

How Do Students Learn the Skills Needed for Client-Centered Practice?

Debra Hanson

Acquiring therapeutic communication skills appears to provide a foundation for students' learning to provide client-centered care. Maloney and Griffith examined the effect of community-based service-learning experiences with mental health consumers on the therapeutic communication skills of six occupational therapy students.¹ Through retrospective analysis of reflective journals, they identified eight themes: (1) developing trust, (2) establishing boundaries, (3) communicating, (4) providing client-centered care, (5) breaking down preconceptions, (6) increasing self-awareness, (7) feeling pride, and (8) appreciating the power of occupations.

Students learned the value of establishing trust with their clients as they tried out various methods to establish rapport. They learned to respect the boundaries of their clients and also set boundaries for themselves. They were impressed with the wide array and judicious use of communication skills by employees at their site. They wrote of the benefit of learning from positive role models and receiving immediate and appropriate feedback regarding their communication skills in specific situations. Their journal entries reflected both the importance and difficulty of providing client-centered care. They learned to respect the clients' daily routines and to adjust their therapeutic approach according to client needs. Their stereotypical preconceptions were reduced as they began to appreciate the individual and diverse strengths and challenges of each client. They became more self-aware and self-confident as they tried out and experienced the effects of various therapeutic communi-



cation strategies. They compared the pride they experienced as they gained confidence in their therapeutic skills with the pride expressed by their clients when they completed a project or participated successfully in an activity. Students also learned to recognize their effective applications of occupation by noting the effects of occupational engagement on clients' attention span, self-confidence, and mood. The authors underscored the value of linking academic learning with practical experiences to better prepare students to apply abstract concepts to practice.

THERAPEUTIC USE OF SELF

The value of applying the therapeutic use of relationship to practice and the need for refining associated educational practices is evident in a national survey of AOTA members conducted by Taylor, Lee, Kielhofner, and Ketkar.² The purpose of the study was to describe the preparation, attitudes, and experience of occupational therapists in relation to the therapeutic use

of relationship and therapeutic use of self in their practice. Using systematic random sampling, the authors obtained responses from 568 valid participants who primarily worked in inpatient rehab (34%), outpatient rehab (28%), and school settings (23%).

Ninety percent of respondents reported that their relationships with clients affected occupational engagement, and more than 80% identified the therapeutic use of self as a key determinant of therapy outcomes. Therapists with more training and value for the therapeutic use of self were more likely to feel positive regard for their clients ($p < .01$). Among other findings, only approximately half of the respondents (51.3%) agreed or strongly agreed that they were sufficiently trained in therapeutic use of self on graduating from occupational therapy school. Moreover, most respondents reported receiving training in various courses during school (72.5%) as opposed to learning this skill during fieldwork experiences (52%), learning by reading about the

topic (46%), or completing continuing education (8.9%). The authors concluded that there is a need for more focus on this topic in classroom education, fieldwork training, continuing education, and research.

CLIENT-CENTERED PRACTICE

Specifically, how do students integrate their skills in therapeutic relationship building with the broader concept of client-centered practice? Ripat, Wener, and Dobinson implemented focus groups to capture the perspectives of students and recent graduates regarding events or experiences that contributed to or challenged their development of client-centered abilities.³ They conducted a total of five different focus groups (n=29) with three cohort groups of students enrolled in the Master of Occupational Therapy Program at the University of Manitoba, Canada. Six themes emerged from the data: (1) internalizing client centeredness, (2) building relationships, (3) knowing the client, 4) understanding systems influences, (5) identifying academic/practice discrepancies, and (6) challenging beliefs about power and control.

Students recognized that they had internalized the concept of client centeredness when they could distinguish between their values and those of their clients, and they actively chose to focus on their clients' values rather than on their clients' medical conditions. Modeling by teachers and fieldwork educators who also explained their actions was identified as central to this process. Building relationships with the client and other team members through skills in active listening and counseling was key to executing client-centered practice ideals. Protecting and nurturing positive team relationships while advocating and mediating on the client's behalf was identified as important to the success of client-centered efforts. Participants broadened their definition of clients to include others, such as family members and other professionals, who were invested in the client's care. This was a developmental process, and they reported constantly shifting their focus to keep all of the key players involved and committed to the therapy process. All students identified time, finances, and institutional barriers as systems influences that affected client-centered

care. First- and second-year students identified systems barriers as unchangeable, but last-year students and new graduates embraced the opportunity to strategically influence systems and advocate for change within their influence. Students also identified helping clients make choices within the limitations of their employment systems. Participants described dissonance between learning about client-centered ideals in academia and the difficulty of applying those ideals in the open-ended practice environment. They learned to avoid making assumptions about what client-centered practice would look like and learned to be open to addressing various practice challenges. Beliefs about power and control, learned in the academic setting, were challenged. Students struggled with the balance between client self-determinism and their responsibility for client safety. They eventually understood client-centered practice to be a collaborative and inclusive process, rather than an exclusive focus on either relinquishing all power or eliminating all risk.

The authors suggested that experience and exposure to diverse placement situations help students appreciate and apply the broad range of skills needed for client-centered practice. In addition to developing the skills needed for therapeutic relationships, they recommend that educators (academic and fieldwork) help students to consider the impact of the practice settings and societal influences on client-centered practice. ■

References

1. Maloney, S. M., & Griffith, K. (2013). Occupational therapy students' development of therapeutic communication skills during a service-learning experience. *Occupational Therapy in Mental Health, 29*, 10-26.
2. Taylor, R., Lee, S., Kielhofner, G., & Ketkar, M. (2009). Therapeutic use of self: A nationwide survey of practitioners' attitudes and experiences. *American Journal of Occupational Therapy, 63*, 198-207. <http://dx.doi.org/10.5014/ajot.63.2.198>
3. Ripat, J., Wener, P., & Dobinson, K. (2013). The development of client-centredness in student occupational therapists. *British Journal of Occupational Therapy, 76*, 217-224. <http://dx.doi.org/10.4276/030802213X13679275042681>

Debra Hanson, PhD, OTR/L, is an associate professor and the academic fieldwork coordinator for the Department of Occupational Therapy at the University of North Dakota in Grand Forks. Hanson has more than 25 years of experience working with fieldwork educators and students.

BRAND NEW EDITION FROM AOTA PRESS!

18th Edition

The Reference Manual of the

Official Documents
of the American Occupational Therapy Association, Inc.

AOTA PRESS
The American Occupational Therapy Association, Inc.

ISBN: 978-1-56900-347-3

By American Occupational Therapy Association

Since 1980, the American Occupational Therapy Association has collected its official documents—must-have information for occupation therapy practitioners, educators, and students—into one handy, frequently updated reference work. The 18th edition continues in that long tradition.

In addition to the *Occupational Therapy Practice Framework, 2nd Edition*, and the *Occupational Therapy Code of Ethics and Ethics Standards (2010)*, this book contains many valuable and timely documents, such as these new items:

- Bylaws
- Guidelines for Documentation of Occupational Therapy
- Obesity and Occupational Therapy
- The Role of Occupational Therapy in Wound Management
- Telehealth
- Cognition, Cognitive Rehabilitation, and Occupational Performance
- AOTA's Societal Statement on Health Disparities.

Order #1587. AOTA Members: \$55, Nonmembers: \$78

BK-331

To order, call 877-404-AOTA, or visit <http://store.aota.org/view/?SKU=1587>