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Using Mindfulness to Enhance Interactive Reasoning in Elementary School Occupational Therapists

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Dedication

For my parents. I could not have done this without you. Your love and support mean so much to me.

And for Sivan. Thank you for believing in me and being there during life's inevitable ups and downs.

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Abstract

Occupational therapists (OTs) working in school settings must contend with student dysregulation, student skill deficits, staffing shortages, and increased workloads. The aftermath of COVID-19 has also played a role in exacerbating these issues. Mindfulness, with its focus on the present moment in a compassionate and non-judgmental way, has shown promising results in the area of occupational therapy. Though the research is encouraging, there are many gaps and unexplored areas, especially regarding school-based therapy. This paper first explores the current research including current uses of mindfulness in occupational therapy and gaps related to mindfulness and occupational therapy. One particular model of note is mindful occupation, where mindfulness is integrated with activities of daily living. The gaps in research include job burnout, ethical decision making, and therapeutic use of self. It then examines interactive reasoning; a process OTs use to help engage with their clients to build rapport and improve therapeutic outcomes. Next, it discusses the therapeutic use of self and the Intentional Relationship Model developed by Taylor (2020). Finally, it reflects on the use of mindfulness approaches for school-based OT, including aspects of the window of tolerance created by Siegel (2007) and orthogonal reality, a concept developed by Kabat-Zinn (2006).

Keywords: mindfulness, occupational therapy, interactive reasoning, Intentional Relationship Model, therapeutic use of self, window of tolerance, orthogonal reality

Using Mindfulness to Enhance Interactive Reasoning in Elementary School Occupational Therapists

As mindfulness has become more mainstream in American society, there has been a growing interest in using mindfulness in occupational therapists' work with their clients. Occupational therapists (OTs) are healthcare professionals who work in a variety of different settings including hospitals, rehab centers, nursing homes, and schools. OTs utilize a holistic perspective when helping clients with their daily occupations. In OT, occupations are the daily activities that a person participates in as an individual, with their families, or in their communities, including participating in one's hobbies, getting dressed in the morning, eating and feeding one's self, bathing and even tying one's shoes. These activities "bring meaning and purpose to life [and] include things people need to do, want to do, and are expected to do" (World Federation of Occupational Therapy, 2012).

For the past 10 to 15 years, OT researchers have been studying mindfulness in treating diverse populations, including those with chronic health conditions, anxiety, autism spectrum disorders, pain, and even boredom (Chugh-Gupta et al., 2013; Martin et al., 2012; Patten-Koenig et al., 2012; Reid & Naseer, 2012; Stroh-Gingrich, 2012; Thompson, 2009). Some researchers see a potential benefit of using mindfulness to enhance clinical reasoning skills, as mindfulness is associated with reflective practices (Reid, 2009). Researchers have studied the use of mindfulness by OT graduate students, but the use of mindfulness by professionals in the field is not as well documented in the research. Although results have been promising as students utilize approaches that incorporate mindfulness to manage stress better and enhance the quality of their

lives, White (2020) argued that OTs often do not make full use of opportunities to use mindfulness in their practice.

This paper first provides an overview of the current research on mindfulness and OT, which includes both how mindfulness can help the clients an OT works with and how it can help the practitioner themselves. The review of the literature examines the current gaps in the research including how mindfulness can benefit OTs in preventing job burnout, promoting ethical practices, and how it can be used to enhance interactive reasoning and the therapeutic use of self. Therapeutic use of self is the deliberate use of the practitioner's own "personality, insights, perceptions, and judgments, as part of the therapeutic process" (Punwar & Peloquin, 2000, p. 285). Next, this paper explores best practices for school-based OTs in the elementary school setting and how COVID-19 has impacted therapists' ability to meet those expectations. It will then investigate school-based OT's use of interactive reasoning, including the Intention Relationship Model (IRM) which provides a means for best practices in adopting therapeutic use of self. Finally, this paper will utilize current research to address how mindfulness can help enhance the interactive reasoning process, resulting in better outcomes. This paper posits that mindfulness will improve school-based OT's ability to interactively reason, and therefore, will improve therapeutic use of self when working with children, providing greater effects and quality of therapy.

Current Research on Mindfulness and OT

This section will highlight the current research on mindfulness and OT, showing the gaps in the research related to how mindfulness can impact an OT's practice. First, it examines the use of mindfulness with OT graduate students, one of the more common groups representing OTs in research. Then, it looks at the connection between mindfulness and occupational therapy through

the approach developed by Goodman et al. (2019) called mindful occupation. Finally, it describes gaps in the literature, including using mindfulness to help prevent burnout and promote job satisfaction with OTs, using mindfulness to help OTs with ethical decision-making, and using mindfulness to enhance therapeutic use of self with client populations, especially in the school setting.

Graduate Student Population

There are several studies regarding the application of mindfulness with OT students who are beginning to learn the art of clinical reasoning and reflective practice. Stew (2011) studied occupational therapy students using an adapted version of the Mindfulness-Based Stress Reduction (MSBR) program to fit with the OT curriculum at the University of Brighton. All students participated in an initial one-hour introductory mindfulness session where they explored mindfulness through the experience of eating a raisin. Participants attended four weekly sessions instead of eight, the typical format of MBSR. Included in the program was a 90-minute meeting introducing practices, including body scans, sitting meditation, a three-minute breathing exercise, and informal mindfulness practice (Stew, 2011). Data collection included individual interviews with each participant that were semi-structured, notes taken from the author's reflective journal completed at the end of each session, evaluation questionnaires completed at the end of the program by each student, and student emails to the author.

The students also kept reflective journals to document their experiences, which they drew upon in the interview process. Stew (2011) used a hermeneutic phenomenological approach, which allowed him to witness the students' experiences with fewer assumptions or preconceptions. Students noted that they felt more self-aware and could better recognize how their thoughts created some of the difficulties they experienced in their academic and day-to-day

lives. Also of note was the benefit of improved focus and concentration. Students also reported being more available and empathetic to the clients they were helping during their fieldwork experiences, including those who experienced pain or chronic illnesses. Although the training portion of the mindfulness program was brief, the results are promising, and Stew (2011) noted that more studies are needed to assess the totality of the benefits.

Practicing OTs would also benefit from taking a moment to pause, notice the present moment, and reflect. Taking a walk when on a break and noticing nature can help to encourage mindfulness and help to settle the mind. When working with a child, the therapist can attend to the materials they are working with as well as the child themselves, noticing details that previously would not be noticed. Taking a deep breath is also valuable as it can help to calm the mind and bring a sense of clarity. This practice can help them to become more self-aware, available, and empathetic to their clients. This way of being can be especially helpful for the OT when they are with clients who are suffering or in distress. OTs often work with their clients for months to years. Mindfulness can provide a fresh perspective that can help keep the OT from seeing the client in habitual ways and can help them to come up with new ideas that they might not have thought of previously.

Another study that investigated the use of mindfulness with OT graduate students by Willoughby-Vogtmann and Provident (2021) showed a reduction in the students' perceived stress levels that was clinically significant. Nineteen occupational therapy students at Baker's College in the entry-level OT master's program who were taking Willoughby-Vogtmann's class Therapeutic Use of Occupation were recruited. The intervention was seven weeks long and utilized various mindfulness practices, including awareness of the breath and other guided meditation practices, as well as yoga. Participants also utilized various mindfulness apps and

practiced the STOP mindfulness method activity analysis, where a person stops, takes a breath, then observed and then proceeds.

Other methods employed included Inquiry-Based Stress Reduction (IBSR) as designed by Byron Katie and another approach known as the Occupational Performance Coaching (OPC) model. IBSR allows students to mindfully examine their thoughts and determine whether or not it is the thoughts that are causing the stress of the actual experience. The OPC model is a collaborative approach that uses a problem-solving framework to encourage people to "identify, implement, and assess their own solutions" (Willoughby-Vogtmann & Provident, 2021, p. 4) to their problems. It does not utilize mindfulness. Data was collected using the Perceived Stress Scale (PSS) pre-and post-intervention. Not only did the students report less perceived stress, but they also indicated that the mindfulness approaches were calming and convenient. Of the participants, 12 reported that guided meditation was a preferred strategy, while 10 indicated that yoga was. Nine participants felt that deep breathing was a preferred intervention. One hundred percent of the participants reported that they would continue to use mindfulness-based strategies to help manage stress.

For practicing OTs having convenient calming and restorative tools and techniques can help in the midst of a crisis or difficult situation with a client. The work that OTs do with their client is challenging, and this can bring up negative emotions in the client which can impact how the OT themselves feels. Decreasing stress through mindfulness techniques can be extremely valuable. The other methods employed in this study, the IBSR program and the OCP model can also benefit working OTs in conjunction with mindfulness approaches. The IBSR program is comprised of four questions that help to "identify and question the thoughts that cause suffering" (Willoughby-Vogtmann & Provident, 2021, p. 3). These questions are easy to administer and can

be done at any time and do not require any equipment or special skills. The OPC model can also benefit practicing OTs. The OT would work with a guide who helps them to “identify, implement, and assess their own solutions using a problem-solving framework” (p. 4). As this is a coaching model, it does require a guide to assist the therapist which may not be as feasible unless the OT works with a colleague to act as a mentor. Both programs encourage the practitioner to question their experiences and to get to the root of their difficulties. Mindfulness with its focus on being inquisitive and non-judgmental pairs well with these practices. Having greater awareness of the present moment through mindfulness practices can bring many of the deeper lying issues to the surface to be better investigated.

Limitations of the study included a small sample size and possible implicit bias as Willoughby-Vogtmann, one of the study's researchers, was the students' professor. Willoughby-Vogtmann and Provident (2021) attempted to control implicit bias by making participation optional and not letting participation influence grades, though bias may have occurred. Other limitations include that three different approaches were utilized in this study, including mindfulness, IBSR, and the OCP model, which likely influenced the results, and made it difficult to discern whether mindfulness alone was the influencing factor.

Henton et al. (2021) also examined the use of mindfulness with OT graduate students. Their study utilized a mixed-method design. They investigated students' ability to cope with stress concerning mindfulness and occupational engagement, which is described by the researchers as the act of participating in life occupations from a position of “choice, motivation, and meaning within a supportive context and environment” (p. 4).

Participants were gathered from occupational therapy graduate programs nationwide and given a survey of open-ended responses and nine questions, using a Likert scale of their

perception of stress, mindfulness, and occupational engagement. The qualitative data looked at stress, mindfulness, and occupational engagement. The reported stress effects included physical symptoms such as “gastrointestinal distress, musculoskeletal pain, headaches, sleep disturbances, increased heart rate, difficulty breathing, decreased energy” (Henton et al., 2021, p. 11) and emotional influences like overwhelming anxiety that impacted their coping ability. Some participants reported that they saw stress as motivating and helping them to improve their ability to complete work and manage their time.

The data that looked at mindfulness examined the participants' perspectives on mindfulness, what they saw as the effects of mindfulness, and potential barriers to mindfulness. It is noted that perspectives on mindfulness are not mindfulness itself, just as thinking about one’s shoes is not the shoes themselves. It is important to consider this fact when conducting research in mindfulness as one wants to be clear about what one is actually studying.

Some participants described mindfulness or being mindful as participating in activities promoting present-moment awareness, such as “meditation, deep breathing, yoga, journaling, spiritual practices, self-care, and exercise” (Henton et al., 2021, p. 11). Other participants noted aspects such as “self-awareness, self-reflection, being present, being grounded, and being intentional” (p. 11) as what constitutes mindfulness. These variations in interpretation that the participants made should be viewed with caution since, as previously mentioned, it would be beneficial to have a consistent term for what mindfulness is in order to draw conclusions about it. One can be mindful at during any activity but when one is conducting research, the parameters should be consistent in order to draw conclusions that are meaningful.

Most participants saw mindfulness as being positive and valuable as a way to cope with or reduce stress. Some positive influences included “decreased anxiety or stress, and improved

productivity, quality of life, occupational balance, occupational engagement, or motivation" (Henton et al., 2021, p. 11). Some barriers to being mindful that participants noted included not having enough time to do mindfulness activities and a lack of instruction on how to do them. Many also reported that they did not use mindfulness consistently and primarily used it as a coping strategy during stressful situations rather than on a day-to-day basis. Some noted that using mindfulness techniques was challenging in highly stressful situations.

In looking at the data collected in the area of occupational engagement, participants described occupational engagement as a means for actively and intentionally participating and prioritizing daily activities (Henton et al., 2021). Occupational engagement was viewed holistically as something that gave meaning and purpose to everyday life. It included many factors such as life and work balance, motivation, and other "physical, cognitive, social, and emotional factors" (p.12). Most participants had a favorable view of occupational engagement and noted how it could help to reduce stress and enhance overall well-being and quality of life. Some barriers to occupational engagement included decreased time for engaging in meaningful activities, external demands that included "school, work, or daily obligations" (p. 13), and other types of stressors that caused a sense of imbalance. Participants felt these factors would negatively impact their quality of life, self-efficacy, and social participation.

After examining the data, Henton et al. (2021) came to three different conclusions. More than half of the participants reported having increased levels of stress. Overall, they rarely or occasionally used mindfulness to manage stress. Finally, they needed more time to participate in meaningful or satisfying activities. Henton et al. concluded that higher levels of perceived stress impacted students' ability to participate in both meaningful occupations and mindfulness activities. They also found that those who viewed stress more positively were more apt to use

mindfulness as a coping strategy. They noted that future research should explore the areas of perceived stress, mindfulness, and occupational engagement before and after interventions.

For practicing OTs, finding a work-life balance is challenging with high caseloads, heavy amounts of paperwork, and time planning for therapy sessions. The ability to perceive stress in a positive way can be motivating and is a very valuable tool. More research is needed to see if increasing mindfulness in one's daily activities helps one perceive stress in a more positive light. This ability can help practicing OTs feel empowered and can help them be more available to even the most difficult of clients.

One of the study's limitations that Henton et al. (2021) noted was that the surveys were sent when stress levels were perceived to be higher at midsemester. They also pointed out that the majority of participants were females who were white or Caucasian and were between the ages of 22 to 25 years of age, showing a lack of diversity. Also of note is that what constituted mindfulness was very general, with participants engaging in various activities, including meditation, yoga, and other self-care or spiritual practices. This fact limits the ability to assume that mindfulness was the primary influential factor that created the perceived benefits found by some of the students.

Mindful Occupation

The primary theme that Goodman et al. (2019) found in their review of the research on occupational therapy and mindfulness was how mindfulness could be incorporated into daily activities to enhance participation and engagement for the client. This finding resulted in the term "mindful occupation." Mindful occupation consists of five related and interconnected subthemes that influence participation: occupational presence, occupational awareness, occupational engagement, occupational well-being, and occupational fulfillment. Goodman et al. noted that

there is overlap between these five subthemes and some of the studies used under a particular subtheme can apply to another, showing that they may not be as distinct as they are presented and indicating a level of interconnection.

Occupational Presence

The term occupational presence was coined by Reid (2008) and is described as the ability to be fully aware of oneself, others, and the activity while engaged in occupations. Combining moment-to-moment mindfulness with occupation demands the ability to let go of preconceived ideas and get off of autopilot to be more fully aware. Reid (2009) utilized the term "presence moments" to indicate those short periods of time during occupations when one is mindful or fully aware. She described these presence moments as felt experiences or moments of awareness of consciousness and she indicated that mindfulness contributed to this deep level of awareness.

In their review of the literature, Goodman et al. (2019) found many studies concerning mindful presence. Those that they discovered concerned OT graduate students. Students have reported an increased ability to be present with clients they are working with using mindfulness (Stew, 2011). They have noted an increased ability to listen and, as one student noted, "[use] all of my senses and not [think] of something else" (p. 273). Stew indicated that this practice can potentially lead to "greater self-awareness, compassion, and empathy, less client judgment, and greater success with clinical interventions" (p. 163). Stew further noted that mindfulness and being fully present with a client, especially a person experiencing tremendous suffering, can allow the clinician to check in with their own reactions in a continuous way to ensure the connection to the client is maintained and is beneficial. These benefits can greatly help practicing OTs as well. Being less distracted and more available to listen to the client can have a profound

impact on the quality of the therapy session. This ability can lead to greater outcomes and can improve the client's perception of their work with an OT.

Occupational Awareness

Another subtheme of mindful occupation is occupational awareness, which comprises mindful awareness during occupations that promote a sense of non-reactivity. This benefit of not reacting to one's thoughts, feelings, and body sensations can help one recognize when one is feeling distracted or tired. It can help to reset a person's system and allow them to be more alert and oriented to their daily occupations. A person can practice non-reactivity to all sensations, even something as difficult as pain. This practice keeps the person from adding to the unpleasant experience and making it worse. The Buddha described this process in the parable of the second arrow, where one afflicts on one's self with a second arrow when one becomes reactive and upset about unpleasant experiences, making the pain from the initial arrow even worse.

In their review of the literature under the umbrella term occupational awareness, Goodman et al. (2019) examine a study that looked at how mindfulness can decrease reactivity to pain. Hawtin and Sullivan (2011) discovered that patients with rheumatic diseases, such as rheumatoid arthritis, fibromyalgia, and psoriatic arthritis, reported less reactional responses during daily occupations than they had experienced prior to the Mindfulness-Based Stress Reduction (MSBR) program. The study consisted of five participants diagnosed with a rheumatic disease; three had rheumatoid arthritis, and the other two had fibromyalgia and psoriatic arthritis. To be included in the study, participants had to have a rheumatological diagnosis, be seen by the consulting rheumatologist, have participated in the hospital based MSBR program, not have any other medical interventions, and have no comorbid psychological disorder. Participants were mostly women, with the exception of one male. The age range was between 46 and 69 years of

age. No other demographic information was provided. The MSBR facilitator was the first author, Hawtin, who is an occupational therapist.

Two one-hour focus groups were facilitated by Hawtin, the lead researcher, where data was collected through open-ended questions. It was noted that two participants could not attend one of the focus groups and were interviewed later. Overall, Hawtin and Sullivan (2011) noted two clinically vital themes in regard to response to pain and psychological well-being. In the area of pain, participants before the MBSR intervention noted overwhelming feelings in response to pain. After the intervention, some participants reported that they were able to break up the sensations of pain and, as one participant put it, "[slow] down into it" (p. 139). This relation to pain gave them a more responsive approach and a greater sense of control. Participants became more aware of choices they could make in response to pain instead of just feeling overwhelmed. In the area of well-being, two participants who struggle with depression due to their conditions, including the chronic pain they experience and the resulting physical limitations, reported less feeling of depression and more acceptance of these factors after using mindfulness meditation.

The non-reactivity associated with occupational awareness can be applied to clinical practice, and occupational therapists can make better decisions based on their ability to remain calm and centered during difficult experiences. An OT practicing mindfulness is also in a better position to teach a client mindfulness techniques that can help them work with difficulties like pain. Though there was a small sample size, these experiences with populations suffering from pain and the benefit they saw show how more research in this area can be a great benefit.

Occupational Engagement

Goodman et al. (2019) reported that many of the articles they found in their review focused on occupational engagement. Occupational engagement is the ability to fully participate in activities that are meaningful to a person and cultivate deeper levels of purpose. Mindfulness can play a role here as it focuses awareness on the present moment and can help improve future participation and functioning.

Goodman et al. (2019) noted that occupational engagement can improve levels of anxiety and can help with maladaptive behaviors in children through active, mindful engagement in meaningful activities. One study they examined concerned the efficacy of using the "Get Ready to Learn Yoga Program" (GRTL) with autistic children. This study by Koenig et al. (2012), which employed a pretest-posttest design, utilized a sample of students taken from eight classrooms in a large urban public school. There was a total of 48 participants with six students in each classroom. In addition, two adults, including a teacher and a paraprofessional, were present in the room. Koenig et al. noted that 64% of the students were poverty-stricken or disadvantaged. There was a control group who did not receive treatment. To assess functioning prior to treatment, the researchers used both the Vineland Adaptive Behavior Scales II (VABS-II) and the Aberrant Behavior Checklist (ABC)-Community. After treatment, they used the ABC-Community with both teachers and parents to assess changes over time.

Participants watched and engaged with the GRTL yoga program on DVD and participated every school day. The program included "breathing exercises [or] pranayamas, physical postures and exercises [or] asanas, deep relaxation [or] yoga nidra, and chanting [or] kirtan" (Koenig et al., 2012, p. 541). Each of the physical postures was practiced twice and followed a developmentally sequential pattern. Students who had difficulty with motor planning were given additional time and adult support as well as additional demonstrations and cues. The

control group participated in morning activities that were a normal part of the daily routines, which may or may not have included exercise. Activities that were completed included retrieving materials, preparing the classroom, and participating in circle time or morning meetings.

Results showed improvement in behavior in students who participated in the yoga program. Specifically, there were improvements with "irritable behaviors" (Koenig et al., 2012, p. 543), changes in energy levels, including prior observations of lethargy, as well as less observed "social withdrawal, hyperactivity, and noncompliance" (p. 543) compared to the control group. It is noted that the teachers who rated the students using the ABC-Community both pre- and post-intervention participated in the study and were the students' classroom teachers, which could have resulted in bias. Only 77% of the parents in both the intervention and control groups completed the ABC-Community, which could have skewed results due to response bias. Other limitations that the researchers noted included the fact that they did not use a random sample. The selection of classrooms used in the study was done by school administrators, which may have resulted in "inherent selection bias" (p. 544).

Koenig et al.'s (2012) study showed how mindfulness can be used with OTs in a school setting to help teachers set up programs that can improve students' occupational engagement by decreasing behaviors that disconnect children from learning and engaging with academic activities and materials. The students appeared to be more engaged and fulfilled in their roles. This factor opens the door to future possibilities for other students. The accessibility of mindfulness has the potential to help both the client and those working with the client, including the clinician themselves. As the expert in the treatment process, the OT, grounded in mindfulness practices, can have a better reach to help their clients and their families and other support staff.

The GRTL program can be applied to other students with diagnoses like ADHD or learning disabilities. As Koenig et al. (2012) noted, the program can be used as a Response to Intervention program and could also possibly be applied to students with executive functioning issues. Although the results of this study are promising, this study only looked at how yoga can help with occupational engagement. It did not look at other types of mindfulness practices, which shows the need for more research in this area. The use of mindfulness activities can not only help occupational therapists improve client participation but also can benefit OTs in their roles as they guide their clients to better outcomes and engagement.

Occupational Well-Being

The use of mindfulness in daily occupations can promote well-being and decrease stress responses, which includes having more self-compassion. In the study previously discussed by Hawtin and Sullivan (2011), patients who lived with chronic pain due to rheumatic disease were not only able to develop more occupational awareness and less reactivity to pain but also more self-compassion for their condition. They reported less depression and developed greater acceptance and kindness towards themselves promoting greater occupational well-being, which allowed them to feel good about themselves amidst their chosen occupations of daily living.

Stew (2011) found that the students also developed a heightened sense of self-compassion in the midst of daily stressors. They reported that they were more available and understanding of the clients they were working with during their fieldwork placements. Stew noted that this benefit can "be a wonderful asset for any health professional" (p. 274). Having self-compassion is vital to practicing OTs. OT's work can be challenging, and things do not always work out in ways that are expected. Sometimes mistakes are made and having self-

compassion can help a clinician to get themselves back up and continue to work and advocate for their client, especially when something happens that makes an OT feel less competent.

Thompson (2009) also found improvements in occupational well-being in clients who participated in an eight-week MBSR program. The MBSR program consisted of a guided body scan, a guided sitting meditation as well as a guided yoga practice. It also included a full day silent retreat where participants went about their daily activities in silence. Sixteen participants were included in the study, and they were recruited through various newsletters, flyers, radio announcements, and online forums. The study was conducted by Sage College in New York through a community service program. Thompson ran the MBSR program, and it was conducted in a classroom at the college.

Participants had chronic health conditions including systemic lupus erythematosus, cerebral vascular accident and hemiparesis, Chron's disease, cancer, anxiety disorder, multiple sclerosis, osteoarthritis, chronic pain, diabetes, and stress-related physical and psychological symptoms. Most participants worked full-time and were between the ages of 44 and 74. Also, most participants were female with only two being male. Criteria for eligibility included having a diagnosed chronic or stress-related disability, having adequate physical and mental capacity to participate in the program, being able to commit to the eight-week program and the one-day silent retreat, and having the ability to complete homework assignments.

Results showed that participants felt that they were more empowered because they gained tools to help reduce their response to stressors. Another outcome was that participants felt that they had more awareness of their internal dialogues and were able to let go of rumination and approach challenges in their lives more flexibly. Participants also noted that they were better able to listen to their bodies. Some were able to breathe deeper, others noted changes in the way they

ate food, and some also talked about how they changed their posture to be more comfortable and better able to participate. Improvements were also noted in the area of their relationship to pain and the ability to listen to their body without judgment. A common theme that was present included greater self-compassion and acceptance. Participants reported less self-judgment and criticism. They reported more patience with themselves and some even expressed that they developed more of a sense of pleasure in their daily activities, including an improved sense of humor.

For practicing OTs, a client who feels more acceptance and self-compassion will be in a better place to do the work needed to improve their condition. In the long run, this factor can possibly make an OT's job easier and more satisfying. An OT who is well-versed in mindfulness practices can be a valuable resource for clients giving them life-long tools that they can take with them long after the therapy session ends.

Thompson (2009) reported that a limitation of her study was that there was not an independent evaluator to account for bias. Also, it was noted that the sample size was small and there were a variety of chronic conditions that would have different impacts on one's well-being. Results, therefore, cannot be generalized without more diagnostic-specific studies. Thompson further notes that no follow-up to the treatment was completed to determine the long-term benefits of MBSR with the populations she examined. Thompson also noted that there was a lack of negative feedback from the participants, which could be due to the phrasing of the questions asked in the questionnaire and from factors related to "social desirability" (p. 409) and wanting the treatment to work.

In another study that looked at mindfulness and OT by Grant (2010), the effects of mindfulness on clinical decision making with occupational therapists and physical therapists

(PTs) were examined. Results of using mindfulness with OT and PT clinical reasoning skills were not clinically significant, but Grant noted that more research is needed, as there is a growing body of research showing how mindfulness can prevent burnout in healthcare professionals. This body of research aligns with occupational well-being and having the ability to be compassionate towards one's self, especially during times of stress. Burnout is a common problem with healthcare professional and OTs are not immune to this. Improving OTs well-being is not only beneficial but also crucial to a long, demanding, yet rewarding, career.

Occupational Fulfillment

The final subtheme that Goodman et al. (2019) found under the umbrella term of mindful occupation is occupational fulfillment. Occupational fulfillment relates to the feelings of satisfaction one has while engaged in occupations that improve one's "quality of life" (p. 166) and lead to "feelings of bliss while engaging in occupation" (p. 166). Goodman et al. noted that this subtheme was not as well researched as the others but is equally valuable.

In describing occupational fulfillment, Goodman et al. (2019) referred to the study previously discussed by Hawtin and Sullivan (2011), who studied the benefits of mindfulness with patients with rheumatic disease. In their review, Goodman et al. (2019) noted that the participants in this study reported greater feelings of "appreciation of their immediate environment, and an improved attitude about their occupations and everyday life" (p. 166).

Goodman et al. (2019) also referred to a study done by Martin and Doswell (2012) when describing occupational fulfillment. In this study, adults over the age of 65 were recruited from a charitable foundation in the United Kingdom called Age UK. The participants were enrolled in a total of eight MBSR-based mindfulness classes that were being held there. Out of the 25 people taking the mindfulness class, only two were in good enough condition to give consent.

Participants attended three focus groups and participated in individual interviews, some done a year after the mindfulness class ended. During the focus groups and interviews, the participants were asked questions, such as how they felt during the mindfulness exercises, if the mindfulness activities affected their lives in any way and how, and if they continued with the mindfulness exercises after the class was over. Martin, the lead researcher, ran the focus groups and collected data, while Doswell, an occupational therapist with experience in mindfulness, ran the mindfulness classes and did not collect data.

The main themes that Martin and Doswell (2012) examined included prior knowledge of mindfulness, the need for mindfulness as one gets older, the benefits of mindfulness classes, difficulties with formal meditation, and when life overwhelms one's ability to be mindful. Results showed that participants viewed mindfulness as a helpful tool as they get older. Many had expressed how they had lost their purpose in life, feeling, as one participant put it, "your usefulness is over" (p. 38). They found themselves dwelling on the past. With mindfulness, one participant noted that they experienced moments of bliss while doing everyday activities like gardening. Overall, participants noted that they had more pleasure in life when being mindful. This outcome was noted especially for those who had experienced loss in their lives and found that they were ruminating on the past.

The ability of a client to find more pleasure in life is vital to therapy, whether one is working with elderly patients or children. Practicing OTs can help clients experience the joy of engaging in their daily occupations in a more mindful way. This practice is important for school-based OTs as well who need to bring a playful approach to their work with children. Children who find joy in their daily activities will be more receptive to doing the work involved in practicing their skills. This engagement in the work will lead to better outcomes and successes.

One of the major limitations of this study was the small sample size. One cannot generalize results when only two participants are utilized. More studies with robust sample sizes are needed. Also, it was not indicated what type of experience Doswell had as a mindfulness practitioner. The authors noted that being in the group itself may have influenced the benefits found. Finally, the participants volunteered and may have already been biased in thinking that mindfulness classes would help them.

Although the results of this study are promising showing how mindfulness can lead to fulfillment with daily occupations, more research with larger sample sizes with the elderly population would be very beneficial, especially with those who do not use mindfulness and are struggling with problems, such as ruminating on the past and dealing with loss, which are common themes as one gets older. Using mindfulness to enhance fulfillment in daily occupations can help clients in a variety of settings with varying conditions. The application of mindfulness to occupations can also help OTs themselves as they perform their daily tasks in helping others. Being more fulfilled in one's job as an OT better helps an OTs meet their clients' needs.

The Goodman et al. article (2019) provides an essential overview of the current literature on mindfulness and occupational therapy. The five subthemes mentioned further help to identify and explore how mindfulness benefits clients within the domain of OT. Though there is much overlap between the subthemes, each provides a unique and useful perspective that can enhance one's understanding of the benefits of mindfulness with occupations and helps to point to areas that need further research. The Goodman et al. review also shows gaps in the literature, especially concerning OTs themselves, who use mindfulness practices to enhance their own lives as well as the work they do.

The sources chosen for this literature review often did not directly address how mindfulness can help an OT practitioner themselves. Those that did look at the practitioner were largely based on graduate students who work with clients but are not licensed OTs. The other article that concerned perceptions of mindfulness did not show direct benefits, making it hard to draw conclusions about the practice of mindfulness itself. However, this article shows the importance of being specific about the definition of mindfulness when conducting research. More research is needed showing the direct benefit of mindfulness and how it can impact one's practice. The Goodman et al. (2019) was the most comprehensive article on all the areas addressing mindfulness and OT. Although these articles capture the current research that is available regarding the use of mindfulness in OT practice, more studies are needed to further develop this area as they are not sufficiently addressing the subject.

Gaps in the Research

Although the research has been promising, there are gaps concerning mindfulness and OT practice. Included in this area of need are how mindfulness can prevent job burnout and promote job satisfaction, how it can enhance ethical decision making, and also how it can help to improve a therapist's interactive reasoning skills including the therapeutic use of self. This section will explore these gaps in the research and how they relate to school-based OT practitioners.

Research on Mindfulness to Prevent Burnout and Promote Job Satisfaction

Job burnout, a phenomenon described in the research as far back as the 1970s, often affects people working in jobs helping others such as healthcare or human service (Luken & Sammons, 2016). Occupational therapists fall under this category of helping others and work in a diverse range of settings including, hospitals, rehab centers, nursing homes, schools, outpatient clinics, and even patient's homes. A systematic review of the literature done on mindfulness as a

means for reducing job burnout done by Luken and Sammons (2016) showed that none of the research in this area was done with occupational therapists. The studies they discovered concerning physicians, nurses, and teachers found a statistically significant reduction in job burnout, depression, anxiety, and stress (Cohen-Katz et al., 2005; Fortney et al., 2013; Roeser et al., 2013). Though there is not any research showing how mindfulness can benefit OTs in this way, it has been shown to benefit others in similar fields. Ideally future research with mindfulness and occupational therapy will show benefits similar to those experienced by physicians, nurses and teachers.

There is a great need for OTs working in the schools during post-COVID times to be able to remain calm, centered and handle stressful situations through mindfulness. Being able to make decisions about clients depends upon clear thinking and the ability to access one's knowledge which can be impacted by stress. Stressors resulting from post-COVID times, like poor social-emotional skills and self-regulation in students, a lack of school personnel, and increased work demands can interrupt the client-therapist rapport resulting in poor outcomes. Mindfulness can act as a solvent to reduce the negative impacts of COVID resulting in improved therapist and client relationships and therefore results. Research with OTs in schools using mindfulness would be of great benefit.

OTs in the school setting work to support students in meeting their academic goals and are under similar pressures as teachers in this setting. Factors like high caseloads and inadequate workspaces also play a role that can make work in the school setting more challenging for OTs. The benefits of mindfulness that have been shown to help other health professionals as well as teachers need to be researched for OTs, especially in the school setting after the problems

associated with COVID which have left lasting negative effects including decreased self-regulation on student populations.

Mindfulness and Ethical Decision Making

The foundation of being a competent OT is good decision making. An OT has to look at their client and be able to see their strengths and weaknesses, know what the evidence-based research says, be able to carry out a treatment plan based on evidence-based practices, guide their client to better outcomes, be responsive to the feedback of the treatment, and intervene when something is not working. Ethical reasoning is founded on ethical and moral principles and, according to Boyt-Schell and Schell (2018), follows a six-step process. The first step in this six-step process is "getting the story straight" (p. 233) or "gathering relevant information" (p. 233). The next step is identifying the type of ethical problem one is dealing with. This problem can be related to the six types of ethical principles that are the foundation of ethical reasoning, including, beneficence, nonmaleficence, autonomy or self-determination, justice, veracity, and fidelity. After identifying the ethical problem, one can then use ethical theories and approaches to analyze the situation and figure out what is going on. After analyzing the problem, an OT can then explore different feasible alternatives to remedy the situation and implement those options. Finally, the OT will evaluate and determine if the outcomes are producing the desired effect.

Ethical reasoning is a vital aspect of one's work as an OT. Often, unethical decisions "stem from a lack of awareness" (Ruedy & Schweitzer, 2010, p. 73). This lack of awareness can include not being able to identify one's own thoughts, how others are reacting, how one's behaviors are influencing outcomes, and many other factors that are based on present-moment awareness. Mindfulness, with its focus on the present moment and its enhanced ability to take in what is going on through the senses, as well as feelings and thoughts, may help in the area of

ethical decision making. At this time, there is no research showing the benefits of mindfulness and how it can improve ethical decision-making for OTs, but there is some research in general on mindfulness and ethical decision making. One group of researchers Ruedy and Schweitzer (2010) completed two studies in this area finding a positive correlation between mindfulness and ethical decision making. Their study utilized a diverse range of ages with a fairly large sample size and, although they did not have an ethnically diverse sample which could affect generalizability, this study shows promise for how mindfulness can improve ethical decision making in school-based OTs.

Ethical behavior is the foundation of good practice for all OTs in any setting. It sets the tone of the relationship with the client and can determine the quality of care received. Ethical practice is vital to OT and is the foundation of all aspects of practice. Finding ways to support therapists in this area is crucial and mindfulness may help with its emphasis on ethical behavior, which should be further researched. It is noted that burnout can negatively influence ethical behavior, as was researched by Simionato et al. (2019) with psychotherapists. Research on mindfulness has been shown to help with job burnout (Cohen-Katz et al., 2005; Fortney et al., 2013; Roeser et al., 2013). When combined, these findings further back up Ruedy and Schweitzer's (2010) claim that mindfulness can promote ethical decision making. Similar studies need to be completed with OTs, especially school-based OTs who work under the newer stressors of post-COVID times.

Mindfulness, Therapeutic Use of Self, and the Intentional Relationship Model

Another aspect of occupational therapy where mindfulness can have potential benefit is with therapeutic use of self. A foundational aspect of occupational practice, the therapeutic use of self, promotes connection with the client and influences client outcomes (Solman & Clouston,

2016). As a means to complement this relationship, the Intentional Relationship Model (IRM) was developed. The framework of the IRM includes six areas of interpersonal development known as "modes of practice" (p. 2). These modes of practice include "advocating, collaborating, empathizing, encouraging, instructing [and] problem solving" (p. 2). Overall, there is a need for more research demonstrating the benefits of the IRM, but existing research is promising.

One qualitative study by Raber et al. (2019) examined how the IRM can be used to enhance volition and engagement in clients living with dementia. Throughout the course of their study, Raber et al. (2019) found that the collaboration, encouraging, and empathizing modes supported "volitional expression [and] occupational engagement" (p. 46) through the therapist's ability to better understand the interpersonal characteristics of the participants and their ability to better respond to interpersonal events. Though this work is promising, the sample size was small. Also noted was the fact that the therapists who did the analysis of the data came from a similar background in mental health and that therapists who have other types of clinical backgrounds may have a different perspective. Overall, there is a lack of research in the area of the IRM, especially with school-based OTs. At this time, there currently is no research on the use of mindfulness with the IRM.

Mindfulness, which promotes a sense of openness, non-judgment, and curiosity, can potentially enhance the skills developed using the IRM. The IRM emphasizes "adapting in response to the client's needs and characteristics" (Solman & Clouston, 2016, p. 3) and the ability to "move between different means of communication" (p. 3). Mindfulness, with its emphasis on moment-to-moment awareness, can facilitate these processes. Research in this area would be beneficial and is needed.

Best Practices for School-Based OTs

School-based OTs work with children on a variety of goals in various contexts within the school setting. Many of the students OTs work with have diagnoses such as Autism, ADHD, Down syndrome, emotional impairment, and other diagnoses that impact a child's education. Typically, OTs see children in either small groups or individually. They also consult with teachers as indicated on the student's IEP. Activities a school-based OT does with students can include, helping students improve the legibility of their handwriting, modifying their pencil grasp, developing visual motor and perceptual skills, creating sensory diets to help with self-regulation and attention, supporting play and social skills, and helping with organizational skills like keeping a clean desk or locker. A typical day for a school-based OT includes working directly with children, attending IEP meetings, writing reports and other paperwork, consulting with staff, and discussing progress with parents. An OT can support the student in a variety of ways in order for them to achieve the skills they need to access the curriculum and the school environment.

OTs who work in the school setting require "ongoing maintenance of [their] professional knowledge, skills, attitudes, and behaviors" (Laverdure, 2014, p. 225) so that they can be effective practitioners able to navigate the changing landscape of "local, state, and federal regulatory changes, the promulgation of scientific evidence, and the development of best practices" (p. 225). The United States Department of Education (2014) shifted its focus from compliance for special education programs to a results-based framework. This change requires those who work with students, including school-based OTs, to be "highly qualified" (Laverdure, 2014, p. 226) and increasingly responsible for student growth and outcomes.

Recommendations for OT expert practice in the school setting include an all-encompassing "client-centered approach" (Laverdure, 2014, p. 227), that is comprised of

dedication to the student themselves, as well as the families and staff that work with the student. Also critical to this endeavor is having a robust foundation of both theoretical and pragmatic knowledge and expertise that is dependent upon the use of reflective practice and a work environment that supports collaboration. Equally important to achieving outcomes is having the viewpoint that clients themselves are valuable in their contributions to making progress toward their goals and are active participants who should contribute to the problems solving and goal setting process (Laverdure, 2014). Laverdure (2014) notes that "central to the success of programs that support professional development along a novice-to-expert trajectory is the advancement of strong theoretical foundations, clinical and ethical reasoning and decision making, and a commitment to ongoing personal reflection, competency development, and assessment" (p. 228). Along these lines, self-reflection and mentoring are critical (Campbell et al., 2009).

The Impacts of COVID on School-Based OTs

When considering best practices for school-based OT practitioners, it is vital to consider the education system as a whole. What affects one aspect of the education system will impact another. The influence of the COVID-19 pandemic on education was profound. During the years of the pandemic itself, schools were closed an online learning was utilized. A systematic review of the literature by Tri-Sakti et al. (2022) has shown that the virtual learning from this time period had a negative impact on students' mental health and capacity for learning. With virtual learning, students would often show up for their classes, including their OT sessions, largely without parental support and would be expected to focus and learn as if they were in an in-person classroom setting.

This disruption to the learning process also impacted students as they came back to in-person learning a year or so later. Students either no longer had or never developed the skills needed to self-regulate, relate to one another, and manage their daily affairs in an in-person world. Having to wear masks presented another obstacle, as students were less able to read non-verbal cues and express themselves fully. Tri-Sakti et al. (2022) noted that the effects of COVID-19 impacted "the whole school ecosystem including its main populations—from students, teachers, administrators, to parents" (p. 2). Included in this population were related service providers including OTs.

Many factors contributed to the ability of school-based OTs to perform their jobs utilizing the best practices previously mentioned in the school systems due to the aftermath of COVID-19. One of these factors is the students themselves. Many students continue to suffer from difficulties with emotional and self-regulation. They have a harder time focusing and participating in required learning activities. Some students are also behind in their academic work. OTs currently working with students in-person deal with more disruptions as some students are not as accustomed to completing adult-directed activities. They may refuse to do the work, talk about tangential topics, or act out, as students were used to having more time to themselves with remote learning. It takes more effort on the part of the therapist to help the students engage and be a part of their own treatment and take responsibility. Sharing the accountability of the goals and outcomes is a part of best practices in school-based OT, and the impact of COVID has made it harder for the student's themselves to participate.

Another factor that makes it harder for school-based OTs to perform at their best due to the impacts of COVID three years later is staffing issues. Overall, there is a significant shortage of staff in many areas in the schools since the beginning of the pandemic. Firstly, there is a

shortage of teachers. At one school where I work, one of the classrooms with mostly autistic students has been without a classroom teacher for over half of the school year. Other support personnel have been taking over and the students are missing out on highly structured learning.

There has also been a shortage of paraprofessionals in many of these classrooms which has an impact on student access to an education. The school I currently work at has been down several paraprofessionals this school year and many, including teachers, take leaves of absence. This decrease in paraprofessionals makes classroom management more challenging and students demonstrate more off task behaviors like wandering around the room, running down the hallways, yelling, and even sometimes aggression.

There has also been a shortage of therapists and other related service providers like OTs, PTs, and speech therapists. Some therapists have expressed that the increase in workload demands has caused them to find other jobs that do not require directly working with students or to retire early. Burnout is a major factor for all school professionals since the impact of COVID and this directly influences an OT's ability to perform. Without adequate staffing, the school-based OT cannot effectively collaborate with the colleagues who work directly with their students, which is one of the factors for best practices for OTs in the school-based setting.

Along with staffing shortages, school-based OTs have also faced increases in workload due to the aftermath of COVID-19. There has been an increase in student referrals for therapy due to the decrease in skills observed since the shutdown. Since there are only so many hours in the school day, the increase in therapy referrals, evaluations, and increases in caseloads, have caused many students who receive direct services to miss their therapy sessions due to testing, IEP meetings, and difficulties finding space in therapists' schedules. Some students also require to be seen individually due to participation challenges which makes this difficulty even harder.

At one of my schools, there was no coordinator to run the IEP meetings for the first half of the school year. The coordinator who did eventually come was new and was not adequately trained. Meetings kept getting pushed back until they finally happened at the end of the school year, which took significant time away from those students who were on therapy caseloads. It is hard to build a rapport with students when one is not able to see them consistently. This factor also makes treatment planning, especially for students with complex needs, even more challenging.

The combination of factors, including the detrimental lack of staff, the lack of availability and engagement in students themselves, and the increased workloads, due to the aftermath of COVID-19, have made school-based OT's jobs increasingly overwhelming. This fact directly impacts the quality of care an OT can provide, including the ability to build a rapport with their clients and their client's families, as well as the support staff at the school where the child spends the majority of their day. Building rapport is the foundation of good therapy and the ability to interactively reason. Interactive reasoning deals with the exchange between the therapist and the client and is the crux of all learning and outcomes. The next section will describe this process and the factors that enhance interactive reasoning showing areas where mindfulness can play a critical role.

Interactive Reasoning: Therapeutic Use of Self and the Intentional Relationship Model

Of the types of clinical reasoning OTs use in their practice, interactive reasoning relies most on the qualities of the therapist themselves. The term therapeutic use of self is used to describe this feature of the therapeutic relationship involved with interactive reasoning. Therapeutic use of self is dependent upon the therapist's own ability to engage with their client and make decisions based upon their own perceptions and "individualized, subjective decision-making process" (Boyt-Schell & Schell, 2018, p. 249). Therapeutic use of self involves

intentional and strategically planned interactions that are based upon the insights the clinician gains through their close, interactive relationship with their client. It is a tool that uses the therapist's experiences and history to increase the rapport of the relationship.

Emotional Intelligence

Boyt-Schell and Schell (2018) emphasize the significance of emotional intelligence (EI) in relation to the therapeutic use of self. EI is a concept developed by Daniel Goleman (1995) that "illuminates the close association between the self and relationships" (Boyt-Schell & Schell, 2018, p. 249). EI is comprised of five different areas that involve both self-management as well as the ability to manage relationships. The first component is self-awareness, which involves the ability to "recognize and understand [one's] moods, emotions, and drives, as well as their effect on others" (p. 249). This area involves having a realistic sense of who one is, neither feeling over-confident nor self-deprecating. It relies on a balanced self-assessment and feelings of self-confidence without feeling "overly critical or unrealistically hopeful" (p.250).

The second component of EI is self-regulation. This area involves the ability to regulate impulsive thoughts and/or emotions that can be disruptive or distracting (Boyt-Schell & Schell, 2018). This component is particularly critical to OTs working with children who are dysregulated themselves, have difficulties managing their own behaviors, and act out. The OT has to be aware of their own triggers and emotional states and not react to them to maintain their professionalism. This ability to remain calm while a client is dysregulated can lead to trust within the relationship as the client comes to realize that they can depend on the therapist.

The third area of EI is motivation which involves the ability to go beyond the interests of the self and to persist when things are difficult (Boyt-Schell & Schell, 2018). It relates to the passion to do the work itself not for the monetary or external gains that may result. This area

helps to build therapeutic relationships as the clinician is willing to work hard and is determined to find solutions that are not necessarily easily come by.

The fourth area, empathy, concerns understanding other people's emotions and reactions and responding accordingly in a compassionate way. It involves "understanding [the] clients' life circumstances, values and worldview, and goals" (Boyt-Schell & Schell, 2018, p. 250). Empathy is crucial to the foundation of the therapeutic relationship, and it helps create a "shared vision" (p. 150) which enhances engagement and, ultimately, outcomes.

The final area of EI are social skills. This area involves the knowledge and understanding needed to manage relationships successfully. It deals with building rapport and mutual understanding. Important to this area is the fact that, although positive relationships are made, clients are not friends and due to the nature of the relationship there is "an inherent power imbalance" (Boyt-Schell & Schell, 2018, p.251) This aspect of the therapeutic relationship demonstrates the need for ethical practices and the requirement of the professional codes of ethics, the foundation of OT practice.

Interactive Reasoning Continued

Though EI is a critical component of interactive reasoning, it does not fully express what interactive reasoning is comprised of. Two other aspects of interactive reasoning are developing a good rapport and maintaining the relationship throughout the ups and downs of the therapeutic process. Tickle-Degnan (2002) recognized three phases for creating good therapeutic relationships. These include, "building rapport, developing working alliances, and maintaining relationships (Boyt-Schell & Schell, 2018, p. 253).

Building rapport can be enhanced through the exploration of "mutual interests or understanding" (Boyt-Schell & Schell, 2018, p. 253). This practice may take more work and time

in situations where the connection with the client is not as immediate. The first few sessions working with a child may be devoted to building rapport through playing games or other fun activities while delaying therapeutic goals to later sessions.

Developing working alliances happens over time while working on therapeutic goals. The therapist and client share in the joys, pains, successes, and failures of the process. They collaborate together, share in the responsibility, and create and adjust the goals as they go. The foundation of this process is trust, which allows the client to have confidence in the feedback of the therapist.

Finally, the last area, maintaining relationships, has to do with the ability to ride the waves and maintain a sense of stability despite the inescapable fluctuations in mood and their accompanying expression (Boyt-Schell & Schell, 2018). As clients get to know their therapist, they become more comfortable in sharing negative emotions when they are frustrated, which allows them to express themselves fully with the therapist. One central aspect of maintaining relationships is adapting one's approach or methodology to meet the client where they are in their therapy process. Also, important to this area is the ability to use humor to de-escalate difficult situations. Equally vital is the clinician's ability to apologize when mistakes are made. These strategies help to regulate the relationship and keep the therapeutic momentum.

Interactional Styles

All these aforementioned concepts come together to make interactive reasoning, which relies on strategies therapists use where mindfulness can play a role, to "vary their interactional style to suit the situation" (Boyt-Schell & Schell, 2018, p. 253). These methods of varying the interaction style can include the use of positioning, body language, voice, small talk, etc. When working with clients, an OT can consider the positioning of themselves to their client. This

includes knowing when to sit face-to-face with a client or side by side. It also relates to the overall proximity and positioning of the furniture. If proximity and positioning are not considered, the client could feel distanced, intimidated, or any number of emotional responses that could impact the therapeutic process without the therapist even knowing.

Another aspect to consider is the use of body language including facial expressions, eye contact, and gestures. Knowing when to smile versus giving an expression of concern is crucial to building rapport and maintaining the relationship. Using the appropriate level of eye contact is also vital and can show the level of interest in the client's experience. Gestures are equally important and can help to reassure the client. The use of touch can also have a profound impact but must be considered with caution depending upon the client. Some children are sensitive to light touch and perceive it as noxious. If not careful, the therapist could send the wrong message with their body language which can distance or confuse the client.

OTs can also use their voice to enhance the therapeutic process. According to Boyt-Schell & Schell (2018), this can include aspects such as pitch, pace, intonation, and volume. For example, using a higher pitched voice can be alerting while using a lower pitch voice can be soothing and ease tension. Speaking more slowly with a steady pace can also have a calming effect. Clinicians can use pauses to emphasize aspects of what they are saying and demonstrate how closely they are listening. It can also give the client time to process what has been said. The clinician's cadence can also have therapeutic effects, for example, using an even cadence can be calming while using a varied one can improve attentiveness. Variation in volume also produces these types of effects, with loud volumes increasing attention and low volumes having more calming effects. When considering the type of voice to use for maximum effectiveness, it is vital to consider "the clients' auditory skills, sensory sensitivity, and general personality" (Boyt-

Schell & Schell, 2018, p. 251). The therapist can use their voice as a tool to either guide the client to a different emotional head space or follow the client's lead.

Another way of varying the interaction style is to consider the topics that are discussed during the therapy session. For example, asking questions about the client's family or more neutral questions like "how's the weather out there?" can help break tension. Asking a client how their day is going can help to show how the clinician is interested in and responsive to them. The OT has to tune into the subtle, non-verbal signs that the client gives and avoid talking about more controversial subjects. What can help in this process is finding a sense of commonality by taking an interest in what the client says or how they behave or look. It is important not to go off on tangents and keep the focus on the client. Asking simple questions like this not only breaks the tension and shows that one cares, but also can give insight into the client's state of mind. This information can be helpful in monitoring the tone of what is happening internally with the client.

When working with children, it is also important to match the conversation style to their developmental level. Having a playful approach is crucial. A playful approach is characterized by the use of an engaging tone of voice and gestures. This way of being promotes increased participation and investment in therapeutic activities and the relationship itself. Also, knowing when to give the client more in-depth descriptions of the therapeutic process and the benefits of therapy can reassure more inquisitive children. It is vital to get feedback from the child and determine whether or not the information provided is understood and helpful.

When appropriate, the use of humor can also lighten the exchanges between the therapist and the child. It can provide relief and take the tension out of challenging situations. It can also help to nourish and deepen the client-therapist relationship. Humor has to be respectful, however. It must be used in a way that does not offend or devalue the client. It can, if used correctly, help

bolster the therapeutic process, enabling the client and the therapist to handle more difficult situations down the road.

No therapeutic relationship works without the acknowledgment of meaningful experiences that show the developing connection between the client and clinician and the personal growth that is achieved through hard work and dedication to the therapeutic process. The OT must be sensitive to these types of moments and not let them pass by bringing the child's attention to them. According to Boyt-Schell and Schell (2018), this process of connection depends upon careful attention to the interactions of the client and the therapist. This use of attention can help to identify the subtle nuances of communication, both in its verbal and non-verbal forms. Calling attention to a child's progress can inspire them to keep going by reassuring them about how far they have come through the therapeutic process.

The Intentional Relationship Model

The Intentional Relationship Model (IRM) developed by Taylor (2008) is a therapeutic approach and framework that is used to both understand and enhance the therapeutic bond between the therapist and the client. Its focuses on interpersonal communication, and it is comprised of four central characteristics that include the client, the practitioner, the interpersonal circumstances that arise during the therapy session, and the occupation or the therapy itself, whether it's working on handwriting or building fine motor skills for example. The IRM is made up of six "therapeutic modes" (Wong et al., 2020, p. 2) or "interpersonal communication styles" (p. 2) which are based upon the clinician's "verbal and nonverbal ways of relating to a client" (p. 2). They include the advocating, collaborating, empathizing, encouraging, instructing, and problem-solving modes.

The advocating mode relates to helping the client understand what resources are available to them (Taylor, 2008). It helps by bringing awareness to the client's individual rights and reduces stigma by normalizing their experiences. With children, this can manifest as providing the tools they need when they are on their own, such as telling them what they can do if they are being bullied, or helping them understand the features of the classroom and where they can find materials and resources. Another form of advocating can be telling the child that they, the therapist, have worked with others with similar experiences, this normalizes the child's experiences which can reduce stigma.

The collaborating mode of the IRM emphasizes the promotion of independence in the client (Taylor, 2008). The practitioner relinquishes some of their power in the relationship and follows the lead of the client. A central aspect of this mode is to listen to and honor the client's feedback. A clinician may apologize if a demand is too hard, ask the client what they want to do today, or how they can better help the client. This mode can be empowering for children as they are often told what to do and how to behave. In this type of interaction, a child can see that the practitioner is not infallible, which humanizes the practitioner and makes them more comfortable.

With the empathizing mode of the IRM, the clinician works hard to understand their client and provides a space for the client to react (Taylor, 2008). The practitioner uses their judgment concerning how they respond to the client, showing discretion in their response. Clinicians avoid quickly attempting to fix or alter a client's problem or situation. They respond with sensitivity and care, using words that show that they understand the client. These responses can include asking the client if they feel comfortable talking and/or attempting to summarize what the client is saying before asking if the therapist's interpretation is correct. Empathizing is

very important to children, as they often feel that others do not understand their struggles. They also do not have experience with problem solving and their problems can feel overwhelming. Having someone understand and respect their experiences can be very powerful for children and can greatly improve the therapist-client relationship, which can lead to better outcomes.

The encouraging mode of the IRM relates to promoting participation in therapeutic activities through the use of positive, motivational words (Taylor, 2008). This type of praise and encouragement motivates the client to continue to strive towards their goals. It can also show a client how much work they have accomplished so far in the therapeutic process. Children respond well to high-fives and encouraging words, which can become internalized through repeated use. This internalization allows the child to utilize what they have learned in therapy outside the therapy session, such as when things become challenging, or they have a bad day.

The instructing mode of the IRM considers how to teach the client the skills they need to accomplish their goals (Taylor, 2008). This mode focuses on guidance and education. The approach taken when instructing the client is vital to the outcomes. One has to be clear, firm, and confident in what they are saying, but gentle and non-authoritarian at the same time. The rules and expectations of the therapy session have to be clearly indicated at the outset. This includes letting the child know the consequences of their actions, such as what happens when they do not do their work. One can ask a child about their behavior and if they think that their behavior is supportive of their goals. This mode keeps them focused on their therapeutic goals and on track so that they reach their potential.

The final mode of the IRM is the problem-solving mode (Taylor, 2008). This mode encourages the client to think and reason through challenges. The clinician asks the client questions to help encourage self-reflection and inquiry. The use of the Socratic method can be

helpful here, requiring the client to think of their own answers to their struggles and challenges. Asking questions can solidify and build on prior knowledge and promote a sense of self-confidence, as the client begins to recognize that they can engage in independent problem solving. Teaching problem solving skills is critical for children as it empowers them to believe in themselves and their ability to handle difficult challenges, which is a lifelong ability.

The six modes of the IRM model help to transform the therapeutic relationship by building the necessary skills an OT needs to work with their clients in order to bring about positive outcomes. This goal is achieved through the therapeutic use of self and the ability to build rapport and connection with the client. Each mode provides a necessary contribution to this process and the ability of the therapist to go back and forth between the modes is not just a skill, but an art that requires careful attention to the needs and wants of the client. Mindfulness, in its capacity to bring a deepening awareness to the present moment and its emphasis on compassion, can make a valuable contribution to this area of practice.

Integrating Mindfulness with Occupational Therapy

By employing their well-developed skills in activity analysis, OTs can help the people they are working with find better ways to do their daily activities. OTs generally have an open, yet analytical, approach to their work and embrace a variety of methodologies and techniques. As discussed, there is a need for more research in the area of OT and mindfulness, but the current research is promising. Mindfulness can help an OT both in their personal lives and in their work. This section talks about the use of mindfulness with the interactive approach that school-based OTs use to build rapport, gain trust, and ultimately help the student they are working with progress towards their therapy goals. It discusses how mindfulness can be used in a post-COVID

landscape to help a therapist expand their window of tolerance and better deal with work-based barriers.

Equanimity and the Window of Tolerance

When applying mindfulness to school-based OT, another valuable consideration is equanimity. With equanimity, one finds a sense of balance and composure regardless of the situation. All feelings and experiences are equally near; therefore, none are overpowering (Liebenson, 1999b). One does not lean in the direction of greed for good feelings or aversion toward feelings that are negative. Equanimity needs to be cultivated through daily, moment-to-moment practice. Each time a feeling of aversion or desire occurs, one must practice acceptance and openness to the totality of experiences. A person sees through the veils of delusions and a sense of compassion develops. Compassion helps one to better see the struggle one has had and helps them to let go. One lets go of the need to control, which can feel like releasing a heavy burden. This practice helps one to lead an authentic life, where pure joy can naturally arise.

Equanimity is comprised of "a group of mental qualities that always arise together in every wholesome mind state; these qualities include faith/confidence, mindfulness, self-respect, non-greed, non-hatred, and pliancy" (Goldstein, 2013, p. 277). These mental qualities give a person the capacity to be with challenging situations in a way that is steady and even without strong emotional reactivity. According to Liebenson (1999a), equanimity is not feeling indifferent about things, equanimity is about facing experiences in a way that one does not withdraw or react but rather is present and calm. This approach builds a sense of freedom and openness. Equanimity allows for wisdom to grow, as it frees one from tangled emotions that bind and have the tendency to tighten over time. This release provides a person a sense of spaciousness which makes difficult situations more manageable. By increasing a person's ability

to stay with the present moment and sustain attention, one is better able to feel compassion as well as patience (Liebenson, 1999b).

The path to greater equanimity is through the practice of concentration. Concentration refers to both the mental factor of one-pointedness and the meditative states of concentration. One-pointedness can be thought of as a practice that allows a person to focus on both "a single object or moment to moment changing objects" (Goldstein, 2013, p. 265). It is described by many as the steadiness of a candle's flame when there is no wind. It is through one-pointedness that one is able to connect with objects and is, therefore, able to know about them (Goldstein, 2013). Concentration and the ability to focus clearly lead to greater equanimity and the ability to be with challenging situations that arise when working with a child. The OT can have a clearer more comprehensive picture of what is going on with a child and can therefore take action appropriately.

The fact that equanimity grows through the practice of meditation and developing concentration shows the need for school-based OTs to practice mindfulness regularly. Practicing will increase the ability to know the circumstances one is dealing with and will increase moments of equanimity. In this way, one's practice becomes a valuable tool that can help a clinician through challenging circumstances, which can help them be more available to their clients.

Equanimity gives one greater tolerance for negative circumstances. The term window of tolerance was introduced by Dan Siegel in his book *The Developing Mind* to describe "the span of arousal within which a system can maintain the harmonious and adaptive flow of integration" (Siegel, 2012, p. 198). On one end of the spectrum is chaos, and on the other end is rigidity. The middle portion is where adaptive functioning lies. Mindfulness helps one to increase that

functioning portion through pausing and decreasing reactivity, allowing a person to stay present with whatever is going on in the midst of strong and difficult emotions (Siegel, 2007). The increases in distress associated with the aftermath of the COVID-19 shutdown in the schools have shrunken this window of tolerance, causing some people to leave their jobs. The only viable option for many people was to escape the situation. What if, instead, they learned to work with the circumstances in a different way?

I once went on a retreat where the retreat facilitator shared with the group that a person had once asked her how to eliminate a situation that was causing distress. This person said that if it was not for one particular circumstance, they would be happy. The facilitator then encouraged the group to think of a time when they had also felt this way. She reminded us that we are not able to eliminate these types of experiences but, with practice, we can learn to make peace with negative experiences. Aversion is felt by everyone at some point in time and can be felt deeply. Wisdom can grow when one faces a difficulty and does not try to escape. The ability to do this increases when a person can expand their tolerance of unpleasantness and become more introspective. Accepting the unpleasant aspects of life can open doors to other possibilities and ways of doing things, helping to find workable solutions to problems that at one point seemed insurmountable.

The ability to respond in a flexible way, known by Dan Siegel as *response flexibility*, allows a person to navigate overwhelming emotions and problems in a way that is adaptable and meaningful, instead of contracting or going on autopilot. This ability to be pliable affords the school-based OT with the ability to remain and persist with difficult clients and circumstances. As one becomes more proficient in this area, one can then teach this flexibility to the children they work with. This enables students to be more willing to participate in therapy and move

towards their therapeutic goals. A clinician has to deeply understand this concept within themselves before they can truly teach another.

Orthogonal Reality

I can remember vividly one of the first connections I made with equanimity. It was after reading the book *Coming to Our Senses* by Jon Kabat-Zinn that I learned about a concept called *orthogonal reality*. Kabat-Zinn describes orthogonal reality as a "rotation in consciousness" (Kabat-Zinn, 2006, p. 150) that shifts one's view of conventional reality in a way that provides a greater awareness of the totality of experience that can help alleviate suffering. It is not that conventional reality is dismissed or even necessarily resolved. It is that it is seen in a greater context that provides a sense of space, which can give greater insights that can help one to move or shift when one is stuck or suffering. Kabat-Zinn (2006) notes that "nothing needs to change. It's just that [one's] world immediately becomes a lot bigger, and more real" (p. 350). This tool can help to ease the pain of a person who is overwhelmed by burden that can incapacitate the mind.

One time when I was consulting with another provider about a student I was working with, the person said something that triggered an insecurity in me that set off a cascade of paralyzing and negative thoughts. I had been working with orthogonal reality in my practice and I recalled it in that moment. I was able to recognize that my experience of distress in that moment was only a part of reality and that there was a greater reality that encompassed more. I felt a shift in perspective, and it made my experience feel more like a bump in the road rather than a complete roadblock. I was able to see that I was adding to my experience a layer that did not need to be there. Experiencing a greater vantage point, allowed me to let go of my tension

and shift my attention away from the struggle, which allowed for greater insight about the situation to arise.

Kabat-Zinn (2006) notes that orthogonal reality can not only apply to individuals but also to institutions. Changes can be made on a deeper level that can help to reduce suffering with a greater number of people. The awareness that orthogonal reality provides can greatly benefit the school-based OT, as it helps the OT manage their own individual suffering, which can help them to be more available to the children they work with as well as the other people in that child's life. It can also be used during any daily activity a school-based OT is participating in. Whether the OT is participating in an IEP meeting, consulting with staff members or parents, or even working with a child directly, the benefits that can come with the experience of orthogonal reality are profound. Not only does it aid in understanding the difficult situations that can arise during a school-based OT's daily life, but also it can be grounding and stabilizing, which helps a therapist be better able to put the needs of the child in the forefront as they are not as weighed down by their own burdens.

Mindfulness is what allows the shifts found in orthogonal reality to occur and anyone can practice these skills. The great thing about mindfulness and orthogonal reality is that if one has a setback and loses their perspective they can always start again. It is a resource that never depletes, and can provide benefits at any and every moment.

Conclusions

Mindfulness, with its focus on the present moment using a curious, judgment-free perspective, can help school-based OTs in a variety of ways. Not only can assist with self-care and help to build resiliency, but it can also help to nourish the bond a school-based OT has with the student they are working with. Through the use of interactive reasoning and therapeutic use

of self, the school-based OT works to build rapport and connect with the student they are working with. Mindfulness can make a clinician more aware of what is going on in the present moment and, therefore, they are better able to read and respond to a student's body language and verbal and non-verbal communication. In this way, mindfulness helps to enhance communication skills in the practitioner, which can go beyond the client to the staff and family members who are also involved.

Mindfulness with its ability to stay open to the present moment, helps a clinician gain a fresh vantage point and can help a practitioner come up with new and more creative ways of engaging with a student and working towards their therapeutic goals. This ability can broaden a therapist's skills, as they become more flexible and willing to try different approaches that previously were not in the therapist's purview. Having greater flexibility can allow the child to feel more comfortable and able to trust the clinician in the process. Therapy sessions can be fun and engaging, while at the same time focused and meaningful.

The ability to empathize with the student one is working with is enhanced through the use of mindfulness, which helps to build a sense of compassion. A clinician can expand their window of tolerance and find greater equanimity. This ability helps to give the school-based OT more patience to respond and work with the challenging reactions of a child, which are increasingly common due to factors related to the aftermath of COVID. Children have been more dysregulated since returning to school post-COVID and this skill can help the clinician respond to these changes. Finding greater equanimity can help to position a therapist so that they continue to work towards improving the quality of therapy sessions instead of contracting or becoming less responsive to the needs of the child.

A school-based OT needs a solid foundation to work from and mindfulness, with its ability to help one see a wider perspective and think clearly, can be of great benefit. Using mindfulness in this way is like coming home, and a therapist needs a sense of home within themselves before they can help others. Thich Nhat Hahn (2010) says:

> Our true home is in the here and now whether we are in the U.S., Africa, Japan, Korea, Vietnam, or France. Our true home does not have to bear a name like France, or Africa, or South America. How can we find our true home? With our eyes, our ears, our feet, our body, and our breath. We have the instruments needed to detect our true home. When we breathe, we breathe in such a way that we can find our true home. When we take a step, we make a step in such a way that we can touch our true home with our feet (p. 40).

By finding one's own true home, one can better help others to find theirs. This is the work of any healthcare professional including school-based OTs. A child who is centered and feels at home in themselves and the therapy session, can grow in an infinite number of healthy ways, maximizing their potential with a solid foot on the path to therapeutic goal achievement and actualization.

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