

Modes

Advocating: to encourage, support, and negotiate for the rights of the client

Collaborating: to share responsibilities and goals; each member of the relationship is an equal partner in decision-making

Empathizing: to show awareness and respect for client feelings. The therapist must have insight into the client/student's feelings and respond in a way that conveys caring and understanding

Encouraging: to facilitate confidence through supporting, motivating, and/or inspiring, clients

Instructing: to provide direct information, or teach a protocol and/or skill

Problem-solving: To facilitate working through a challenging situation or event using both pragmatic and analytic cognitive strategies

Inevitable Interpersonal Events

Strong Emotion: intense emotional reactions, either positive or negative

Intimate self- disclosures: provision of information that is private or sensitive in nature about the person divulging or those close to them

Power dilemmas: beliefs or feelings related to the imbalance of the hierarchical relationship

Nonverbal cues: communication without language; movement, facial expressions, body position, tone, touch

Crisis points: stressful events that may cause disengagement (outside the therapeutic relationship)

Resistance and reluctance: refusal to participate; it can be active or passive

Boundary testing: therapist is asked to divulge information or the client makes statements that are inappropriate in the therapeutic relationship

Empathetic breaks: when a client interprets a therapist's interactions to be hurtful or insensitive

Emotionally charged tasks and situations: circumstances during therapy, which lead to overwhelming feelings of humiliation or disgrace

Limitations of therapy: restrictions to the therapeutic process (e.g. payment, policies and procedures, personality differences between client and therapist, environmental constraints)

Contextual inconsistencies: changes that occur during therapy in the physical or interpersonal context

Taylor, R. (2008). *The intentional relationship: Occupational therapy and use of self* (pp. 132). Baltimore, MD: F.A. Davis.