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## An Occupational Therapist's Guide for Mindful Practice Under High Productivity Standards

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AN OCCUPATIONAL THERAPIST'S GUIDE FOR MINDFUL PRACTICE  
UNDER HIGH PRODUCTIVITY STANDARDS

by

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This Scholarly Project, submitted by Breanna E. Coleman, MOTS and Whitney J. Wilhelmi, MOTS in partial fulfillment of the requirement for the Degree of Master of Occupational Therapy from the University of North Dakota, has been read by the faculty Advisor under whom the work has been done and is hereby approved.

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Signature of Faculty Advisor

April 18, 2016

Date

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Breanna E. Coleman, MOTS & Whitney J. Wilhelmi, MOTS

## ABSTRACT

In recent years, healthcare service delivery has been influenced by one factor that has shown to considerably limit occupational therapy (OT) practitioners' ability to be mindful in the work setting (Black, 2010). This influential factor involves increased productivity standards resulting in high burnout, empathic fatigue, job dissatisfaction, lack of mindful practice, and distress to the point of clinical effectiveness (Irving, Dobkin, & Park, 2009; Poulsen et al., 2014; Vadnais, 2014). In the midst of high productivity standards, a need surfaced for the production of a tool that assisted OT practitioners to overcome these standards as well as to incorporate a mindful approach in practice; thus, *An Occupational Therapist's Guide for Mindful Practice Under High Productivity Standards* was created.

The methodology of this guide included an extensive process. First, the authors of the guide reflected upon personal values, interests, and areas that inspired further exploration in the field of OT. Once the topic of mindfulness was collaborated upon, the authors of the guide utilized literature to reveal the literature gap and justify the need of this scholarly project. Then, the authors of the guide synthesized all of the research information into a detailed literature review. The gap guided from the research illustrated that the topic of mindfulness needed to address how OT practitioners may utilize mindful techniques within their practice in order to face high productivity demands in fast-paced health care settings.



*An Occupational Therapist's Guide for Mindful Practice Under High*

*Productivity Standards* utilized the concepts of andragogy (Knowles, 1984) and the Person-Environment-Occupation model (Law et al., 1996) as organizational frameworks to match the learning needs of the intended readers. The guide included quotes, figures and tables, worksheets, case studies, and mindfulness techniques and strategies that may be incorporated into the workplace setting for OT practitioners. Specifically, the information outlined in the guide related to the OT process of evaluation, goal-setting, and intervention. Ultimately, the purpose of the guide was for the practitioners to experience a transformative process that enhanced their personal and professional well-being, their surroundings to promote efficiency and efficacy within their workplace environment, the quality of care they provided, and the satisfaction received from their role as an OT.

## **CHAPTER I – INTROUCTION**

Today's healthcare service delivery has exhibited a significant shift due to an ever-evolving healthcare industry. One of the most substantial factors that healthcare practitioners have faced has involved working under high productivity standards. This concerning factor of increased productivity standards has resulted in high burnout, empathetic fatigue, job dissatisfaction, lack of mindful practice, and distress to the point of clinical ineffectiveness (Irving, Dopkin, and Park, 2009; Poulson et al., 2014; Vadnais, 2014).

Throughout the literature, authors have clearly illustrated the overwhelming impact that productivity has had on occupational therapy (OT) practitioners in recent years (Beach & Oates, 2014; Irving et al., 2009; McCracken & Yang, 2008; Poulson et al., 2014; Toal-Sullivan, 2006; Vadnais, 2014). To showcase the significant impact, Vadnais (2014) shared that “over 50 percent of practitioners report symptoms of burnout” (para. 11). Furthermore, Poulsen et al. (2014) examined over 900 OT practitioners and discovered that 86% of these practitioners felt both burned out and emotionally exhausted to the point that they were unable to effectively engage in work. Thus, from this eye-opening statistical data, OT practitioners were the primary population of focus for the completion of this scholarly project.

The authors of this scholarly guide will soon be emerging into the field of OT as entry-level practitioners. Thus, they were passionate about developing strategies and tools

to assist OT practitioners with overcoming the current healthcare concerns in the workplace setting. Through this passion, they developed an interest in discovering the meaningful change mindfulness may have on the health and well-being of practicing practitioners. *An Occupational Therapist's Guide for Mindful Practice Under High Productivity Standards* surfaced as a tool that was believed to have a profound influence on practitioners' overall therapy practice and the ability to introduce mindful approaches to therapy. Most notably, Dr. Segal painted the potential impact of this guide on OT practitioners. This author stated,

...therapists know that their clients are what really matter. Being fully present for them requires that a therapist be able to put other matters aside and become deeply quiet, open, and receptive. The capacity to do so is the *sine qua non* of a healing therapeutic relationship. Another name for this capacity is mindfulness" (p. x).

Even though this guide was meticulously and thoughtfully created while resourcing specialized researchers and authors that have studied a mindful approach, various factors will impact this guide's application to practice. First of all, it will be important for OT practitioners to truly realize the detrimental impact of high productivity standards on quality of patient care and therapist well-being in order to support the almost abstract and complex topic of mindfulness. Once this level of necessity for change is reached, an OT practitioner will be motivated to learn about and incorporate the strategies highlighted in the guide. In addition, the abundant options for mindfulness techniques can only be fully understood and applied once the readers take the time to educate themselves on how the techniques are applied. To assist with counteracting this factor, the authors of the guide only incorporated mindfulness techniques that require 1 – 10 minutes to complete. Lastly, mindful practice can be a life-long journey that takes time to master,

which may limit the immediate efficacy of the techniques; however, with research supporting this topic, a therapeutic and mindful presence can be achieved following dedicated practice and application despite occasional failures.

*An Occupational Therapist's Guide for Mindful Practice Under High Productivity Standards* was assembled following an in-depth investigation of the issues presented in the current healthcare system. In the beginning stages of this investigation, the authors of this guide completed a thorough literature review that uncovered the components and skills of mindful practice, the barriers and opportunities to implementing mindful practice, and the impact of mindfulness on OT practitioners as well as on the quality of patient care. In particular, the authors of this guide approached this topic by exploring evidence-based research articles, published texts, online webinars, reputable webpages, and reliable blogs in order to reveal the evidence supporting mindful practice, the pursued avenues of applying mindfulness techniques, and the gaps that showcased the need for further information in specific areas of mindfulness. Therefore, it became evident that mindful practice has been utilized by various healthcare professions including OT; however, a guide was yet to be created that specifically assisted OT practitioners in the incorporation of a mindful practice in the OT process, particularly under high productivity demands.

This investigation not only exposed the gap in the topic of mindfulness, but it also made visible the key terms and concepts of this topic of interest. Foremost, it was helpful to acknowledge the key term *mindlessness* and compare that to the key term *mindfulness*, which is the foundation of this mindful scholarly project. *Mindfulness* involves “paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally”

(Kabat-Zinn, 1994). Whereas, Black (2010) described that *mindlessness* may occur when individuals are not attending to the present task, but rather internally fixating on memories and experiences from their past that they cannot change. The fundamental building blocks of mindfulness include *intention*, *attention*, and *attitude*. Shapiro, Carlson, Astin, and Freedman (2006) stated that *intention* allows an individual to presently feel and experience life's possibilities. According to these authors, *attention* comprises the act of observing and possessing deep sense of awareness of moment to moment experiences. Lastly, Shapiro et al. (2006) stated that a mindful *attitude* allows individuals to cultivate an openness of curiosity and acceptance in life's moments as well as other individuals whom they contact.

In order to most effectively inform the intended population of this guide to the specific mindfulness concepts, the educational learning concept of andragogy was implemented in the mindfulness guide. Knowles (1984) indicated that an adult's learning experience is heightened when he/she is self-directed and independent in the learning process, is internally motivated by content, has opportunities to problem-solve and recall on past experiences as a resource for new learning. The last noteworthy concept utilized within the mindfulness guide included the Person-Environment-Occupation (PEO) model (Law et al., 1996). These authors described the PEO model as the transactional nature of the person, environment, and occupation, which influences occupational engagement. Overall, the terms and concepts highlighted in this section will be expanded on in greater depth throughout chapter three of this product.

## **Outline of Scholarly Project Chapters**

Chapter one illustrated an introduction to the topic of mindfulness and reasons why this topic held importance to the authors as well as to the profession of OT. In particular, the authors of the guide addressed the following points in chapter one: the current issues and its significance to the profession of OT, the population of interest, the creation of a mindfulness intervention, factors that influence the application process of the mindfulness intervention, how the topic was explored, and the key terms/concepts outlined in the product and mindfulness guide.

Chapter two provides a thorough review of mindfulness literature. This chapter goes into a discussion on the following mindfulness themes: components of mindfulness, mindfulness skills, barriers to mindfulness practice, mindfulness and practitioner well-being, mindfulness in the workplace, affects of mindfulness and the quality of patient care, therapist-client practitioner, pre-session mindfulness, mindfulness-based training, mindfulness and cultural competency, strategies for client-centered care, the need for mindfulness in OT, and an overall discussion of the mindfulness themes.

Sequentially, chapter three describes the process used to design *An Occupational Therapist's Guide for Mindful Practice Under High Productivity Standards*. This chapter specifies how the data was gathered and assembled to develop the guide. In addition, chapter three includes the reasoning behind these particular methods in order to provide strong evidence for this scholarly project.

Moreover, chapter four describes the final product of this scholarly project which includes *An Occupational Therapist's Guide for Mindful Practice Under High Productivity Standards*. The guide will include informational content regarding the

evolution of mindfulness, the vision for mindfulness techniques in the field of OT, the application of mindfulness during the OT process, as well as the implications of a mindfulness practice for the profession. Also, the guide provides an opportunity for immediate application of mindfulness techniques as well as mentorship possibilities through personal reflective worksheets. The authors of this guide desired to create a learning resource that possesses itself in a nurturing and mindful presentation in order to facilitate a mindfulness experience upon utilization; therefore, an actual representation of the *Occupational Therapist's Guide for Mindful Practice Under High Productivity Standards* may be viewed in the appendix of this product.

Lastly, chapter five encompasses a summary of the scholarly project. In this chapter, the authors of this guide summarize the purpose of the project, key information uncovered throughout the scholarly process, recommendations for appropriate implementation, and further work needed to address limitations of the scholarly project. This summary, will provide how clinical practice may be positively impacted by the utilization of the mindfulness guide.

## CHAPTER II – REVIEW OF LITERATURE

Approximately 2,500 years ago, a term arose that has continuously been defined, utilized, and implemented across numerous healthcare and personal practices; this term was referred to as *mindfulness* (Black, 2010). *Mindfulness*, according to Kabat-Zinn (1994), involves “paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally” (p. 4). Thus, as scholars, scientists, authors, and researchers have studied this area of focus, the term has been shaped and molded while showing the capacity to impact individuals spiritually, culturally, religiously, physically, and mentally (Black, 2010). During a time of patient healing, mindfulness has been used by numerous healthcare professions in particular as a way to represent oneself in the workplace, to assist patients during the recovery process, and as a guide to treat patients. The field of OT additionally acknowledged and implemented this term into the scope of practice; however, mindfulness has mainly been incorporated as an effective tool for patients whom these therapists treat. Therefore, a need existed to examine how mindfulness relates to occupational therapists and the imperative care they provide.

Authors McCracken and Yang (2008) as well as Irving, Dobkin, and Park (2009) expanded on the need for mindfulness stating that healthcare providers in particular are at high risk of not being mindful; the numerous demands commonly placed on these individuals in the workplace setting causes this risk. Through rigorous studies, Irving et



al. (2009), McCracken and Yang (2008), and Roberts and Danoff-Burg (2010) realized that when mindful practice was introduced into individuals' daily lives, these individuals experienced significant changes in various aspects of their lives. These authors uncovered results that indicated a decrease in the following: depression, negative thinking, binge eating, tension among staff and administration, and stress levels, as well as an increase in the following: interpersonal communication, sense of accomplishment, life quality, sleep quality, cognitive functioning, healthy eating, daily activity participation, work quality, self-insight, physical activity, deepened relationships with coworkers, and overall psychological well-being. Irving et al. (2009), McCracken and Yang (2008), and Roberts and Danoff-Burg (2010) described that when individuals learn to understand the benefits of mindfulness, not only their personal lives but also their professional lives potentially prosper. Therefore, Toal-Sullivan (2006) concluded that a need exists for strategies to be developed that assist with overcoming the demands of the workplace environment for occupational therapists in order for therapists to impact the field of OT and the patients with whom they serve.

Additionally, Doctor Segal (2008) stated,

...therapists know that their clients are what really matter. Being fully present for them requires that a therapist be able to put other matters aside and become deeply quiet, open, and receptive. The capacity to do so is the "sine qua non" of a healing therapeutic relationship. Another name for this capacity is mindfulness (p. x).

In order to fully understand capacity for mindfulness and its impact on occupational therapists, the components of mindfulness as well as the mindfulness skills required to implement this technique must be defined. Once mindfulness components were established and incorporated, research studies were implemented in order to explore

options to resolve the barriers that exist regarding the practice of mindfulness. In addition, it is important to address how mindfulness affects the therapists' personal well-being as well as how mindful practice impacts the workplace, quality of patient care, and therapist-client connection. To understand how occupational therapists use mindfulness in their personal and work lives, studies have been summarized that address how to apply a mindful approach before and during patient sessions. Moreover, mindfulness and its relation to cultural competency have been highlighted in addition to strategies for facilitating client-centered care. Finally, the important need for mindfulness in the field of OT is addressed.

### **Components of Mindfulness**

Brown and Ryan (2003) described mindfulness as “openly experiencing what is there” (p. 843). Mindfulness alone serves as a way to assist with self-regulation of behaviors, thoughts, and emotions within the environment. To fully comprehend and understand the definition and the core of mindfulness, it is helpful to first contrast “mindfulness” with the act of “mindlessness.” Black (2010) described that mindlessness may occur when individuals are not attending to the present task but rather internally fixating on memories and experiences from their past that they cannot change; worries of the unknown future consume these individuals. The lack of mindfulness in one's life ultimately strips away the opportunity to embrace experiences within a present moment (Black, 2010).

Mindfulness can be explained and understood as a model that involves components which are the fundamental building blocks to practicing mindfulness and allowing the artful practice to emerge in one's life (Shapira et al., 2006). To fully

acknowledge and explore how mindfulness works, it is critical to grasp the core components of mindfulness. The three components that form the solid act of mindful practice include *intention*, *attention*, and *attitude* (Shapiro et al., 2006).

According to Shapiro et al. (2006), the first axiom, *intention*, may be described as having the insight and genuine compassion for all human beings. An individual's intentions allow one to presently feel and experience life's possibilities. These authors explained that intentions, or how individuals connect a sense of deep meaning to their lives, is what keeps individuals practicing mindfulness initially. Mindful practice begins with setting a personal intention for one's life. Shapiro et al. (2006) described that intentions are ever-evolving visions; these visions allow change over time while deepening mindful practice, awareness, and insight.

According to Shapiro et al. (2006) the second axiom, *attention*, involves the act of observing and possessing a deep sense of awareness during moment-to-moment experiences. Attention is a healing process focusing on increasing awareness to the present situation or life circumstance (Shapiro et al., 2006). Furthermore, these authors expressed that attention is the mindful component that facilitates an increase in the capacity for individuals to observe and notice internal and external behaviors affecting their lives.

The final axiom that contributes to practicing mindfulness is *attitude*. An individual's ability to attend is essential to successfully being mindful (Shapiro et al., 2006). These authors shared that through intentionally bringing the attitudes of patience, kindness, and compassion to the forefront, individuals develop the ability to continually exert an increased effort to experience satisfying moments in life. A mindful attitude

allows individuals to cultivate an openness of curiosity and acceptance to life's moments as well as other individuals with whom they contact (Shapiro et al., 2006).

Together, the three axioms of mindfulness—intention, attention, and attitude—form a strong foundation for mindfulness to be incorporated and practiced daily. These three components of mindfulness offer an individual the ability to build a foundation of new behaviors which involves an openness to experiencing a significant perspective shift (Shapiro et al., 2006). These authors concluded that a perspective shift will allow individuals to experience self-regulation, exposure to a deeper meaning in life, and cognitive, emotional, and behavioral flexibility.

### **Mindfulness Skills**

As a result of numerous amounts of published literature supporting the positive effects of mindfulness with various components, it is also important to understand the skills associated with being mindful. One must first recognize the skills that enrich mindfulness in order to determine strategies to enhance those skills. Baer, Smith, and Allen (2004) and Turner (2009) all uncovered four skills that have similar components, yet these authors address slightly different areas of mindfulness.

Turner (2009) explained that the incorporation of specific mindfulness skills set the foundation for positive therapy outcomes. Turner (2009) addressed four mindfulness skills including *attentiveness*, *affect regulation*, *attunement*, and *empathy*. When utilized in unity with one another, these four mindfulness skills facilitate a strong therapeutic relationship between the therapist and the client. The first mindfulness skill, *attentiveness*, was described by Turner (2009) as increasing one's ability to focus his or her attention and concentrate on the present moment. In addition, attentiveness

incorporates one's response to a particular circumstance in an accepting manner without judgement. The second mindfulness skill, *affect regulation*, is the process of coping with one's emotions as a therapist in order to provide more effective therapy to clients (Turner, 2009). Mindful awareness and practice increases insight into one's own emotions; this increase allows one to self-regulate and evaluate the reasoning behind specific emotions experienced. The third mindfulness skill, *attunement*, is a heightened sense of awareness regarding one's own thoughts and feelings, which allows a therapist the ability to see and understand how clients engage in self-awareness (Turner, 2009). Finally, Turner (2009) illustrated the skill of *empathy* and the importance of providing a secure foundation of support to clients. Therapeutic empathy is fostered by the previous skills discussed including attention, affect regulation, and attunement of mindfulness (Turner, 2009).

Alternatively, Baer et al. (2004) identified four key skills of mindfulness. The first skill listed was *observing*. Baer et al. (2004) described observing as the ability to notice all surrounding stimuli in one's environment and how this stimuli impacts an individual physically, emotionally, and cognitively. The second skill involved *describing the environment*. Baer et al. (2004) stated that describing occurs after observing, so one must attend to all stimuli before effectively describing the situation. These authors asserted that in order to mindfully describe a situation, an individual must briefly state factual information not grounded in judgement or speculation. Following the implementation of these skills, Baer et al. (2004) realized that an individual can *act with awareness*. Acting with awareness correlates with completing an activity with undivided attention; Baer et al. (2004) indicated that this skill involves being fully aware and focused through all of

one's senses to the present. The fourth skill noted involved *accepting without judgement*. Baer et al. (2004) said that to accept without judgment, one must observe and describe the present moment but refrain from classifying or categorizing the situation. Instead, Baer et al. (2004) suggested to accept reality as its present self, which in turn allows an individual to engage in more adaptive responses to unwanted situations.

### **Barriers to Mindful Practice**

Despite numerous published literature sources supporting the ease and applicability of incorporating mindfulness into everyday life and the workplace setting, barriers exist that potentially hinder full incorporation. According to McCracken and Yang (2008) and Irving et al. (2009), healthcare providers, in particular, pose a high risk of lacking mindfulness due to the numerous demands commonly placed on these individuals in the workplace setting.

The literature first revealed that barriers to mindful practice exist within the first few years of practicing in a medical profession. Toal-Sullivan (2006) examined the transitional experience occupational therapists face during their first year of practice. Toal-Sullivan (2006) conducted interviews with six novel occupational therapists. Even though all of the interviewed therapists practiced in varying healthcare settings, possessed different types of caseloads, and held diverse positions, the occupational therapists shared similar experiences and barriers while transitioning into the workforce. Toal-Sullivan (2006) uncovered four themes throughout the interview process. The author first realized that occupational therapists found a miscorrelation between clinical practice and academic learning; this gap led to challenges with providing client-centered care, adopting a holistic approach, and developing strong clinical reasoning skills. Toal-

Sullivan (2006) also described that occupational therapists lacked professional identity; this lack of identity decreased the therapists' confidence in their knowledge and skills. Additionally, the author realized that the expectations of practice were significantly more difficult than anticipated. Toal-Sullivan (2006) stated that the occupational therapists struggled with time management, determining the client's priorities for treatment, balancing a full caseload, meeting quota requirements, knowing all policies and procedures, working with new team members, and completing all required paperwork. However, Toal-Sullivan (2006) found that the OT participants who received mentoring from team members found guided assistance beneficial during the first year; the participants learned from these support systems as well as collaborated through difficult caseloads. Toal-Sullivan (2006) concluded that strategies must be developed to assist with overcoming the demands of the workplace environment, particularly for occupational therapists.

Additionally, Tryssenaar and Perkins (2001) explored the barriers to practicing mindfulness with novel occupational therapists and physical therapists who transitioned from student status to therapist status. Tryssennar and Perkins (2001) described the life experiences of six rehabilitation students, beginning with the students' last fieldwork through into their first year of practice. The students expressed that they felt challenged in the work setting such as with workload, time management, job search, and paperwork. After the students effectively identified context-specific coping strategies, they reduced their feelings of incompetency and were more aware of their own competence and skills. Additionally, the novel therapists' perspectives also shifted from preoccupations with themselves as therapists to increased awarenesses of patient needs during therapy.

Tryssennar and Perkins (2001) found a mindful and client-centered approach facilitated higher levels of confidence in their therapeutic abilities and skills.

Not only are novel occupational therapists impacted by the demands within the workplace, but therapists with expertise in the field also continue to be challenged with the demands and numerous barriers presented within the occupational workplace. Beach and Oates (2014) explored the impact of the recent shift from handwritten documentation to electronic record-keeping within the healthcare system. Beach and Oates (2014) explained that when questions arise with the quality of patient care, patient records and documentation prove essential during review. However, documentation continues to remain a straining aspect of a healthcare professional's workday. Time constraints and workload frequently affect health care workers' priorities and the quality of care they provide (Beach & Oates, 2014). Thus, the concept of mindfulness is often overlooked and unappreciated, when professionals must carry a heavy workload in addition to following specific time constraints.

### **Mindfulness and Personal Well-Being**

The way in which healthcare providers view their own personal health and well-being influences how they perform in their work and life roles and the satisfaction they receive from their performance in these roles. Multiple authors discovered that mindfulness fosters a positive well-being for those in the healthcare profession (Beckman et al., 2012; Fiocco & Mallya, 2015; Michel, Bosch, & Rexroth, 2014; Raab, 2014). Fiocco and Mallya (2015) expressed that the refinement and development of individual mindfulness is an unique process for every individual. There is an intimate connection exists in regards to understanding one's own mindfulness; mindfulness is essentially



captures life's quality moments. Mindful practice has the ability to limit the amounts of stress an individual experiences by changing the way stressful events are perceived and experienced (Fiocco and Mallya, 2015). When mindful practice was introduced into individuals' daily lives, they experienced decreases in the following: depression and negative thinking as well as increases in the following: quality of life, cognitive functioning, healthy eating, positive thinking, and overall psychological well-being. A study completed by Roberts and Danoff-Burg (2010) mirrored these results. Roberts and Danoff-Burg (2010) discovered that mindfulness significantly decreased binge eating, increased sleep quality, and decreased stress levels. Furthermore, these authors found that mindful individuals who were mindful increased participation in daily activities, perceived themselves as healthier, and increased their level of physical activity; all of these positive correlations emphasized that mindful practice significantly improved overall psychological and physical health for these individuals.

Furthermore, Beckman et al. (2012) completed semi-structured interviews with 20 physicians who had attended a mindfulness communication program. These authors concluded that training in mindfulness allowed medical professionals to openly reflect and communicate their experiences with other medical professionals, which in turn fostered a collaborative, respected, and empathetic relationship between individuals. Michel et al. (2014) also completed a study that focused on mindfulness and its relationship with work-life balance. The authors emphasized that workplace programs would significantly benefit from programs with a mindfulness-based approach. Michel et al. (2014) provided evidence for this conclusion by completing a study on 246 employees; those in the control group possessed significantly less strain in their home

environments as a result of significantly removing thoughts and emotions associated with work while in the home.

Beckman et al. (2012) revealed conclusions that correlated directly to the findings by Michel et al. (2014). Beckman et al. (2012) concluded that a mindfulness communication program allowed healthcare professionals to respect and utilize the vital importance of personal time with a guilt-free attitude in order to transform personal growth and increase self-awareness overall. Similarly, Boellinghaus, Jones, and Hutton (2014) concluded that mindfulness strongly correlated with decreased vocational burnout for healthcare professionals as well as decreased empathetic fatigue associated with therapist-client interactions. Similarly, Newsome, Waldo, and Gruszka (2012) found that healthcare professionals who learned and incorporated mindfulness into their daily lives experienced reduced stress, increased self-awareness, and increased levels of self-compassion for patients. Therefore, Raab (2014) noted that mindfulness practice potentially provides professionals with the necessary tools for personal advancement and self-maintenance of their well-being.

### **Mindfulness in the Workplace**

Another key area discovered in the literature involves mindfulness in the workplace. The workplace setting potentially produces negative effects on the employees such as burnout, physical and emotional strain, anxiety, and job dissatisfaction (Irving et al., 2009; McCracken and Yang, 2008; Newsome et al., 2012). Therefore, research studies address these workplace concerns; mindfulness is one strategy that has been highlighted throughout the literature.

One significant published study about mindfulness in the workplace was implemented by Irving et al. (2009). These authors shared that the demands placed on healthcare professionals in today's society continues to rise. Some of these specific demands within the healthcare workforce include enduring heavy patient caseloads, lack of control over their work environment, extended work hours, extensive documentation, and emotionally draining atmospheres (Irving et al., 2009). These intense demands placed on healthcare professionals significantly increase the likelihood for negative impacts on professionals' physical and emotional well-being. These negative impacts may result in detrimental levels of stress and overall physical and mental burnout within the workplace, which further creates anxiety, depression, job dissatisfaction, and decreases the quality of patient care.

Furthermore, Irving et al. (2009) explored the positive impacts of mindfulness-based training on health care professionals within the workplace. Results showed that clinicians who participated in mindfulness-based training demonstrated decreased anxiety and depression in addition to increased signs of empathy and spirituality; these factors potentially impact patient care (Irving et al., 2009). Moreover, Irving et al. (2009) believed that mindfulness-based training provides professionals with a beneficial tool that will continue to assist health care workers, such as occupational therapists, towards sustaining a healthy life balance while in the fast-paced work environment. Ultimately, mindfulness has shown the ability to improve overall well-being for healthcare professionals and the well-being of their patients.

McCracken and Yang (2008) illustrated similar information when compared to Irving et al. (2009). McCracken and Yang (2008) stated that the rehabilitation setting, in

particular, possesses demands that have the potential to cause negative effects with the employee's mental, physical, and emotional well-being. McCracken and Yang (2008) described that this strain the potentially not only impacts the rehabilitation worker but also affects the care they provide. Therefore, these authors used 4 valid measures on 98 rehabilitation workers to determine if acceptance, mindfulness, and values-based action correlated with stress, work satisfaction, emotional exhaustion, depersonalization, interference in work from patient pain, general health, vitality, social functioning, emotional functioning, and limits in role functioning from emotional problems. McCracken and Yang (2008) realized that mindfulness, acceptance, and values-based action all significantly correlated with an increase in the employees' ability to function socially and emotionally as well as their overall health in the workplace. Furthermore, McCracken and Yang (2008) uncovered that mindfulness, acceptance, and values-based action were significantly related to a decrease in burnout occurrence with an increase in well-being. As a result, these authors concluded that if rehabilitation employees are mindful, have acceptance, and hold strong values, they have a more significant chance of developing better health and job performance in the work setting.

Several additional authors explored mindfulness in the workplace and uncovered similar results to McCracken and Yang (2008) and Irving et al. (2009). Other authors asserted (Aikens et al., 2014; Hülshager, Alberts, Feinholdt, & Lang, 2013; Reid, Farragher, & Ok, 2013) that individuals working in emotionally demanding jobs face an increase for developing negative coping strategies and do not have the necessary tools to overcome work-life obstacles. As a result, Aikens et al. (2014) and Reid et al. (2013) stated that incorporating mindfulness within the workplace allows professionals to

develop resilience, vigor, acceptance, openness, and non-judgmentality needed for work demands.

### **Effects of Mindfulness and the Quality of Patient Care**

Literature on mindfulness is not only ample in regards to its usefulness with personal well-being, but in-depth literature also exists regarding mindfulness and its correlation to the quality of patient care. It is of utmost importance for healthcare professionals to address patient's well-being in order to support a high quality of patient care. Raab (2014) described that healthcare practitioners must understand their own personal wellness and health as well define and understand their own personal characteristics and attributes; these thoughts and actions directly impact the clients with whom they contact.

Raab (2014), through his study, realized that burnout, stress, and compassion fatigue impacted healthcare workers; these issues in turn directly resulted in less than optimal patient care. Furthermore, Song and Lindquist (2015) explored the impact of stress, depression, and anxiety in regards to nursing healthcare workers, and these authors concluded that these personal factors greatly decreased patient care effectiveness in the hospital setting. Several authors have explored how mindfulness can address, resolve, and counteract how these negative issues influence the quality of patient-centered care.

Song and Lindquist (2015) explained that mindfulness practice and mindful training programs not only improved individuals' psychological status, but the programs also significantly increased therapists awareness of their patients' needs. Beckman et al. (2012) discovered that a mindful approach allowed healthcare practitioners to listen to patients with more depth and attention as well as to respond more effectively and

empathetically to patients and their experiences. Beckman et al. (2012) further uncovered that patients realized when physicians increased their presence as a result of mindful practice; patients felt more understood, believed the atmosphere was judgement free, and thought their care quality increased when practitioners were mindful during interactions.

Similarly, Boellinghaus et al. (2014) and Horst, Newsom, and Stith (2013) concluded that mindfulness influenced the therapist-client relationship in several positive ways. Mindful practice allowed therapists to focus on the present session, slow the session, increase the quantity of meaningful conversations, have a calming effect on patients, increase interpersonal reflection, increase self-compassion, as well as facilitate a sense of mutual trust between the therapist and client. Overall, both therapists and clients appreciated incorporation of mindfulness (Boellinghaus et al., 2014; Horst et al., 2013).

Furthermore, Olson and Kemper (2014) supported the concept that mindfulness directly associates with a healthcare professional's confidence for providing calm, soothing, and compassionate care. Beach et al. (2013) found that when mindfulness was practiced during physician-patient interactions, patient-centered communication increased higher levels of patient satisfaction and rapport building which facilitated a more positive emotional setting. Mindful physicians not only facilitated patient-centered communication, but their patients were empowered to share their desires and concerns regarding their care plan (Beach et al., 2013).

### **Therapist-Client Connection**

Beyond the aspect of quality of patient care, Khong (2011) and Razzaque, Okoro, and Wood (2015) introduced the therapist-client connection as the relationship between the healthcare provider and the patient. Khong (2011) and Razzaque et al. (2015) stated

that this relationship stands as the central focus of healthcare. Razzaque et al. (2015) believed that the therapist-client relationship highly correlates with the level of care a patient receives as well as patient outcomes. A mindful approach in healthcare exists as a key factor in improving these types of connections; mindfulness has allowed healthcare providers to cultivate a deep respect for patients while also being fully present to patients' desires and needs (Khong, 2011; Razzaque et al. 2015).

Baldini, Parker, Nelson, and Siegel (2014) additionally provided insight into the importance of developing a foundation of mindfulness and presence for a strong therapeutic connection to occur between the therapist and the client. Interestingly, an individual's genetic makeup allows the opportunity for *neuroplasticity* within each individual's brain, which provides the opportunity for ingrained patterns within individuals to be altered and transformed through the therapeutic bond (Baldini et al., 2014). Therapists may act as neuroarchitects, which allows them to remain present, listen to the client, and frame the client's experiences that facilitates a change in thinking for the client. According to Baldini et al. (2014), when therapists utilize mindfulness within their therapeutic practice, they have the ability to better cope with feelings of discomfort and allow the therapeutic connection to strengthen. In turn, the client feels a sense of connection and a part of a relationship centered on a healing transformation towards well-being. The incorporation of mindfulness and presence proves essential for the therapist-client relationship, because mindfulness creates an integrative interpersonal relationship. Mindfulness allows the therapist to not only connect with patients on a deeper level of understanding, but mindfulness also forms an internal integration that facilitates growth and neural change within clients (Baldini et al., 2014).

Similarly to Baldini et al. (2014), Razzaque et al. (2015) stated that mindfulness is vital for the therapist-client relationship. However, Razzaque et al. (2015) sought to determine what aspects of mindfulness significantly impacted clinicians' perceived level of therapeutic alliance. Razzaque et al. (2015) used the Freiberg Mindfulness Inventory short-form and the Working Alliance Inventory short-form as tools for various healthcare professionals including doctors, psychiatrists, nurses, psychologists, occupational therapists, pharmacists, and medical secretaries. Walach, Buchheld, Bittenmüller, Kleinknecht, and Schmidt (2006) completed a study that examined the psychometric properties of the Freiburg Mindfulness Inventory (FMI). Walach et al. (2006) realized that this inventory held internal consistency, statistical reliability, construct validity, and semantically robust properties. On the other hand, Besley, Kayes, and McPherson (2011) conducted a study exploring the psychometric properties of the Working Alliance Inventory short-form (WAS). Besley et al. (2011) concluded that the WAS is an acceptable and usable therapeutic tool that also demonstrated good convergent reasonable reliability. Therefore, both measures were applicable and offered strong considerations for measuring mindfulness and the therapeutic relationship in their respected studies.

Through statistical analysis, Razzaque et al. (2015) realized that a clinician's ability to portray non-judgmental acceptance and an openness to experiences significantly increased the therapeutic alliance. These authors concluded that clinicians' abilities to be mindfully aware of their actions, thoughts, feelings, and interactions with clients significantly impacted the relationships; in turn, the level of alliance between the therapist and the client impacted the quality of patient care (Razzaque et al., 2015).



Ponte and Koppel (2015) conducted a study that correlated to Razzaque et al. (2015). Ponte and Koppel (2015) led the development of a pilot study that introduced nurses to the concept and practice of mindfulness. The developed program was open to all nurses and also all other clinical health professionals, including nutritionists, social workers, chaplains, interpreters, clinic assistants, respiratory therapists, integrative therapy practitioners, and support staff. Ponte and Koppel (2015) conducted this study with the goal of providing healthcare professionals with the necessary tools to achieve a stronger therapist-client connection. As a result of the pilot program, health care professionals gave high ratings to the importance of mindfulness practice, and the professionals expressed deep understanding for the integration of mindfulness as an essential component for strong therapeutic relationships and compassionate patient care (Ponte & Koppel, 2015). Mindful practice provides the opportunity for therapists to deeply listen to their patient's needs rather than immediately trying to solve the problem; this approach is an effective and healthy way to meet another individual's needs and concerns (Ponte & Koppel, 2015).

As a result of existing literature highlighting the importance and necessity of a genuine therapist-client connection, Scott et al. (2008) created a model that outlined the process of developing and maintaining a healing, healthcare relationship. These authors conducted two-hour interviews with both patients and primary healthcare clinicians in order to determine the inner workings of healing relationships. Through these interviews and data analysis, Scott et al. (2008) realized the process of developing these types of relationships relied on healthcare providers exemplifying the following three components: *valuing*, *appreciating power*, and *abiding*. Scott et al. (2008) described that

*valuing* included empathizing with the patient, being fully present and mindful during interactions, and connecting with patients in a nonjudgmental nature. *Appreciating power* involved having a partnership and cooperative approach to evaluating and treating patients as well as providing equal education to all patients so that they truly understand the care they receive while also empowering patients to manage their own health. Furthermore, Scott et al. (2008) said that *abiding* included continuously caring, advocating, and offering support throughout all stages of recovery. These authors realized that the three factors that initiate the healing relationship process must be supported by four additional healthcare provider competencies including self-confidence, emotional self-management, mindfulness, and knowledge. These vital competencies fostered trust, hope, and a sense of being known for patients. Therefore, Scott et al. (2008) concluded that the healing relationship model outlined a way for healthcare providers to exhibit, develop, and maintain positive, healing relationships with patients.

### **Pre-Session Mindfulness**

Authors Dunn, Callahan, Swift, and Ivanovic (2013) and Gauthier, Meyer, Greffe, and Gold (2015) conducted similar studies that examined the impact of healthcare professionals completing mindfulness tasks prior to patient interactions. In addition, these authors further researched how the mindfulness approach impacted the quality of job performance and patient care. Gauthier et al. (2015) used a pilot study to examine 38 healthcare professionals, while Dunn et al. (2013) used a randomized, double-blind, controlled trial. The previous studies utilized valid and reliable measures including the following: the Maslach Burnout Inventory, the Nursing Stress Scale (NSS), the Mindful

Attention Awareness Scale (MAAS), the Self-Compassion Scale (SCS), the Therapist Presence Inventory (TPI), and the Session Rating Scale (SRS).

Dunn, et al. (2013) explored the benefits of incorporating a five-minute mindfulness exercise prior to the client-therapist therapy session. The goal was to observe and learn if therapists demonstrated efficiency with remaining present and attuned to the therapy session, as well as to see if there were differences regarding therapy outcomes. In a similar study, Gauthier et al. (2015) examined how stress, burnout, self-compassion, mindfulness, and job satisfaction with pediatric intensive care unit (ICU) nurses were impacted when these professionals incorporated a five-minute mindfulness meditation prior to each shift at the hospital.

Both studies found comparable results that supported pre-session mindfulness. Gauthier et al. (2015) realized that when pediatric ICU nurses incorporated mindfulness into the workplace, they saw increased self-compassion, job satisfaction, and personal accomplishment as well as decreased stress, emotional exhaustion, burnout, and depersonalization. These significant results led to an increase in job performance, which created a quality care for infants in the ICU (Gauthier et al., 2015). In correlation, Dunn et al. (2013) concluded that therapists who engaged in a five-minute mindfulness exercise prior to their therapy sessions perceived themselves to remain in the present moment with their clients and felt more prepared to engage in therapeutic treatments. Clients also expressed that they felt the therapy sessions were more effective when therapists engaged in mindful meditation exercises prior to their sessions (Dunn et al., 2013).

Together, Gauthier et al. (2015) and Dunn et al. (2013) stated that most mindfulness exercises and meditations are extensive in length; however, the five-minute

mindfulness exercise tasks were convenient tools that providing therapists with positive therapy outcomes. Overall, Gauthier et al. (2015) and Dunn et al. (2013) concluded that mindfulness incorporated prior to patient interactions offered significant, positive, and lasting effects on the professional's well-being in addition to the client and the care he or she received.

### **Mindfulness-Based Training**

Mindfulness-based stress reduction (MBSR) has been a broadly researched and evidence-based program showing significant benefits for a large range of medical and nonmedical populations including, but not limited to, patients with varying diagnoses, health care clinicians, and college students (Asuero et al., 2014; Birnie, Speca, & Carlson, 2010; Fortney, Luchterhand, Zakletskaia, Zgierska, & Rakel, 2013; Shapiro, Oman, Thoresen, Plante, & Flinders, 2008). A MBSR training program consists of individuals developing a set of personal skills through varying practices; common practices learned through this type of training include Mindful Sitting Meditation, Body Scan, Mindful Movement, Three-Minute Breathing Space, Lovingkindness Meditation, mindful-based coping strategies, mindful speaking, yoga, mindful listening, and compassion for self and others (Asuero et al., 2014; Birnie et al., 2010; Fortney et al., 2013; Shapiro et al., 2008). Shapiro et al. (2008) stated that the mindfulness-based stress reduction practices strongly emphasize the concept of mindfulness, allowing individuals to continually gain a greater understanding and experience for increasing their attention to the present moment.

Due to the extensive published literature on the effectiveness of MBSR, higher level evidence studies highlighted the outcomes of this type of training. Birnie et al.

(2010) along with Shapiro et al. (2008) explored the outcomes for individuals who engaged in an eight-week MBSR program consisting of a collection of different meditation and mindful awareness exercises. The overall results obtained illustrated that MBSR significantly benefitted the overall psychological well-being of individuals (Birnie et al., 2010; Shapiro et al., 2008). Individuals exhibited an increased level of self-awareness, forgiveness, mindfulness, spirituality, as well as a decreased level of personal distress, rumination, stress, and mood disturbances. Additionally, Birnie et al. (2010) and Shapiro et al. (2008) found that individuals demonstrated increased abilities to actively listen and acknowledge others' perspectives, experienced reduced stress when dealing with negative circumstances, and shared greater compassion for self and others (Birnie et al., 2010; Shapiro et al., 2008).

Alternatively, Asuero et al. (2014) and Fortney et al. (2013) conducted MBSR programs lasting a total of 16 to 18 hours with health care professionals in particular. After the training, Asuero et al. (2014) discovered that the participants significantly decreased burnout symptoms at work as well as decreased depression, anger, tension, and fatigue. Asuero et al. (2014) further noted that the health care providers showed a significant increase in compassion with their patients and mindful thoughts and actions within the workplace. Similarly, Fortney et al. (2013) realized that their health care study participants significantly lowered their emotional exhaustion, depersonalization, depression, anxiety, and stress as well as increased in personal accomplishments after receiving the MBSR training. Asuero et al. (2014) and Fortney et al. (2013) concluded that an MBSR program in the healthcare setting would support clinicians' health and

well-being, strengthen clinician-patient relationships, and promote a positive and collaborative work environment.

### **Mindfulness and Cultural Competency**

Healthcare professionals interact with a variety of individuals from diverse cultures and backgrounds on a daily basis. Occupational therapists, in particular, strive to examine each client holistically which largely incorporates the client's culture and background. With this outlook, occupational therapists can provide client-centered care that is driven from a mutual understanding for the client's plan of care. When individuals feel valued, understood, and accepted for their way of life, this allows the opportunity for occupational therapists to impact clients' lives. In turn, occupational therapists play a key role in a patient's progress by displaying cultural competency so that an individual can truly return to his or her daily patterns of life successfully.

Cultural competency potentially can be overlooked in regards to its importance in the healthcare system; however Napoli and Bonifas (2013) sought to uncover the correlation between mindfulness and cultural competency in the healthcare setting. These authors suggested that mindfulness can be utilized as a resource to understand and incorporate cultural competency into relationships with clients. They then developed a model called the MAC Mindfulness Model which emphasized specific components associated with practicing mindfulness. The first component described involved *empathetically acknowledging one's experiences*. Napoli and Bonifas (2013) stated that this process involved being open to one's life circumstances and recognizing how these situations makes one feel. It is the process of using our words in a nonjudgmental manner and creating clarification in order to reduce non-genuine responses and interactions with

clients. Napoli and Bonifas (2013) further stated that accepting different cultural beliefs plays a significant role in developing trusting relationships.

The second component in the model involved *intentionally paying attention*. Napoli and Bonifas (2013) described that this process required being attentive to one's emotions, words, thoughts, and expressions. When individuals focus on the present moment and clearly distinguish specific characteristics about themselves, they are better able to listen before expressing their own opinion and thoughts. Napoli and Bonifas (2013) stated that healthcare professionals may be wondering how to respond to clients before the clients finish speaking; this action may inhibit professionals from fully comprehending the personal desires and needs of their patients. Thus, Napoli and Bonifas (2013) realized that through intentionally paying attention, professionals may create a genuine sense of communication.

The third component in the MAC model described by Napoli and Bonifas (2013) was *accepting without judgement*. This process involved eliminating personal judgement and negative thinking on all aspects of an individual such as one's emotions, expressions, and physical attributes. Napoli and Bonifas (2013) found that when individuals accept without judgment, they may increase their sense of empathy and further connect with those individuals with whom they interact. When individuals approach situations nonjudgmentally, ongoing learning occurs, and adaptations are made to facilitate overall personal growth (Napoli & Bonifas, 2013).

The last component of the MAC model involved *taking action towards change*. Napoli and Bonifas (2013) stated that taking action involved drawing from the previous three components of the model. Empathetically acknowledging, paying attention, and

accepting without judgment all contribute towards taking action with change and facilitating a new way of mindfully thinking, which created opportunities for enriched connections and relationships.

### **Strategies for Client-Centered Care**

Recent literature has provided insight into health care professionals' beliefs and understandings of the importance of client-centered practice; however, client-centered practice and the strategies for implementation continue to lack definition and/or acknowledgments during treatment sessions (Fernando, Consedine, & Hill, 2014; Ponte & Koppel, 2015). Various researchers and scholars on this topic have provided descriptions of mindfulness-based practices and strategies that may be easily incorporated into everyday life for healthcare providers. The following mindfulness-based practices may provide the opportunity for individuals to become deeply aware of their thoughts, sensations, desires, and emotions, which can further impact others with whom they work and treat.

Sirgy and Jackson (2015) emphasized the need for client-centered care; these authors realized that a mindfulness proposal exemplified the most effective strategy to enhance the well-being of both clinicians and their patients. Sirgy and Jackson (2015) outlined four situations in which a mindfulness approach would most effectively provide client-centered care. First of all, these authors realized that healthcare providers should be mindful when providing a diagnosis or prognosis to a patient. Sirgy and Jackson (2015) stated that being mindfully positive during these types of situations would most likely assist to decrease the anxiety and negative thoughts experienced by the patient. Secondly, these authors realized that situations involving the progression of a disease or disorder



should include a mindful approach. Compassion and kindness provided by the healthcare provider potentially decreases the anger and depression often felt by both the patient and the provider. In addition, Sirgy and Jackson (2015) said that a mindful outlook would benefit providers during situations that elicit intense emotions such as overcoming a disease or ceasing the progression of a disease or disorder. The ability to embrace and be mindfully aware of these emotions, then releasing these emotions, facilitates relief and well-being. Lastly, these authors uncovered that situations in which one must accept a progressive or life-long disorder should be handled mindfully; a mindful approach potentially increases insight into the situation as well as decreases the pain associated with this type of information. Healthcare providers have the potential to accept the imperfections they face on a daily basis, to control their thoughts and emotions, and to provide empathy and understanding, while also embracing gratitude when they utilize a mindful approach that benefits both their personal and their patients' well-being (Sirgy & Jackson, 2015).

On the other hand, Fernando, Consedine, and Hill (2014) sought to explore and better explain mindfulness among surgeons. Within the demanding profession and life as a surgeon, mindfulness is another method of being present while also providing physical and psychological benefits. According to Fernando et al. (2014), the incorporation and rightful practice of mindfulness need not be lengthy to achieve benefits. The practice of becoming more attuned to life through mindfulness can simply begin with five minutes of an individual's day. Fernando et al. (2014) instructed surgeons to begin practicing mindfulness by locating a quiet, peaceful setting without distractions or interruptions. It is important to remain focused, keeping the eyes closed, and taking slow, deep breaths. The

process involves being attentive to the breathing patterns and only focusing on the breath itself. Fernando et al. (2014) explained that the mind will automatically wander, and the mind will be overflowed with thoughts, judgements, and worries; when this occurs, these authors suggest to simply acknowledge the distraction, and return the focus to only the slow, deep breaths occurring. At the end of the five minutes, an individuals will have a renewed sense about conquering the day.

Ponte and Koppel (2015) have explored formal and informal mindfulness-based practices that have resulted in effective strategies for increased attunement into life's moments. The first practice is similar to Fernando et al.'s (2014) simple five-minute mindful practice. Ponte and Koppel (2015) expressed that mindfulness meditation is the practice of focusing and bringing awareness to one's breath and physical sensations as well as present thoughts and emotions. Mindfulness movement is another strategy described by Fernando et al. (2014), which allows mindfulness to be cultivated through different forms of movement such as tai chi, yoga, and walking. Furthermore, body scan is a mindful practice that involving a somatic sensory experience. Individuals scan their bodies and closely observe and recognize the physical sensations that they are experiencing, which may positively and/or negatively impact an individual (Fernando et al, 2014). Additionally, informal mindfulness practice is another way of becoming more attuned to one's daily life experiences. Informal mindfulness practice is simply remaining attentive to the everyday activities of daily living and understanding when the mind wanders during a task in addition to being able to reguide the mind to the present moment and task being performed (Fernando et al., 2014).

Ponte and Koppel (2015) further provided simple mindfulness tips that promote healing when working with patients in difficult situations. Ponte and Koppel (2015) explained that the ability for therapists and other professionals to pause and be present in the moment, as well as to communicate effectively with patients, has a significantly impacts the quality and outcome of patient care. A helpful strategy to reduce stress and respond more skillfully during challenging interactions within therapy includes utilizing the ‘STOP’ technique. The acronym STOP represents the following four actions: stop and take a step back, take a few deep breaths, observe inside yourself, and lastly, proceed after your pause (Ponte & Koppel, 2015).

Additional applicable strategies were outlined by Bright et al. (2012). These authors stated that client-centered care can be achieved when therapists utilize strategies such as mindful listening, realizing the significance of allowing time, determining meaningful factors for the patient, and examining their role as therapists in a novel way. Using the strategy of active and mindful listening as a therapeutic tool encourages therapists to delve into a patient’s story, to accept silence during therapy sessions, and to provide patients with the time needed to respond emotionally, physically, and mentally to therapy (Bright et al., 2012).

The authors described the strategy of allowing time, which invigorates therapists to invest in developing a strong foundation with the patient in order to build trust and rapport. This strategy also allows the therapist to truly know the patient, so that the therapist can facilitate a “just right challenge” (Bright et al., 2012).

Bright et al. (2012) further stated that the strategy of prioritizing meaningful items, goals, and skills challenges the therapist to guide the patient versus control the

therapy process, to empower the patient in his or her own recovery process, and to encourage the patient to develop hope and value.

Lastly, Bright et al. (2012) outlined the strategy of examining a therapist's role in a novel way. This theory inspires therapists to release the fate and control of a patient's recovery onto the patient and to facilitate a supporting atmosphere versus incapacitating a patient by encouraging reliance and dependence.

Bright et al. (2012) summarized that a therapist must view treatment as "being with" rather than "doing to" a patient. With these four strategies implemented into the rehabilitation process including mindful listening, significance of time, meaningful factors for the patient, and the role of therapists, these healthcare providers potentially foster a client-centered approach to therapy (Bright et al., 2012).

### **The Need for Mindfulness in OT**

Regardless of the extensive literature published regarding the topic of mindfulness, minimal literature addresses this concept within the field of OT. Reid (2013) stated that OT literature possesses in-depth descriptions regarding this concept; however, minimal evidence exists in regards to the most effective ways to teach, implement, and measure mindfulness for occupational therapists. Furthermore, Elliot (2011) explained that mindfulness ultimately naturally connects with occupation. Mindfulness' informal practice of awareness facilitates heightened engagement during occupational activity (Elliot, 2011). Reid (2009) highlighted that when occupational therapists are dedicate themselves to mindfully preparing, actively being aware, and engaging in mindful reflection, occupational therapists can truly be present with their clients.

A significant study highlighted the need for mindfulness in the field of occupational therapist. This study's researcher, Reid (2013), conducted a trial on 15 OT students by having them complete an 8-week mindfulness course online. This author chose this method of education due to lacking literature regarding specific mindfulness online curriculums. Reid (2013) stated that the course's purpose was to educate the students on how to display reflective practice, to increase their level of self-awareness, and to improve the students' ability to be present during situations with clients and other healthcare professionals while on fieldwork. In particular, the course offered information about compassion, reflection, mindful communication, mindful eating, mindful movement, and awareness (Reid, 2013). After numerous weeks, the author used a reliable and valid measure, the Mindfulness Attention and Awareness Scale (MAAS), to support that the students showed a statistically significant increase in their level of mindful daily practice, mindfulness knowledge, mindfulness applicability, self-care, and overall sense of well-being. In addition, Reid (2013) realized that all but one participant found the information so imperative to their education as a future occupational therapists that they developed plans to continue their learning about mindfulness. Reid (2013) concluded that an online mindfulness training program is easily accessible, affordable, and potentially provides vital mindful education for OT students entering the healthcare field.

Dobkin and Hutchinson (2013) conducted a correlated literature search in order to further explore and understand the extent of mindfulness taught and incorporated into doctoral degree programs, such as medical and dentistry programs. Through the literature search, Dobkin and Hutchinson (2013) reviewed 14 programs that taught mindful medical practice in doctoral degree programs and the impact as well as the possible

benefits mindfulness may offer to those completing a medical degree. However, Dobkin and Hutchinson (2013) proposed many questions such as the following: Does mindful training really work for students receiving medical training? What is it about mindful training that works? Should mindful practice be incorporated into all healthcare-related curriculums?

Current literature shared that teaching mindful medical practice appears effective as evidenced primarily by subjective information from students (Dobkins & Hutchinson, 2013). The overall benefits suggested from receiving mindful training while pursuing a degree include preventing compassion fatigue and burnout while also engaging in health-promoting self-care activities. Additionally, students shared that they experienced reductions in perceived stress, anxiety, and depression, as well as increased mindfulness, empathy, and self-compassion through mindful training (Dobkins & Hutchinson, 2013).

The question of whether or not mindful training should be incorporated as a component in an educational curriculum ultimately pertains to students' perceptions of their need for mindfulness in their lives and also their levels of motivation to attend and actively engage in a mindful training course (Dobkins & Hutchinson, 2013). Dobkins and Hutchinson (2013) explained that mindful training within health care curriculums is suggested and has significant impacts for medical students. However, a strong need exists for further implementation and exploration of different mindful training techniques and courses within the field of OT. This further exploration will be able to strongly illustrate the increased quality of life and well-being that mindfulness may have on individuals obtaining an OT degree (Dobkins & Hutchinson, 2013).

## **Discussion**

Through this thorough analysis, it is evident that mindfulness has had a significant impact on the field of OT thus far. Through the use of the three components of mindfulness—intention, attention, and attitude—a therapist may wholly regulate his or her feelings, be attuned to the situation, demonstrate empathy, openly observe and describe facts, act with full awareness, and then accept situations and individuals without judgement. Mindfulness has the potential to significantly impact a therapist's personal well-being including increasing areas such as overall quality of life, the ability to handle stressful situations, cognitive functioning, positive thinking, as well as psychological and physical health statuses.

In addition, various researchers have conducted studies showing statistically significant decreases in physical and psychological symptoms of stressful work environments including burnout, emotional strain, anxiety, and job dissatisfaction after incorporating mindfulness-based training into the workplace. Similarly, researchers have found significant increases in quality of patient care as well as connections between the therapist and the client after the therapist receives training with mindful practice. Through this mindful training, therapists show the potential to increase their essential cultural competency during the building of therapeutic rapport during both the early stages in the relationship and also throughout the therapy process. Therefore, the need to address strategies for client-centered care remains important; these strategies include mindful listening, mindful communication, body scanning, mindful movements, and brief mindful meditation while also attending to one's present thoughts, emotions, feelings, and sensations.

However, it is also important to regularly recall the numerous barriers to mindful practice continually to exist in today's healthcare society. Some of the potential barriers include time constraints, workload, documentation, scheduling, phone calls, treatment plans, and education requirements. These barriers may inhibit occupational therapists from practicing mindful techniques and strategies within the therapeutic environment.

The exploration of mindfulness through this literature review has clearly illustrated the need for further exploration and implementation of mindfulness training techniques and courses within the field of OT. This exploration would provide a necessary for better understanding of the significance that mindfulness has on occupational therapists. A need has surfaced that included the development of resources that incorporate mindful practice and how to assess mindfulness in practice; this assessment is vital to the therapeutic relationship and the encouragement of mindfulness as a critical component to the scope of OT.

Clinical counselor Shafir (2008) reflected on her experience with mindful practice that movingly concludes its potential and evidenced impact throughout clinical practice:

First, let me consider the mystery of what is about to occur. Let me remember that my patient is a unique being and that my interaction, to the extent that it's genuine, will be unprecedented. Let me remember that each moment is brimming with possibilities, that by listening mindfully, I may be able to heal; by forgoing judgment, I may be able to see more deeply; by letting myself be touched by their experience, I will convey to the patient that I care (p. 230).

Shafir's experience guided the methodology process of selecting a topic for the scholarly project, completing a literature review, identifying a gap in the existing literature, choosing an OT model as a framework, utilizing adult teaching strategies, and creating the product of the scholarly project. Shafir's inspiration of the impact of mindful practice can be closely followed throughout chapter 3.



## **CHAPTER III – METHODOLOGY**

Chapter III provides a thorough description of the process utilized in designing *An Occupational Therapist's Guide for Mindful Practice Under High Productivity Standards*. The methods utilized were strategically selected in order to design a scholarly project that positively influenced the advancement of the OT field.

### **Scholarly Project Topic Selection**

In order to narrow the topic of choice, the authors of this guide initially reflected upon personal values, interests, and areas that inspired further exploration in the field of OT. Collaboratively, these authors revealed they hold high importance in the following areas: client-centered care, sensory-based approaches, techniques or tools for immediate application for practitioners, and holistic health and well-being of the body, mind, and spirit. With the interests identified, the authors of this guide sought out previous master OT projects created at the University of North Dakota (UND). A revelation surfaced that not only correlated with the passions of these authors but also failed to emerge during the review of master projects—the topic of mindfulness. Following this discovery, the authors sought guidance from their academic advisor in order to discuss the direction of need for the topic of mindfulness within the profession.

### **Literature Exploration**

It was evident that the authors of this guide needed to reveal a gap in the mindfulness literature to justify the need for the completion of this scholarly project. First, the authors utilized key terms through the use of online databases to begin the

obtainment of credible resources; these key terms included the following: mindfulness, electronic documentation, therapist-client rapport, productivity, job requirements, client-centeredness, therapeutic use of self, therapy outcomes, client satisfaction, practitioner well-being, workplace demands, mindfulness-based training, mindfulness techniques, burnout, inter-professional interactions, and mindfulness with specific client diagnoses. To explore these specific key terms, the authors of this guide first utilized databases from the Harley French Library at UND such as Academic Search Premiere, CINAHL, OT Search, PubMed, SCOPUS, and PsychInfo. In addition, numerous online journal articles were gathered from the American Mindfulness Research Association. Furthermore, the authors of this guide were provided with additional knowledge through an OT expert in mindfulness, Donna Costa, DHS, OTR/L, FAOTA. This expert not only shared knowledge via informational handouts but also through online webinars for the authors of the guide to access. Mindfulness information was also explored through the following texts:

- *Mindfulness and the Therapeutic Relationship*
- *Mindfulness-Based Cognitive Therapy for Anxious Children*
- *Mindful Therapy: A Guide for Therapists in Helping Professions*
- *Mindfulness*
- *Health Professional as Educator: Principles of Teaching and Learning*
- *The Path of Emancipation: Talks from a 21-Day Retreat*
- *Wherever You Go There You Are: Mindfulness Meditation in Everyday Life*
- *Mindfulness-Based Cognitive Therapy for Depression*

- *Full Catastrophe Living: Using the Wisdom of your Body and Mind to Face Stress, Pain, and Illness*

Moreover, one of the authors of this product had the opportunity to attend mindfulness-based workshops while at the national American Occupational Therapy Association Annual Conference and Expo.

Once a variety of credible resources were compiled, the authors of this guide synthesized all of the research information into a detailed literature review. Mindfulness themes emerged through the literature review process. The first theme involved the potential capacity for mindfulness and its impact on OT practitioners. Secondly, the components of mindfulness as well as the mindfulness skills required to implement mindfulness techniques were discussed. The next theme explained the invaluable research studies and how the results showcased the existing barriers to mindful practice in addition to strategies to overcome these barriers. Practitioners' well-being and the strategies proven to assist with mindful incorporation into personal and work lives were considered. Mindfulness was also acknowledged and understood in relation to how mindfulness impacts the workplace such as quality of patient care, therapist-client connection, as well as effective mindful approaches to utilize prior to and during client sessions. Another theme, including that of cultural competency, was highlighted and held in high importance for facilitating client-centered care. The final theme presented in the literature review included the necessity of mindful care in the field of OT.

After the comprehensive study of literature and resources, the authors engaged in a period of mindful collaboration. It was through this mindful period that the authors obtained a clear understanding and direction of where mindfulness must be further

implemented within the field of OT. The gap guided from the research illustrated that the topic of mindfulness has been comprehensively applied to the practice of OT; however, this application has mostly been directed towards assisting clients with particular psychosocial and physical diagnoses such as chronic pain and disease, cancer, depression, anxiety, eating disorders, and substance addictions. Therefore, the noticed gap included how OT practitioners may utilize mindful techniques within one's practice. In particular, OT practitioners face substantial demands in today's fast-paced health care settings, which has limited the practitioners' ability to understand and effectively apply strategies for mindful practice. As a result, *An Occupational Therapist's Guide for Mindful Practice Under High Productivity Standards* not only addressed the gap uncovered within the literature, but the guide's materials also have the potential to enrich the OT profession.

### **Organizational Framework for Scholarly Project**

*An Occupational Therapist's Guide for Mindful Practice Under High Productivity Standards* was mindfully developed under the collaboration of the authors. The two foundational frameworks utilized in the guide included the educational teaching tool of andragogy (Knowles, 1984) as well as the OT model of PEO (Law et al., 1996). Initially, andragogy concepts provided the just right educational framework for teaching specific scholarly OT practitioners. In particular, concepts of andragogy were utilized within Part 1 to capture the intended audience, to provide relevant knowledge on the topic of mindfulness, and to assemble a mindfulness vision in OT. The authors of the guide realized that the key concepts of andragogy directly influenced and inspired adult learners and matched the learning needs of the guide's intended reader population; the

concepts of andragogy allowed the reader to experience the following abilities: to be self-directed in the learning process, to have opportunities to solve problems, to be internally motivated by the learning process, to partake in situations that one may think and act for oneself, and to relate previous experiences to new learning situations (Knowles, 1984).

The authors of the guide transitioned to Part 2 in order to apply specific mindfulness techniques and strategies to OT practice in healthcare settings with high productivity standards. Prior to the application process, the authors of the guide needed to establish an OT framework that would underpin how Part 2 was assembled. Therefore, the PEO model stood as the most relevant, applicable, and appropriate grounding model (Law et al., 1996). However, other OT models and related frameworks were considered when selecting a pertinent and valid model for this scholarly project. First, the Model of Human Occupation (MOHO) developed by Kielhofner (1985) was evaluated; the way in which MOHO highlighted specific volition and habituation factors as unique components of the model limited the applicability of the guide to various settings in which practitioners would practice (Kielhofner, 1985). Another OT model assessed was the Occupational Adaptation (OA) Model developed by Schultz and Schkade (1992); but, the biomedical approach to this model as well as the focus on adaptation rather than transformation excluded this particular model from the selection process. Additionally, Schultz and Schkade (1992) described that OA focuses on changing the adaptive capacity of an individual, which detours from the guide's emphasis on completing the occupation of practicing OT. The last OT model considered in the selection process for this guide involved the review of the Ecology of Human Performance (EHP) model developed by Dunn, Brown, and McQuigan (1994). EHP illustrated similar components to PEO

including the importance of environment and the person on performance; however, EHP did not accentuate the significance of occupation in the interaction process as well as PEO (Dunn, Brown, & McQuigan, 1994). EHP was excluded from the selection process because of the central focus on the environmental context and how this context shapes the person and performance tasks that increase performance range and environmental engagement (Dunn, Brown, & McQuigan, 1994). Theoretical models not specific to the OT practice were also considered such as Erickson's Psychosocial Theory (Erickson, 1959) and Maslow's Hierarchy of Needs Motivational Model (Maslow, 1943). Yet, these theories' components were not as closely related to the OT process, which would limit the applicability of these models to the unique practice of OT and OT terms that were desired to be utilized in the guide. Ultimately, PEO stood as the strong foundational OT framework for the development of *An Occupational Therapist's Guide for Mindful Practice Under High Productivity Standards*.

Furthermore, the upcoming information, Chapter 4, will illustrate the outline regarding the development of *An Occupational Therapist's Guide for Mindful Practice Under High Productivity Standards*. Each part of the guide will be highlighted; however, the guide in its entirety may be viewed in the appendix.

## CHAPTER IV – PRODUCT

Chapter IV consisted of the development of the product for this scholarly project. The product title represents *An Occupational Therapist's Guide for Mindful Practice Under High Productivity Standards* (see appendix). This guide will be used by OT practitioners to understand the process and impact of a mindful approach within the OT process of evaluation, goal-setting, and intervention. The guide's presentation and educational approaches were founded on the concepts of andragogy (Law et al., 1996) and the PEO model (Knowles, 1984). Information included within the guide consisted of quotes for reflection purposes, figures and tables for a clear summary of detailed information, worksheets for interaction opportunities, case studies for comparing and contrasting, and techniques and strategies for application opportunities to the OT process. For ease of readability and comprehension, this guide was organized into three parts that contain various modules that relate to specific mindfulness topics as well as specific steps in the OT process. The product of this scholarly project in its entirety may be reviewed in appendix.

This guide was created utilizing an organizational framework to promote readability and comprehension of the detailed mindfulness information. Part 1 was titled *Understanding Mindfulness in Occupational Therapy Practice* and included modules that described the necessary mindfulness terms, components, and skills as well as the vision of applying mindfulness in the workplace of OT practitioners. Following the review of literature, it was evident that the topic of mindfulness was complex, multifactorial, and

in-depth; due to the abstract characteristics, the authors of the guide realized the importance of clarifying the terms, components, and skills in order to lay the foundation for Part 2.

Part 2 was titled *Application of Mindfulness in OT Practice Under High Productivity Standards* and included modules that described mindfulness strategies and techniques that may be incorporated into the OT process of evaluation, goal-setting, and intervention. These strategies and techniques were carefully selected for practitioners who currently face high productivity demands in fast-paced healthcare settings. Additionally, the techniques and strategies were explored and evaluated by numerous researchers and were chosen by the authors of the guide due to applicability to the intended reader population.

Part 3 was titled *Summary and Implications for Occupational Therapy Practice* and included modules for summary and implication purposes as well as references for future pursuits and guidance. This summary provided a recap of the specific implications that *An Occupational Therapist's Guide for Mindful Practice Under High Productivity Standards* may have on the evaluation, goal-setting, and intervention processes within the practice of OT. Ultimately, this guide included pertinent information from the literature review as well as effective strategies and techniques that allowed the reader to formulate a strong knowledge base for mindful practice.

The summary of this product can be viewed in the following section, chapter 5. Ultimately, chapter 5 outlines the overview of the creation of the scholarly project and highlights the key findings throughout this journey. Limitations and recommendations for



research provide an opportunity for this guide to be utilized and expanded upon in the future.

## CHAPTER V– SUMMARY

Today's healthcare service delivery has exhibited a significant shift due to an ever-evolving healthcare industry. One of the most substantial factors that healthcare practitioners have faced during this shift has involved working under high productivity standards, which has shown to considerably limit OT practitioners' ability to remain mindful in the workplace setting (Black, 2010). High productivity demands have resulted in high burnout, empathetic fatigue, job dissatisfaction, lack of mindful practice, and distress to the point of clinical ineffectiveness (Irving et al., 2009; Poulsen et al., 2014; Vadnais, 2014).

Approximately 2,500 years ago, the term mindfulness arose, and has been continuously explored, utilized, and implemented within a multitude of healthcare disciplines including OT (Black, 2010). However, due to the field of OT lacking specific mindful approaches directly associated with the OT process of evaluation, goal-setting, and intervention, *An Occupational Therapist's Guide for Mindful Practice Under High Productivity Standards* was believed to be the bridge. This bridge represented the corrective link between OT practitioners who face high productivity standards and the necessary tools that facilitate quality client care in which these practitioners desire.

The development of the scholarly project was completed through various mindful steps in order to arrive at the creation of a specific mindfulness guide for OT practitioners. The authors of the guide first reflected upon personal values, interests, and areas that inspired further exploration in the field of OT. After a collaborative reflection,

the topic of mindfulness sparked passion and met the needs of the OT profession. Through a detailed literature review, the authors of the guide synthesized the research information to identify the gap that would further guide the development of this scholarly project. The existing gap included how OT practitioners may utilize mindful techniques within their practice in order to successfully face high productivity demands in fast-paced healthcare settings.

### **Foundational Frameworks**

The grounding frameworks of andragogy (Knowles, 1984) and PEO (Law et al., 1996) were utilized by the authors of the guide to organize the complexity of mindfulness information into a professional structural format that increased overall comprehension and utilization by OT practitioners. The guide included the following: quotes for reflection purposes, figures and tables for a clear summary of the detailed information, worksheets for interaction opportunities, case studies for comparing and contrasting, and mindfulness techniques and strategies for application opportunities to the OT process. Ultimately, the purpose of the guide was for OT practitioners to experience a transformative process that enhanced their personal and professional well-being, their surroundings to promote efficiency and efficacy within their workplace environment, the quality of care they provided, and the satisfaction received from their role as an OT.

### **Limitations**

Despite the in-depth process of creating *An Occupational Therapist's Guide for Mindful Practice Under High Productivity Standards*, limitations still existed and required further exploration and study within the profession of OT. First, one of the limitations was that the guide was created with the purpose of reaching OT practitioners

who specifically face high productivity demands. This population of practitioners mainly treat clients in a physical disability rehabilitation setting; therefore, this quality limits the guide's applicability for OT practitioners that serve and treat clients in other therapy settings such as skilled nursing facilities, community-based wellness centers, outpatient programs, and school settings. Secondly, in order to provide a concise, brief, and clear guide that OT practitioners may actually benefit from in their daily practice, only a limited number of mindfulness techniques and strategies were implemented within the guide. However, it is important to note that there are a vast amount of mindfulness techniques and strategies that may be applied to this population as well as OT practitioners practicing in other settings. Lastly, this scholarly project was developed by OT graduate level students with less than a year of OT fieldwork experience. Thus, the knowledge base and expertise of these authors in regards to the direct implication of mindfulness into OT practice is young in nature.

### **Strengths**

In addition to these limitations, there were strengths within the product that showcased the usefulness of the mindfulness information. The mindfulness worksheets contained within the guide were clear, concise, and direct for readability and comprehension purposes; the worksheets were structured by purpose, time requirements, materials, and directions. The structural format of the mindfulness information was intended to reach a variety of learning styles as evidenced by quotes for reflective learners, figures and tables for those individuals that prefer a big picture, worksheets for hands-on learners, case studies for analytical minds, and mindfulness techniques and strategies for kinesthetic minds.

The developed guide may be implemented into OT practice. The most effective way for implementation of this guide would include an in-service for OT practitioners in regards to strategies for improving quality of client care as well as improving practitioners' personal and professional well-being. Additionally, this implementation process may be geared towards OT practitioners who work in fast-paced healthcare settings under high productivity standards. Once the guide is introduced into an OT department, it will be essential for practitioners to reap the full benefits of this guide by scheduling and holding monthly meetings in order to reflect, collaborate, and educate one another on the impacts the guide has had on the OT process.

### **Barriers and Supports to Implementation**

However, if OT practitioners within the department do not believe in the profound impact mindfulness may have on the OT process as well as commit to practicing mindfully, the guide would, unfortunately, not be utilized to its highest potential. Additional roadblocks for implementation may include a lack of encouragement and support from management personnel in regards to continuing educational opportunities on mindfulness topics. Also, if practitioners hold extensive experience and knowledge within the mindfulness scope, these practitioners may not view the guide's material to be applicable to their practice. However, to counteract these implementation roadblocks, the authors of the guide grounded their product on OT models, theories, and concepts as well as extensive literature and research findings. The structural format of the guide was developed with the intended purpose to encourage engagement, interaction, application, creativity, reflection, mentorship, and analysis; this format has the potential to repeatedly spark inspiration in OT practitioners for the guide's usefulness.

## **Future Implementation**

### *An Occupational Therapist's Guide for Mindful Practice Under High*

*Productivity Standards* usefulness may be measured through the subjective experience of each OT practitioner. The transformative process during evaluation, goal-setting, and intervention may be captured, evaluated, and modified through the reflective nature of the guide.

In order for the guide to continue to impact the OT profession in the future, some improvements may need to be considered. First, it would be helpful to create and host a mindfulness seminar that showcases the guide. During the seminar, it would be essential for OT practitioners to receive an outline that informs OT departments of how to successfully implement, utilize, and measure mindfulness strategies and techniques. This seminar would also assist with clarifying the complexity of the topic of mindfulness. Furthermore, additional case scenarios would heighten the applicability of mindfulness techniques and strategies to vast client interactions. Therefore, this guide has the potential for further scholarly collaboration.

### *An Occupational Therapist's Guide for Mindful Practice Under High*

*Productivity Standards* may considerably counteract daunting statistics shown for OT practitioners under high productivity standards such as the following: 86% of OT practitioners felt both burnout and emotional exhausted to the point of that they were unable to effectively engage in work to the level that they desired (Paulsen et al., 2014). Additionally, this guide provides practical, applicable, and effective mindfulness strategies and techniques that aim to improve overall work quality, therapist-client connection, and the health and well-being of OT practitioners. To truly capture the

potential significance of the guide, let the authors of this scholarly project conclude with a reflection from clinical counselor Shafir (2008) on her experience with mindful practice.

First, let me consider the mystery of what is about to occur. Let me remember that my patient is a unique being and that my interaction, to the extent that it's genuine, will be unprecedented. Let me remember that each moment is brimming with possibilities, that by listening mindfully, I may be able to heal; by forgoing judgment, I may be able to see more deeply; by letting myself be touched by their experience, I will convey to the patient that I care (p. 230).

## **APPENDIX**

*An Occupational Therapist's Guide for Mindful Practice  
Under High Productivity Standards*



# An Occupational Therapist's Guide for Mindful Practice Under High Productivity Standards

Breanna E. Coleman  
Whitney J. Wilhelmi  
Dr. Scilinda L. Janssen

## ~ Vision ~

To mindfully empower  
occupational therapy practitioners  
to foster a positive sense of well-being,  
to capture quality life moments,  
and to nurture collaborative and empathetic relationships  
in today's fast-paced healthcare settings



An Occupational Therapist's Guide for Mindful Practice  
Under High Productivity Standards



Breanna E. Coleman  
Whitney J. Wilhelmi  
Dr. Scinda L. Janssen, OTR/L

## Preface

Imagine the ability to presently capture all experiences, emotions, and thoughts within and around you; this ability involves the act of mindfulness. Let's provide you with a glimpse into the personal experience of practicing mindfulness as described in Box I. For clarification, the three minute mindfulness experience is not intended to be a specific mindfulness technique to utilize in one's practice, but rather reading the information is intended to allow you as the occupational therapy (OT) practitioner to gain a clearer understanding of what mindfulness entails; this experience will allow you to be mindfully present for a moment so that you may acquire the present cognitive and emotional state in which to fully grasp the mindfulness information, techniques, and resources outlined in this guide.

This brief mindfulness experience provided you with the opportunity to simply observe, act with awareness in lack of judgement, and return your mind to the present task. Mindfulness guided you to return to the present experience and gradually allowed you to become attuned to the present moment without hindrance in order to overcome desires of the mind (Morales Knight, 2009).

Did you know that the incorporation of mindfulness techniques has the potential to significantly increase the health and wellbeing of yourself, your clients, and your colleagues? Approximately 2,500 years ago, the term *mindfulness* arose and has been continuously defined, utilized, and implemented across numerous healthcare and personal practices since this time (Black, 2010). However, within recent years, healthcare service delivery has been influenced by one factor that has shown to considerably limit OT practitioners' ability to be mindful in the work setting—high productivity standards. As a result, *An Occupational Therapist's Guide for*

### Three Minutes of Mindfulness

(Box I)

Sit for three minutes, doing nothing but breathing, focusing your attention on what it feels like to breathe. Among the other thoughts and sensations that arise, you will almost certainly start to feel bored—that you are wasting your time, that nothing important is going on here. When you feel bored, stop breathing. Pinch your nose shut; close your mouth. Very shortly you will become intensely interested in breathing.

(Kabat-Zinn, 1990, pp. 22-23)

*Mindful Practice Under High Productivity Standards* was created in order to assist OT practitioners with understanding and incorporating a mindful approach in their practice.

Various researchers have presented numerous statistics and research findings which have highlighted the negative impact of this change in healthcare service delivery. Advocate, entrepreneur, and practicing OT, Emmy Vadnais (2014), asserted that OT practitioners in particular face substantial obstacles to provide the client-centered, evidence-based, and holistic care they wish to provide under the current productivity standards. Vadnais (2014) painted this disillusionment by stating “**over 50 percent of healthcare practitioners report symptoms of burnout**” (para. 11). Researchers Irving, Dobkin, and Park (2009) also examined how the quality of care was impacted by the high demands placed on healthcare practitioners; they discovered that “burnout is endemic in healthcare professionals with over 40% of nurses reporting general occupational burnout, 28% of physicians endorsing...burnout, and up to 60% of psychologists admitting to having practiced at times when they viewed themselves as **distressed to the point of clinical ineffectiveness**” (p. 61). Additionally, researchers Poulsen et al. (2014) examined over 900 OT practitioners and compared the prevalence of burnout with work engagement; these researchers discovered that **86% of OT practitioners felt both burned out and emotionally exhausted to the point that they were unable to effectively engage in work to the level that they desired.**

With daunting statistics and research findings regarding an OT practitioner’s clinical effectiveness in a demanding profession, techniques and strategies are needed for OT practitioners in order to increase the imperative care they provide to patients. The field of OT has acknowledged the effectiveness of mindfulness and implemented mindfulness techniques within practice; however, these techniques have mainly been incorporated as an effective tool for patients, and a guide has yet to be established that specifically directs mindfulness in relation to the OT process. Therefore, skilled OT practitioners would find this guide useful due to the detailed mindfulness techniques described in relation to the therapy process of evaluation, goal setting, and intervention as well as to the environment that these practitioners face. This guide will provide practical, applicable, and effective mindfulness strategies that will aim to improve overall work quality, the therapist-client connection, and the health and wellbeing of OT practitioners.

## Introduction

### *An Occupational Therapist's Guide for Mindful Practice Under High Productivity*

*Standards* was strategically assembled and structured to advise you as an adult learner.

Throughout the introduction, the authors used two educational tools in order to apply mindfulness to your metacognition process of this guide. The first educational tool utilized to organize Part I of this guide involves the educational framework of **andragogy**. According to Knowles (1984) andragogy represents the educational term often associated with adult learning. The key aspect of this framework focuses on the learner as the facilitator for learning versus the educator as the facilitator (Knowles, 1984). Thus, the goal of using andragogy is to provide you with a structured educational framework that fosters the highest level of self-directed learning for you as a practitioner.

Table A provides you with andragogy's five concepts of the adult learning process, including self-directed learning, problem-based learning, internal motivation, independence, and experience (Knowles, 1984). In addition, a brief example will provide a clear illustration of how each assumption has been integrated into this mindfulness educational guide.

**Table A**

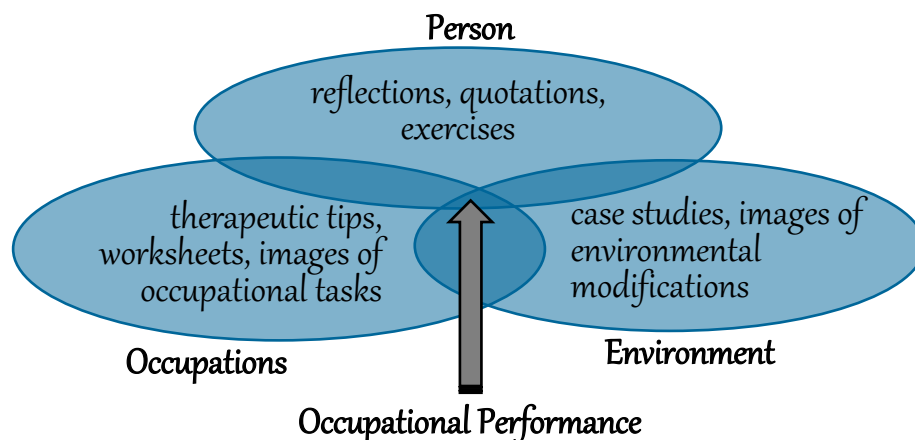
Five Concepts of Andragogy	Integration Example of Andragogy Concepts into Guide
<b>Self-Directed ~</b> showing initiative and ability to direct one's learning	<b>Self-directed ~</b> practitioner decides how and when to utilize the guide
<b>Problem-Based ~</b> experience and knowledge provides the tools to solve problems	<b>Problem-based ~</b> practitioner selects mindfulness exercises and strategies as indicated by his or her needs
<b>Internal Motivation ~</b> internal factors encourage the learning process	<b>Internal motivation ~</b> guide presents statistics and quotations that connect with practitioner's affective component of learning
<b>Independence ~</b> ability to think and act for one's self	<b>Independence ~</b> user-friendly structure of guide promotes independent use
<b>Experience ~</b> knowledge of previous endeavors that serve as a resource to new learning	<b>Experience ~</b> guide includes reflective exercises for personal experience



Beyond the incorporation of the andragogy educational framework, a specific OT model was also incorporated and integrated throughout Part 2 of the guide in order to foster the adult learning process. The **Person-Environment-Occupation (PEO) model** (Law et al., 1996) was selected as a strong foundational framework in order to connect the concept of mindfulness to the OT process involving the steps of evaluation, goal-setting, and intervention as well as the working environment of the OT practitioners. The use of the PEO model (Law et al., 1996) will bring each step of the OT process to the forefront, so that the mindfulness tools and techniques within this guide will be applicable to the daily productivity demands of an OT practitioner.

According to Law et al. (1996), the primary focus of the PEO Model is the transactional nature of the person, environment, and occupation which influences occupational performance. The transactive nature of this model illustrates that the major components are not considered separate entities, but rather the components are continuously influencing one another. When the elements of the person, environment, and occupation “fit,” the outcome of occupational performance is enriched. It is important to acknowledge that three certain components impact the transaction process including occupational demands, environmental supports and barriers, and the individuals’ skills (Law et al., 1996). The core components emphasized in the PEO model (Law et al., 1996) are outlined in Figure A below:

**Figure A**



Person-Environment-Occupation diagram adapted from Law, M., Cooper, B., Strong, S., Stewart, D., Rigby, P., & Letts, L. (1996). The person-environment-occupation model: A transactive approach to occupational performance. *Canadian Journal of Occupational Therapy*, 63(1), 9-23.

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Herzlin (2016)

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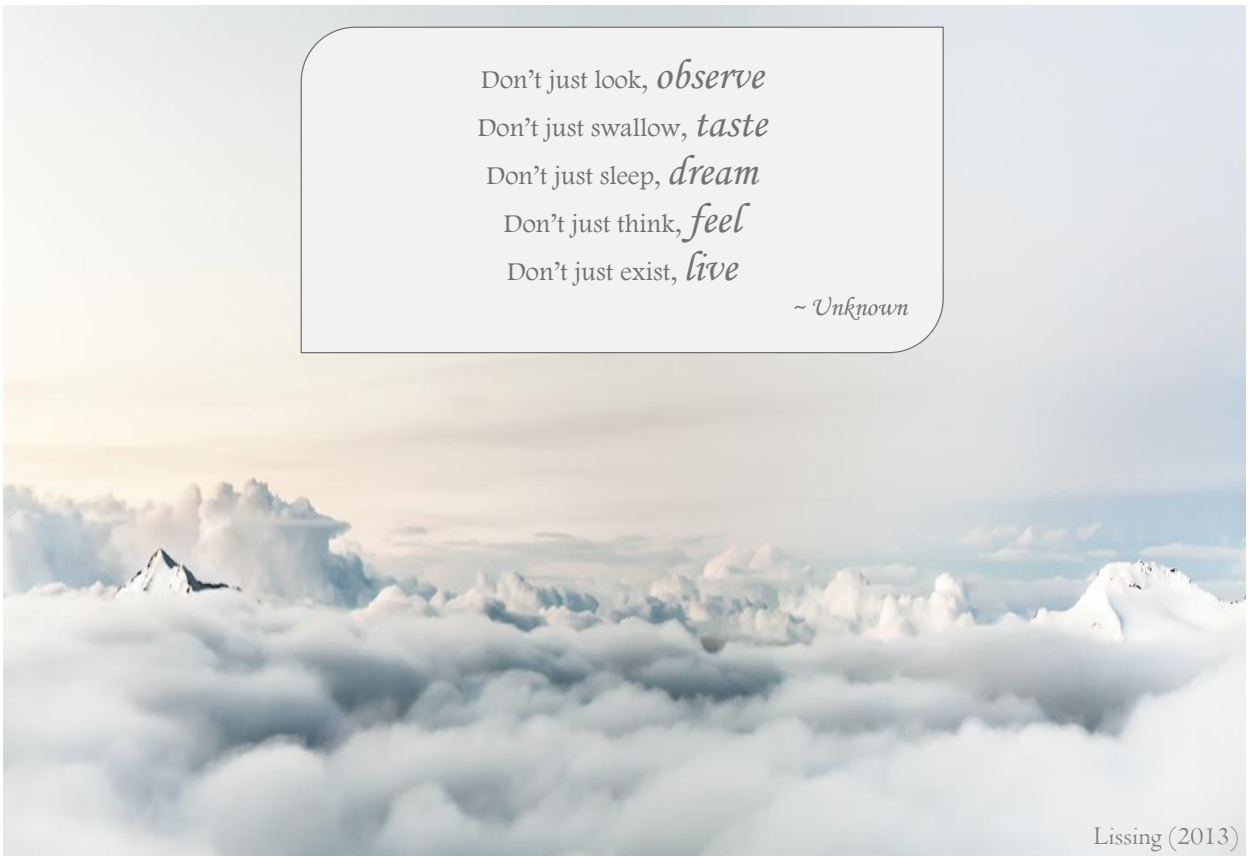
# Part 1



## Understanding Mindfulness in Occupational Therapy Practice

Don't just look, *observe*  
Don't just swallow, *taste*  
Don't just sleep, *dream*  
Don't just think, *feel*  
Don't just exist, *live*

~ Unknown



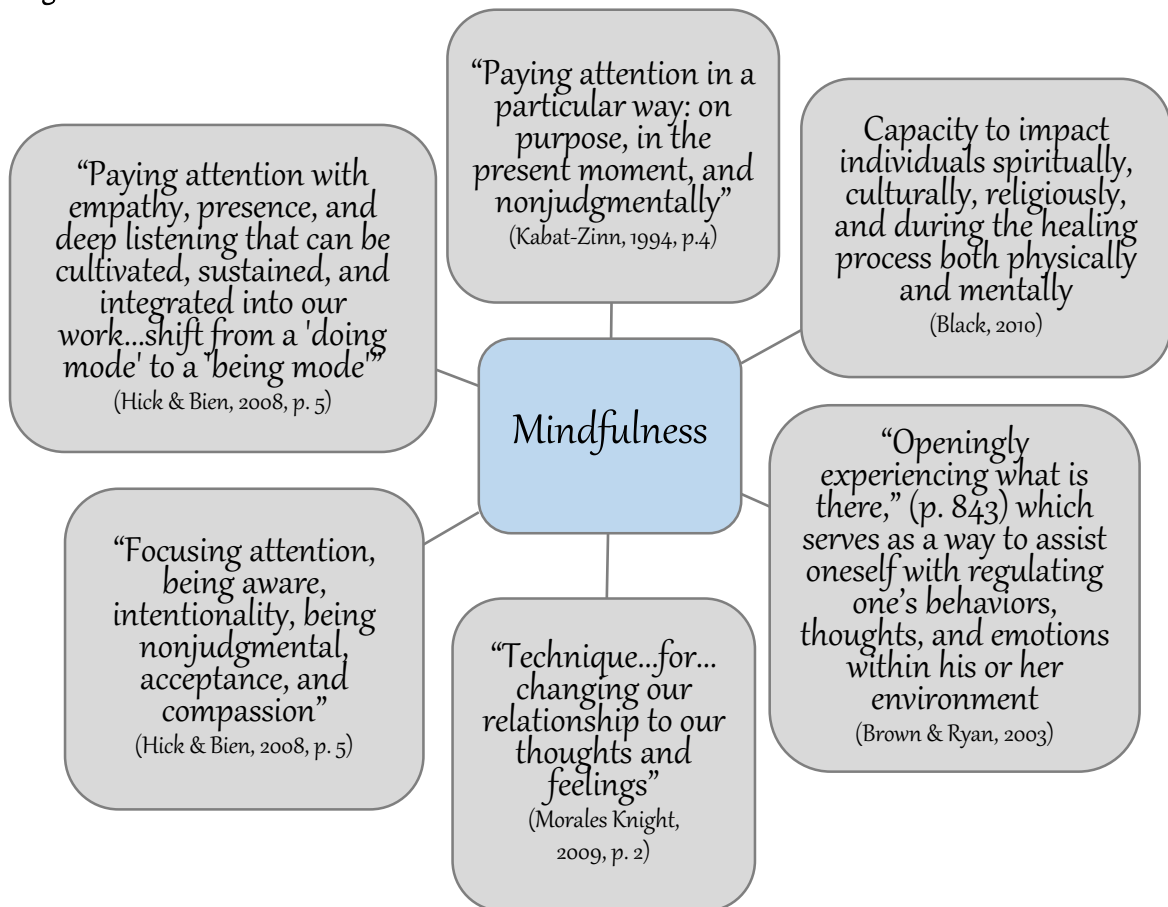
Lissing (2013)



## Mindfulness Terms and Definitions

Since the creation of the term mindfulness, scholars, scientists, authors, and researchers have studied this area of focus which has allowed the term to be shaped and molded in various ways. This term has been accepted and utilized by numerous professions and practices; therefore, it is important to constrict the descriptions of mindfulness to an occupational therapy context for the purpose of this guide. During a time of patient healing, mindfulness has been used by numerous practitioners as a way to represent oneself in the workplace, to assist patients during the recovery process, and as a guide to treat patients. Thus, mindfulness can be depicted from multiple angles including the following (Figure B):

Figure B



## Evolution of Mindfulness

The technique of mindfulness has been acknowledged and valued for thousands of years. This term has a deep root in religious cultures including Hinduism, Daoism, Buddhism, Islam, Christianity, and Judaism. According to Morales Knight (2009), the Hindu culture believed mindfulness was a way to unite an individual's soul with his or her God. However, the culture of Daoism believed that mindfulness promoted harmony between humans and the world; mindful practices of energy work and martial arts arose from this culture (Morales Knight, 2009). Buddhism believers acknowledged that mindfulness techniques were completed through seated meditation and the mindful breath. Similarly, followers of an Islamic faith engaged in mindful techniques as a way to visualize the movement of the world with God as a central point. Author Morales Knight (2009) further stated that individuals in the Christian culture utilized mindfulness as a visionary journey to experience God. Lastly, the Jewish culture centered their mindful practice through readings of Jewish scripture, which created a powerful connection between scripture and their God (Morales Knight, 2009). Despite minimal differences among these religious cultures, mindfulness provided each culture a gateway to gain a deeper understanding of oneself, one's existence, and one's purpose in relation to the revolving world around them.

WHAT IF I TOLD YOU  
that you had at your  
disposal wondrous,  
magical, mystical  
powers to bring  
healing to your  
patients?

(Bien, 2006, p. 109)



A therapist has to  
practice being fully  
present and has to  
cultivate the energy of  
compassion in order to  
be helpful.

(Hanh, 2000, p.152)

Mindfulness, in its use today, has expanded beyond religious purposes. The medical field, the business world, and disciplines such as psychology, psychiatry, counseling, education, and social work have adopted mindfulness in order to promote wellness within oneself and the individuals that they serve. Your practice, similar to other disciplines, has the potential to be significantly transformed through the cultivation of a mindful practice.

## *A Mindfulness Vision in OT*

Through the development of *An Occupational Therapist's Guide for Mindful Practice Under High Productivity Standards*, an **inspirational vision** came to the forefront in the hopes of evolving the field of OT.

~ The vision of this guide aims to mindfully empower OT practitioners to foster a positive sense of well-being, to capture quality life moments, and to nurture collaborative and empathetic relationships in today's fast-paced healthcare settings. ~



In order for OT practitioners to successfully fulfill the mindfulness vision of this OT guide, it is vital that practitioners can gain an appreciative understanding for the core components and skills of mindfulness. Additionally, this vision inspires you to advocate for the necessity of mindful practice through the use of mindfulness techniques as a result of continual rises in high productivity standards within the workplace. The following modules (Module 3.1, Module 3.2, Module 3.3, and Module 3.4) will clarify how these components, skills, and techniques will significantly influence your practice.

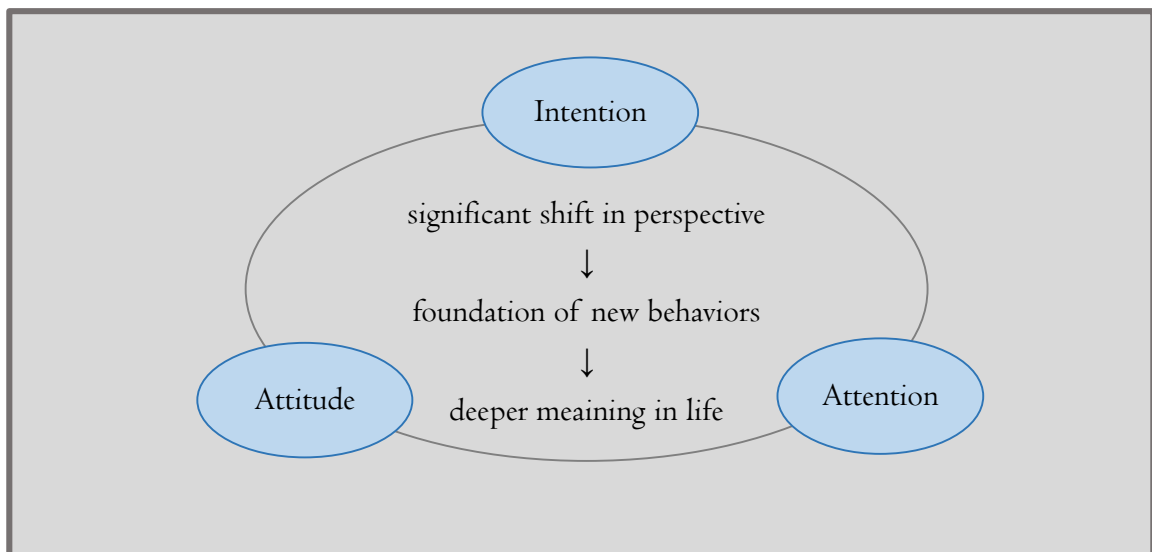
## Mindfulness Components

According to Shapiro, Carlson, Astin, and Freedman (2006), mindfulness can be explained and understood as a model that involves components which are the fundamental building blocks to practicing mindfulness and allowing the artful practice to emerge in your life. The three components that form the solid act of mindful practice include **intention**, **attention**, and **attitude**. These authors concluded that individuals experience self-regulation, exposure to a deeper meaning in life, and cognitive, emotional, and behavioral flexibility, which develops the foundation of a mindful practice. Table B and Figure C display the three components in two unique ways (Shapiro et al., 2006).

**Table B**

The Building Blocks of Mindfulness: 3 Primary Components	
<b>Intention</b>	<ul style="list-style-type: none"> <li>▪ An awareness and compassion for all human beings</li> <li>▪ A present feeling and experience with what is possible in life</li> <li>▪ A deep connection and understanding with the meaning of life</li> <li>▪ A vision that promotes change</li> </ul>
<b>Attention</b>	<ul style="list-style-type: none"> <li>▪ An act of observing moment to moment experiences</li> <li>▪ A healing process focusing on increased attentiveness to the present moment</li> <li>▪ An increase in capacity for individuals to recognize internal and external behaviors affecting their lives</li> </ul>
<b>Attitude</b>	<ul style="list-style-type: none"> <li>▪ A developed attitude of patience, kindness, and compassion</li> <li>▪ An experience of satisfying moments in life</li> <li>▪ A cultivating openness towards curiosity and acceptance</li> </ul>

**Figure C**



## Mindfulness Skills

The success of mindfulness-based interventions is dependent upon the incorporation of specific mindfulness skills, which set the foundation for positive therapy outcomes. Two authors have identified the necessary mindfulness skills that enhance engrossment of mindfulness practice. Turner (2009) identified the skills of attentiveness, affect regulation, attunement, and empathy. Similarly, Baer et al. (2004) identified the skills of observing, describing, acting with awareness, and acceptance without judgement. When utilized in coherence with the mindfulness components addressed in Table B and Figure C located on page 5, the following mindfulness skills facilitate a strong therapeutic relationship between the practitioner and the client (Figure D; Figure E).

**Figure D**

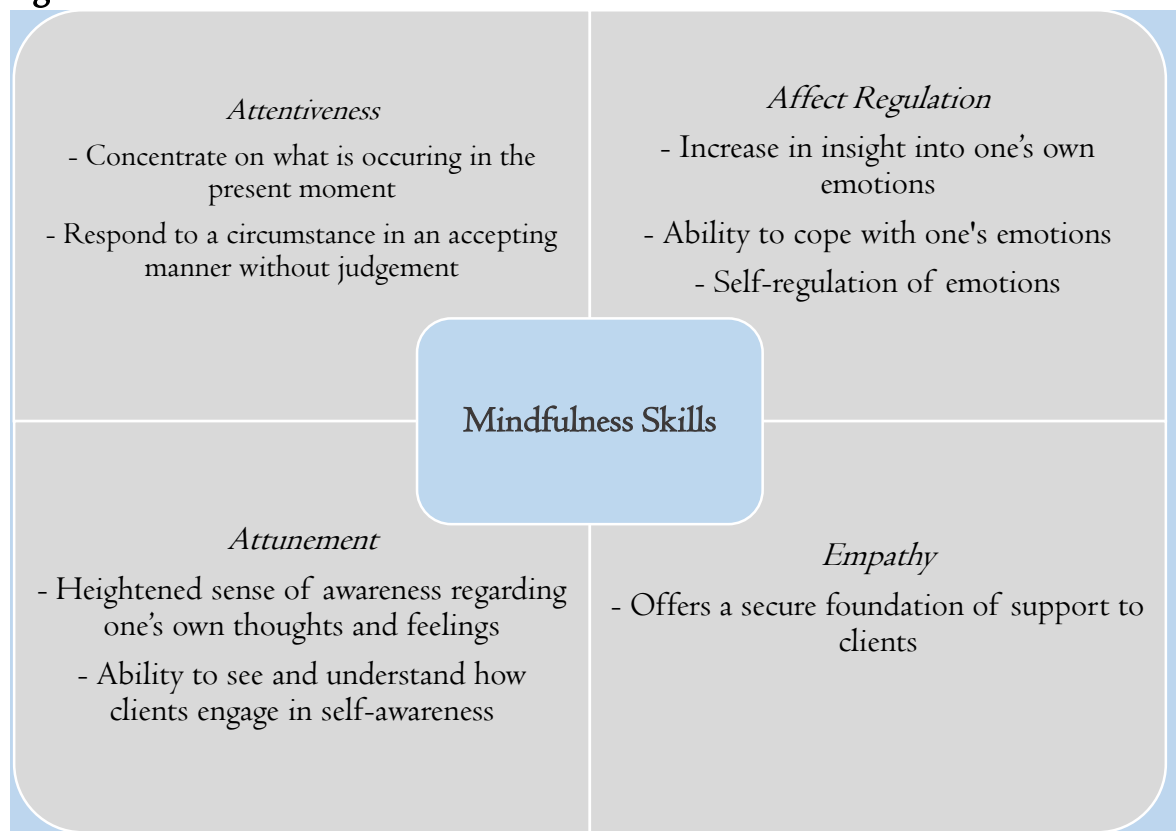
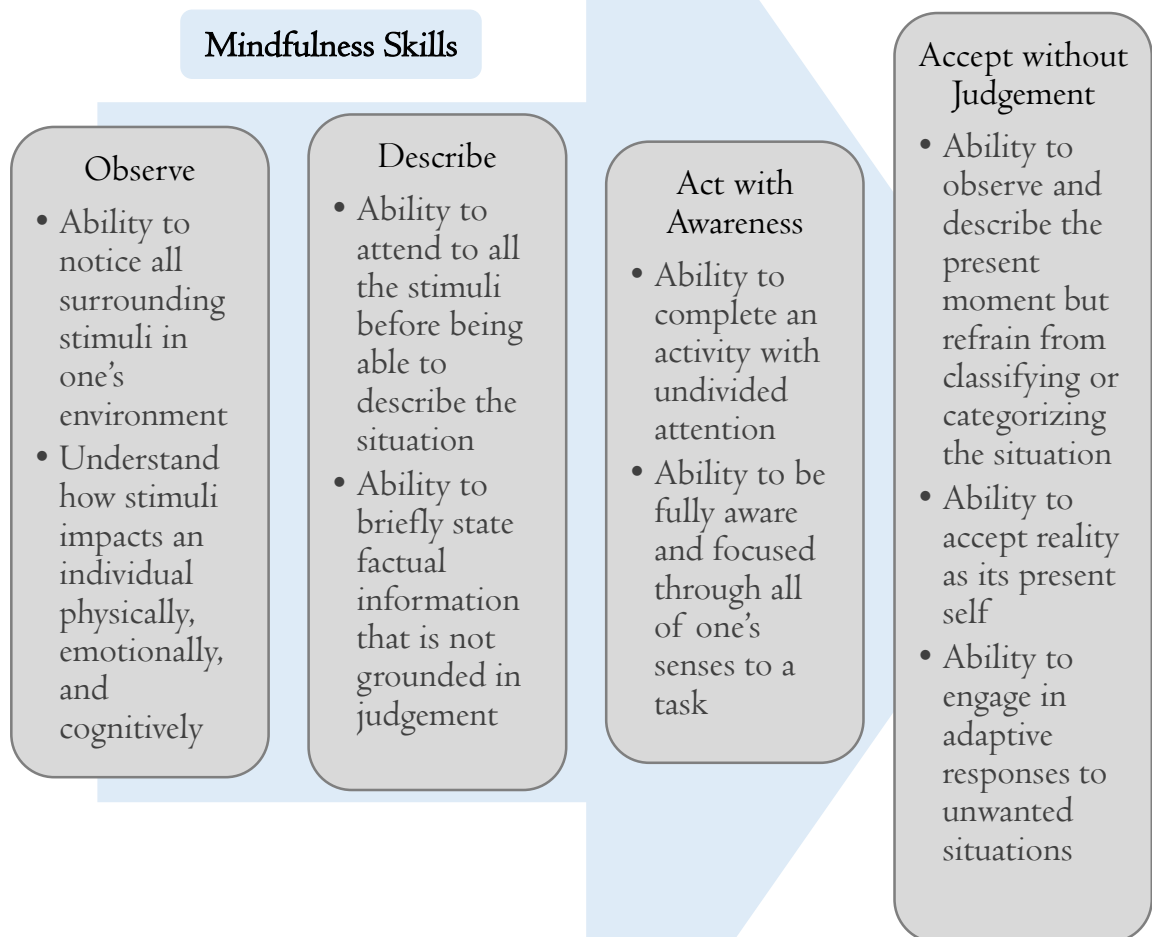


Figure E



View the “**therapy room as a sacred place**,...evoking a non-trivial attitude, not just making conversation,” but rather “a place of safety, insulated from other concerns—confidentiality.”  
~ Bien (2006)

### **Mindfulness in the Workplace**

Baer et al. (2004), Shapiro et al. (2006), and Turner (2009) addressed the impact of building a foundation of mindfulness components along with the necessary mindfulness skills so that you have the potential to facilitate a positive and therapeutic transformation as an OT practitioner. Once you have reached this transformative process, you have the potential to counteract the negative effects of high productivity standards in the workplace. According to the results of published literature, the most common negative effects that you may encounter include burnout, physical and emotional strain, anxiety, and job dissatisfaction (Irving et al., 2009; McCracken & Yang, 2008; Newsome, Waldo, & Gruszka, 2012). Most notably, these negative effects directly result in less than optimal patient care (Raab, 2014). As a result of the continual rise of demands placed on healthcare practitioners in today’s society, it is crucial that you are aware of the impact of these work demands on your physical, mental, and emotional health and well-being (Irving et al., 2009). These **continually rising demands** and the negative effects not only impact you as a practitioner, but they also have the potential to significantly influence the care you provide. Thus, as a practitioner, you must understand the importance of your own personal health and wellness; these thoughts and actions directly impact the clients you serve.

Despite these concerns, multiple researchers have explored the positive impacts of mindfulness education and training on healthcare practitioners within the workplace (Aikens et al., 2014; Irving et al., 2009; McCracken & Yang, 2008; Reid, 2013). Results showed that practitioners who have participated in mindfulness training demonstrated decreased anxiety, depression, and burnout occurrences, as well as increased resilience, vigor, acceptance, openness, non-judgmental outlook, signs of empathy and spirituality, and ability to function socially and emotionally. These authors concluded that **if practitioners are mindful, have acceptance, and hold strong values, they have a substantial chance of developing better health and job performance in the work-setting** (Aikens et al., 2014; Irving et al., 2009; McCracken & Yang, 2008; Reid, 2013). The results from these four studies and numerous similar studies are summarized in the following table (Table C):



Table C



Benefits of Mindfulness Education and Training in the Work-Setting	Barriers to Practicing Mindfulness in the Work-Setting due to High Productivity Standards
<ul style="list-style-type: none"> <li>• Increase satisfaction in performance roles</li> <li>• Reduce stress levels</li> <li>• Decrease depression</li> <li>• Increase quality of life</li> <li>• Enhance cognitive functioning</li> <li>• Increase healthy eating</li> <li>• Increase positive thinking</li> <li>• Decrease negative thinking</li> <li>• Increase in psychological well-being</li> <li>• Increase sleep quality</li> <li>• Increase level of physical activity</li> <li>• Increase in empathetic relationships</li> <li>• Increase in work-life balance</li> <li>• Increase respect for personal time</li> <li>• Increase self-awareness</li> <li>• Increase guilt-free attitude</li> <li>• Decrease vocational burnout</li> <li>• Decrease empathetic fatigue (association with therapist-client interactions)</li> <li>• Increase levels of self-compassion for others</li> <li>• Personal advancement</li> <li>• Increase self-maintenance</li> </ul>	<ul style="list-style-type: none"> <li>• Time constraints</li> <li>• Balancing a full caseload</li> <li>• Meeting quota requirements</li> <li>• Specific policies and procedures</li> <li>• Working with new team members</li> <li>• Required level of paperwork and documentation</li> <li>• Point-of-service requirements</li> <li>• Stressful work environments</li> </ul> <p data-bbox="963 1062 1354 1142"><b>Negative Impact of Barriers in the Work-Setting</b></p> <ul style="list-style-type: none"> <li>• Increase in anxiety</li> <li>• Increase in stress</li> <li>• Lack of professional identity</li> <li>• Decrease confidence</li> <li>• Feelings of incompetency</li> <li>• Lack of work-life balance</li> <li>• Negative thoughts and emotions</li> <li>• Burnout</li> <li>• Job dissatisfaction</li> <li>• Lack of self-awareness</li> <li>• Poor therapeutic relationships</li> <li>• Empathetic fatigue</li> </ul>

(summarized information in Table C obtained from studies conducted by Aikens et al., 2014; Beckman et al., 2012; Boellinghaus, Jones, & Hutton, 2014; Fiocco & Mallya, 2015; Irving et al., 2009; McCracken & Yang, 2008; Michel, Bosch, & Rexroth, 2014; Newsome, Waldo, & Gruszka, 2012; Raab, 2014; Reid, 2013; Roberts & Danoff-Burg, 2010; Song & Lindquist, 2015; Toal-Sullivan, 2006)



# Part 2



## Application of Mindfulness in OT Practice Under High Productivity Standards



## Mindfulness in the OT Process

As a beneficial review, the authors of this guide believe it is important to reiterate the components of the OT process in order for you to appropriately apply the mindfulness strategies and techniques while evaluating, creating goals, and treating clients. Thus, the following paragraphs briefly review the OT process prior to introducing the module activities.

### Evaluation

According to the American Occupational Therapy Association (AOTA), the evaluation is the first section of the OT process undertaken by the OT practitioner when providing services to clients (AOTA, 2014). With the continual rise of high productivity standards, you are at an increased risk for evaluating clients with a *mindlessness* presence. Author Black (2010) described that *mindlessness* may occur when OT practitioners are not attending to the present task but rather internally fixating on memories and experiences from their past that they cannot change. AOTA outlined two crucial components of the evaluation process that practitioners must remain mindful (Table D).

**Table D: Reminder of the Value of the OT Process**

<i>Occupational Profile</i>
<ul style="list-style-type: none"><li>• Initial step in the evaluation process</li><li>• Provides an understanding of the client's occupational history and experiences, patterns of daily living, interests, values, and needs</li><li>• Addresses client's reasons for seeking services</li><li>• Highlights client's strengths and concerns in relation to performing occupations and daily life activities</li><li>• Shows areas of potential occupational disruption as well as supports and barriers</li></ul>
<i>Analysis of Occupational Performance</i>
<ul style="list-style-type: none"><li>• Second step in the evaluation process</li><li>• Client's assets and problems or potential problems are more specifically identified</li><li>• Actual performance is often observed in context to identify supports for and barriers to the client's performance</li><li>• Performance skills, performance patterns, context or environment, client factors, and activity demands are all considered</li></ul>

## Goal-Setting

According to AOTA (2014), goal-setting represents the concluding step of evaluation in the OT process undertaken by the OT practitioner when providing services to clients. The goal-setting process must be carried out in collaboration with the client in order to address desired outcomes and follows the development of rapport as well as the analysis of occupational performance. Razzaque, Okoro, and Wood (2015) believed that the relationship between the practitioner and client highly correlates with the level of care a client receives as well as client outcomes. Thus, a mindful approach in client care must exist as the central factor in improving this type of connection; mindfulness is the tool that allows you as the practitioner to cultivate a deep level of respect for your clients (Khong, 2011; Razzaque et al., 2015). Subsequently, the goal-setting stage requires you to remain fully present to the needs and desires of your clients to develop client-centered goals, increase client satisfaction, and foster the necessity for strong client-therapist rapport.

### ~ Mindful Practice ~

Mindful therapists know it is the relationship that brings the healing.

It is the capacity to use our own personhood in the authentic meeting with another person that is the most important.

Bien (2006)

## Intervention

The goal in mindful therapy is to help the patient relate to his or her emotional life, and all of his or her experiences, in a different way. (Bien, 2006)

Mindfulness provides the opportunity for practitioners to become deeply aware of their thoughts, sensations, desires, and emotions which can further impact their clients with who they work with and treat. Sirgy and Jackson (2015) emphasized the need for client-centered care; these authors demonstrated that a mindfulness proposal exemplified the most effective strategy to enhance the **well-being of both the practitioner and the client**. Sirgy and Jackson (2015) stated that a mindful outlook would benefit the practitioner during situations when the client elicits intense emotions throughout the intervention process, which further embodies the necessity of a mindful approach during this step in the OT process. AOTA (2014) outlined the three sections of the intervention process including intervention plan, intervention implementation, and intervention review (Table E).

**Table E: Reminder of the Value of the OT Process**

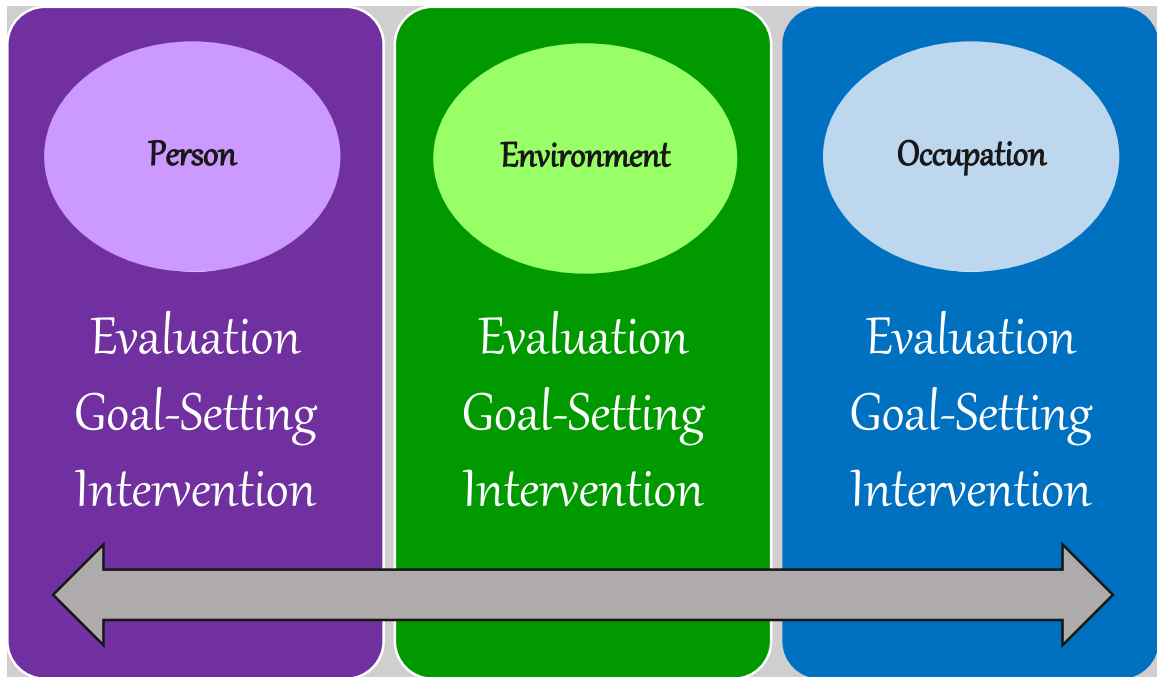
<i>Intervention Plan</i>
<ul style="list-style-type: none"><li>• Initial step in the intervention process</li><li>• Guides practitioners actions</li><li>• Collaboration with client is essential</li><li>• Plan based on selected theories, frames of reference, and evidence</li><li>• Outcomes to be targeted are confirmed</li></ul>
<i>Intervention Implementation</i>
<ul style="list-style-type: none"><li>• Second step in the intervention process</li><li>• Ongoing actions taken by the practitioner to influence and support improved client performance and participation</li><li>• Interventions are directed at identified outcomes</li><li>• Practitioner monitors and documents client's reponse</li></ul>
<i>Intervention Review</i>
<ul style="list-style-type: none"><li>• Practitioner reviews complete intervention plan and client's progress towards targeted outcomes</li></ul>

## Organizational Format of Mindfulness Strategies and Techniques

Module activities within the guide include specific mindfulness strategies and techniques for you as the practitioner that will **positively transform your practice** and the relationships that you build with those that you work with and treat. The mindfulness strategies and techniques will be categorized under the areas of person, environment, and occupation to correlate with the guide's foundational model of PEO. Within these three areas, each part of the OT process will be highlighted including evaluation, goal-setting, and intervention. For you as the reader, the areas of person, environment, and occupation will be color-coded for organization as well as for the ease of readability and comprehension. This categorization will be represented by Figure F.

Figure F

### Person-Environment-Occupation Model Application to OT Process



## Module 1.1 – Module 1.6 ~ Mindfulness for the Person

These modules include applicable mindfulness strategies and techniques that may be incorporated to **transform you as the practitioner**. These suggestions are relevant to the evaluation period, the goal-setting process, as well as the planning, implementation, and review procedure of interventions. The strategies and techniques were mindfully selected for therapists who face high productivity demands in order to overcome the obstacles present in this type of fast-paced work setting. These modules incorporate various items including instructional worksheets, quotes for reflection, and mindful activities that can be easily incorporated into your daily routine to **enhance personal and professional well-being**.

### ~ Mindfulness for the Person Outline ~

#### Mindfulness for the Person during Evaluation

- Module 1.1 - Mindful Speech and Mindful Listening worksheet page 16
  - Module 1.2 - Lovingkindness Meditation page 18

#### Mindfulness for the Person during Goal-Setting

- Module 1.3 - Mindful Observation page 20
- Module 1.4 - Mindful Goal-Setting Inventory Checklist page 22

#### Mindfulness for the Person during Intervention

- Module 1.5 - Being the Other worksheet page 24
  - Module 1.6 - Mindful Body Scan page 25

*Individuals are often emotionally affected by the way they cognitive distort interpretations of their world, their future, and their self.*

*Aaron Beck (1987)*

## Module I.I ~ Mindful Speech and Mindful Listening

*Purpose:* To recognize and understand the aspects of mindful speech and mindful listening as well as to mindfully focus on improving communication within the therapeutic relationship

*Time:* Approximately 3 – 5 minutes

*Materials:* “Mindful Speech and Mindful Listening” worksheet, writing utensil

*Directions:* Prior to each client contact, please take a few moments to prepare yourself in order to enter into a therapeutic session focusing in on the needs, concerns, and desires of each client. Use the following worksheet as a reminder and a review for practicing mindful speech and mindful listening as you communicate and interact with your client in an individualized, holistic manner.

**Did I speak mindfully?** (check all that apply)

- ☐ Did I speak from an honest, genuine heart?
- ☐ Did I speak with gratitude?
- ☐ Did I speak with kindness?
- ☐ Did I voice sensitive information in an empathetic but direct manner?
- ☐ Did I refrain from speech that included tangents, disclaimers, excuses, or hurtful comments?
- ☐ Did I paraphrase, reflect, and probe during the therapeutic session?

**Did I listen mindfully?** (check all that apply)

- ☐ Did I listen with full attention? (i.e. Did my mind wander?)
- ☐ Did I set aside any impulses to react abruptly to information conveyed by the client?
- ☐ Did I avoid thinking of ways I would respond while the client was talking?
- ☐ Did I refrain from talking when the client was talking?
- ☐ Did I allow the client to express everything on his or her mind without expressing judgement or bias?



## Module I.I ~ Mindful Speech and Mindful Listening (Continued)

**Additional considerations to ask yourself:** (check all that apply)

- ☐ Did I make sure that all electronics are put on mute when appropriate?
- ☐ Did I create a quiet place for speaking and listening to take place?
- ☐ Did I make sure I eliminated all possible external interruptions or distractions when communicating and listening to the client?

**Did I personally experience the following benefits from engaging in mindful speaking and mindful listening?** (check all that apply)

- ☐ Client's needs and desires were fully communicated and understood
- ☐ Undivided attention granted to the client
- ☐ There was an increase in rapport within the therapeutic relationship
- ☐ Increased ability for nonjudgmental listening was obtained
- ☐ Higher relationship satisfaction experienced
- ☐ Increase in self-awareness
- ☐ Improved acceptance of and for one another
- ☐ Improved communication quality during conversation
- ☐ During stressful topics and conflicts, decreased emotional responses were observed

Following the completion of the checklist, answer the following questions:

1. What areas do I need to improve in regards to speaking and listening mindfully?  
(list below)

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2. How did mindful speaking and listening impact the evaluation process?

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\*Information adapted and modified from Rogers (2013)\*

*A mindful listener sustains their attention over time, hears and sees the whole message, makes the speaker feel valued, and listens to themselves.*

*Hick & Bien (2008)*



## Module 1.2 ~ Lovingkindness Meditation

*Purpose:* To mindfully eliminate judgements, biases, and fears prior to evaluating a client in order to assemble a thorough, accurate, and meaningful evaluation that nurtures the therapeutic relationship

*Time:* Approximately 5 minutes

*Materials:* “Lovingkindness Meditation” script worksheet

*Directions:* Prior to each OT evaluation session, please take a few moments to mindfully prepare your thoughts. Complete a detailed review of the client’s chart prior to this exercise for you will be reflecting on this client and how the client may or may not impact your thoughts, feelings, and emotions during the evaluation process. To begin, choose a quiet environment, sit comfortably in your chair, relax your body, take a deep breath, and read the script outlined below.

In this lovingkindness meditation, allow yourself to switch from the usual mode of doing to a mode of non-doing—of simply being. As your body becomes still, bring your attention to the fact that you are breathing. And become aware of the movement of your breath as it comes into your body and as it leaves your body. Not manipulating the breath in anyway or trying to change it. Simply being aware of it and of the feelings associated with breathing. Being totally here in each moment with each breath. Not trying to do anything, not trying to get any place, simply being with your breath. As they follow one after the other in a never ending cycle and flow. If distracting thoughts arise, acknowledge them, then return to the practice.

Now bring to mind the client you will be evaluating in just a few minutes. Recall the facts and experiences this individual has encountered throughout his or her life that were described in the chart review. Silently pledge these lovingkindness statements and let these words become true...

## Module I.2 ~ Lovingkindness Meditation (Continued)

### Lovingkindness Pledge

*~May I be happy with where I am and what I am doing within my occupational therapy role*

*~May I be confident in my skills and abilities*

*~May I hold a strong notion that I can make a profound impact*

*~May I ride the waves of high productivity standards and workload demands*

*~May I eliminate my thoughts of judgement and biases in order to open my mind to the uniqueness of what the client may bring to this therapy experience*

*~May I always use my full therapeutic use of self and empathetic compassion to view the client with a holistic lens*

*~May I remain grounded in my purpose to promote independence and engagement in meaningful occupations to increase quality of life*

- Return your thoughts to your client...
  - Imagine how this illness, accident, or diagnosis has impacted his or her life
    - Imagine how this situation has already or will define who he or she is as an individual
    - Imagine how this client may feel and how this experience may impact the way in which this client views life
  - Imagine how this illness, accident, or diagnosis has impacted his or her occupations and engagement in desired activities
    - Imagine how debilitating and frustrating this situation may be
    - Imagine the obstacles this client now faces and how you have the opportunity to treat this client mindfully during every encounter
  - Imagine what may facilitate or hinder the therapeutic process
    - Notice the sensations and feelings that arise within you as you anticipate the evaluation and therapy process

\*Script adapted and modified from Kabat-Zinn (1994)\*

## Module I.3 ~ Mindful Observation



*Purpose:* To connect you with the unseen peace and calmness of the workplace setting, something that is easily overlooked when you are forced into rushing around the workplace to meet specific high productivity standards; this connection will be vital during the goal-setting process in order to create and implement mindful, client-centered goals

*Time:* Approximately 3-5 minutes

*Materials:* “Mindful observation” worksheet, writing utensil

*Directions:* Please take a few minutes out of your busy schedule and workload to connect with your environmental surroundings. This new awareness will allow you to experience increased quality of work life as well as to clear your mind prior to creating goals for your client. High importance rests on your ability to truly meet the needs and interests of your client, and this can be done from mindful awareness during goal-setting.

Engage yourself in the following steps outlined below to mindfully experience what is around you that may positively or negatively be influencing your occupation of OT practice during the goal-setting process.

1. Choose a natural object from within your immediate environmental surroundings
2. After you have selected an object, focus on the specific object for a minute or two
3. Do not do anything except observe and analyze the object of focus
4. Simply, relax into a harmony for as long as your attention allows (1-2 minutes)
5. View the object as if you have never seen it before
6. Visually explore and analyze every aspect of the object (i.e. object’s shape, color, size, purpose, condition, smell, etc.)
7. Ultimately, allow yourself to be consumed by the object’s presence and what it potentially may offer you

## Module I.3 ~ Mindful Observation (Continued)

“With Mindfulness, you can Establish Yourself in the Present,  
in order to Touch the Wonders of Life that are Available in that Moment.”

~Thich Nhat Hanh (2009)

### *Reflection:*

1. How was your internal sense of peace, calmness, and relaxation influenced after the mindful observation period within your natural work environment or surrounding work area?

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2. What were some positive outcomes of the mindful observation when completed prior to goal-setting? (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Increased mental clarity                                 | <input type="checkbox"/> Collaborative approach used during goal-setting   |
| <input type="checkbox"/> Increased appreciation                                   | <input type="checkbox"/> Client-centered, individualized goals created   |
| <input type="checkbox"/> Decreased self-limiting thought patterns                 | <input type="checkbox"/> Examined the client's challenges and strengths in a clear-minded and assertive way                      |
| <input type="checkbox"/> Increased coping to deal with difficult thought patterns | <input type="checkbox"/> Goals are thoughtful and directed at client's needs and desires in relation to occupational performance |
| <input type="checkbox"/> Increased awareness to the assessment results            | <input type="checkbox"/> Other(s): _____   |
| <input type="checkbox"/> Increased decision making abilities                      | _____  |
| <input type="checkbox"/> Increased contentment in the goal-setting process        | _____  |
| <input type="checkbox"/> Increased creativity used when creating goals            |  |

3. How may mindful observation in your workplace environment promote increased self-awareness needed during the goal-setting process?

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## Module I.4 ~ Mindful Goal-Setting Inventory Checklist

*Purpose:* To have a greater appreciation and understanding of how mindfulness may foster a renewed sense of intention for the goals you and your client collaborate upon and establish during the goal-setting process. This inventory checklist will ensure the development of client-centered goals, which is necessary for successful outcomes as well as client satisfaction.

*Time:* Approximately 5-8 minutes

*Materials:* “Mindful Goal-Setting Inventory Checklist” worksheet, writing utensil

*Directions:* Please take a few minutes prior to the goal-setting period in order to breathe deeply and become focused on setting an intent for the goal-setting period. An intent will allow you to clear your mind from previous work tasks in order to develop client-centered goals in a collaborative fashion with an individual client.

There are many ways to become mindful during the process of goal-setting. Are you utilizing the following strategies listed below for assisting you with creating client-centered goals in a mindful way that ensures quality outcomes? (check all that apply)

- ☐ Have you and the client quieted your minds prior to the goal-setting process? If not, take 1 – 2 minutes to inhale and exhale deeply while remaining attentive to the breath in order to set an intent for the goal-setting period.
- ☐ Have you set a personal intent prior to entering into the goal-setting process with a client? (i.e. Intent is how you feel about the goal you are setting prior to entering into the goal-setting process and if you imagine the goal to be achievable)
- ☐ Are you focused on what the individual client wants to accomplish during OT therapy?
- ☐ Are the established client goals reflective of what contexts the client desires to return to upon discharge?
- ☐ Do the goals align with what the client wants to achieve and experience in the future?
- ☐ Are the developed goals realistic for the treatment timeframe?
- ☐ Do the goals truly speak to the client, and are the goals motivating for the client to progress forward during treatment

## Module I.4 ~ Mindful Goal-Setting Inventory Checklist (Continued)

- ☐ Are the established goals what the client wants to address and work on (versus are the goals simply established for ease and convenience of therapy schedule)?
- ☐ Do you and the client agree upon the goals established?
- ☐ Does the client believe in the established goals?
- ☐ Does the client feel hopeful in regards to the developed goals?
- ☐ Are the goals aligned with the client's values and beliefs in life?
- ☐ Did you allow yourself and the client to take a moment to close both of your eyes and visualize what it will be like to achieve the goals that were set?
- ☐ Do you review the established goals on a daily basis to ensure a positive progressive process for the client and yourself as a practitioner?
- ☐ Have you considered creating a vision board with the client during the goal-setting process to develop a strong intent and clear vision of the path to success for the client?

### *Reflection:*

- 1.) What specific strategies have I utilized from the list presented above and found to be the most helpful when preparing and establishing client-centered goals?

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- 2.) What is the impact on the goal-setting process when reviewing and completing this mindfulness inventory checklist in relation to goal-setting?

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## Module I.5 ~ Being the Other

*Purpose:* To mindfully position yourself as an OT practitioner to therapeutically understand the significance of your patients' life circumstances

*Time:* 1 – 2 minutes

*Materials:* “Being the Other” script

*Directions:* Prior to a patient contact, please take a few moments to prepare yourself in order to enter into a therapeutic session focusing in on the needs, concerns, and desires of each patient. Use the following script as a guide to envision yourself in your patients' life circumstances and how to mindfully engage in an individualized, holistic manner.

### *~ Prior to each patient contact ~*

*Reflect on the life circumstances of the individual patient that you will be treating. Imagine life from his or her perspective, what it feels like to be him or her. Imagine what it is like for him or her to be in therapy with you, and what he or she desires from you.*

*Spend a moment considering each patient this way, entering deeply into his or her experience, breathing and maintaining your mindfulness presence.*

\*Script adapted and modified from Bien (2006)\*

## Module I.6 ~ Mindful Body Scan



*Purpose:* To increase your personal awareness of various thoughts, emotions, and body sensations in order to have a mindful presence prior to an intervention session with a client

*Time:* Approximately 2 – 3 minutes

*Materials:* “Mindful Body Scan” script worksheet

*Directions:* Use the following sequential steps as a guide to scan your body mindfully. This is an abbreviated version of a traditional body scan in order to meet the fast-paced work demands of your job; so, if desired, you are welcome to complete the body scan multiple times in one sitting in order to lengthen the reflection period. This mindful scan will allow you to cultivate a true mindful presence that will be essential in the intervention process in order to nurture the therapeutic relationship and connection with the client.

1. Find an area that you can quickly and effectively focus on yourself (i.e. company breakroom, desk chair, empty treatment room)
2. Take a few seconds to relax into a sitting or standing position, closing your eyes if desired
3. Take two deep breaths, releasing all present thoughts and escaping in the moment
4. Bring awareness to your body as a whole and the general state of your body (i.e. feeling of calmness, tension, agitation); focus on this state for 10 seconds, then let them go
5. Bring awareness to your body and any parts that are in contact with something else; notice how these connections are impacting your body’s response, then let this attention go
6. Bring awareness to the auditory inputs in the environment both inside and outside of the room; focus on these inputs for 10 seconds, then let them go
7. Bring awareness to your breathing and notice where your sensations are being noticed whether that may be at the nostrils, mouth, tongue, throat, windpipe, chest, or abdomen; focus on these sensations for 10 seconds, then let them go



## Module I.6 ~ Mindful Body Scan (Continued)



8. Bring awareness to your head including your face, forehead, eyes, nose, mouth, cheeks, chin, and ears and the sensations of each of these items on your head as well as the intricate details of each area; focus on these sensations and details for 20 seconds, then let them go
9. Bring awareness to sensations with your neck, throat, and shoulders; focus on these sensations for 10 seconds, then let them go feeling your body soften and release the attention
10. Bring awareness to your arms, armpits, hands, and fingers resting at your sides and let your awareness soak into any sensation felt like water; focus on these sensations for 10 seconds, then let them go
11. Bring awareness to your chest, back, and stomach and pay attention to any sensations including how your skin feels when in contact with your clothes; curiously focus on these details for 10 seconds, then let the attention go
12. Bring awareness to your hips, thighs, and buttocks with particular notice to resisting or tensing sensations; focus on these sensations, then let them go feeling your body soften and release the attention
13. Bring awareness to your legs, feet, and toes and the numerous sensations of and on each of these body parts as well as the intricate details of each area; focus on these sensations for 10 seconds, then let them go
14. Be silent and again focus on all the sensations throughout your body; gently increase your awareness of your surrounding environment
15. Bring this state of awareness and mindful attention to the next intervention session with a client

## Module 2.1 – Module 2.5 ~ Mindfulness for the Environment

These modules include applicable mindfulness strategies and techniques that may be incorporated to **transform the workplace environment**. These suggestions are relevant to the evaluation period, the goal-setting process, as well as the planning, implementation, and review procedure of interventions. The strategies and techniques were mindfully selected for therapists who face high productivity demands in order to overcome the obstacles present in this type of fast-paced work setting. These modules incorporate various items including instructional worksheets, quotes for reflection, and mindful activities that can be easily incorporated into your daily routine to **enhance the surroundings to promote efficiency and efficacy within one's workplace environment**.

### ~ Mindfulness for the Environment Outline ~

#### Mindfulness for the Environment during Evaluation

- Module 2.1 - Mindfulness Exercise for Workplace Stressors worksheet page 28
  - Module 2.2 - Mindfulness Environmental Case Study 1 page 30

#### Mindfulness for the Environment during Goal-Setting

- Module 2.3 - Mindfulness Environmental Case Study 2 page 31

#### Mindfulness for the Environment during Intervention

- Module 2.4 - Environmental Strategies for a Mindful Intervention Session page 32
  - Module 2.5 - Mindfulness Environmental Case Study 3 page 33

*A healing environment inspires and supports mindful care at the bedside, and mindful care at the bedside requires a healing environment. A healing environment continually reassures patients that every detail was tended to for their sake.*

*Susan E. Mazer (2014)*

## Module 2.I ~ Mindfulness Exercise for Work-Place Stressors

*Purpose:* To identify work-place stressors through mindfulness steps, and to cultivate an understanding for how these work-place stressors impact your ability to be mindful in the therapy process, specifically the initial OT process step of evaluation

*Time:* Approximately 10 minutes

*Materials:* “Mindfulness Exercise for Work-Place Stressors” worksheet, writing utensil

*Directions:* Please take a couple of minutes at the end of your day to reflect upon today’s workplace stressors in the environment and how they potentially influenced your ability to establish the initial rapport with a client during the evaluation phase.

*Remember: the process of mindful attention is more important than the answer. If you have allowed yourself to bring mindfulness to a life issue, that is already a kind of healing.*

*Bien (2006)*

*Preparation for mindfulness exercise:*

- Cultivate calmness in yourself
- Pay attention to your breath
- Accept that there is a present stressor, however, do not develop answers or solutions
- Be present and acknowledge current stressor and emotions

I. Describe in one to two sentences one aspect of your work-life demands that is causing stress in relation to your work role as an OT practitioner.

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## Module 2.I ~ Mindfulness Exercise for Work-Place Stressors (Continued)

2. Recognize the cause of your stress by answering the following questions as a framework to record increased insight.

- Is there something that I have done, or routinely do, that may have contributed to this work-place stressor?

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- Is there something that I could have said or done that would have been helpful?

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- Is there something about how I view myself, or how I view others, that may have contributed to this work-place stressor?

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- Is there something about the way I view the situation that contributes to my stressor; am I seeing the situation in a way that is exaggerated, distorted, or too black and white?

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- How have these work-place stressors directly impacted the success of building the initial foundation of rapport with clients during the evaluation process?

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- How will your quality of care impact the client following the evaluation process if workplace stressors in the environment are not addressed?

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3. Based on insights gleaned from questions in #2, write 1-2 intentional goals that facilitate a future change in regards to your work-place stressor.

- Goal #1: \_\_\_\_\_

- Goal #2: \_\_\_\_\_

4. Conclude by closing your eyes and imagining yourself successfully instituting these goals. Let yourself experience just how good this feels.

\*Exercise adapted and modified from Bien (2006)\*



## Module 2.2 ~ Mindfulness Environmental Case Study I

*Purpose:* To identify what mindfulness illustrates in the workplace environment during the evaluation period

*Time:* Approximately 2 – 3 minutes

*Materials:* “Mindfulness Environmental Case Study I” worksheet

*Directions:* Please take a few minutes to examine the following picture case study in order to gain a deeper appreciation for *mindfulness* and *mindlessness* environments and the impact of these approaches during the evaluation process with a client.

Mindfulness Case Examples	Mindlessness Case Examples
 <p>How is this environment mindful for evaluation?</p> <ul style="list-style-type: none"> <li>• Clutter-free</li> <li>• Secluded</li> <li>• Quiet</li> <li>• Clean</li> <li>• Adequate lighting</li> <li>• Warm color tones</li> <li>• Inviting yet minimal wall art</li> <li>• Minimal distractions</li> <li>• Adequate space</li> <li>• Necessary equipment for evaluation stored to the side</li> <li>• Necessary equipment for documentation stored to the side</li> </ul> <p>What other examples can you think of?</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>	 <p>How is this environment mindlessness for evaluation?</p> <ul style="list-style-type: none"> <li>• Equipment for evaluation not organized</li> <li>• Documentation system pulled away from wall = tripping hazard</li> <li>• Sanitary issues with facial tissue on ground and pillow on multiple client wheelchair</li> <li>• Cluttered environment</li> <li>• Distracting environment to client and/or practitioner</li> <li>• Appears chaotic or rushed</li> </ul> <p>What other examples can you think of?</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>



## Module 2.3 ~ Mindfulness Environmental Case Study 2

*Purpose:* To identify what mindfulness illustrates in the workplace environment during the goal-setting period

*Time:* Approximately 2 – 3 minutes

*Materials:* “Mindfulness Environmental Case Study 2” worksheet

*Directions:* Please take a few minutes to examine the following picture case study in order to gain a deeper appreciation for *mindfulness* and *mindlessness* environments and the impact of these approaches during the goal-setting process with a client.

Mindfulness Case Examples	Mindlessness Case Examples
 <p>How is this environment mindful for goal-setting?</p> <ul style="list-style-type: none"> <li>• Clutter-free</li> <li>• Secluded</li> <li>• Quiet</li> <li>• Clean</li> <li>• Adequate lighting</li> <li>• Inviting atmosphere</li> <li>• Minimal distractions</li> <li>• Adequate space</li> <li>• Collaborative atmosphere for client and practitioner</li> <li>• iPad enhances collaborative nature of goal-setting versus large computer system</li> <li>• Necessary equipment for goal-setting organized on table</li> <li>• Necessary office equipment and resources easily accessible</li> </ul> <p>What other examples can you think of?</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>	 <p>How is this environment mindlessness for goal-setting?</p> <ul style="list-style-type: none"> <li>• Cold colors</li> <li>• Atmosphere does not inspire creativity for goal setting (i.e. darker/dull colors, no art or graphics)</li> <li>• Supplies and resources for goal-setting scattered and not organized</li> <li>• Distracting environment to client and/or practitioner</li> <li>• Appears chaotic or rushed</li> <li>• Furnishings are non-inviting and lack comfortability</li> </ul> <p>What other examples can you think of?</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>

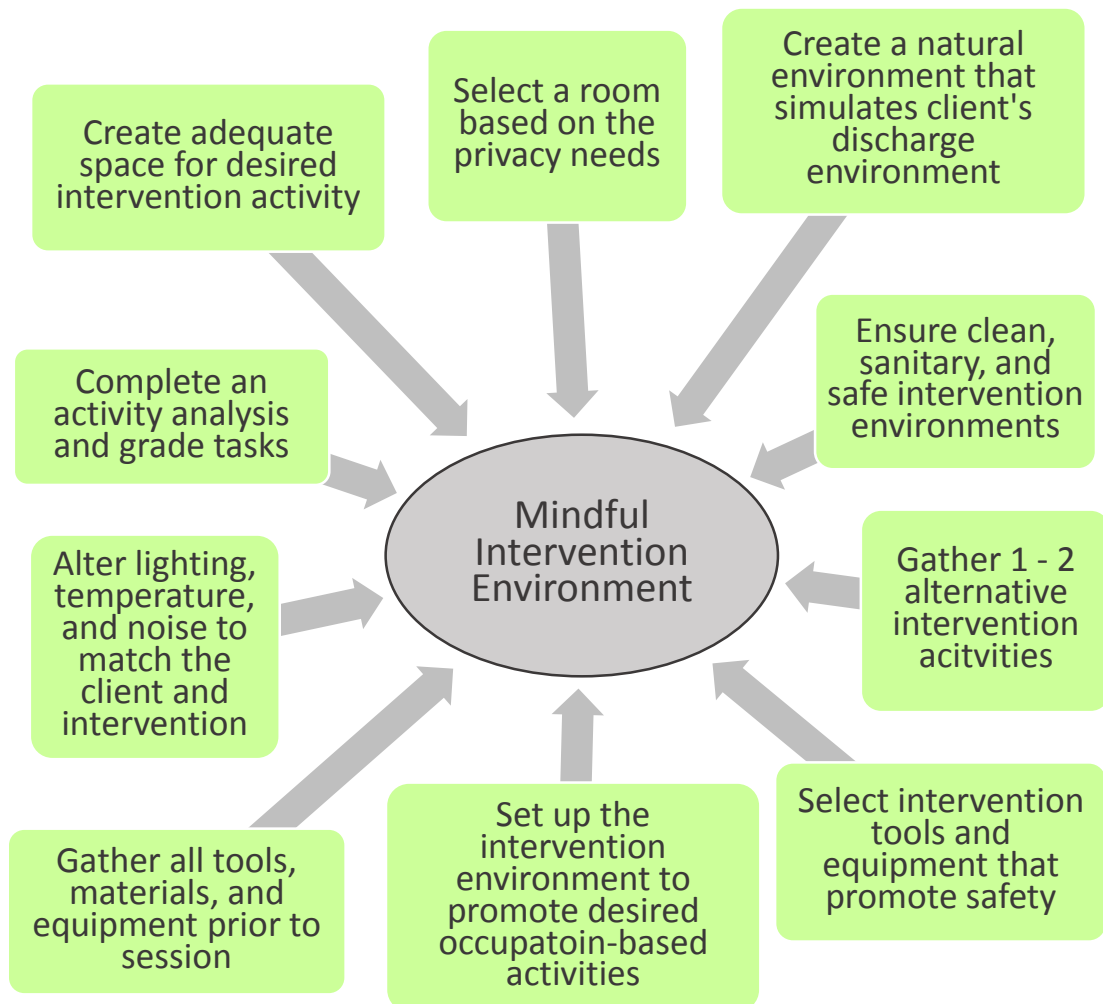
## Module 2.4 ~ Environmental Strategies for a Mindful Intervention Session

*Purpose:* To strengthen your awareness of mindful strategies for the environment while you are providing interventions to clients under high productivity demands within a fast-paced healthcare settings

*Time:* Approximately 2 – 3 minutes

*Materials:* “Environmental Strategies for a Mindful Intervention Session” worksheet

*Directions:* Prior to the start of your workday, take a few minutes to familiarize yourself with these mindful suggestions listed below. The goal is for you to naturally and continually integrate a mindful environment during client sessions so that you better understand how your client responds to and perceives his or her environment; this integration will transform the care you provide by increasing client satisfaction, therapy outcomes, and therapeutic presence.





## Module 2.5 ~ Mindfulness Environmental Case Study 3

*Purpose:* To identify what mindfulness illustrates in the workplace environment during the intervention period

*Time:* Approximately 2 – 3 minutes

*Materials:* “Mindfulness Environmental Case Study 3” worksheet

*Directions:* Please take a few minutes to examine the following picture case study in order to gain a deeper appreciation for *mindfulness* and *mindlessness* environments and the impact of these approaches during the intervention process with a client.

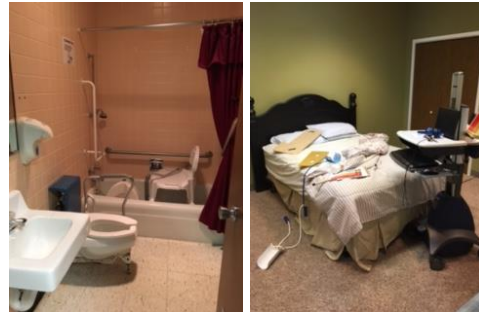
### Mindfulness Case Examples



How are these environments mindful for the intervention process?

- Client-centered and occupation-centered
- Clutter-free and tidy
- Intervention equipment organized, hung-up, and easily accessible
- Inviting and warm ambiance
- Simulates natural home environment
- Quiet

### Mindlessness Case Examples



How are these environments mindlessness for the intervention process?

- Atmosphere does not inspire creativity for intervention
- Supplies and equipment for intervention scattered and not organized
- Potential safety hazards for tripping or falling
- Documentation system in intervention room hinders client-centered care
- Distracting environment to client and/or practitioner
- Environment appears chaotic or rushed



## Module 2.5 ~ Mindfulness Environmental Case Study 3 (Continued)

<ul style="list-style-type: none"> <li>• Clean and sanitary</li> <li>• Environment set-up for efficiency and increased productivity of practitioner</li> <li>• Warm color-tones in environment</li> <li>• Adequate lighting for safety</li> <li>• Adequate space for engagement in interventions and for adaptive equipment mobility</li> </ul> <p><i>What other examples can you think of?</i></p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Bathroom environment does not promote efficiency or increased productivity due to clutter in tub (i.e. practitioner would need to move equipment prior to entering environment with client)</li> <li>• Bathroom environment hinders ease of accessibility for adaptive equipment</li> <li>• Bedroom environment appears to be utilized with other clients without being sanitized or cleaned which could concern future clients and hinder the therapeutic relationships</li> </ul> <p><i>What other examples can you think of?</i></p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>
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Your environment has a **profound influence** on your thoughts, your breathing patterns, your posture, your emotions, and almost every part of who you are.

Lisa R. Wilson (2016)

### Module 3.1 – Module 3.5 ~ Mindfulness for Occupation

These modules include applicable mindfulness strategies and techniques that may be incorporated to **transform the occupation of OT practice**. These suggestions are relevant to the evaluation period, the goal-setting process, as well as the planning, implementation, and review procedure of interventions. The strategies and techniques were mindfully selected for therapists who face high productivity demands in order to overcome the obstacles present in this type of fast-paced work setting. These modules incorporate various items including instructional worksheets, quotes for reflection, and mindful activities that can be easily incorporated into your daily routine to **enhance the quality of care you provide and your role as an OT**.

#### ~ Mindfulness for Occupation Outline ~

##### Mindfulness for Occupation during Evaluation

- Module 3.1 - Steps to a More Mindful Evaluation Session page 36
- Module 3.2 - Mindfulness Occupation Case Study 1 page 49

##### Mindfulness for Occupation during Goal-Setting

- Module 3.3 - Mindfulness Occupation Case Study 2 page 41

##### Mindfulness for Occupation during Intervention

- Module 3.4 - Steps to a More Mindful Intervention Session page 42
- Module 3.5 - Mindfulness Occupation Case Study 3 page 44

## Module 3.I ~ Steps to a More Mindful Evaluation Session

*Purpose:* To strengthen your awareness of mindful strategies that have the potential to increase your efficacy and to positively change your therapeutic use of self during OT evaluation session with a client

*Time:* Approximately 3 – 5 minutes

*Materials:* “Steps to a More Mindful Evaluation Session” worksheet, writing utensil

*Directions:* Randomly select a client evaluation session that you have done recently and complete this reflective worksheet. These statements are intended to increase your ability to remain present and mindful during the next evaluation period, which increases your awareness of all influencing factors as well as encourages new perspectives with client situations.

**Did I complete the following actions?** (circle “YES” or “NO”)

- YES or NO - Prior to the evaluation session, I completed a quick, mindful “check-in” by asking myself about my current mental state, emotions, thoughts, and perceptions (check-in will assist with determining how present you are for the evaluation).
- YES or NO - Prior to the evaluation session, I completed a thorough and comprehensive chart review of the client’s past medical history, previous therapy services, reason for admission, current diagnoses and conditions, contraindications, safety cautions, living situation, support upon discharge, familiar factors, etc.
- YES or NO - Prior to the evaluation session, I sought guidance from colleagues of other professions on the team who have already evaluated the specific client in order to obtain a clearer picture of what to expect and how to better prepare for the evaluation experience.
- YES or NO - Prior to the evaluation session, I created a mindful evaluation environment based on the knowledge of the client’s current physical, cognitive, and emotional states and abilities.
- YES or NO - Prior to the evaluation session, I selected 2 – 3 relevant, client-centered, and evidence-based assessments that will obtain both objective and subjective information through appropriate means and that match the client’s communication style that further allows me to gain a holistic and clear picture of the client.
- YES or NO - Prior to the evaluation session, I gathered all necessary tools, materials, and equipment that will be necessary to thoroughly complete all desired sections of the evaluations.

## Module 3.I ~ Steps to a More Mindful Evaluation Session (Continued)

- YES or NO - During the initial contact with the client, I professionally introduced myself, explained my purpose and role on the healthcare team, and also explained what the client may expect working with me over the course of his or her recovery.
- YES or NO - While completing the evaluation process, I displayed high levels of cultural competency such as being aware and accepting of the client's roles, routines, and habits as well as values, beliefs, interests, and traditions.
- YES or NO - While completing the evaluation process, I remained engaged and connected with the client at all times but was also able to mindfully complete any necessary documentation requirements.
- YES or NO - While completing the evaluation process, I remained attuned to the client's current physical, cognitive, and emotional states in order to adapt, modify, or terminate the evaluation at any point in time, if necessary.
- YES or NO - If deemed applicable or appropriate, I involved the family, caretakers, or significant others in the evaluation process and in the development of the treatment plan.
- YES or NO - Following the evaluation process, I took into consideration the plan of discharge and the supports that will be available for the client upon discharge in order to create goals and interventions that meet the client's needs upon discharge.
- YES or NO - Following the evaluation process, I collaborated with the client to determine the client's goals and objectives for therapy as well as provided any clarifications based on client's concerns or questions.



## Module 3.I ~ Steps to a More Mindful Evaluation Session (Continued)

### *Reflection:*

1.) Overall, rate your ability to be mindful during the OT evaluation session (circle one):

1	2	3	4
Poor Ability	Fair Ability	Good Ability	Excellent Ability

2.) What factors impacted your ability to be mindful?

Positive - \_\_\_\_\_

Negative - \_\_\_\_\_

3.) What strategy statement(s) listed above that you incorporated had the most significant impact on evaluating your client?

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4.) How did your client respond to or react to your mindful approach (both objective and subjective responses and observations)?

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5.) List one or two strategies to increase your mindfulness that can be incorporated during the client evaluation session.

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## Module 3.2 ~ Mindfulness Occupation Case Study I

*Purpose:* To identify how mindfulness is illustrated during occupational engagement of the OT process within the evaluation period for the practitioner

*Time:* Approximately 2 – 3 minutes

*Materials:* “Mindfulness Occupation Case Study I” worksheet

*Directions:* Please take a few minutes to examine the following picture case study in order to gain a deeper appreciation for *mindfulness* and *mindlessness* aspects of occupational engagement during the evaluation period within the OT process and the impact of these aspects on the practitioner.

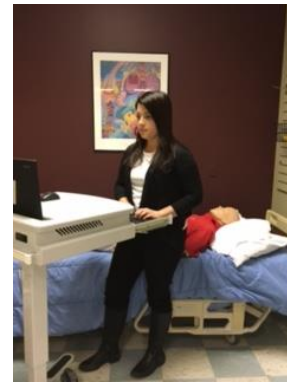
### Mindfulness Case Examples



How is mindfulness illustrated during the evaluation period within the occupation of OT practice?

- Client-centered interactions
- Practitioner reflects a positive, professional, and appropriate attitude given the situation
- Practitioner demonstrates empathetic actions (i.e. therapeutic touch)
- Documentation system does not interfere with communication
- Position of practitioner fosters increased compassion, understanding, and sincere curiosity
- All evaluation materials in easy access for practitioner to allow for efficient and timely evaluation
- Practitioner only types evaluation material periodically during session and takes time to connect with the client during the process

### Mindlessness Case Examples



How is mindlessness illustrated during the evaluation period within the occupation of OT practice?

- Practitioner reflects inappropriate body positioning that negatively impacts the therapeutic relationship
- Client is not the focus of the evaluation
- Practitioner does not reflect a professional or appropriate attitude
- Practitioner demonstrate inappropriate point-of-service as evidenced by constantly typing evaluation information into the system and positioning her body away from the client
- Therapeutic rapport building opportunities are scarified
- Client may not feel valued, heard, or understood
- Increased risk of not developing an individualized occupational profile

## Module 3.2 ~ Mindfulness Occupation Case Study I (Continued)

<ul style="list-style-type: none"><li>• Mindful evaluation environment during OT practice as practitioner and client in a quiet room with minimal distractions that ensures confidentiality</li></ul> <p><i>What other examples can you think of?</i></p> <ul style="list-style-type: none"><li>•</li><li>•</li></ul>	<p><i>What other examples can you think of?</i></p> <ul style="list-style-type: none"><li>•</li><li>•</li></ul>
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~ Whatever we give our attention to, we  
strengthen our relationship with ~

Berman (2016)





## Module 3.3 ~ Mindfulness Occupation Case Study 2

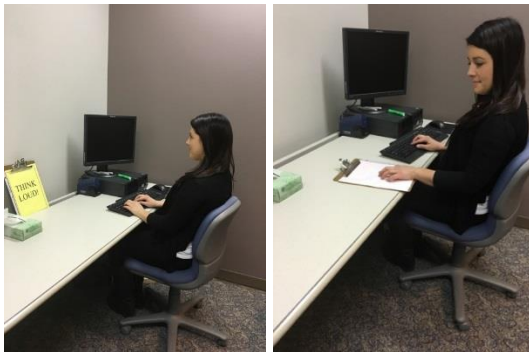
*Purpose:* To identify how mindfulness is illustrated during occupational engagement of the OT process within the goal-setting period for the practitioner

*Time:* Approximately 2 – 3 minutes

*Materials:* “Mindfulness Occupation Case Study 2” worksheet

*Directions:* Please take a few minutes to examine the following picture case study in order to gain a deeper appreciation for *mindfulness* and *mindlessness* aspects of occupational engagement during the goal-setting period within the OT process and the impact of these aspects on the practitioner.

### Mindfulness Case Examples



How is mindfulness illustrated during the goal-setting period within the occupation of OT practice?

- Clutter-free and organized working space
- Practitioner uses evaluation notes to guide the creation of client-centered goals
- Practitioner is able to be creative, innovative, and recall to a greater degree pertinent evaluation information that may have not been documented
- Practitioner not multitasking which allows her to focus and make appropriate decisions for the treatment plan
- Due to clean and efficient working space, practitioner has increased ability to utilize additional mindfulness techniques and to be aware of her surrounding environment
- Practitioner ergonomically positioned at desk and in chair

*What other examples can you think of?*

- 
- 

### Mindlessness Case Examples



How is mindlessness illustrated during the goal-setting period within the occupation of OT practice?

- Working space is cluttered, disorganized, and chaotic
- Practitioner is easily distracted
- Too many resources and supplies within working space
- Practitioner does not cease interruptions (i.e. answers personal phone calls)
- Practitioner is multitasking (i.e. eating, writing information, thinking about therapy session)
- Increased risk for missing pertinent information from evaluation
- Increased risk for physical strain due to incorrect posture while goal-setting and multitasking
- Decreased ability to be mindfully present for next session

*What other examples can you think of?*

- 
-



## Module 3.4 ~ Steps to a More Mindful Intervention Session

*Purpose:* To strengthen your awareness of mindful strategies that have the potential to increase your efficacy and to positively change your therapeutic use of self during OT intervention sessions with a client

*Time:* Approximately 3 – 5 minutes

*Materials:* “Steps to a More Mindful Intervention Session” worksheet, writing utensil

*Directions:* Please take a couple of minutes to familiarize yourself with the mindful suggestions listed below, and complete the worksheet following a client intervention session to reflect on your mindfulness. These statements are intended to increase your ability to remain present and mindful during treatment sessions, which increases your awareness of all influencing factors as well as encourages new perspectives with client situations. The goal is to transform the care you provide by increasing client satisfaction, therapy outcomes, and therapeutic presence.

**Did I complete the following actions?** (circle “YES” or “NO”)

YES or NO - Prior to the intervention session, I completed a quick, mindful “check-in” by asking myself about my current mental state, emotions, thoughts, and perceptions.

YES or NO - At the beginning of the treatment session, I completed a quick, mindful, client “check-in” by asking about his or her current mental state, emotions, thoughts, and perceptions (check-in will assist with determining how present the client is for the OT session).

YES or NO - I confirmed the client understood the current treatment plan and the direction of therapy.

YES or NO - I modified the treatment intentions and outline if my client requested.

YES or NO - The planned intervention session truly highlighted the client’s interests and promoted occupation-based, evidence-based, holistic, and relevant care.

YES or NO - I remained fully present throughout the treatment session, fully engaged with the client, mode shifted when appropriate, and fostered the therapeutic relationship.

YES or NO - At the conclusion of the treatment session, I reviewed the session with my client, asked him or her to rate perceived performance, and inquired about his or her desired direction for the next OT session.

*Reflection:*

1.) Overall, rate your ability to be mindful during the OT intervention session (circle one):

1	2	3	4
Poor Ability	Fair Ability	Good Ability	Excellent Ability

2.) What factors impacted your ability to be mindful?

Positive - \_\_\_\_\_

Negative - \_\_\_\_\_

3.) What strategy statement(s) listed above that you incorporated had the most significant impact on the care you provided?

\_\_\_\_\_  
\_\_\_\_\_

4.) How did your client respond to or react to your mindful approach (both objective and subjective responses and observations)?

\_\_\_\_\_  
\_\_\_\_\_

5.) List one or two strategies to increase your mindfulness that can be incorporated during the next client intervention session.

\_\_\_\_\_  
\_\_\_\_\_



## Module 3.5 ~ Mindfulness Occupation Case Study 3

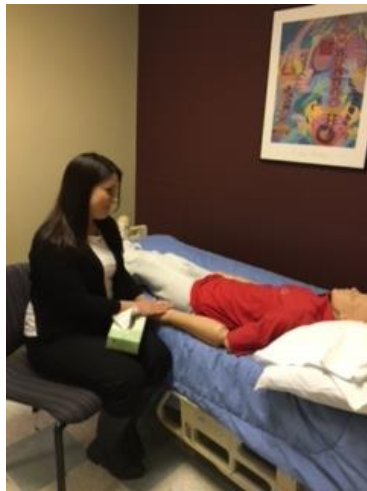
*Purpose:* To identify how mindfulness is illustrated during occupational engagement of the OT process within the intervention period for the practitioner

*Time:* Approximately 2 – 3 minutes

*Materials:* “Mindfulness Occupation Case Study 3” worksheet

*Directions:* Please take a few minutes to examine the following picture case study in order to gain a deeper appreciation for *mindfulness* and *mindlessness* aspects of occupational engagement during the intervention period within the OT process and the impact of these aspects on the practitioner.

### Mindfulness Case Examples



How is mindfulness illustrated during the intervention period within the occupation of OT practice?

- Due to practitioner's purposeful attempt to be mindfully present, practitioner will better be able to remember treatment session, reactions, and improvements for quality documentation
- Practitioner takes time to educate the client and assess client satisfaction with therapy
- Practitioner reflects a positive, professional, and appropriate attitude given the situation
- Practitioner is focused on the intervention and does not demonstrate point-of-service documentation

### Mindlessness Case Examples



How is mindlessness illustrated during the intervention period within the occupation of OT practice?

- Interventions not unique or individualized for the client (i.e. therapist completes same interventions for COPD diagnosis)
- Increased ability for practitioner to make errors with documentation, which ultimately decreases quality of care
- Practitioner reflects inappropriate body positioning that negatively impacts the therapeutic relationship
- Decreased opportunity for collaboration and communication
- Practitioner does not reflect a professional or appropriate attitude
- Therapeutic rapport building opportunities are scarified

## Module 3.5 ~ Mindfulness Occupation Case Study 3 (Continued)

<ul style="list-style-type: none"><li>• Practitioner willing to adapt or modify interventions to meet the current needs of the client (i.e. client unable to get out of bed, so practitioner provided bed-side therapy)</li><li>• Practitioner demonstrates empathetic actions (i.e. therapeutic touch)</li><li>• Practitioner is in close proximity to client to ensure safety and proper technique application during intervention</li><li>• All intervention tools in easy access for practitioner to allow for efficient and timely intervention session</li></ul> <p><i>What other examples can you think of?</i></p> <ul style="list-style-type: none"><li>•</li><li>•</li></ul>	<ul style="list-style-type: none"><li>• Practitioner demonstrates inappropriate point-of-service documentation as evidenced by constantly typing intervention assessment into the documentation system without even noticing what the client is doing</li><li>• Increased risk of not developing an individualized treatment plan and updates</li></ul> <p><i>What other examples can you think of?</i></p> <ul style="list-style-type: none"><li>•</li><li>•</li></ul>
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# Part 3



## Evaluation, Summary, & Implications for Occupational Therapy Practice



### **Module 4.1 – Module 4.2 ~ Daily Mindfulness Strategies and Techniques**

These modules include applicable mindfulness strategies and techniques that may be incorporated to **transform you as a professional, your daily OT practice, and your satisfaction within your occupational role as a practitioner.** These tips and suggestions may be utilized in all areas including the evaluation period, goal-setting process, and intervention. The provided tips and suggestions were mindfully selected for therapists who face high productivity demands in order to overcome the obstacles present in this type of fast-paced work setting. These modules aim to **enhance your role as a healthcare professional.**

- Module 4.1 - Daily Mindful Practice Strategies and Techniques page 48
- Module 4.2 - How to Increase Mindfulness at Work Tip Sheet page 50

## Module 4.1 ~ Daily Mindful Practice Strategies and Techniques

*Purpose:* To provide you with a simple checklist to remind you of daily mindful practice strategies and techniques

*Time:* Approximately 5 minutes

*Materials:* “Daily Mindful Practice Strategies and Techniques” worksheet, writing utensil

*Directions:* Please take a couple of minutes to complete the following checklist. Reflect on what strategies and techniques you incorporated throughout the day. If you did not practice mindfully in certain areas, reflect on how these actions impacted yourself, your colleagues, and your clients.

*I am here to be deeply present.  
I am here to listen.  
I cannot change reality for this person.  
I cultivate calmness within myself.  
Bien (2006)*

- ☐ Give yourself ample time to arrive at your department or office to effectively plan your daily work schedule and work tasks
- ☐ Deal with scheduling and money issues prior to the start of treating clients; in this way, you are not forced to repeatedly switch between emotional concerns and business concerns
- ☐ Be emotionally ready, take a mindful breath, and be present prior to entering each client therapy session throughout the day
- ☐ Be mindfully present and maintain a mindful presence throughout therapy sessions in order to understand the individualized needs of each client and demonstrate empathy
- ☐ Avoid doing paperwork or making phone calls in every available minute between therapy sessions in order to increase your mindful readiness skills prior to each client contact
- ☐ Remain aware of your verbal and nonverbal communication as well as body language during colleague interactions
- ☐ Strategize to breathe, smile, relax, or detoxify after your workday in order to decrease emotional fatigue and detach from work-related stress

### Module 4.1 ~ Daily Mindful Practice Strategies and Techniques (Continued)

Following the completion of the checklist, answer the following questions:

2. Are you pleased with the number of strategies and techniques you incorporated throughout your day? (mark one)      YES      or      NO
3. What areas lacked mindful practice? (list below)

_____	_____
_____	_____
_____	_____
_____	_____

4. How did your lack of mindful practice impact yourself?

_____
_____

5. How did your lack of mindful practice impact your colleagues?

_____
_____

6. How did your lack of mindful practice impact your clients?

_____
_____

7. Reflect on how you plan to positively change to include more mindful practices into your daily workday.

_____
_____
_____
_____

\*Information adapted and modified from Bien (2006)\*



## Module 4.2 ~ How to Increase Mindfulness at Work Tip Sheet

*Purpose:* The following mindfulness tip sheet provides you with specific tips on how to increase mindfulness while at work.

*Time:* 2 – 3 minutes

*Materials:* “How to Increase Mindfulness at Work Tip Sheet”

*Directions:* Please take a couple of minutes to review this tip sheet that offers you specific mindfulness strategies for successfully incorporate and increase mindfulness within your work.

### • *Be aware* •

- Encourage yourself and remind yourself to spend at least 5 minutes before work each day to sit and be aware of the sensations of your breath and body.
- When your mind wanders, mindfully allow yourself to bring attention back to your breath.

### • *Take five* •

- Utilize the **STOP** sign technique whenever you feel stressed:
  - Stop what you are doing
  - Take five conscious breaths
  - Observe the sensation of the body and notice what you are thinking about
  - Proceed

### • *Do one thing at a time* •

- When your mind wanders away from a specific task you are engaging in, focus on bringing your attention back to the **here and now** of the task in front of you

### • *Take time outs* •

- Take short breaks (1-5 minutes) every 90 to 120 minutes
- Mindfully stretch, breathe, or walk during those breaks

## Module 4.2 ~ How to Increase Mindfulness at Work Tip Sheet (Continued)

### • Eat lunch somewhere else •

- Eat your lunch away from your work area
- Take a couple of breaths and really notice your hunger level and the food you are about to eat

### • Listen •

- Practice mindful listening during meetings by being fully present for whoever is speaking

### • Note accomplishments •

- Make a mindful note of what you accomplished at the end of everyday

\*Information adapted and modified from Mindful Brain Staff (n.d.)

## **Module 5 ~ Self-Assessment Summary of Mindfulness Strategies and Techniques**

This module includes a comprehensive self-assessment of the mindfulness strategies and techniques applied throughout module 1.1 – module 4.2. Self-assessment and reflection is essential for you as an OT practitioner in order for you to increase awareness regarding the effectiveness of the exercises performed throughout this guide. In particular, this self-assessment allows you to identify the specific mindfulness strategies and techniques that transformed you as a practitioner, the environment, and the occupation of OT practice.

## Module 5 ~ Self-Assessment Summary of Mindfulness Strategies and Techniques

*Purpose:* To identify the mindfulness strategies and techniques that transformed you as the practitioner, the environment, and the occupation of OT practice

*Time:* Approximately 10 minutes

*Materials:* “Mindfulness Recap” worksheet, writing utensil

*Directions:* Please take approximately 10 minutes at least once a month to engage in self-reflection regarding your unique mindfulness experiences through the mindfulness strategies and techniques provided in the guide. This reflection is a way to promote personal and professional development and growth within one’s mindful practice. In addition, this reflection cumulates and organizes effective strategies that can be used for future reference. Feel free to add or modify information as you see fit to this reflection. Lastly, this mindfulness recap worksheet is intended to be utilized for mentorship purposes to increase awareness of mindful practice to those around you.

### ~Mindfulness for the Person Recap ~

1. Approximately how many days during this month did you commit to using mindfulness strategies and techniques to transform yourself as a practitioner? \_\_\_\_\_
2. What mindfulness strategies and techniques did you utilize? Rate its usefulness. Add extra comments regarding mindfulness practice experiences.

<b>Strategy or Technique</b> (check ones utilized)	<b>Usefulness Rating</b> 1 = not useful; would never incorporate into practice 2 = somewhat useful; not likely to incorporate into practice 3 = useful; possibly incorporate into practice 4 = extremely useful; definitely incorporate into practice	<b>Mindfulness Experience Comments</b>
<input type="checkbox"/> Mindful Speech and Listening		
<input type="checkbox"/> Lovingkindness Meditation		
<input type="checkbox"/> Mindful Observation		

<input type="checkbox"/> Mindful Goal-Setting Inventory Checklist		
<input type="checkbox"/> Being the Other		
<input type="checkbox"/> Mindful Body Scan		

3. What differences did you notice during days that you committed to mindful practice versus days that you did not apply mindfulness strategies and techniques within this guide? (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Increased concentration                                   | <input type="checkbox"/> Decreased exhaustion and irritability      |
| <input type="checkbox"/> Increased attention                                       | <input type="checkbox"/> Less emotional reactivity                  |
| <input type="checkbox"/> Increased confidence                                      | <input type="checkbox"/> Decrease compassion fatigue                |
| <input type="checkbox"/> Increased self-esteem                                     | <input type="checkbox"/> Increased compassion                       |
| <input type="checkbox"/> Increased cognitive flexibility                           | <input type="checkbox"/> Improved patience                          |
| <input type="checkbox"/> Increased efficiency with decision making abilities       | <input type="checkbox"/> Increased gratitude                        |
| <input type="checkbox"/> Decreased negative thoughts                               | <input type="checkbox"/> Increased feelings and use of empathy      |
| <input type="checkbox"/> Increased peace of mind                                   | <input type="checkbox"/> Increased sense of happiness               |
| <input type="checkbox"/> Decreased stress levels                                   | <input type="checkbox"/> Increased feeling of health and well-being |
| <input type="checkbox"/> Decreased anxiety   | <input type="checkbox"/> Learning to live fully in the present      |
| <input type="checkbox"/> Increased self-awareness                                  | <input type="checkbox"/> Other: _____                               |
| <input type="checkbox"/> Increased relationship satisfaction                       | <input type="checkbox"/> Other: _____                               |
| <input type="checkbox"/> Increased awareness of verbal and nonverbal communication | <input type="checkbox"/> Other: _____                               |
| <input type="checkbox"/> Increased awareness of body language                      |   |

4. Explain any opportunities for assisting colleagues and other health care professionals with the incorporation of specific mindfulness strategies and techniques into their daily practice.

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5. What is one or two things you may do next month to improve your mindful practice and maximize the benefits of the mindfulness strategies and techniques within this guide?

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### ~Mindfulness for the Environment Recap~

1. Approximately how many days during this month did you commit to using mindfulness strategies and techniques to transform the environment? \_\_\_\_\_
2. What mindfulness strategies and techniques did you utilize? Rate its usefulness. Add extra comments regarding mindfulness practice experiences.

<b>Strategy or Technique</b> (check ones utilized)	<b>Usefulness Rating</b> 1 = not useful; would never incorporate into practice 2 = somewhat useful; not likely to incorporate into practice 3 = useful; possibly incorporate into practice 4 = extremely useful; definitely incorporate into practice	<b>Mindfulness Experience Comments</b>
<input type="checkbox"/> Mindfulness Exercise for Work-Place Stressors		
<input type="checkbox"/> Mindfulness Environmental Case Study I		

<input type="checkbox"/> Mindfulness Environmental Case Study 2		
<input type="checkbox"/> Environmental Strategies for a Mindful Intervention Session		
<input type="checkbox"/> Mindfulness Environmental Case Study 3		

3. What differences did you notice during days that you committed to mindful practice versus days that you did not apply mindfulness strategies and techniques within this guide? (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Increased attention to sensory stimuli | <input type="checkbox"/> Increased awareness of verbal and nonverbal communication |
| <input type="checkbox"/> Increased awareness of sensory stimuli | <input type="checkbox"/> Increased work performance and success                    |
| <input type="checkbox"/> Improved therapeutic relationships     | <input type="checkbox"/> Increase in positive work culture                         |
| <input type="checkbox"/> Improved communication with coworkers  | <input type="checkbox"/> Decreased accidents or injuries                           |
| <input type="checkbox"/> Improved communication with clients    | <input type="checkbox"/> Increased calm and peaceful ambiance                      |
| <input type="checkbox"/> Decreased distractibility              | <input type="checkbox"/> Improved work-life balance                                |
| <input type="checkbox"/> Decreased overstimulation              | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Decreased errors                       | <input type="checkbox"/> Other: _____  |
|   | <input type="checkbox"/> Other: _____  |

4. Explain any opportunities for assisting colleagues and other health care professionals with the incorporation of specific mindfulness strategies and techniques into their daily practice.

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5. What is one or two things you may do next month to improve your mindful practice and maximize the benefits of the mindfulness strategies and techniques within this guide?

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~Mindfulness for the Occupation of OT Practice Recap~

1. Approximately how many days during this month did you commit to using mindfulness strategies and techniques to transform your occupation of OT practice? \_\_\_\_\_
2. What mindfulness strategies and techniques did you utilize? Rate its usefulness. Add extra comments regarding mindfulness practice experiences.

<b>Strategy or Technique</b> (check ones utilized)	<b>Usefulness Rating</b> 1 = not useful; would never incorporate into practice 2 = somewhat useful; not likely to incorporate into practice 3 = useful; possibly incorporate into practice 4 = extremely useful; definitely incorporate into practice	<b>Mindfulness Experience Comments</b>
<input type="checkbox"/> Steps to a More Mindful Evaluation Session		
<input type="checkbox"/> Mindfulness Occupation Case Study I		
<input type="checkbox"/> Mindfulness Occupation Case Study 2		



<input type="checkbox"/> Steps to a More Mindful Intervention Session		
<input type="checkbox"/> Mindfulness Occupation Case Study 3		

3. What differences did you notice during days that you committed to mindful practice versus days that you did not apply mindfulness strategies and techniques within this guide? (check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Increased productivity                                    | <input type="checkbox"/> Increased feelings and use of empathy             |
| <input type="checkbox"/> Improved therapeutic relationships                        | <input type="checkbox"/> Improved creativity                               |
| <input type="checkbox"/> Increased relationships satisfaction                      | <input type="checkbox"/> Increased compassion                              |
| <input type="checkbox"/> Improved communication with coworkers                     | <input type="checkbox"/> Increased satisfaction within one's role as an OT |
| <input type="checkbox"/> Improved communication with clients                       | <input type="checkbox"/> Increased work performance and success            |
| <input type="checkbox"/> Increased awareness of verbal and nonverbal communication | <input type="checkbox"/> Increased engagement in desired leisure pursuits  |
| <input type="checkbox"/> Decreased exhaustion and irritability                     | <input type="checkbox"/> Improved work-life balance                        |
| <input type="checkbox"/> Less emotional reactivity                                 | <input type="checkbox"/> Improved sleep                                    |
| <input type="checkbox"/> Decrease compassion fatigue                               | <input type="checkbox"/> Other: _____                                      |
| <input type="checkbox"/> Improved patience   | <input type="checkbox"/> Other: _____                                      |
| <input type="checkbox"/> Increased gratitude                                       | <input type="checkbox"/> Other: _____                                      |
|  | <input type="checkbox"/> Other: _____                                      |

4. Explain any opportunities for assisting colleagues and other health care professionals with the incorporation of specific mindfulness strategies and techniques into their daily practice.

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5. What is one or two things you may do next month to improve your mindful practice and maximize the benefits of the mindfulness strategies and techniques within this guide?

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## Summary and Implications

*An Occupational Therapist's Guide for Mindful Practice Under High Productivity Standards* was created to assist you as well as a multitude of additional OT practitioners with understanding the process and impact of a mindful approach within the OT process including evaluation, goal-setting, and intervention. This guide was made in the **hopes of altering alarming statistics** shown for OT practitioners under high productivity standards such as the following: 86% of OT practitioners felt both burned out and emotional exhausted to the point that they were unable to effectively engage in work to the level that they desired (Poulsen et al., 2014).

This guide was mindfully and strategically created utilizing the concepts of andragogy and the Person-Environment-Occupation model as organizational and grounding frameworks that matched your adult learning needs and the OT process. Information included in the guide consisted of quotes for reflection purposes, figures and tables for a clear summary of the detailed information, worksheets for interaction opportunities, case studies for comparing and contrasting, and techniques and strategies for application opportunities to the OT process.

The authors created this guide with the belief that the material and information contained within the guide has the potential to transform you as the practitioner, transform your workplace environment, and transform your occupation of OT practice. These transformative processes will enhance your personal and professional well-being, enhance your surroundings to promote efficiency and efficacy within your workplace environment, and enhance the quality of care you provide and your role as an OT.

First, let me consider the mystery of what is about to occur. Let me remember that my patient is a unique being and that my interaction, to the extent that it's genuine, will be unprecedented. Let me remember that each moment is brimming with possibilities, that by listening mindfully, I may be able to heal; by forgoing judgment, I may be able to see more deeply; by letting myself be touched by their experience, I will convey to the patient that I care.

(Shafir, 2008)

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