

UNDERSTANDING AND USING MINDFULNESS AS AN EVIDENCE-BASED
OCCUPATIONAL THERAPY INTERVENTION:
AN EDUCATIONAL AND INSTRUCTIONAL MANUAL FOR OCCUPATIONAL
THERAPY STUDENTS, EDUCATORS, AND CLINICIANS

A Thesis submitted to the faculty at Stanbridge University in partial fulfillment of the
requirements for the degree of Master of Science in Occupational Therapy

by

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Certification of Approval

I certify that I have read *Understanding & Using Mindfulness as an Evidence-Based Occupational Therapy Intervention: An Educational and Instructional manual for Occupational Therapy Students, Educators, & Clinicians* by Hannah Basha, Brooke Legaux, Carly Rivera, and Annie Yao, and in my opinion, this work meets the criteria for approving a thesis submitted in partial fulfillment of the requirements for the degree of Master of Science in Occupational Therapy at Stanbridge University.



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Abstract

This manual was created to serve as an educational resource for occupational therapy students, clinicians, and educators about mindfulness practice, assessments, and interventions. By using and applying the described mindfulness techniques of this manual into their personal and professional lives, these individuals may benefit themselves and the clients that they serve on their day-to-day basis. Readers are encouraged to use this resource only to understand and apply these techniques at a basic level, and to seek professional advice or guidance from a formally trained mindfulness certified practitioner for any advanced training and application based on their individual interests and needs. The manual is comprised of eight chapters with specific areas that mindfulness can help in improving. These areas are self-awareness, relational context, emotional regulation, emotional intelligence, therapeutic use of self, self-efficacy, self-compassion, and gratitude, and compassion for others. Throughout this manual, various evidence-based research articles were included to emphasize the widespread use of mindfulness practice and provide resources for potential assessments, interventions, and practices. After reading the manual, students, educators, and clinicians will have an increased knowledge of mindfulness-based occupational therapy assessments and interventions. Furthermore, this population can assess their own strengths in each aforementioned topic area by completing a self-assessment and then look to the appropriate interventions section for resources and usability to work on their identified areas of weakness.

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Understanding and Using Mindfulness as an Evidence-based Occupational Therapy
Intervention: An Educational and Instructional manual for Occupational Therapy
Students, Educators, and Clinicians

What is Mindfulness?

Simply speaking, mindfulness is the intentional awareness of the present moment (Kabat-Zinn, 2013). Jon Kabat-Zinn, accredited for bringing mindfulness to mainstream America and founding the world-renowned Mindfulness-Based Stress Reduction (MBSR) program, defines mindfulness more fully as “paying attention in a particular way: on purpose, in the present moment, and non-judgmentally” (Kabat-Zinn, 1994, p. 4). Rather than rehashing the *past* or imagining the *future*, practicing mindfulness allows one to become grounded in the *present moment*, as one cannot change the past or future but only the present (Kabat-Zinn, 2013). There are two types of mindfulness: *state mindfulness* and *trait mindfulness* (Kiken, Garland, Bluth, Palsson, & Gaylord, 2015). State mindfulness refers to actual practices (e.g., meditation) that elicit mindfulness, whereas trait mindfulness refers to an ongoing predisposition to be mindful in daily living (Kiken et al., 2015). Implementing state mindfulness consistently over time can increase trait mindfulness, which ultimately leads to a more mindful and less distressed disposition (Kiken et al., 2015).

Mindfulness as an Emerging Practice

Mindfulness interventions in health care settings were originally created to assist patients managing chronic pain (Hardison & Roll, 2016). The most well-known intervention to date is the Mindfulness-Based Stress Reduction (MBSR; Kabat-Zinn, 1982). MBSR was developed approximately 30 years ago to help patients manage

chronic pain by introducing mindful techniques such as mindful movements, sitting meditation, and educational training regarding stress and anxiety on the body (Hardison & Roll, 2016). Moreover, MBSR has been proven effective on pain and anxiety reduction, and improving overall well-being (Hardison & Roll, 2016). Due to extensive research in the past ten years, mindfulness-based practice is considered or has emerged as evidence-based treatment in the health care industry today (McLaughlin, 2013). However, most of the studies on the effectiveness of mindfulness practices for different medical conditions are scarce and are ongoing (McLaughlin, 2013).

Perceived Problem with Mindfulness Application

Use of mindfulness techniques in occupational therapy (OT) is an emerging practice. OT has its roots grounded in mental wellbeing (McLaughlin, 2013) and mindfulness is closely related to mental awareness, but still there is a gap between knowing the importance of mindfulness in occupational therapy and the actual application of this mindfulness intervention in the occupational therapy field. Furthermore, mindfulness is relatively new in physical rehabilitation, therefore, applicable interventions using mindfulness in occupational therapy settings is often theoretical and lacks extended research (Hardison & Roll, 2016). In this fast-paced world, it is critical for clinicians to become aware of the body and mind to develop empathy towards their patients during interventions (Hardison & Roll, 2016).

Evidence Gap of Knowledge of the Target Population

The research shows that there is limited evidence related to mindfulness interventions in OT. One study conducted searched for the prevalence of mindfulness research in OT, and from the 1,524 articles that were produced about mindfulness

interventions, only two articles used occupational therapists (Hardison & Roll, 2016).

The reason for the lack of evidence in mindfulness for OT pertains to the methodological limitations which include small samples, lack of active control groups, limited use of high-quality measures, and non-blinding of outcome assessors (Creswell, 2016).

How the Target Population is Affected

Occupational therapy academic and clinical environments can produce performance pressure and overwhelming amounts of stress due to workloads and setting expectations. It is common for students, educators, and clinicians of occupational therapy to feel stress in their personal and professional lives (Rogers & Maytan, 2012).

Experiencing these stressors can result in reduced quality of work, which negatively affects patients in every way. Keeping this in mind, it is beneficial to introduce mindfulness training to improve the learning environment for all involved (Rogers & Maytan, 2012). Overall, mindfulness training has appeared to promote the experience of fluidity and increased enjoyment of daily occupation (Thompson, 2009).

Statement of Problem

Students, educators, and clinicians in occupational therapy can experience challenges in their personal and professional lives due to an overwhelming amount of stress (Luken & Sammons, 2016). These individuals may experience burnout which can manifest as depression, aggression, or decreased commitment to patients (Luken & Sammons, 2016). This can be addressed through understanding and utilizing mindfulness-based occupational therapy interventions in their lives. This way, they will not only take better care of themselves, but at the same time will also deliver quality of care to their clients thereby maintaining their highest standards of practice. The American

Occupational Therapy Association (AOTA) scope of practice presses that client-centered care is of high importance, and lack of self-care means there is a potential risk for a decrease in client-centered care due to burnout (AOTA, 2004). By learning mindfulness-based occupational therapy interventions, these individuals can not only decrease their personal stressors, but they can further train clients in their self-care management for improving occupational performance.

Currently, there is not a large body of research providing a comprehensive resource for students, educators, and clinicians to reference for mindfulness interventions, techniques, and practices. However, there is ample evidence that shows the impact of stress on students and clinicians in various academic and clinical settings (Stew, 2011). Not only does this stress wear on the individuals, but the effects show up in the client-clinician relationship (Stew, 2011). This population shares similar stressors, like depression and physiological distress, that warrants the need of mindfulness for their overall health and well-being (Stew, 2011).

Relationship Between Mindfulness and Occupational Therapy (OT)

Mindfulness is foundational to ethical OT practice, therapeutic use of self, and occupational engagement. The AOTA Code of Ethics states “mindful reflection” (AOTA, 2015, p. 1) is an attribute of ethical OT practice. In addition, mindfulness supports the profession’s Core Values and Principles and Standards of Conduct (Richardson & McLaughlin, 2018). For example, *Nonmaleficence* (Principle 2) requires practitioners to “recognize and take appropriate action to remedy personal problems and limitations that might cause harm to recipients of services” (AOTA, 2015, p. 3). Mindfulness can serve both to *recognize* and *remedy* a clinician’s personal problems that might interfere with

safe practice and, thereby, help ensure standards of conduct are met (Richardson & McLaughlin, 2018). Further, mindfulness is also connected to therapeutic use of self (Richardson & McLaughlin, 2018). According to Shapiro, Carlson, Astin, and Freedman's (2006) *Mindfulness Model*, there are three characteristics of mindfulness practice that are embedded within the development of therapeutic use of self: the *level of attention*, the *attitude*, and the *intention* which an occupational therapist also utilizes in establishing therapeutic relationships with his or her clients. As such, therapeutic use of self is enhanced when a clinician demonstrates mindfulness through high levels of attentiveness to the client, a nonjudgmental attitude toward the client, and intentional interactions with the client (McLaughlin, 2018). Finally, mindfulness practice is connected to occupational engagement, as both encompass "the objective and subjective aspects of clients' experiences" and "the transactional interaction of the mind, body, and spirit" (AOTA, 2014, p. S4; Richardson & McLaughlin, 2018)

OTPF & Mindfulness

The Occupational Therapy Practice Framework (OTPF) by the AOTA defined the therapeutic use of self as allowing "occupational therapy practitioners to develop and manage their therapeutic relationship with clients by using narrative and clinical reasoning; empathy; and a client-centered, collaborative approach to service delivery" (AOTA, 2014, p. S12). Developing that relationship between the clinician and client requires the ability to be aware of the self and others (AOTA, 2014). Practicing mindfulness in occupational therapy brings attention to the present and produces an attitude of open acceptance (McLaughlin, 2013). Incorporating the use of Mindfulness-based Occupational Therapy (MBOT) helps clinicians recognize every individual as a

whole person, as both the therapist and the client explores learning together during treatment sessions (McLaughlin, 2013). Part of the performance skills under the OTPF focuses on the importance of emotional regulation skills (AOTA, 2014). Emotional regulation is necessary for the client to appropriately respond to a variety of emotions during treatment sessions (AOTA, 2014). The ability to be mindful of others and the self can facilitate healthy emotional regulation (Brockman, Ciarrochi, Parker, & Kashdan, 2017). As for therapists, the OTPF links therapeutic use of self to the ability for clinicians to develop empathy and mindfulness to assist the patients (AOTA, 2014).

The Purpose of Creating the Manual

Occupational therapy is a profession that is rooted in mental health, as its origins started during the mental hygiene movement in the early 20th century to deinstitutionalize people with mental illness (AOTA, 2013). There continues to be a focus on mental health in current practice because mental illness is the leading cause of disability in the world and can negatively impact one's ability to engage in meaningful activities (Scheinoltz, 2010). For future occupational therapists (OTs), practicing educators, and working clinicians, it is crucial that they should address their own personal mental health needs and simultaneously teach the importance of mental health to their clients as well. The purpose of creating this manual is to provide and educate the aforementioned target population about certain mindfulness OT assessments and interventions, which they can apply into their personal and professional lives to benefit themselves and also the clients that they serve.

Literature Review

Societal Significance of Mental Health

Mental health has become an increasingly important public health concern in the United States, where nearly 1 in 5 adults live with a mental illness (Bose, J., Hedden, S.L., Lipari, R.N., & Park-Lee, E, 2018, p. 38). Furthermore, about 5.3% of Americans aged 12 or older had an alcohol use disorder in 2017 (SAMHSA, 2018, p. 29), and about 7.3% of American young adults had an illicit drug use disorder in 2017 (SAMHSA, 2018, p. 30). These alarming statistics point to the ways people tend to cope with negative emotions, such as stress, anxiety, fear, depression, and loneliness. As such, mental health services and resources are needed now more than ever in American society, where people often (wrongly) search for mental “order” by seeking external pleasures (e.g., drugs and alcohol) or engaging in mindless activities (e.g., scrolling through social media and watching television). Everyone experiences negative emotions at some point in their lives, but persistently resorting to such unhealthy and purposeless emotional suppression strategies to cope with these unsettling emotions will only lead to even greater emotional suffering, decreased mental and physical health, and reduced occupational performance and participation. Evidence has shown one way to address the mental health issue in the U.S. is the practice of mindfulness, which can play a strong role in helping people confront disturbing thoughts, emotions, and situations in a nonjudgmental manner by looking internally within themselves to redefine the way they view themselves and the world around them (Richardson & McLaughlin, 2018).

Causes of Mental Stress for Health Care Professionals

Research shows that there are high demands placed on health care students, educators, and clinicians. One study focusing on counselors, exclaimed that there is unavoidable stress in the developmental process of becoming a professional counselor (Bohecker & Horn, 2016). Becoming a counselor is an emotionally and intellectually challenging venture (Bohecker & Horn, 2016). As for educators, they are challenged with the weight of designing a curriculum that meets the students personal and professional growth (Bohecker & Horn, 2016). Although this study focused on counselors, the same concepts can be applied to other healthcare fields such as occupational therapy, as both have similarly rigorous programs and greatly focus on developing empathetic skills to better serve their clients. Practicing occupational therapists also carry a heavy emotional burden. One of the systematic studies done by Luken and Sammons (2016), explain that burnout can negatively affect one's personal life by manifesting into emotions such as depression or aggression. Furthermore, burnout can affect their professional lives by decreased commitment to patients (Luken & Sammons, 2016).

Students. The main occupations of OT students are attending classes, studying outside of school, and completing the occupational therapy curriculum in a timely manner. Stress from personal and professional growth is inevitable when attending graduate school (Bohecker & Horn, 2016). Higher level education is designed to train individuals for the real working world. To meet that demand, students are expected to keep a high academic rigor. This knowledge is gained by endless studying, group projects, presentations, exams, and fieldwork. This process of growing as a health

professional can be an emotionally and intellectually challenging endeavor (Bohecker & Horn, 2016).

Educators. The main occupations of OT educators are preparing lesson plans, teaching, lecturing, grading, and providing constructive feedback to students. Educators who provide students with a quality education also must manage the responsibility of being a role model (Frank, Reibel, Broderick, Cantrell, & Metz, 2013). The ability to cope with students' diverse behaviors can become a main stressor for many educators (Frank et al., 2013). Other stressors include heavy workload, excessive hours outside the class, and additional paperwork (Beaumont, Irons, Rayner, & Dagnall, 2016).

Clinicians. The main occupation of OT clinicians is treating clients. Interpersonal skills are required going into a health care field, such as occupational therapy. Building a client-centered relationship is important in creating a trusting connection so the client feels open and comfortable to share any thoughts and opinions. Utilizing effective therapeutic use of self is crucial to facilitate an optimal experience for the client. With each specific client, a therapist will denote a therapeutic mode to relate best with a client (Hussain, Carstensen, Yazdani, Ellingham & Bonsaksen, 2018). A therapist relies on their interpersonal skills to appropriately respond in a situation with a variety of client personalities and challenging circumstances (Hussain et al., 2018). This response will determine the subsequent outcomes for therapy (Hussain et al., 2018). Holding the responsibility to manage the client-therapist relationship as it will affect the results of treatment, can cause added stress and pressure to the therapist.

Ways Mindfulness is Assessed and Taught

Research has shown that mindfulness practice is linked to improvements in each of the following areas: *self-awareness* (Gu et al., 2017; Lau, 2016; Reid, 2013; Stew, 2011), *relationship skills* (Arendt, Verdorder, & Kugler, 2019; Bunjack & Cerne, 2018; Vich & Lukes, 2018; Burrows, 2011), *emotional regulation* (Barbosa et al., 2017; Brockman et al., 2017; Prakash, Whitmoyer, Aldao, & Schirda, 2017; Pena-Sarrionandia, Mikolajczak, & Gross, 2015), *emotional intelligence* (Brown, Etherington, & Williams, 2017; Charoensukmongkol, 2014; Imran, Aftab, Haider, & Farhat, 2013; Michelangelo, 2015); *therapeutic use of self* (Holmqvist, Holmefur, & Ivarsson, 2013; Hussain et al., 2018; Schwank, Carstensen, Yazdani, & Bonsaksen, 2018; Taylor, Lee, Kielhofner, & Ketkar, 2009), *self-efficacy* (Bohecker & Horn, 2016; Chhabra & Parveen, 2017; McCann & Davis, 2018; Vidic & Cherup, 2019), *self-compassion* (Hollis-Walker & Colosimo, 2010; Long & Neff, 2018; MacBeth & Gumley, 2012; Sabir, Ramzan, & Malik, 2018), and *cultivating gratitude and compassion for others* (Greeson, Juberg, Maytan, James, & Rogers, 2014; Hirshberg et al., 2018; Rao & Kemper, 2017; Richards, Campenni, & Muse-Burker, 2010). One of the ways of doing a mindfulness practice is to perform self-assessments on various concepts (i.e., self-awareness, relationship skills, emotional regulation, emotional intelligence, therapeutic use of self, self-efficacy, self-compassion, and gratitude and compassion for others) and then devising various mindfulness-based interventions in their management. A compilation of assessments and interventions is provided within this literature review below and were used in this manual.

Assessments. Various assessments have been used to evaluate and implement mindfulness in student, educator, and clinician populations. The most commonly used ones were the Five-Facet Mindfulness Questionnaire (FFMQ; Gu et al., 2017; Bohecker, 2016), the Self-Compassion Scale (SCS; Gu et al., 2017; Vich & Lukes, 2018; Sabir, 2018; MacBeth, 2012; Long & Neff, 2018), Mindful Attention Awareness Scale (MAAS; Reid, 2013; Vich and Lukes, 2018; Prakash et al., 2017; Brockman et al., 2017; Sabir, 2018), General Self-Efficacy Scale (GSE; McCann & Davis, 2018; Vidic & Cherup, 2019), and some self-created assessments (Taylor, 2009). The FFMQ is, “currently one of the most comprehensive and widely used measures of dispositional mindfulness” (Gu et al., 2017). Further, the SCS provides a measurement that gives robust, replicable results about lowering levels of mental health symptoms (MacBeth & Gumley, 2012). The MAAS shows up in multiple studies being the most used mindfulness measure in research, showing that it is well suited for both experienced and inexperienced mindfulness practitioners and has good predictive validity (Vich & Lukes, 2018). While the GSE is an easy and straightforward self-report measure used to determine levels of self-efficacy, it only measures a single point in time so it might not be as accurate or direct in reflecting the impact of the interventions (McCann & Davis, 2018). As for the self-created assessments, a therapeutic use of self-questionnaire developed by Taylor and Kielhofner served to introduce some crucial relationships for the role of the therapeutic use of self and the therapeutic relationship in general (Taylor et al., 2009). Another self-created assessment developed to measure therapeutic use of self- showed relevancy and intelligibility through a questionnaire that contributed an empirical definition of the concept of the therapeutic use of self (Holmqvist, Holmefur, & Ivarsson, 2013). Despite

the clear evidence that these assessments are valid and reliable, it is critical to address the limitations of using questionnaires due to their biased nature; this was evident in every study. The literature favors standardized assessments that are easy to administer and are comprehensive. Combining these evidence-based assessments with interventions aims to provide quality results in mindfulness-based practice.

Interventions. Mindfulness interventions can take many forms. In the literature review, mindfulness interventions were primarily derived from the MBSR program and the Intentional Relationship Model (IRM) framework (Barbosa et al, 2013; Stew, 2011). MBSR is an 8-week mindfulness program consisting of “formal” meditation methods (i.e., body scan, gentle hatha yoga, sitting meditation, and walking meditation), “informal” meditation practices (i.e., awareness of pleasant and unpleasant events, awareness of breathing, deliberate awareness of routine activities and events), daily home assignments, and individual and group dialogue oriented around weekly home assignments (Kabat-Zinn, 1996). According to Taylor (2008), the IRM (see Figure 1) describes the way a therapist can establish and sustain a productive relationship with a client following these ten underlying principles:

- 1) Critical self-awareness is the key to intentional use of self,
- 2) Interpersonal self-discipline is fundamental to effective use of self,
- 3) It is necessary to keep head before heart,
- 4) Mindful empathy is required to know one’s client,
- 5) It is important to continually develop one’s interpersonal knowledge base,
- 6) Provided that they are flexibly and purely applied, a wide range of therapeutic modes can work and be utilized interchangeably in OT,
- 7) The client defines a successful relationship,
- 8) Activity focusing must be balanced with interpersonal focusing,
- 9)

Application of the model must be informed by OT core values and ethics, and 10) Cultural competency is central to practice.

The MBSR and IRM constructs provided the direction and knowledge base for formulating evidence-based interventions within our manual.

Various designs were used to conduct mindfulness interventions, such as single-day workshops/sessions, classroom settings, online, or at home in one's own leisure. The variety of delivery methods for effective mindfulness training reveal that mindfulness can be beneficial in many settings, but none of the studies investigated the effectiveness of a mindfulness manual. As such, this gap is an area that this thesis project attempted to fill, as well as lay the foundations for potential future research. It was also noted that health care practitioners are more likely to engage in mindfulness training if it is brief, as health care jobs are very intellectually demanding and cause practitioners to be busy most of the

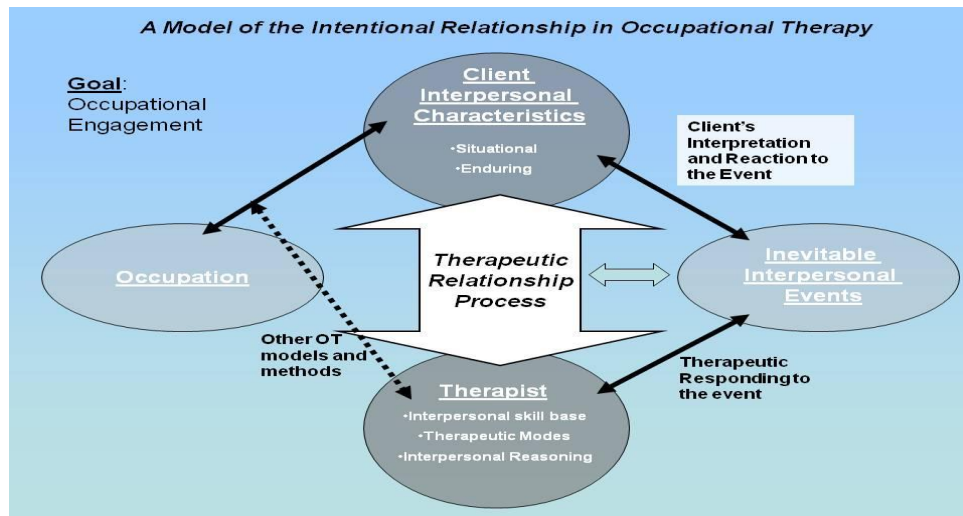


Figure 1: A Model of the Intentional Relationship in Occupational Therapy.

Reprinted from *Intentional Relationship Model (IRM) Clearinghouse*, by R.R. Taylor, 2008, Retrieved from <https://irm.ahslabs.uic.edu/what-is-the-irm/>

time (Rao & Kemper, 2017). This important information was kept in mind when designing the manual, as providing assessments and interventions that do not require much time will increase the chances of the targeted population participating in the mindfulness interventions suggested for them.

Statement of Purpose

The purpose of this manual is to provide a resource for Stanbridge University OT students, educators, and clinicians to understand the benefits of mindfulness. The manual provides guidelines for each population to utilize in their professional and personal lives that may result in positive mental health outcomes. An OT student will learn how to apply evidence-based mindfulness techniques during their academic experience, practice the learned techniques with clients during fieldwork rotations, and eventually use them as a clinician after obtaining professional licensure. Educators can benefit from reading the manual by gaining higher insight on teaching students about mindfulness practices. Additionally, educators can use the techniques offered in the manual to bring awareness to their own emotional well-being. Lastly, after reading the manual, clinicians can incorporate mindfulness approaches into practice within the occupational therapy context. This is an evidence-based project manual created to understand and use MBOT interventions. This is the first part of the manual and may be beneficial for OT students, educators, and clinicians in their respective areas of training, educating, and practice. Furthermore, since this is an educational manual for reflective purposes only, it does not intend to seek a research question.

Theoretical Framework

The cognitive behavioral therapy (CBT) framework guided the formulation, development, and implementation of mindfulness practice in the manual. CBT is a type of intervention best used with people who are capable of self-awareness, inductive reasoning, and deductive reasoning—cognitive skills that are foundational in addressing CBT’s central focus of recognizing and logically disputing irrational thought patterns (Cole & Tufano, 2008). Because mindfulness practice requires tuning into one’s thoughts (Billock, 2019), the CBT framework provides a strong foundation for understanding mindfulness practice.

What is CBT?

CBT is based on the theory that cognition or thoughts can be changed (Cole & Tufano, 2008). CBT notions that thinking can affect behaviors internally and externally (see Figure 2). It is a frame of reference developed by psychiatrist Dr. Beck used commonly in occupational therapy practice to correct distorted beliefs by instructional teaching and self-management skills with a combination of behavioral and cognitive strategies (Cole & Tufano, 2008). This correction of thoughts gives control back to patients during treatments (Cole & Tufano, 2008). CBT was developed based on principles founded by theorists Albert Bandura, Aaron Beck, and Albert Ellis (Cole & Tufano, 2008).

As stated by Cole and Tufano (2008), Bandura suggests in his social learning theory that interactions between the person, behavior, and environment result in the ability to learn and interact socially. CBT focused on Bandura's emphasis of learning through observation, learning by modeling, the hierarchy of reinforcement, self-control

and self-regulation, self-efficacy, self-awareness, and insight in one's abilities. Beck's cognitive theory initially centered on treating depression and learned that depression is often associated with distorted cognition and automatic thoughts. Beck developed a scientific method to challenge clients to examine the accuracy of beliefs that are misinterpreted or beliefs that are automatic but contains errors. Lastly, Ellis formulated his rational emotive therapy on Beck's strategies to challenge distorted and habitual thinking. Ellis focuses on disputing or restructuring the irrational thoughts and reframing the beliefs from a different perspective (Cole & Tufano, 2008). These characteristics of CBT contribute to the development of mindfulness as being mindful focuses on regulating unhealthy thinking (Brockman et al., 2017).

Cognitive Behavioral Therapy (CBT) Strategies

The CBT strategies that guided the formulation of the manual include relaxation training, decatastrophizing, challenging absolutes, visualization, and thought stopping.

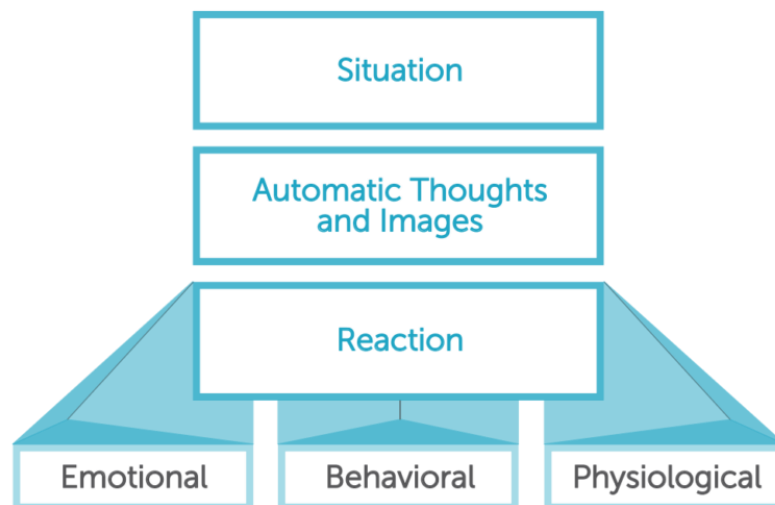


Figure 2: Illustration of Cognitive Model. Reprinted from Beck Cognitive Behavior Therapy, 2019, Retrieved from <https://beckinstitute.org/get-informed/what-is-cognitive-therapy/>

Cole and Tufano (2008) have noted the benefits of each of these CBT strategies. They said that relaxation training can reduce stress through techniques like deep breathing, progressive muscle relaxation, yoga, and tai chi. Decatastrophizing helps bring to light any destructive thoughts and emotions that are out of proportion to a given situation or circumstance. Challenging absolutes helps individuals uncover irrational beliefs and is usually done by imagining the worst-case scenario (one's worst fear) and then using rational thinking to create alternate assumptions. These authors further stated that visualization involves using mental imagery to manage anxiety and fear, usually through the techniques of flooding (imagining most feared situations to reduce anxiety) and/or systematic desensitization (gradually invoking mental images that are graded from least to most anxiety-provoking situations in conjunction with relaxation techniques). Thought stopping is used to interrupt and remove recurrent, negative, and automatic thought patterns. Most of the interventions used in our manual are based on these CBT strategies that can help OT students, educators, and practitioners manage their thoughts, feelings, and behaviors to cope with stress, manage time, and balance their life roles and occupations (Cole & Tufano, 2008).

Cognitive Behavioral Therapy & Mindfulness

Emotional responses occur in daily occupations across the lifespan, as part of both internal and external forces (Cole & Tufano, 2008). CBT supports the concept that the environment reinforces behaviors and explains why we do things the way we do (Cole & Tufano, 2008). As mentioned previously, CBT involves observational learning, self-awareness, and many relaxation techniques that influence mindfulness (Cole & Tufano, 2008). The combination of CBT and mindfulness, which is called mindfulness-based

cognitive therapy (MBCT), encourages individuals to approach their thoughts and feelings with acceptance, rather than with change and avoidance (Sipe & Eisendrath, 2012). This technique fosters positivity by recognizing the emotion but not giving it power over one's actions. MBCT focuses on being in the present moment, recognizing the situation and emotions attached to it, and choosing a productive behavior to deal with the internal or external conflict (Association for Contextual Behavioral Science, n.d.). It is about being mindful of the emotions one is feeling and choosing to act instead of reacting without denying the emotions exist. Similarly, acceptance and commitment therapy (ACT), a main type of mindfulness intervention, can work alongside CBT to address avoidance, denial, and struggle with inner emotions and teaches that they are acceptable in certain situations and do not need to rule one's life (Powers, Zum Vörde Sive Vörding, & Emmelkamp, 2009). MBCT captures the essence of both these therapies and provides a foundation for mindfulness-based practice.

Methodology

This thesis is an evidence-based project where a manual was created on mindfulness-based occupational therapy (MBOT) interventions.

Design, Methods, and Procedures

Since this is a project-based thesis including the creation of a manual, there was no qualitative or quantitative data collected and there is no design. Rather, as previously mentioned, this manual is an educational and instructional tool for OT students, educators, and practitioners. Institutional Review Board (IRB) approval was obtained for this project-based thesis (see Appendix A1). An IRB modification was also submitted and approved (see Appendix A2). Upon completion of the manual, the authors provided a

feedback form (see Appendix C) along with a manual copy to a single blind reviewer and peer group from within the same Stanbridge MSOT cohort in order to review and provide their comments and feedback. The purpose of the feedback form was to assess the overall quality of the manual and make necessary changes to enhance the usability and fluidity of the manual.

The manual consists of 8 chapters on key aspects of mindfulness within an OT context: (1) starting mindfulness with self-awareness, (2) mindfulness in a relational context, (3) the use of mindfulness to help regulate emotions, (4) understanding the relationship between emotional intelligence and mindfulness, (5) the use of mindfulness and therapeutic use of self, (6) improving self-efficacy with mindfulness, (7) understanding self-compassion and mindfulness, and (8) cultivating gratitude and compassion for others using mindfulness.

It begins with an introduction part that describes the connection between OT and mindfulness, defines mindfulness, states the purpose of the manual, and explains each chapter's outline. There are 8 chapters on each key aspect of mindfulness (e.g., self-awareness, relational context, emotional regulation, emotional intelligence, etc.). Within each chapter are 5 sections that follow a uniform outline. The first section explains the specific key aspect of mindfulness for that chapter. The second section is a standardized self-assessment questionnaire that OT students, educators, and clinicians can answer and use to evaluate specific "themes" within that aspect of mindfulness. Authorized permission for all 8 standardized self-assessments were obtained from the authors or affiliates of those assessments (see Appendix B). Based on the scores from the self-assessment, the individual then identifies any area(s) of improvement in the given

“themes” within the self-assessment. The third section then provides interventions for each “theme” assessed, and the individual can choose the interventions that address their areas of improvement. Note that these interventions are relevant to all three populations but can be tailored as fit for each specific population. The fourth section includes a weekly monitoring chart that can be used to monitor an individual’s progress in implementing the interventions that correspond to each “theme.” The fifth section includes additional tips and strategies to supplement the interventions provided in the chapter.

Advantages of Methodology

This manual is the first tangible resource integrating mindfulness within an OT context that is created for OT students, educators, and clinicians of Stanbridge University. There are many advantages of the selected methodology in the context of this manual. First, it addresses various aspects of mindfulness previously listed, including self-awareness, relational context, emotional regulation, emotional intelligence, therapeutic use of self, self-efficacy, self-compassion, and compassion and gratitude for others. Second, the use of standardized assessments renders credibility to the manual’s usability, as reliable and valid measures are used to evaluate one’s strengths and areas of improvement in each of the 8 aspects of mindfulness covered in the manual. Third, the process for using the manual is simple to follow, as individuals can easily identify the criteria needing improvement (based on their scores from the assessment) and then locate the corresponding intervention(s) that address that specific criteria. Finally, the inclusion of a weekly chart that individuals use to record and comment on daily performance provides a physical means for tracking progress, holding individuals accountable, and

servicing as a potential reinforcer when individuals look over the progress they have made over the days or weeks. In summary, Stanbridge University's first mindfulness manual provides OT students, educators, and clinicians with a complete, practical, and evidence-based tool that is simple to navigate and easily accessible in the school's library.

Plans for Obtaining Access to Target Population

The target population who will be accessing this manual are the OT and occupational therapy assistant (OTA) program students and faculty members of Stanbridge University. Stanbridge University is a private institution which is located in Irvine CA, and it offers various nursing and allied health education courses including occupational therapy. Marketing and advertising of the manual will involve mass electronic mailing and promotion on social media platforms to inform students and faculty attending Stanbridge University. The manual will be available at the Learning Resource Center (LRC) and OT faculty office at Stanbridge University for easy access for Stanbridge students, faculty, and clinicians on campus. It will also be available in electronic formats if anyone is interested in accessing it. Supplying of the manual outside of the Stanbridge campus may be a possible option if the project researchers get a chance to present at the Occupational Therapy Association of California and AOTA's conferences in the near future.

Sample size calculations will not be included due to the manual being an informational project and participants are not involved. Some of the published evidence-based resources that are used in this manual were taken from *The Mindfulness Toolbox* (Altman, 2014), *Palouse Mindfulness* (Potter, n.d.), and *Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain, and Illness* (Kabat-Zinn, 2013).

The teaching aids for this project are the manual itself which includes guided meditations, exercises, handouts, and evidence-based intervention strategies that target personal areas of improvement for the targeted population. The assessment instruments that are used in the manual are proven to have the highest validity and reliability in mindfulness-based practice. For example, the MAAS is one of the standardized assessments that are used in this manual. This assessment has proven to have the longest empirical track record for being a valid measure of mindfulness (Black, Sussman, Johnson, & Milam, 2011). In one study, the psychometric properties of the MAAS were rigorously evaluated by assessing the mental health indicators of 5,287 Chinese adolescents (Black et al., 2011). The MAAS maintained reliability by Cronbach's α being over .9, which means the evaluation has excellent internal consistency (Black et al., 2011). The results also showed that the constructs of the MAAS are related by having convergent/discriminant validity (Black et al., 2011).

For complete review of this manual, please see Appendix D.

Ethical Considerations

It is important to be aware of the various backgrounds, like spiritual values and chronic conditions of pain and illness, that individuals may identify with while reading this manual. While mindfulness is secular in its main form, this manual is inclusive and respectful to our target population by incorporating multiple mindfulness techniques which are moral, ethical, and appropriate to use with people of all diverse backgrounds and faiths, including those outside our target population.

This manual has been created to educate OT clinicians, educators, and students. There is no conflict of interest with any other party. All assessments, interventions, and

practices that are provided within this manual are properly cited and referenced. We received permission from all authors of the standardized assessments used in the manual (see Appendix B). There were no participants involved, so there is no informed consent needed from anyone. The manual will be kept at Stanbridge's Learning Resource Center (LRC) and the OT faculty office, pending approval from the Stanbridge LRC Librarian and MSOT Program Director. After reading this manual, they can apply the appropriate mindfulness techniques based on their needs and comfort levels.

The information contained within this manual may also be disseminated at the future local and national occupational therapy conferences, following all the ethical guidelines. Ethical considerations do not need to be taken regarding the sale and purchase of this manual as it will not be sold or distributed.

Results and Discussion

The result of this thesis project is the creation of a mindfulness manual titled *Understanding & Using Mindfulness as an Evidence-Based Occupational Therapy Intervention: An Educational and Instructional manual for Occupational Therapy Students, Educators, & Clinicians*. The feedback obtained from the single blind reviewer and the peer group within the MSOT cohort (see Appendix C) was addressed and incorporated into the final version of the manual. The manual will be kept in the LRC at Stanbridge for students, educators, and clinicians to freely access it at their own time.

The ultimate outcome of this manual is to provide the OT community, both within and outside of Stanbridge, with a mindfulness-based occupational therapy resource containing evidence-based practices and assessments. This resource could help them in improving and managing different areas of their lives, such as self-awareness, relational

context, emotional regulation, emotional intelligence, therapeutic use of self, self-efficacy, self-compassion, and gratitude and compassion.

The evidence-based assessments mentioned within the manual can guide the target population in understanding their strengths and areas of improvement in each of the previously mentioned areas, and the corresponding evidence-based interventions can help the target population learn ways to foster mindfulness into their lives and become individuals who are more adept at managing stress, regulating emotions appropriately, and cultivating positive social interactions with others. Finally, as this manual is designed to be used for educational and instructional purposes, the mode of teaching mindfulness can be used in multiple contexts, such as by educators for teaching students in the classroom setting, by clinicians for teaching fieldwork students and clients in the clinical setting, and for students to teach themselves in the most optimal setting for them. Overall, we believe this manual can serve the holistic needs of the target population through its emphasis on practices that can promote mental health, physical health, and positive social relationships.

Limitations

The following points can be considered as limitations to our thesis project:

- Use of self-assessments in mindfulness research/practice is subjective/reliant on self-report surveys that foster biases.
- Limited research for mindfulness in the context of OT available to guide the development of our manual.
- No data collection/statistical analysis was done to assess the reliability/validity of the manual, however, expert and peer reviews can be found in Appendix C.

- The targeted population will need the desire to come to the LRC to obtain the manual and have the time/motivation to make mindfulness part of their daily lives.
- Limited generalizability, as the manual is for educational and instructional purposes only and does not measure objectively on how much the target population will benefit from it or apply it.
- At this time, the manual is limited to the Stanbridge community only.

Conclusion

Recommendations and Future Implications for OT

This mindfulness manual can be provided to OT students, clinicians, and educators to help enhance their occupational performance in personal and professional roles. Mindfulness is a practice that has been shown to have positive health benefits to reduce stress by focusing on the present moment (Kabat-Zinn, 2013). Additionally, to promote the importance of mental health to our clients, we as practitioners need to practice ways to bring awareness to our psychological well-being. After reading the manual, students, educators, and clinicians will have an increased awareness of mindfulness-based occupational therapy assessments and interventions. Each chapter in the manual discusses a crucial facet of mindfulness that can better educate one into what mindfulness is and how it can be applied. The reader can assess their own strengths in each topic area by completing a self-assessment and then look to the interventions section for further resources on any areas of improvement. By bringing a higher level of awareness to mental well-being, practitioners and clients can then focus on meaningful occupations.

After reading this manual, future cohorts of Stanbridge too can better educate and understand mindfulness within the OT context. Further research can be done to check the effectiveness of this manual both internally and externally through conducting surveys. Overall, the entire OT community will benefit from learning the use of mindfulness in the field of OT, which is so vital for OT professionals when addressing any mental health needs both in their personal as well as professional lives.

Argument About Clinical Significance

OT students, educators, and clinicians should take advantage of mindfulness as an evidence-based intervention that addresses many areas of education and practice. Using the information provided in the literature review to develop the manual, the OT community at Stanbridge can further implement mindfulness elements into daily practice. Since all the interventions and assessments are based on evidence, the target population can trust that the assessments and interventions used in the manual are reliable and valid.

Interpretation of Findings

This review has covered two common themes, the problem at hand and the need to address it, and evidence-based assessments and interventions used to implement mindfulness. In the future, further research on the impact of mindfulness interventions and assessments would be ideal. Additionally, there is a need for more mindfulness resources that are specific to the needs of OT students, educators, and clinicians.

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Appendix A: Institutional Review Board (IRB)

A1. Institutional Review Board Approval

FW: IRB Review 2019 - #01938

Dr. Vikas Sharma

Fri 8/30/2019 10:48 AM

To: brookelegaux@gmail.com <brookelegaux@gmail.com>; Carlyrivera2@gmail.com <carlyrivera2@gmail.com>

Cc: Hannah Scheel <scheel.hannah@gmail.com>; Annie Yao <annie.yao@my.stanbridge.edu>

Hello everyone,

Please find the approval from IRB. Please save it for your future! I haven't received any further email on the feedback!

Thanks,

Dr. Vikas Sharma, OTD, OTR/L | MSOT/OTA Faculty



vsharma@stanbridge.edu

P. 949.794.9090 Ext. 5530 F. 949.794.9094

2041 Business Center Dr, Irvine, CA 92612

2016 CAPPs Excellence in Community Service, Gold Award Winner

2015 ACCSC Excellence in Student Services Award Winner

2014 - 2015 ACCSC School of Excellence

2013 ACCSC Community Service Award Winner

2009, 2010, 2011, 2012, 2013, 2014, 2015 President's Higher Education Community Service Honor Roll

2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016 IRE America's Best Technical Colleges



From: Dr. Lakshmi Kodeboyina <lkodeboyina@stanbridge.edu>

Sent: Monday, August 19, 2019 11:18 PM

To: Dr. Vikas Sharma <vsharma@stanbridge.edu>

Cc: IRB <irb@stanbridge.edu>

Subject: IRB Review 2019 - #01938

Importance: High

Dear Researcher,

After an exempt review of your IRB Proposal #01938, it is **approved** by the Stanbridge IRB.

Please review the feedback from the committee and let me know of any possible concerns.

You may start developing your thesis or your data collection at this time. This approval is limited to the activities described in the IRB application.

Congratulations and we wish you success with your thesis project.

=====
If the proposal states that personal email and server will be used for consent forms, this is not permitted. Please reach out to support@stanbridge.edu for stanbridge email and drive access for research purposes.
=====

Sincerely,

Lakshmi Kodeboyina, Ph.D. | IRB Chair | Scientific Writing Specialist and GE/Science Instructor



P. 949.794.9090, ext.5201 F. 949.794.9094

2041 Business Center Dr, Irvine, CA 92612

2016 CAPPs Excellence in Community Service, Gold Award Winner

2015 ACCSC Excellence in Student Services Award Winner


2014 - 2015 ACCSC School of Excellence

2013 ACCSC Community Service Award Winner

2009, 2010, 2011, 2012, 2013, 2014, 2015 President's Higher Education Community Service Honor Roll

2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016 IRE America's Best Technical Colleges

A2. Modified Institutional Review Board (IRB) Approval

IRB Application Number	01938
Date	05/02/2020
Level of Review	Exempt
Application Approved	X (Approved 07/2019)
Conditional Approval	
Disapproved	
Modification	X (Approved 05/20/2020)
Signature of IRB Chair	

Appendix B: Authorized Permission to Use Standardized Assessments

B1. Authorized Permission for the Mindful Attention Awareness Scale (MAAS)



Carly Rivera <carlyrivera2@gmail.com>

Permission for MAAS

5 messages

Brooke Legaux <brookelegaux@gmail.com> Tue, Aug 6, 2019 at 1:08 PM
 To: kwbrown@vcu.edu
 Cc: "Dr. Vikas Sharma" <vsharma@stanbridge.edu>, Carly Rivera <carlyrivera2@gmail.com>, Annie Yao <annieyao@gmail.com>, Hannah Scheel <scheel.hannahk@gmail.com>

Dear Mr. Brown,

I hope this email finds you well! I would like to introduce myself as I am a graduate student attending the Occupational Therapy program at Stanbridge University in Irvine, CA. For our thesis project, my group is creating a mindfulness manual for occupational therapy students, educators, and clinicians to use. The manual will include assessments and interventions for the reader to implement into their daily lives.

As we are in the process of putting all the pieces together, we have found that the MAAS would be a great fit to provide as a reference to track self-awareness. We would like to ask permission to reference the MAAS in our manual. We would ensure that all proper references and citations are included. Please let us know if this would be possible. Thank you for taking the time to read this email, and we look forward to hearing from you soon!

All the best,
 Brooke Legaux OTS

Kirk Warren Brown <kwbrown@vcu.edu> Tue, Aug 13, 2019 at 1:41 PM
 To: Brooke Legaux <brookelegaux@gmail.com>
 Cc: "Dr. Vikas Sharma" <vsharma@stanbridge.edu>, Carly Rivera <carlyrivera2@gmail.com>, Annie Yao <annieyao@gmail.com>, Hannah Scheel <scheel.hannahk@gmail.com>

Yes you are welcome to use the MAAS for your study. You can find the scale, along with background normative and other information, on the 'Lab > Tools for Researchers' page of my Lab website, the link for which is below. The 'Publications' page has papers related to the validation of the MAAS. See especially Brown and Ryan (2003).

All the best with your research,

Kirk

Kirk Warren Brown PhD
 Associate Professor • Social Psychology and Health Psychology
 Director • COBE Contemplative Science and Education Core
 Department of Psychology • Virginia Commonwealth University
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 T 804.828.6754 F 804.828.2237
[ConsciousnessLab](#)

Senior Editor, *Oxford Handbook of Hypo-egoic Phenomena* (2016). Oxford U Press.
 Senior Editor, *Handbook of Mindfulness* (2015). Guilford Press.
 Academic Editor, PLOS ONE

Kirk

Kirk Warren Brown PhD
 Associate Professor • Social Psychology and Health Psychology
 Director • COBE Contemplative Science and Education Core
 Department of Psychology • Virginia Commonwealth University
 806 West Franklin Street • Richmond, VA 23284-2018
 T 804.828.6754 F 804.828.2237
[ConsciousnessLab](#)

Senior Editor, *Oxford Handbook of Hypo-egoic Phenomena* (2016). Oxford U Press.

B2. Authorized Permission for the Interpersonal Reactivity Index (IRI)



Brooke Legaux <brookelegaux@gmail.com>
to davismh, scheel.hannahk, Carly, anniejyao, vsharma ▾

Mon, Aug 26, 8:59 AM ☆ ↶ ⋮

Dear Dr. Davis,

I hope this email finds you well! I would like to introduce myself as I am a graduate student attending the Occupational Therapy program at Stanbridge University in Irvine, CA. For our thesis project, my group is creating a mindfulness manual for occupational therapy students, educators, and clinicians to use. The manual will include assessments and interventions for the reader to implement into their daily lives.

As we are in the process of putting all the pieces together, we have found that the Interpersonal Reactivity Index (IRI) would be a great fit to provide as a reference to track relational context. We would like to ask permission to reference the IRI in our manual. We would ensure that all proper references and citations are included. Please let us know if this would be possible. Thank you for taking the time to read this email, and we look forward to hearing from you soon!

All the best,
Brooke Legaux



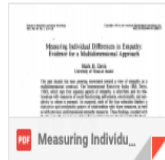
Mark Davis
to me ▾

Mon, Aug 26, 1:44 PM ☆ ↶ ⋮

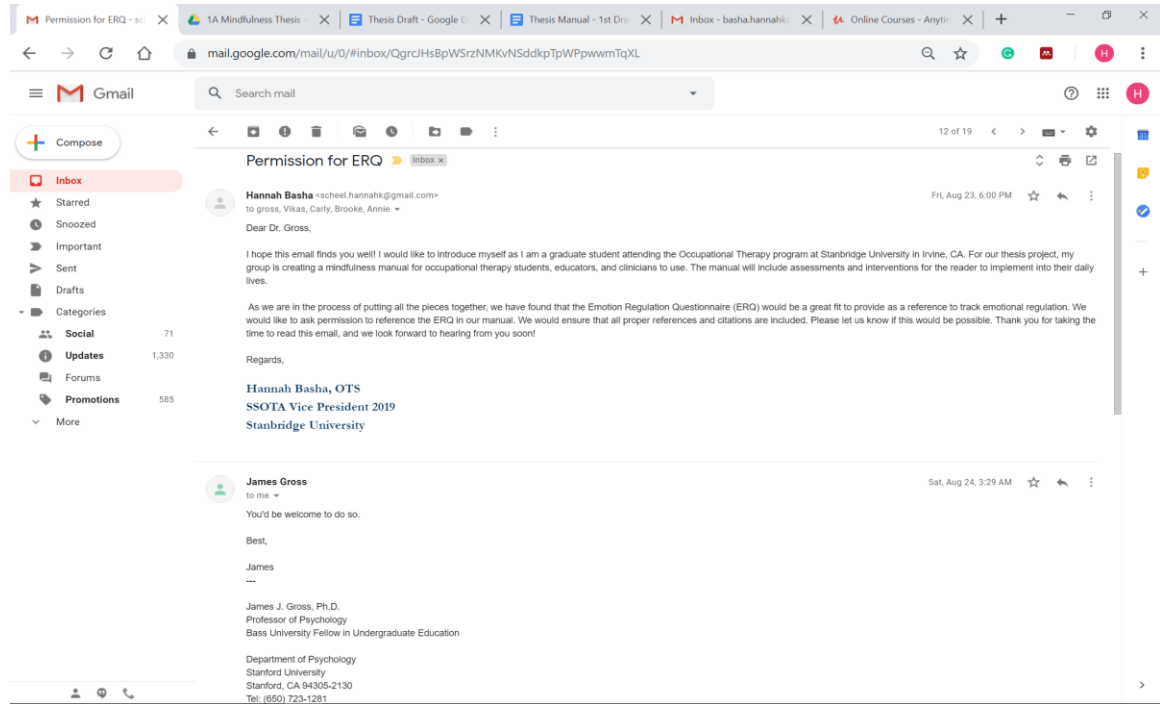
Dear Brooke:

Thanks for your interest in the IRI. You may certainly reference the IRI in your manual. I am attaching a few items that may be of some use to you. Good luck with your project!

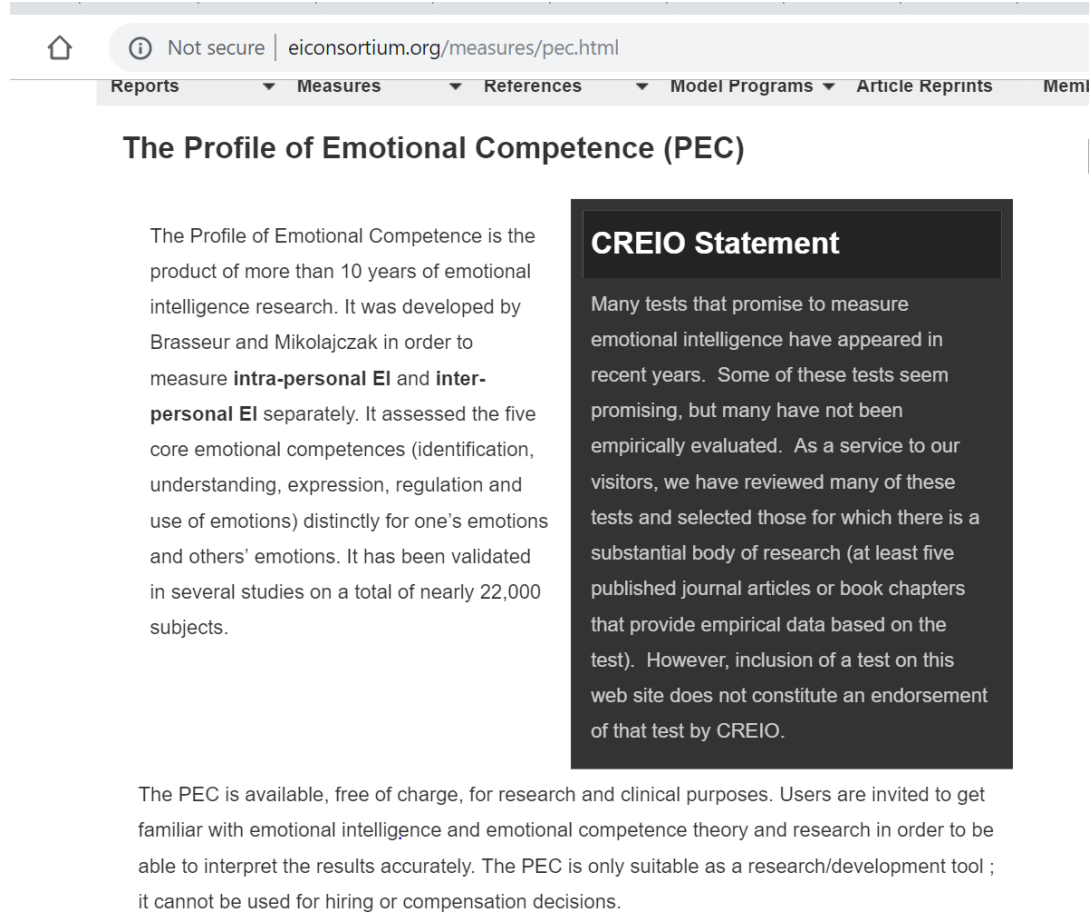
4 Attachments



B3. Authorized Permission for the Emotion Regulation Questionnaire (ERQ)



B4. Authorized Permission for the Profile of Emotional Competence (PEC)



Not secure | eiconsortium.org/measures/pec.html

Reports Measures References Model Programs Article Reprints Meml

The Profile of Emotional Competence (PEC)

The Profile of Emotional Competence is the product of more than 10 years of emotional intelligence research. It was developed by Brasseur and Mikolajczak in order to measure **intra-personal EI** and **inter-personal EI** separately. It assessed the five core emotional competences (identification, understanding, expression, regulation and use of emotions) distinctly for one's emotions and others' emotions. It has been validated in several studies on a total of nearly 22,000 subjects.

CREIO Statement

Many tests that promise to measure emotional intelligence have appeared in recent years. Some of these tests seem promising, but many have not been empirically evaluated. As a service to our visitors, we have reviewed many of these tests and selected those for which there is a substantial body of research (at least five published journal articles or book chapters that provide empirical data based on the test). However, inclusion of a test on this web site does not constitute an endorsement of that test by CREIO.

The PEC is available, free of charge, for research and clinical purposes. Users are invited to get familiar with emotional intelligence and emotional competence theory and research in order to be able to interpret the results accurately. The PEC is only suitable as a research/development tool ; it cannot be used for hiring or compensation decisions.

B5. Authorized Permission for The Norwegian Self Efficacy for Therapeutic Mode Use (N-SETMU)



Brooke Legaux <brookelegaux@gmail.com>
to [tore.bonsaksen](#)

Sep 10, 2019, 2:55 PM ☆ ↶ ⋮

Dear Mr. Bonsaksen,

I hope this email finds you well! I would like to introduce myself as I am a graduate student attending the Occupational Therapy program at Stanbridge University in Irvine, CA. For our thesis project, my group is creating a mindfulness manual for occupational therapy students, educators, and clinicians to use. The manual will include assessments and interventions for the reader to implement into their daily lives.

As we are in the process of putting all the pieces together, we have found that the Norwegian Self Efficacy for Therapeutic Mode Use (N-SETMU) would be a great fit to provide as a reference to track therapeutic use of self. We would like to ask permission to reference the N-SETMU in our manual. We would ensure that all proper references and citations are included. Please let us know if this would be possible. Thank you for taking the time to read this email, and we look forward to hearing from you soon!

All the best,
Brooke Legaux OTS



Tore Bonsaksen <tobo@oslomet.no>
to me

Sep 10, 2019, 10:03 PM ☆ ↶ ⋮

Hi,

Please feel free to reference the N-SETMU in your work. Hope you find it useful.

Best wishes,
Tore

...

B6. Authorized Permission for the General Self-Efficacy (GSE) Scale



Carly Rivera <carlyrivera2@gmail.com>

Permission for the GSE

8 messages

Carly Rivera <carlyrivera2@gmail.com>

Sun, Sep 22, 2019 at 10:38 PM

To: health@zedat.fu-berlin.de

Cc: "Dr. Vikas Sharma" <vsharma@stanbridge.edu>, Brooke Legaux <brookelegaux@gmail.com>, Hannah Basha <scheel.hannahk@gmail.com>, Annie J Yao <anniejyao@gmail.com>

Dear Dr. Schwarzer,

I hope this email finds you well! I would like to introduce myself, as I am a graduate student attending the Masters of Science in Occupational Therapy (MSOT) program at Stanbridge University in Irvine, California. For our thesis project, my group is creating a mindfulness manual for occupational therapy students, educators, and clinicians to use. The manual will include assessments and interventions for the reader to implement into their daily lives.

As we are in the process of putting all the pieces together, we have found that the General Self-Efficacy Scale (GSE) would be a great assessment to use in our manual to track self-efficacy skills. As such, we would like to ask permission to use the GSE in our manual. If given permission, we will ensure that all proper references and citations are included to give credit to you, the author. Please let us know if this would be possible.

Thank you for taking the time to read this email, and we look forward to hearing from you soon!

Best,

Carly Rivera, OTS

Schwarzer, Ralf <ralf.schwarzer@fu-berlin.de>

Sun, Sep 22, 2019 at 11:19 PM

To: Carly Rivera <carlyrivera2@gmail.com>, "health@zedat.fu-berlin.de" <health@zedat.fu-berlin.de>

Cc: "Dr. Vikas Sharma" <vsharma@stanbridge.edu>, Brooke Legaux <brookelegaux@gmail.com>, Hannah Basha <scheel.hannahk@gmail.com>, Annie J Yao <anniejyao@gmail.com>

see

<http://www.psyc.de/WORDPRESS/wordpress/requests/>

Prof. Dr. Ralf Schwarzer
 Freie Universität Berlin, Psychology
 Habelschwerdter Allee 45
 14195 Berlin, Germany
 Email | ralf.schwarzer@fu-berlin.de
 WEB | <http://my.psyc.de>
 ORCID | <http://orcid.org/0000-0002-0069-3826>
 Twitter | <https://twitter.com/schwarzer1>
 BLOG | <https://theemeritus.wordpress.com/>
 Research in Wrocław, Poland | <http://www.care-beh.eu/>

Carly Rivera <carlyrivera2@gmail.com>

Tue, Sep 24, 2019 at 9:12 PM

To: "Schwarzer, Ralf" <ralf.schwarzer@fu-berlin.de>

Cc: "health@zedat.fu-berlin.de" <health@zedat.fu-berlin.de>, "Dr. Vikas Sharma" <vsharma@stanbridge.edu>, Brooke Legaux <brookelegaux@gmail.com>, Hannah Basha <scheel.hannahk@gmail.com>, Annie J Yao <anniejyao@gmail.com>

Hi Dr. Schwarzer,

I checked the link you provided and just want to clarify whether or not it is permissible for us to use the GSE in our manual. As mentioned in my previous email, we are in the process of creating our mindfulness manual and found that the GSE would be a great assessment to include within our manual to track self-efficacy skills. Please note we are also including other standardized assessments (e.g., the MAAS, ERQ, IRI, and others) in our manual, so the GSE would not be the only standardized assessment we use as a measuring tool.

Please also note we will not publish the GSE on the Internet, but we do plan to publish our manual (which, with your permission, would contain the GSE in one of our chapters) and keep one printed copy of it in our school's library. We hope to also share our manual to the occupational therapy community outside of our school through a presentation at the occupational therapy national conference and may offer copies available to anyone interested. If given permission to use the GSE in our manual, we will be sure to properly cite and reference it in accordance with the guidelines specified in the link you provided.

Thank you, and we look forward to hearing from you soon.

Best,

Carly Rivera

On Sun, Sep 22, 2019 at 11:19 PM Schwarzer, Ralf <ralf.schwarzer@fu-berlin.de> wrote:

[Quoted text hidden]

Schwarzer, Ralf <ralf.schwarzer@fu-berlin.de>

Tue, Sep 24, 2019 at 10:28 PM

To: Carly Rivera <carlyrivera2@gmail.com>

Cc: "health@zedat.fu-berlin.de" <health@zedat.fu-berlin.de>, "Dr. Vikas Sharma" <vsharma@stanbridge.edu>, Brooke Legaux <brookelegaux@gmail.com>, Hannah Basha <scheel.hannahk@gmail.com>, Annie J Yao <anniejyao@gmail.com>

yes, OK

Prof. Dr. Ralf Schwarzer

Freie Universität Berlin, Psychology

Habelschwerdter Allee 45

14195 Berlin, Germany

Email | ralf.schwarzer@fu-berlin.de

WEB | <http://my.psyc.de>

ORCID | <http://orcid.org/0000-0002-0069-3826>

Twitter | <https://twitter.com/schwarzer1>

BLOG | <https://theemeritus.wordpress.com/>

Research in Wrocław, Poland | <http://www.care-beh.eu/>

From: Carly Rivera <carlyrivera2@gmail.com>

Sent: Wednesday, September 25, 2019 6:12:37 AM

To: Schwarzer, Ralf

Cc: health@zedat.fu-berlin.de; Dr. Vikas Sharma; Brooke Legaux; Hannah Basha; Annie J Yao

Subject: Re: Permission for the GSE

[Quoted text hidden]

Carly Rivera <carlyrivera2@gmail.com>

Tue, Sep 24, 2019 at 10:37 PM

To: "Schwarzer, Ralf" <ralf.schwarzer@fu-berlin.de>

Cc: "health@zedat.fu-berlin.de" <health@zedat.fu-berlin.de>, "Dr. Vikas Sharma" <vsharma@stanbridge.edu>, Brooke Legaux <brookelegaux@gmail.com>, Hannah Basha <scheel.hannahk@gmail.com>, Annie J Yao <anniejyao@gmail.com>

Hi Dr. Schwarzer,

Great to hear! Thank you so much.

Best,

Carly Rivera

[Quoted text hidden]

B7. Authorized Permission for the Self-Compassion Scale (SCS)

Re: Permission for the SCS

1 message

Self-Compassion Replies <selfcompassion.answers@gmail.com>

Sun, Sep 15, 2019 at 1:25 PM

To: anniejyao@gmail.com

Hi Annie,

Thank you for reaching out! You are welcome to include the self-compassion scale in your manual with the proper citation and references. Please see the attached document with scoring information and Dr. Neff's permissions to use the self-compassion scale, which can also be found on her website: <http://self-compassion.org/self-compassion-scales-for-researchers/>. Additionally, I have included the short-form and easy score versions of the scale in case that makes more sense for your purposes.

Let me know if you have any other questions.


Wishing you all the best,
Marissa

--

Assistant to Dr. Kristin Neff

3 attachments **Self-Compassion Scale Full Length.docx**

90K

 **Self-Compassion Scale Short Form.docx**

73K

 **ShortSCSeasyscore (1).pdf**

75K

B8. Authorized Permission for the Gratitude Questionnaire-Six Item Form (GQ-6)

Permission for the GQ-6

3 messages

Annie J Yao <anniejao@gmail.com>

Thu, Sep 12, 2019 at 9:00 AM

To: memccullough@ucsd.edu

Cc: "Dr. Vikas Sharma" <vsharma@stanbridge.edu>, Hannah Scheel <scheel.hannahk@gmail.com>, Brooke Legaux <brookelegaux@gmail.com>, Carly Rivera <carlyrivera2@gmail.com>

Dear Dr. McCullough,

I hope this email finds you well! I would like to introduce myself as I am a graduate student attending the Occupational Therapy program at Stanbridge University in Irvine, CA. For our thesis project, my group is creating a mindfulness manual for occupational therapy students, educators, and clinicians to use. The manual will include assessments and interventions for the reader to implement into their daily lives.

As we are in the process of putting all the pieces together, we have found that the The Gratitude Questionnaire-Six Item Form (GQ-6) would be a great fit to provide as a reference to track therapeutic use of self. We would like to ask permission to reference the in our manual. We would ensure that all proper references and citations are included. Please let us know if this would be possible. Thank you for taking the time to read this email, and we look forward to hearing from you soon!

All the best,
Annie Yao

Michael McCullough <memccullough@ucsd.edu>

Thu, Sep 12, 2019 at 9:31 AM

To: Annie J Yao <anniejao@gmail.com>

Hi, Annie:

Thanks for this.

You are very welcome to use the GQ-6 for any non-commercial use. You can cite the original paper in which it was published, which I believe was called "The Grateful Disposition: A Conceptual and Empirical Topography" or some such thing.

Good luck in your work!

Best wishes,

Mike
Michael E. McCullough
Professor
Department of Psychology
University of California, San Diego

Appendix C: Feedback Form

C1. Blind Reviewer Feedback Form

Stanbridge University
Cohort 008

Feedback Form

Reviewer Name:

Date: April 1, 2020

Name of Manual: UNDERSTANDING & USING MINDFULNESS AS AN EVIDENCE-BASED OCCUPATIONAL THERAPY INTERVENTION:
AN EDUCATIONAL AND INSTRUCTIONAL MANUAL FOR OCCUPATIONAL THERAPY STUDENTS, EDUCATORS, & CLINICIANS

1. Overall, is there consistency and fluidity between chapters in the manual? (Please circle a number)

Not at all 1 3 4 5 Definitely

Comments:

As you will see from my comments, I am not sure why some of the chapters are in a mindfulness manual. They might be helpful for a self-help manual, but not necessarily for mindfulness.

2. Are there sufficient resources provided to educate the reader about mindfulness interventions used in the occupational therapy setting?

Not at all 2 3 4 5 Definitely

Comments:

While there are a lot of internet resources in the manual, many of them are not ones used in teaching mindfulness. There are limited articles published about mindfulness and occupational therapy practice and few of these are referenced in this manual.

3. Can these interventions and techniques be generalized into different contexts where occupational therapy students, educators, and clinicians will be working?

 1 2 3 4 5 Definitely

Stanbridge University
Cohort 008

Comments:

Mindfulness is not a collection of techniques. Yes, there are mindfulness-based interventions, but first one needs to establish a practice of mindfulness with themselves before ever considering using it with others. This is not emphasized at all.

4. Is the visual presentation clear and aesthetically pleasing to the reader?



1

2

3

4

5

Definitely

Comments:

The copying and pasting from numerous internet sites is visually incongruent. In some instances, the font size was too small to read.

5. By utilizing these mindfulness interventions do you think the target population can use them to improve their and their client's occupational performance?



1

2

3

4

5

Definitely

Comments:

I am not sure who you are referring to as the target population. The introduction says that this manual is for students, educators and clinicians. I think of interventions as being treatments for our clients. Can mindfulness be used within OT practice? Yes, assuming the individual has an established personal practice and some formal training. And that they follow the established teacher assessment criteria (Crane et al, 2012)

Stanbridge University
Cohort 008

Please provide any additional comments or suggestions:

This manual reads more like a self-help manual than a mindfulness manual. There is not enough attention paid to establishing a personal practice first and how you do that. There are no references to where one would go for training or to the Teacher Assessment Criteria. And there is no mention of trauma which is widespread and necessitates mindfulness practitioners knowing how to deal with this.

THANK YOU!

C2. Peer Group Feedback Form

Stanbridge University
Cohort 008

Feedback Form

Reviewer Name: Heidi Cuett OTS, Madelyn Beltrami OTS, Karin Grathwohl OTS,
Tiffany Montes OTS

Date: May 7, 2020

Name of Manual: Understanding & Using Mindfulness as an Evidence-Based OT
intervention: An Educational & Instructional Manual for Occupational Therapy
Students, Educators and Clinicians.

1. Overall, is there consistency and fluidity between chapters in the manual? Please
circle a number)

Not at all 1 2 3 4 **5** Definitely

Comments:

Chapters are related and take the reader through a progressive introduction of concepts, building upon the prior chapter. The Manual clearly illustrates and defines foundational skills needed to implement mindfulness. Each chapter is well organized into 5 subsections that flow nicely from describing the topic to self-assessments, interventions, weekly monitoring log charts, and tips and strategies.

2. Are there sufficient resources provided to educate the reader about mindfulness
interventions used in the occupational therapy setting?

Not at all 1 2 3 4 **5** Definitely

Comments:

Yes. We enjoyed that self-efficacy and therapeutic use of self was addressed in this manual. Provided many worksheets and guides to exercises to work towards occupational-based mindfulness.

Stanbridge University
Cohort 008

3. Can these interventions and techniques be generalized into different contexts where occupational therapy students, educators, and clinicians will be working?

Not at all 1 2 3 4 **5** Definitely

Comments:

The use of the manual can be generalized for all healthcare providers, students or anyone interested in gaining an insightful perspective into the use of mindfulness strategies and assessments. It can be applied to a variety of settings and age groups. It is not specific to any particular diagnoses.

4. Is the visual presentation clear and aesthetically pleasing to the reader?

Not at all 1 2 3 4 **5** Definitely

Comments:

Yes, this manual was easy to read and flowed nicely. There is consistency in fonts and sizing. It is very well organized and easy to read.

5. By utilizing these mindfulness interventions do you think the target population can use them to improve their and their client's occupational performance?

Not at all 1 2 3 4 **5** Definitely

Comments:

Absolutely, this manual addresses topics such as self-efficacy, compassion, gratitude, and emotional intelligence that can be applied through various professions and occupations. The OT has to be sure the client is ready to receive the help and willing to participate in the self-assessments and interventions.

Stanbridge University
Cohort 008

Please provide any additional comments or suggestions:

This is a well written, comprehensive guide which thoughtfully outlines the foundations of mindfulness and the importance of its practices. Information is presented in an evidence-based manner, supporting the efficacy and relevance of its use. The manual has great structure and good examples for different interventions and strategies.

THANK YOU!

Appendix D: Access to the Manual

https://drive.google.com/open?id=15sNmEonRMJk8DGNWdujQYUXml_Y8FZ