from a client, and almost three-quarters of the sample reported that they frequently to always reflect positively about their interactions and things they learned from clients.

A one-way ANOVA revealed a significant effect of treatment setting on respondents’ positive regard for clients ($F[4, 536] = 4.2, p < .01$). Respondents working in home health settings ($M = 12.6, SD = 1.9$) reported a significantly higher level of positive regard for their clients than did those working in school settings ($M = 11.4, SD = 2.3$). Bonferroni post hoc testing revealed no other significant differences between the treatment settings, and no other significant findings regarding the descriptive variables and positive regard for clients were observed.

### Concern About Clients

Frequency and percentage data summarizing respondents’ concerns about clients are presented in Table 6. Findings indicated that many therapists had frequent concerns about how to best care for their clients, and some reported that these concerns frequently interfered with their private time. More than half of the respondents reported that they frequently to always thought about their clients during family or leisure time, and almost one-third reported that they frequently to always felt sorry that a client had not made progress. A quarter of the sample worried about clients frequently to always, and a little more than one-fifth reported frequently to always feeling frustrated or sad about clients.

Respondents’ age was negatively associated with their concern about clients such that younger therapists were significantly more likely to experience concern about clients.

### Table 3. Practitioners’ Value for Use of Self

<table>
<thead>
<tr>
<th>Item</th>
<th>Agree, Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Across all the clients that I see, my relationship with the client is the most frequently key determinant of the outcome of therapy.</td>
<td>460 82.3</td>
</tr>
<tr>
<td>Clinical reasoning should always include issues related to one’s therapeutic use of self.</td>
<td>485 86.9</td>
</tr>
<tr>
<td>Therapeutic use of self is the most important skill in my practice as an occupational therapist.</td>
<td>489 87.9</td>
</tr>
<tr>
<td>My relationship with a given client affects the client’s engagement in therapeutic activities.</td>
<td>536 95.9</td>
</tr>
</tbody>
</table>

Note. Percentages are “valid” percentages that took into account the missing data.
Table 5. Practitioners’ Positive Regard for Clients

<table>
<thead>
<tr>
<th>Item</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reflect positively on things you have learned from a client</td>
<td>397</td>
<td>71.4</td>
</tr>
<tr>
<td>Enjoy the memory of interacting with a client</td>
<td>415</td>
<td>74.5</td>
</tr>
<tr>
<td>Feel good about a compliment a client gave me</td>
<td>448</td>
<td>80.9</td>
</tr>
<tr>
<td>Feel positive regard (i.e., admiration, respect) for a client</td>
<td>479</td>
<td>86.2</td>
</tr>
</tbody>
</table>

Note. Percentages are “valid” percentages that took into account the missing data.

Table 6. Practitioners’ Concerns About Clients

<table>
<thead>
<tr>
<th>Item</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feel bewildered that you just don’t understand a client’s attitude or behavior</td>
<td>32</td>
<td>5.7</td>
</tr>
<tr>
<td>Think about your clients during times you do not want to</td>
<td>87</td>
<td>15.6</td>
</tr>
<tr>
<td>Feel frustrated with a client’s attitude, behavior, or lack of follow through</td>
<td>120</td>
<td>21.5</td>
</tr>
<tr>
<td>Feel sad outside the therapy session because of a client’s circumstances or struggle</td>
<td>125</td>
<td>22.4</td>
</tr>
<tr>
<td>Worry about what might happen to a client outside the therapy session</td>
<td>142</td>
<td>25.5</td>
</tr>
<tr>
<td>Feel sorry that a client has not made expected progress</td>
<td>175</td>
<td>31.5</td>
</tr>
<tr>
<td>Think about how to better help a client during your own leisure or family time</td>
<td>373</td>
<td>66.8</td>
</tr>
</tbody>
</table>

Note. Percentages are “valid” percentages that took into account the missing data.

Table 7. Pearson’s Correlation Coefficients for Relationships Between Training in Use of Self, Value for Use of Self, Perceptions of Difficult Interpersonal Behaviors, Feelings of Positive Regard for Clients, and Concern About Clients

<table>
<thead>
<tr>
<th></th>
<th>Difficult Behavior</th>
<th>Positive Regard</th>
<th>Concern</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training in use of self</td>
<td>.19*</td>
<td>.12*</td>
<td>-.03</td>
</tr>
<tr>
<td>Value for use of self</td>
<td>.14*</td>
<td>.18*</td>
<td>.12*</td>
</tr>
</tbody>
</table>

*p < .01.

Discussion

This study sought to describe key phenomena related to the therapeutic relationship and therapeutic use of self. It characterized a sample of 568 occupational therapists in terms of their training in therapeutic use of self, the extent to which they valued the therapeutic relationship and the therapeutic use of self, the level to which they encountered difficult interpersonal behaviors in the therapeutic relationship, and their feelings toward their clients. Respondents perceived the therapeutic relationship as vital to therapy clients’ engagement in therapeutic activities and to the outcomes of therapy. Most therapists considered therapeutic use of self as the most important skill in occupational therapy practice and as a critical element of clinical reasoning. These findings are consistent with claims in the occupational therapy literature and
provide evidence from the perspective of occupational therapists of the importance of the therapeutic relationship and therapeutic use of self.

All respondents reported experiencing at least some interpersonal challenges, and some of the respondents reported frequent interpersonal challenges involving clients. Therapists seeing clients with psychiatric impairments and those working in inpatient settings of all types reported the highest levels of interpersonal difficulties with clients. This finding makes sense given that some clients with psychiatric impairments may be more likely to manifest interpersonal difficulties. Moreover, clients with any type of impairment who find themselves in an inpatient setting may experience more stress than do clients in other settings, leading to a greater likelihood of interpersonal tensions. These findings underscore the extent to which therapists are challenged to deal with difficult emotions and behaviors in the therapeutic relationship. They suggest that research is needed to better understand how client emotions and behaviors affect therapy processes and outcomes and how therapists can effectively manage those feelings and behaviors to optimize occupational therapy processes and outcomes.

Despite their report of substantially difficult emotions and behaviors in the therapeutic relationship and their endorsement of its importance, most respondents indicated that sufficient knowledge about the therapeutic relationship and therapeutic use of self does not exist within the field of occupational therapy. Moreover, only about half of the sample felt sufficiently educated in the use of self after graduation from occupational therapy school. Most respondents received their training in the use of self in various courses during school. Respondents who primarily see clients with psychiatric impairments did report having a greater number of different types of training in the use of self than did those who see clients with other types of impairments, but therapists sought such training after their initial training. Fewer than 5% of respondents reported taking a course that focused solely on the therapeutic use of self, and <10% received consultation or continuing education during their professional careers. These findings suggest that consideration should be given to whether preparation of therapists for the therapeutic use of self is adequate. They also point to the potential need for therapists to be supported to continue their learning in this area beyond basic preparation.

Most respondents reported experiencing positive regard for their clients on a regular basis. Most regularly felt good when their clients complimented them, and nearly three-quarters frequently enjoyed positive memories and reflections about their clients. Although respondents reported these feelings regardless of their age, gender, experience levels, treatment intensity, and types of impairments seen, those working in home health settings did report higher levels of positive regard for their clients than did those working in school settings. The reasons underlying this finding are unclear. Feelings of positive regard were nonetheless high across all settings, and no significant differences in positive regard for clients were found between therapists in other types of treatment settings.

In addition to having positive feelings about their clients, respondents reported experiencing concern about their clients to various degrees. More than half of the sample reported frequently thinking about how to improve care for their clients during family or leisure time. One-fifth to almost one-third of the sample reported regularly feeling frustrated, sad, and worried about their clients. Taken together, these findings suggest that most respondents cared very much about the well-being of their clients, but some frequently experienced painful and upsetting emotions related to their clients. Concern about clients was most closely associated with younger therapists, female therapists, and therapists with less experience in practice. These results raise the question as to whether other critical differences among therapists led some to report more interpersonal difficulties and concerns about clients than others.

The study revealed several interesting relationships. When analysis controlled for age, gender, experience levels, setting, treatment intensity, and client impairment, respondents who placed a higher value on and had more training related to the therapeutic use of self were more likely to observe interpersonal difficulties in clients. This finding points to two potential hypotheses. First, better-trained therapists and those who place greater value on the therapeutic relationship may be more able to recognize and label interpersonal difficulties. Second, those who encounter more interpersonal difficulties may be more likely to seek training in and recognize the necessity for therapeutic use of self. Further research is required to determine the extent to which each of these hypotheses is supported.

Therapists with more training and value for therapeutic use of self were also more likely to feel positive regard for their clients. Respondents placing higher value on use of self were more likely to report concerns about clients, but training in use of self showed no relationship with level of concern for clients. These findings suggest that higher levels of training in the use of self may enable therapists to more readily identify interpersonal difficulties with clients while not feeling particularly worried, sad, or frustrated in the face of interpersonal challenges. Given that training in the use of self was not negatively correlated with concerns, however, it is not possible to argue that more training in the use of self would be likely to reduce those therapists’ concerns about their clients. Other variables not explored in this study may be contributing to
Some of the respondents’ ongoing concerns about their clients. More research in this area is clearly needed to explore the source of concern in this subgroup of practitioners. In particular, it would be useful to know what degree of concern is associated with a positive therapeutic relationship.

This study was descriptive and exploratory and had several limitations. The findings and suggested interpretations should be considered preliminary. Although the questionnaire used in this study was pilot tested and valid on its face, and its scales showed adequate to excellent internal consistency, additional psychometric studies are needed to establish other aspects of the validity and reliability of the scales created from questionnaire items. In addition, although the sample was randomly generated, it does not adequately represent the entire occupational therapy practitioner population. Occupational therapists who are not members of AOTA and who did not volunteer for research were not included. Moreover, it is likely that responses were biased by the higher likelihood of inclusion of therapists with a high level of interest in use of self. Even though findings were significant at the \(p < .01\) level, partial correlation coefficients were mild to moderate in strength. In addition, some data were missing because some participants failed to respond to certain items on the questionnaire. Finally, this survey was designed to achieve a first, broad examination of issues related to the therapeutic relationship and therapeutic use of self in a large national sample. Previous studies were limited in scope and used small convenience samples. Nonetheless, the survey methodology used in this sample has inherent limitations. Many variables of interest to the therapeutic relationship will require direct observation and intensive investigation of meanings associated with qualitative methodologies.

Despite its limitations, this study served to introduce some critical considerations for the role of the therapeutic relationship and the therapeutic use of self in occupational therapy. Respondents clearly value and care for the well-being of their clients and consider their relationship with clients and their therapeutic use of self to be critically important for what their clients gain from therapy. At the same time, they characterize their field’s knowledge and their training on these topics as inadequate. The findings suggest that the field could benefit from an increased focus on the role of therapeutic use of self in classroom education, fieldwork training, continuing education, and research.

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References


