

**THE PERSPECTIVES OF OCCUPATIONAL THERAPY PRACTITIONERS ON  
MEASURING THE EFFECTIVENESS OF CLIENT-CENTERED  
INTERVENTIONS**

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 The Perspectives of Occupational Therapy Practitioners on Measuring the Effectiveness of Client-Centered Interventions by Priscilla Cespedes, Leah Chadorch, Jessica Head, and Emma Steinmetz, 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

**Background:** The field of occupational therapy (OT) has always aimed to be client-centered, although there is a perceived gap between wanting to be client-centered and actually implementing effective client-centered interventions.

**Objective:** To identify the different tools OT practitioners use to measure the effectiveness of their client-centered interventions.

**Method:** We used a mixed-method, descriptive, and non-experimental design. A survey was conducted to gain the perspectives of OT practitioners regarding their use of client-centered interventions. Analysis was conducted for 495 responses, of which 72% were practicing occupational therapists (OTs) and 28% occupational therapist assistants.

**Results:** A majority of respondents agreed that their workplace focused on providing client-centered interventions. Half of the respondents discussed the role of interviews in leading to effective interventions. Over half (63.9%) of OT practitioners expressed that the client's interests and having a collaborative goal setting with their clients was important in measuring effectiveness. The majority of OT practitioners (74.7%) did not use any specific client-based assessments for measuring effectiveness of client-centered interventions for their clients.

**Conclusion:** OTs use communication through the interview process, collaboration in goal setting, and subjective assessments like the Canadian Occupational Performance Measure to measure the effectiveness of their client-centered interventions. There is a need for a more comprehensive, objective assessment tool to help OTs gather a more accurate measure of the client's progress and effectiveness of client-centered interventions.

*Keywords:* client-centered, interventions, effective

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## **The Perspectives of Occupational Therapy Practitioners on Measuring the Effectiveness of Client-Centered Interventions**

Client-centered practice (CCP), a foundational concept in the field of occupational therapy (OT), is often used to describe a collaborative therapeutic approach between the client and therapist. CCP is defined as an approach to therapy that respectfully incorporates the client as an active participant in the therapy process; this approach allows for overall autonomy by emphasizing the client's capacity for choice, strengths, and knowledge (Schell & Gillen, 2019). CCP is an umbrella term which includes client-centered evaluations, treatment, and interventions. It is also sometimes called client-based practice, person-centered practice, and patient-centered care. This thesis focuses on the client-centered interventions which are encompassed in CCP. OT practitioners utilize this approach to improve functional outcomes and engagement in clients receiving OT services. The Occupational Therapy Practice Framework (OTPF) describes that throughout the therapeutic process occupational therapists (OTs) use their knowledge of the collaborative relationship with the client, the client's engagement in meaningful occupations, and the context to create occupation-based intervention plans (American Occupational Therapy Association [AOTA], 2020). The concept of client-centeredness has been embedded into the OT framework since the birth of the practice in 1917 (AOTA, n.d.). The founders of OT, Eleanor Clarke Slagle and William Rush Dunton, emphasized the importance of creating a therapeutic relationship between client and therapist, leading to the creation of client-centered interventions based on client values (AOTA, 2017). Tonga et al. (2016) have described CCP as an empowering approach for patients to engage in functional performance in order to fulfill their

occupational roles in a variety of environments. Creating interventions that are internally motivating for clients leads to better outcomes and helps clients to feel empowered when participating in meaningful occupations again.

However, there is a perceived gap between OTs wanting to be client-centered, and actually implementing client-centered interventions. Larsen et al. (2019) found that CCP has always been perceived as highly important to occupational therapists. These authors found the following circumstances to be positively correlated with OT's use of CCP: having time to conduct self-directed work, means to identify client preferences, and CCP education. Some notable challenges to CCP include the client's lack of disease awareness or a lack of motivation. For OT practitioners in this study, time was the most significant barrier that prevented them from implementing CCP. These are all important factors to take into consideration when OTs are measuring the effectiveness of their client-centered interventions.

### **Statement of the Problem**

Numerous studies mention the use and importance of client-centered interventions (Eriksson et al., 2019; Larsen et al., 2019; Zylstra & Doyle, 2020). However, the ways in which OT practitioners measure their effectiveness in practice are frequently unknown or unclear. Furthermore, there is a gap in knowledge regarding how OTs apply their client-centered expertise to their therapeutic process, i.e., if they modify this process along the way, what is working versus what is not, and how they measure the effectiveness of these interventions as they continue with their treatment plan.

This research is significant for the field of OT, and upholds Stanbridge University's Master's of Science in Occupational Therapy (MSOT) Program's curricular

threads. The MSOT curricular threads emphasize an occupation-based focus where the OTPF is used “as a guide to practice intentional delivery of the occupation-based message by all faculty and students in all relevant lecture and labs” (Stanbridge University, 2021). Another important curricular thread is evidence-based clinical reasoning, which is “addressed by the use of case studies, technology, and interdisciplinary learning opportunities” (Stanbridge University, 2021). As Stanbridge students, we are applying evidence-based clinical reasoning to improve the validity of this study and gain a better understanding of the use of CCP in our profession.

Our research also aligns with the AOTA research agenda, as treatment effectiveness is one of the main pillars (AOTA & American Occupational Therapy Foundation, 2011). It is essential that we provide our clients with the most effective interventions for their performance problems. In order for OTs to implement effective interventions, they must be “defined, described, and tested so that practitioners know what is effective for which clients” (AOTA & American Occupational Therapy Foundation, 2011, p. 4). Defining, describing, and testing client-centered interventions is where our gap in knowledge exists. Closing this gap is essential for implementing these interventions and ensuring their effectiveness.

Our study explored the various methods and strategies that OT practitioners utilize in a CCP, how OT practitioners measure the effectiveness of these interventions, and the types of interventions they use across different settings. We surveyed practicing OTs and occupational therapist assistants (OTAs) about their perspectives on how they implement and measure the effectiveness of client-centered approaches to improve functional outcomes of the populations they serve. The OT community will benefit from

the viewpoints of different OT practitioners and may use the findings of this study with their clients to help improve their functional outcomes. This will further help us in acquiring knowledge on using effective client-centered interventions as future OT student clinicians during our fieldwork and after becoming licensed OTs.

### **Literature Review**

This review focused on areas such as advantages and barriers of CCP. Some advantages include creating healthier relationships with clients as well as strengthening their self-esteem, while some barriers include motivation, accessibility to resources, time constraints, space limitations, and balancing standardized assessments. Other areas we will discuss are OT/client perceptions and positive correlates to CCP. Some common perceptions of CCP include its effectiveness when given proper time and opportunities to implement client-centered interventions. CCP positively correlates with previous CCP education, creativity, and sufficient amount of time to conduct client-centered work.

### **Advantages of CCP**

A common theme found amongst CCP literature is the multiple advantages that arise from leading a CCP. Implementing a CCP stresses the importance of collaboration with the client and developing the client's individual goals. One study has shown that through the utilization of person-centered care, individuals with dementia gained self-identity, empowerment, and intergenerational relationships (Han & Radel, 2017). The participants were able to find meaning in their daily activities after receiving CCP. In regards to feeling empowered, the participants felt they had the right to choose activities they enjoyed, resulting in a feeling of independence. This enabled the participants to feel "respect[ed] for the preferences and interests of a person with dementia" (Han & Radel,

2017, p. 63). This study demonstrates how the application of a CCP was beneficial, as the participants were able to create healthier relationships with others as well as strengthen their self-esteem. With regards to the methodology, this study had a small sample size of 5 participants, a concern that our study aimed to diminish by using various platforms to recruit survey participants.

Furthermore, Doig et al. (2009) discuss how a CCP can be beneficial for adults with a traumatic brain injury. In their study, when provided goal-directed, client-centered therapy, the participants felt organized and well-focused. The OTs highlighted how setting goals allowed the participants to become motivated. The study emphasized the importance between the relationship of the therapist and the client, which “allows [for] open communication and confrontation about difficult discussion topics” (Doig et al., 2009, p. 566). The therapeutic relationship created is beneficial for the client, as it can “enhance self-awareness and support and facilitate clients in taking on new goals and challenges” (Doig et al., 2009, p. 566). Moreover, this study suggests that applying a CCP enables the client to gain communication skills and have a healthier self-expression. However, this study’s limitations, such as their recruitment process, includes participants from one site, resulting in a small sample size. To reduce sample bias, we contacted OTs using various sites and online platforms. Overall, these studies have demonstrated the benefits of a CCP in respect to a client’s overall well-being and participation in the therapeutic process (Doig et al., 2009; Han & Radel, 2017).

### **Barriers to CCP**

CCP is an important component of best practice in OT, but OTs often encounter barriers that prevent them from using client-centered interventions and assessment

methods in their practice (Asaba et al., 2017, p. 7). A study that explored the extent to which OTs and OTAs use occupation-based, client-centered, and evidence-based approaches in their practice found that OT practitioners do find each of these approaches valuable to the therapeutic process (Mulligan et al., 2014). The results of this study showed that 92% of respondents rated occupation-based interventions as extremely important, whereas only 8% rated them as either fairly important, neutral, or not very important. However, the decisions that OTs make regarding the goals they write, the interventions they select, the settings they choose to implement interventions in, and the evaluation methods they use indicate that addressing performance skills and body function deficits is a higher priority than engaging clients in meaningful occupations. Given this information, we can conclude that therapists' motivation to implement client-centered approaches is a contributing factor that should be considered when discussing the use of CCP in OT.

Asaba et al. (2017) interviewed OTs regarding their use of client-centered assessments. The results highlighted many common barriers: accessibility to resources, time constraints, space limitations, and the need to maintain a balance of both CCP and standardized assessments. Although OT practitioners value CCP, these factors hinder their ability to accurately reflect those values in their practice. Despite this study providing clear insight into the perspectives of OTs regarding their use of CCP, there were limitations to its methodology. Due to the manner in which some questions were asked, the interviews were biased. For example, two questions that were asked were: "Can you tell me about how you use client-centered assessments in your practice," and "Can you describe how these assessments help you in your practice?" These leading

questions made assumptions about practitioners' perceptions. The researchers assumed that the OTs used client-centered assessments and that they benefited their practice in some way. This interfered with the trustworthiness of the results, as it may have impacted the answers that the participants gave. In order to eliminate bias in our survey we asked several objective questions and avoided asking presumptuous questions. We also included some open-ended questions that gave the participants an opportunity to provide more insightful answers. Many of the responses to these questions included information that was unique to their specific practice setting, giving us a better understanding of how OTs use CCP across different settings, and what methods they use to determine whether or not it is effective.

### **Positive Correlates to CCP**

While there are many barriers preventing OT practitioners from being client-centered, there are also many steps an OT can take to help enable a CCP to be established. Previous education of how to be client-centered is positively correlated with higher degrees of CCP by OT practitioners (Mshanga et al., 2019; Larsen et al., 2019). Larsen et al. found a statistically significant correlation ( $r = 0.16, p = 0.002$ ) between previous CCP education and OTs' satisfaction with their ability to achieve CCP. This foundational concept in the education of OT students and continuing education workshops is important to incorporate in order to increase the successful adoption of CCP across the field of OT. Wener et al. (2015), found that supplying student OTs with the knowledge and arranging "an opportunity to develop client-centered partnerships early on in their professional careers may represent a viable action step in promoting the move from rhetoric to reality in client-centered occupational therapy practice" (Wener et al.,

2015, p. 313). Providing this early experience of applying CCP classroom knowledge to real-life practice could promote a higher degree of CCP and an easier transition for newly licensed OTs. Zylstra and Doyle (2020) implemented a 12-week student-led OT clinic, which provided OT students the opportunity for a hands-on clinical learning experience. After this 12-week program, both pediatric and adult clients reported improvements in performance and satisfaction in their valued occupations. In the adult subgroup, the mean increase in scores on the Canadian Occupational Performance Measure (COPM) was 1.69 and the mean increase in satisfaction scores was 2.27. In the pediatric subgroup, the mean increase in scores on the COPM was 1.64 and the mean increase in satisfaction scores was 2.26. As a result, student education of CCP proved to be effective in student teaching clinics. This provides evidence that CCP education in OT and OTA programs is an important factor in increasing CCP.

Creativity has also been shown to facilitate a client-centered therapy approach and is recommended to be supported in OT education, clinical practice, and organization of work (Oven & Lobe, 2019). When practicing creatively, the relationship between client and practitioner can be more relaxed, allowing for a more personal relationship to develop. Creativity fosters these therapeutic relationships between clients and therapists, which are essential to effectively implementing CCP.

Other enablers to CCP include having enough time to conduct client-centered work. Larsen et al. (2019) conducted a survey to examine OTs' perceptions of CCP, which concluded that there was a significant relationship ( $r = 0.18, p = 0.001$ ) between OTs who had enough time for their clients and their perception of the degree of their CCP. It is important to observe that only 49% of the OT respondents felt that they had the



necessary time for their clients to be client-centered. Obtaining the necessary amount of time needed between client and therapist is important in increasing the degree of CCP a therapist can reach.

Although the Larsen et al. (2019) study produced many insightful views on CCP by OTs, the applicability of these results is questionable. Larsen et al. failed to coordinate with the Danish Association of Occupational Therapists, where 80% of Danish OTs are members, resulting in a small sample size of only 5% of the OT population of Denmark. This sample size limits the generalizability of the findings and may not be representative of all the perspectives of OTs. When we conducted our survey, it was critical that we coordinated with the AOTA and the Occupational Therapy Association of California (OTAC) ahead of time to produce a more accurate sample size. We also posted follow up reminders in order to produce a large sample size which led us to more valid results.

### **Occupational Therapist/Client Perceptions**

Understanding the perceptions of those implementing and receiving CCP is imperative for the purpose of measuring its effectiveness. Shea and Jackson (2015) explored the perception of at-risk youth after receiving the OT training program, which utilized a client-centered occupation-based approach. In this study, five youths were given two semi-structured interviews in which feelings, thoughts, and experiences about the OT training program were discussed; these interviews were then transcribed and coded. The results of this study found that youths had positive feelings about their intervention, and they believed CCP led them to an increased use of self-advocacy, which enhanced their perception of their future. To conclude the study, the researchers

elucidated that the opinions of the youths are an important contribution for exemplifying OT services.

Eriksson et al. (2019) investigated the key factors that are important to OTs during the implementation process of client-centered intervention. The authors conclude that involving the clinicians in the research process can reduce the gap between research-based knowledge and healthcare services available for clients. In order to reduce the gap, the authors arranged a workshop which incorporated knowledge and tools to facilitate CCP. This workshop enabled OTs to practice and discuss interventions with colleagues. The OTs were then asked to implement their new knowledge in their ordinary workplace. Monthly follow-ups were conducted to ensure the utilization of the information provided at the workshop. One year later, a questionnaire was answered by the OTs and their managers and then later analyzed. The results of the questionnaire found that OTs perceived research-based knowledge as essential in everyday practice and that the workshop had improved the quality of the rehabilitation. The results also showed that OTs found value in meeting and discussing knowledge with colleagues. This study concluded that CCP was effective when OTs are given proper time and opportunities to implement new knowledge and that there is a need in OT practice for space to discuss and reflect on services rendered.

### **Statement of Purpose**

The purpose of this study was to answer this research question: How do OT practitioners measure the effectiveness of client-centered interventions to improve functional outcomes in clients receiving OT services across different settings? We used a survey approach to establish the perspectives and opinions of OT practitioners. Our

population (P) includes the OT practitioners that provided survey responses, our intervention (I) is how practitioners are measuring the effectiveness of client-centered interventions, and the outcome (O) is increasing the knowledge that OT practitioners have of strategies and measurements used to ensure effective CCP, which further leads to improved functional outcomes.

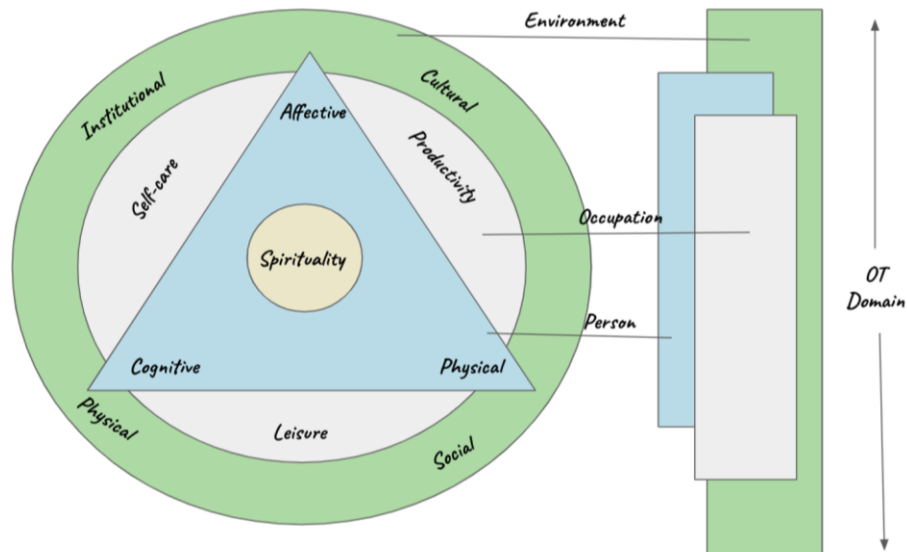
### **Theoretical Framework**

The Canadian Model of Occupational Performance was developed by the Canadian Association of Occupational Therapy in 1997 (Townsend, 1997). This model portrays the relationship between the person, their environment, and their occupations. These components are considered to be interdependent; when one component is affected, the other components are affected as well. This model defines practice as client-centered, as the person is at the center of this model, and the person's spirituality is defined as the main core of each person. The core is found within the person, shaped by the environment, and gives meaning to occupations.

In 2007, the Canadian Model of Occupational Performance was further developed into the Canadian Model of Occupational Performance and Engagement (CMOP-E) with a primary goal of enabling occupation (Polatajko et al., 2007). The CMOP-E incorporates aspects describing how occupational performance is the result of a dynamic relationship between person, environment, and occupation (see Figure 1). The components of occupation (self-care, productivity, and leisure) are shown in a circle covered by a triangle which is meant to represent the components of a person (physical, affective, and cognitive). The points on the triangle are meant to extend out beyond the circle to represent interaction with the environment (cultural, physical, institutional, and social).

**Figure 1**

*The Canadian Model of Occupational Performance and Engagement (CMOP-E)*



Note: Adapted from “Canadian Model of Occupational Performance and Engagement,” by Polatajko, H.J., Townsend, E.A. & Craik, J. (2007). Canadian Model of Occupational Performance and Engagement (CMOP-E). In E.A. Townsend & H.J. Polatajko (Eds.), *Enabling occupation II: Advancing an occupational therapy vision of health, well-being, & justice through occupation* (1st ed., pp. 22-36). CAOT Publications ACE.

The circle at the center of Figure 1 is the core, and it represents a person’s spirituality, or their essence of self which is found within the person. Holding spirituality at the center of practice means that clients are empowered to choose occupations that are meaningful to them, and these occupations are then performed within their unchanged environment. Occupation is a bridge that connects the person and the environment, where an occupation is based upon an individual’s productivity or leisure in a physical, social, or cultural sense (AOTA, 2020). In addition, this model aims to apply a client-centered approach to strengthen the engagement between the practitioner and client.

The CMOP-E is the theoretical basis for the COPM—a semi-structured, client-centered interview process used by OTs to measure a client’s occupational performance (Baptiste et al., 2021). The COPM is one of the most well-used outcome measures within the OT field and it allows for OTs to collaboratively create occupation-based goals while promoting a CCP (Law et al., n.d.). The COPM can be used across different treatment settings and with a variety of populations, resulting in a versatile, client-centered assessment tool for the field of OT (Richard & Knis-Matthews, 2010). There are six steps involved in the COPM process: problem definition, rating importance, selecting problems for scoring, scoring performance, satisfaction, and client reassessment. OTs can use the COPM in the evaluation process to identify functional deficits within their clients. In addition, the COPM measures the individual’s problems in order of personal importance to identify changes within the individual and their self-perception over time. The COPM creates a basis for intervention goals, allowing a client-centered approach, facilitating the therapeutic relationship between the therapist and the client.

The CMOP-E is an applicable model for evaluating measurements of the effectiveness of client-centered interventions as its usage leads clients to perform their meaningful occupations successfully. Several studies have demonstrated the effectiveness of the CMOP-E through the usage of the COPM measure in CCP. Richard and Knis-Matthews (2010) have used the COPM to successfully identify the gaps between the client’s perceived goals and those of the occupational therapist. Another study by Zylstra and Doyle (2020) successfully used the COPM to identify the client’s perceptions of performance and satisfaction in their valued occupations. This measure has been used repeatedly to help OTs become more client-centered and identify what is meaningful and

important to the client throughout their services. The CMOP-E allows OT practitioners to apply CCP where the clients will be able to engage in treatment planning and feel motivated. Utilizing this model will allow us to have a better understanding of client needs and a foundation for evaluating measurements of CCP to ultimately improve functional outcomes of clients receiving OT services.

## **Methodology**

### **Design**

This research study used a mixed-method, descriptive, and non-experimental design. A survey was utilized to gain the perspectives of OT practitioners regarding their use of client-based interventions. After analyzing our available resources, research question, and limited time frame, we found this design best suited to fit the needs of our research, as it helped us reach a larger and more diverse sample of OT practitioners in a cost-effective manner. This study had a large sample size, resulting in increased validity, making our findings more generalizable to the entire population. The diversity within our sample population strengthened our ability to generalize our findings. Primarily, a quantitative analysis of the survey questions was used, followed by a qualitative analysis of OT practitioner opinions, to determine how OTs measure the effectiveness of their client-centered interventions.

### **Participants**

Non-probability sampling based on convenience and volunteer participation was used to create our sample. Our target population included OTs and OTAs, which gave us access to a variety of OT practitioners who work in various practice settings with clients of many ages, diagnoses, and functional limitations. Participants were recruited via word

of mouth, emails sent to Stanbridge faculty and colleagues, and forum posts on OTAC, AOTA, and OT Facebook Group sites. We included a link to the Google Forms survey in each post, and this link included a required consent form that was to be read before the survey was completed. Participation was completely voluntary, and participants were able to leave the survey at any time. The inclusion criteria for participation in the study included any licensed, currently practicing OT practitioners (OTs and OTAs) across all settings, populations, and experience levels. Exclusion criteria included students, any non-licensed OTs/OTAs, and those who are not currently practicing.

### **Data Collection**

OT practitioners' perspectives on measuring the effectiveness of client-centered interventions were reported through a survey. The survey was generated using Google Forms and consisted of closed-ended and open-ended questions (see Appendix D). Survey questions were developed using knowledge gathered from our literature review, clinical expertise from our thesis advisor, and critical thinking done by our research group to generate reliable questions. We reviewed and discussed the survey questions until consensus was reached. The survey began with multiple-choice questions based on the demographics of our participants, such as their age, gender, ethnicity, work setting, and years of experience. Following these preliminary questions, participants answered both multiple-choice and open-ended questions to provide insight into the client-centered interventions they use in their daily practice. Our survey questions aimed to evaluate how OT practitioners measure the effectiveness of their client-centered interventions in practice. These questions allowed OT practitioners to provide their own definition of client-based interventions, elaborate on the methods they use, and indicate whether or not

they are measuring the effectiveness of client-centered interventions routinely in their practice. To help develop a more concrete list of assessments that can be suggested to OT practitioners, an open-ended question was included that gave participants an opportunity to list any assessments that they use to measure the effectiveness of their CCP. This was a brief survey, which took roughly 5–10 minutes to complete. To increase the survey response rate, two follow-up reminder posts were made to the AOTA forum discussion, and the survey response deadline was extended. In addition, a raffle of five \$10 Amazon gift cards was also included as an incentive for participants that provided their email addresses. Once the survey closed, a random generator was used to pick the gift card recipients. The winners were notified and sent the e-gift cards via email.

### **Data Analysis**

Survey responses were exported from Google Forms into Google Sheets in order to create our dataset. A statistician was provided to us through Stanbridge University. After meeting with the statistician, statistics were calculated using the IBM Statistical Package for Social Sciences. Charts, tables, and graphs were developed to display our findings. All responses to closed-ended survey questions were analyzed quantitatively, using descriptive statistics that included measures of frequency, central tendency, and variation to easily compare and contrast our results. Descriptive statistics were used to analyze demographics including participant's gender, age, ethnicity, years of experience, professional designation, practice settings, and patient populations. Responses to open-ended questions were analyzed qualitatively by our research group. There was a total of three open-ended questions whose answers were transferred into a separate Google Sheet to begin a thematic analysis. Each answer was analyzed individually and important words



or phrases that appeared repeatedly in the data were bolded and gathered as codes. A table was generated (see Table 1) to represent these findings and facilitate the generation of themes. These codes are listed underneath each question, with their corresponding frequency, or how often they appeared. Our research group met and discussed the codes and using our clinical reasoning skills we determined that three themes could stem from the frequently occurring codes (see Table 2). Table 2 includes the most common codes as well as “honorable mentions” for codes that only arose once but were significant findings. At the bottom of this table the corresponding themes that derived from the codes were written. These themes were then further analyzed for the discussion.

**Table 1***Code Analysis*

What is your definition of client-based intervention?		Would you like to share some specifics that help you in using client-based interventions? Please describe:		Do you use any specific client-based assessments and tools for monitoring the progress of your clients, and then use it further in devising specific client-based interventions with your clients? If yes, please state the name of the client-based assessments below:	
Codes	Frequency	Codes	Frequency	Codes	Frequency
Patient's function (goals, abilities, skills, activities)	5	COPM	4	COPM	18
Collaborative	3	Interview (client, family members, caregivers, parents, teachers)	15	Modified Barthel Index	4
Goals	46	Fun therapy	2	Patient Specific Function Scale (PSFS)	2
Client involvement	3	Comprehensively understand	2	DASH	4
Client interests	29	Gaining knowledge	2	PEDI	2
Meaningful (occupations, goals, interventions)	14	Ask the client	6	SPM	4
Motivate	5	Client interests (interest checklist & "get to know me" activity)	17	BOT	5
Individualized	6	Communication	5	Beery	3
Increase independence	4	Occupational Profile	2	FIM	2
Roles	2	Regular/regularly	5	Peabody	3
Client wants/client needs/ they want	24	Rapport	5	No	138
Strengths	9				
Preferences	5				

**Table 2***Thematic Analysis*

What is your definition of client-based intervention?	Would you like to share some specifics that help you in using client-based interventions? Please describe:	Do you use any specific client-based assessments and tools for monitoring the progress of your clients, and then use it further in devising specific client-based interventions with your clients? If yes, please state the name of the client-based assessments below:
Most Common Codes	Most Common Codes	Most Common Codes
Goals (46)	Interviews (15)	COPM (18)
Client interests (29)	Client interests (17)	No (138)
Client wants (24)	Ask the client (6)	
Honorable Mentions	Honorable Mentions	Honorable Mentions
Platinum rule (1)	Functional restoration (1)	Motivational interviewing (1)
Just right challenge (1)	Strong shared decision making (1)	
Seeing the client in a holistic manner (1)	Collaborate goal setting (1)	
Themes	Themes	Themes
The Role of Goals and Client Interests/Wants in Client-Centered Interventions	Understanding the Role of Interviews and Interests in Client-Centered Interventions	Lack of Client-Centered Assessment and Tools for OT, COPM as a Client-Centered Assessment
Collaboration	Communication	Assessments

### **Limitations**

One limitation of this study was that almost half of our survey responses were excluded ( $n = 483$ ) from our data analysis due to incomplete or invalid responses. Since participants were given the option to forgo any survey questions they did not want to answer, some ( $n = 53$ ) did not include their professional designation. The invalid survey responses ( $n = 430$ ) that were excluded from our analysis did not answer the research question and did not provide any important or significant information pertaining to our research question. This may have been a result of the survey being conducted online and the participants' motives being aimed at the gift card incentive as opposed to contributing to our research with their honest opinions, perspectives, and information regarding their CCP.

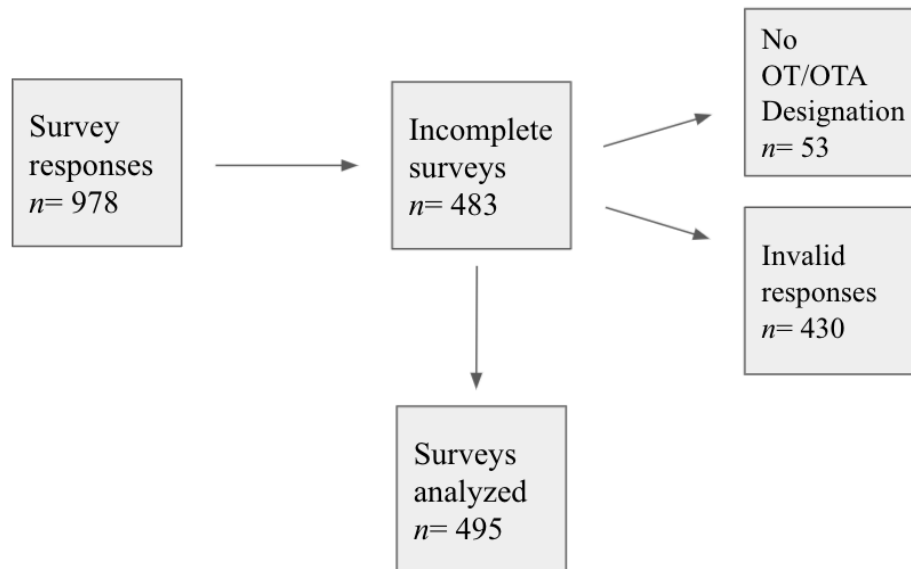
### **Ethical and Legal Considerations**

Our research aligns with the Occupational Therapy Code of Ethics and Ethics Standards, in that security precautions were taken to ensure anonymity, encourage autonomy, and secure collected data throughout the course of our research were upheld (AOTA, 2015). Participants were not required to disclose their names or address to protect confidentiality, minimize bias, and reduce any potential risks to the participants. The research proposal was submitted through the Stanbridge University's Institutional Review Board (IRB), a regulatory organization created to protect human subjects involved in research. After obtaining the IRB approval letter (see Appendix A) under application number MSOT10-13, we administered our online survey and continued with our research. After initially having a poor response rate an IRB modification (see Appendix B) was submitted and approved to post the survey on additional platforms. We

created our survey through Google Forms. With permission from AOTA and OTAC, a link to access the survey was published in a forum post to its members, clearly stating our target population as licensed OTs and OTAs who are currently practicing. Prior to completing the survey, participants read a consent form (see Appendix C) which disclosed information about the survey, any potential risks, and contact information for further assistance. After reading an introductory consent statement, the participants were able to complete the survey at their own free will. No identifying information was required to complete the survey, which helped ensure participants' anonymity. In order to mitigate bias while creating the survey, personal viewpoints were omitted in the design process. After all confidential information was collected from the survey, it was stored in a secure electronic file. This information will be stored for one year, and then promptly deleted.

### **Results**

In total, there were 978 survey responses recorded. Although, after further analyzing the validity of these survey responses, only 495 responses were accepted for analysis, as shown in Figure 2.

**Figure 2***Survey Response Analysis Chart*

This analytical process was based on complete surveys, which had to identify an OT or OTA designation, as well as include valid, significant responses for our research. Of the 483 responses that were excluded, 53 did not include their professional designation (OT/OTA), and 430 included invalid responses. The majority of these 430 invalid responses included multiple repeated answers due to a possible glitch and responses that did not answer the questions asked. Although there was a significant decrease in the number of responses, this modification allowed for a more rigorous dataset and provided a substantial sample size for generalizability.

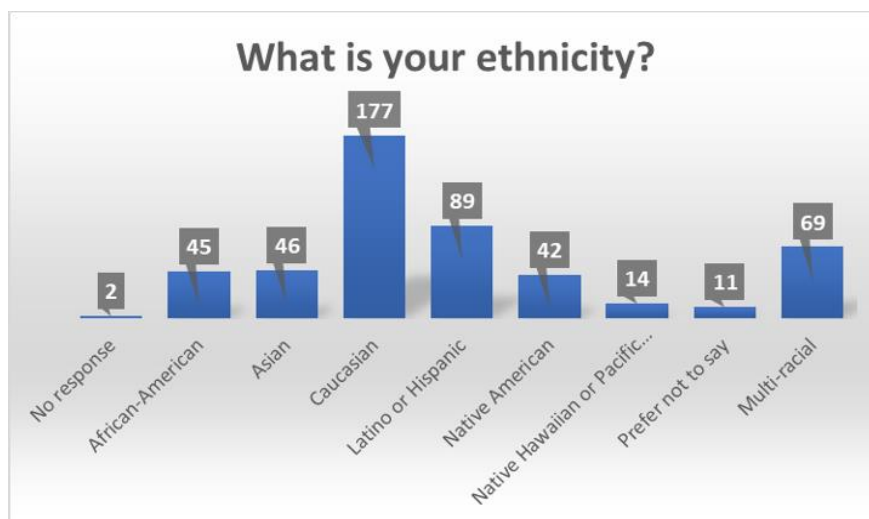
**Characteristics of Respondents**

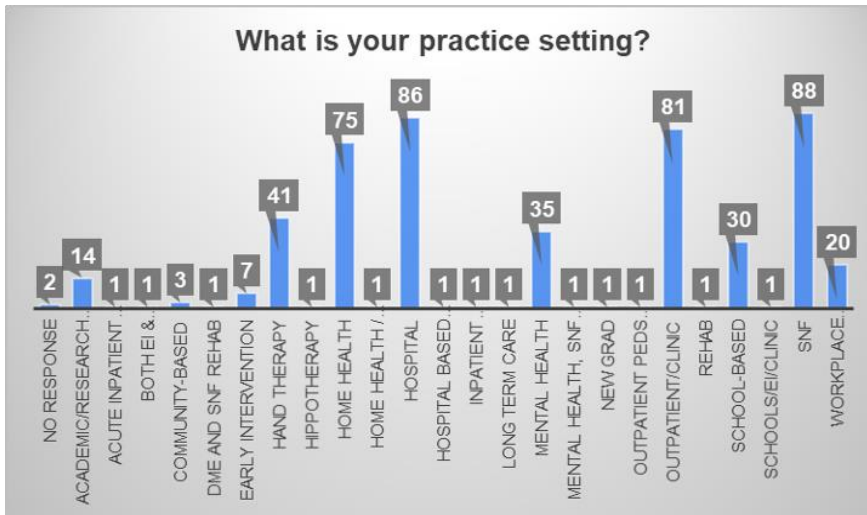
Most of the respondents were OTs ( $n = 356$ , 72%), while 28% were OTAs. A majority of the respondents identified as female ( $n = 265$ , 53.5%), 219 respondents identified as male (44.2%), five respondents preferred not to say, and six respondents did not respond to this question. Most of the respondents were ages 26-35 years ( $n = 233$ ,

47.1%). The second most common age group was 36-45 years ( $n = 127, 25.7\%$ ), with the 18-25 age group following ( $n = 86, 17.4\%$ ). The least common age groups included 46-55 ( $n = 23$ ) and 55 and over ( $n = 25$ ), which both constituted only 9.7% of the respondents. According to Figure 3, most of the participants that responded identified as Caucasian ( $n = 177, 35.8\%$ ). The other groups of respondents identified as Latino or Hispanic ( $n = 89, 18\%$ ), multi-ethnic ( $n = 69, 14\%$ ), Asian ( $n = 46, 9.3\%$ ), African American ( $n = 45, 9.1\%$ ), Native American ( $n = 42, 8.5\%$ ), and Native Hawaiian or Pacific Islander ( $n = 14, 2.8\%$ ). According to Figure 4, most of the respondents work in a skilled nursing facility setting ( $n = 88, 17.8\%$ ). The other most common practice settings of respondents include the hospital (17.4%), outpatient clinic (16.4%), and home health (15.2%). A majority of the OT practitioners that responded were practicing for 0-5 years ( $n = 207, 41.8\%$ ). 30% of respondents were more experienced practitioners with 6-10 years experience, and 15.2% of respondents had 11-15 years experience.

**Figure 3**

*Ethnicity of participants*



**Figure 4***Participants' practice settings***Respondents' Views of Client-Centered Practice**

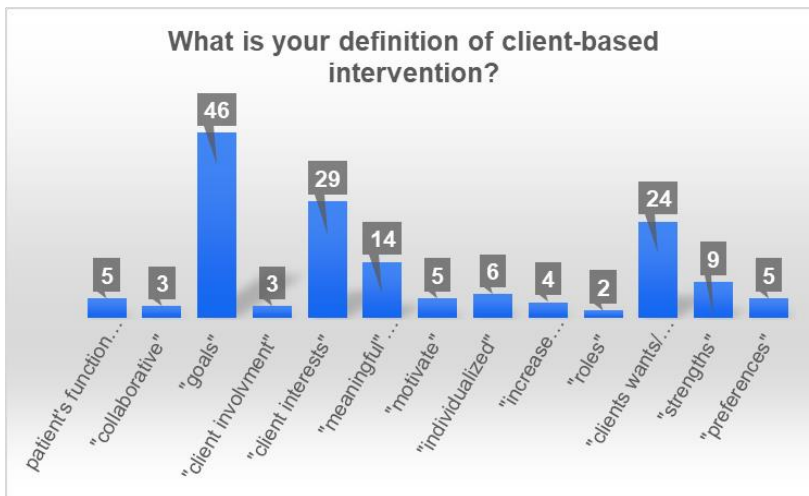
The survey revealed that most OT practitioners ( $n = 46$ ; 29.7%) define client-centered interventions by highlighting the importance of “goals” (see Figure 5), “client interest” ( $n = 29$ ; 18.7%) and “client wants” ( $n = 24$ ; 15.5%). A majority of OT practitioners surveyed stated they either “agree” (42.8%) or “strongly agree” (33.5%) with the statement, “Your workplace focuses on providing client-based interventions to its clients.” Only 2.8% of OT practitioners stated that they “disagree” with the statement. Most OT practitioners endorsed “very often” in response to the question, “In addition to your expertise, research, and knowledge, how often do you consider clients' needs and interests when making clinical decisions?” ( $n = 192$ ; 38.8%). Similarly, 37.9% ( $n = 188$ ) of the OT practitioners who responded selected “always” and only 4.2% ( $n = 21$ ) “seldom” when asked about whether they consider clients' needs and interests when making clinical decisions. Only 1.4% ( $n = 7$ ) of OT practitioners responded “none” to the question, “Which kind of methods do you commonly use to measure the effectiveness of



your client-based intervention?” Most OT practitioners (48.9%) reported that they commonly use both qualitative and quantitative methods to measure the effectiveness of their client-based interventions. A significant number of OT practitioners identified time constraints ( $n = 78$ , 15.8%), while another 78 (15.8%) identified unrealistic expectations as barriers encountered when providing client-based interventions.

### Figure 5

Response to question “What is your definition of client-based intervention?”



### OT Practitioners Perceptions on Measuring Effective Client-Centered Interventions

The qualitative analysis of the open-ended questions divided the responses into the following three main themes: (1) collaboration, (2) communication, and (3) assessments.

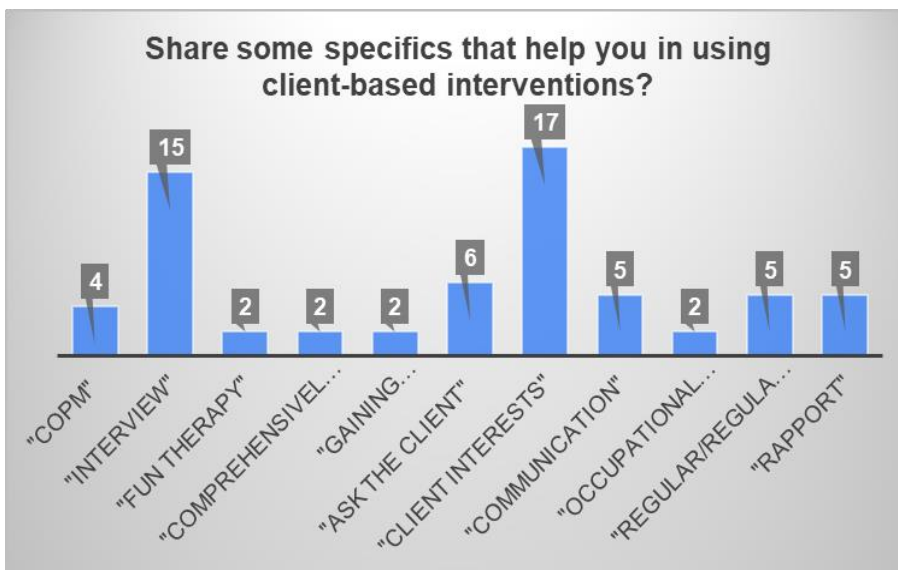
Measuring effective client-centered interventions is a collaborative process between the clients and the OT practitioners. The greater part of OT practitioners (63.9%) explained that the client’s goals, interests, and/or wants are the defining factors of client-centered interventions (see Figure 5). One OT wrote, “Interventions specific to what the client needs/wants to do, what the client has interest in, or related to what the client feels is most important regarding goals.” Another OT states, “short-term and long-term goals

are created through a collaborative process” and another wrote, “Collaborate with them for ideas for the next session or during sessions in a give-and-take.”

Measuring effective client-centered interventions involves using effective communication in which the OT practitioners are able to fully gather information about the client’s interest, routines, hobbies, motives and goals. More than half of OT practitioners (58.5%) shared that interviews where they ask the client specifics, like client interests, help them in using client-based interventions (see Figure 6). One OTA wrote, “Always asking clients what their interests and hobbies are and giving options.” One OT stated, “I interview families on [the] phone prior to assessment and get appropriate assessments towards the issues within the identified goal.” An OT in school-based practice wrote, “we interview parents, children and teachers at length to identify a child's interests, habits, routines, and what motivates them.”

**Figure 6**

*Response to statement “Specifics that help you in using client-based interventions.”*

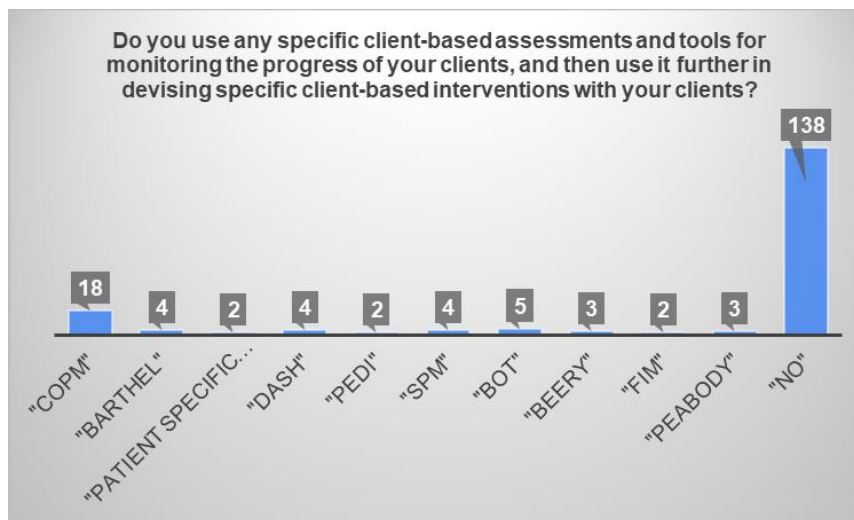


Measuring effective client-centered interventions can be facilitated through the use of assessments. When asked whether or not they use any client-based assessments or

tools to monitor the progress of their clients and develop client-based interventions, most OTs responded with “no” ( $n = 138$ ; 74.7%; see Figure 7). However, 9.7% ( $n = 18$ ) of the respondents mentioned the COPM. One OT practitioner stated, “I utilize a modified version of the COPM in identifying a patient's goals, their perceived progress, and their satisfaction with their progress.” Another OT wrote, “I use the COPM as a goal setting and outcome measure,” and “OT outcomes are assessed through the COPM change in performance and satisfaction scores.” Following the COPM, The Bruininks-Oseretsky Test of Motor Proficiency (BOT) was mentioned by 2.7% ( $n = 5$ ) of the respondents.

### Figure 7

*Lack of specific client-based assessments and tools for monitoring the progress of clients*



### Discussion

The results of this study suggest that collaboration and communication with the clients, as well as the use of appropriate assessments, are key to measuring the effectiveness of client-centered interventions. An overwhelming number of respondents “agreed” (42.8%) and “strongly agreed” (33.5%) that their workplace focused on providing client-centered interventions, which aligns with the basic values of the OT

practice. Although 88 respondents were neutral to this statement, 14 disagreed, and one strongly disagreed, suggesting that there are still strides to be made in practice settings to become more client-centered. More than half (63.9%) of OT practitioners stated that considering the clients' goals, interests, and/or wants were key to creating client-centered interventions. A common action taken by a majority (76.7%) of the OT practitioners was individualizing treatment based on the client's needs and interests into consideration when making clinical decisions. Interestingly, 58.5% of OT practitioners stated that interviews with the clients help them deliver client-centered interventions, revealing that interpersonal communication and the therapeutic relationship formed is key to providing client-centered interventions. Lastly, 22.6% of OT practitioners found that measuring the effectiveness of client-centered interventions was facilitated using client-centered or functional assessments, like the COPM. However, one important finding is that the majority of OT practitioners (74.7%) did not use any specific client-based assessments or tools for measuring the effectiveness of client-centered interventions for their clients. This represents a gap in ensuring delivery of effective client-centered interventions that needs to be explored further.

One of the most significant findings from this study is the lack of client-centered assessments and client-centered tools available for OTs. There is a clear gap in our practice for measuring the effectiveness of client-centered interventions, which indicates there is a need for a universal measurement tool. Although the COPM was mentioned by 9.7%, this only provides the client's point of view instead of also incorporating functional, measurable outcomes. The creation and implementation of an all-encompassing tool is needed in order to ensure effectiveness practice and implementation of client-based interventions.

Another significant finding from this study was recognizing that the COPM was the most popular client-centered assessment tool used by OT practitioners ( $n = 18$ ). Following the premise of the COPM may allow adequate monitoring of the progress of clients receiving OT services. The COPM can be used as a client-centered goal setting tool that addresses the clients' perceived progress and progress satisfaction, and—when used accurately—assess outcome measures. The COPM can especially be a practical assessment for measuring client-centered interventions when OTs document change in performance and satisfaction scores.

In addition, the information gathered through client interviews is imperative for ensuring effective client-centered interventions. Half of OT practitioners ( $n = 246$ ) discussed the role of interviews in CCP and further expressed ways in which a proper interview leads to effective interventions. OTs must communicate with clients effectively during interviews to gather information that is not only used for interventions, but also documented and potentially used as a measuring tool for evaluating said interventions. Proper communication during interviews can lead to a strong shared decision-making therapy session. Proper communication involves interviews asking the client what they hope to gain in treatment and also interviews with the clients' family, caregivers, teachers, and/or members of the interdisciplinary team. One approach to measure effective client-centered intervention can transpire through a brief interview at the end of a session. During the interview the OT asks the client about their favorite and least favorite part of the intervention and modifications are made accordingly.

Lastly, a collaborative approach used throughout interviews can reveal client interests and consequently goals that are important to the client. The majority of OT practitioners (63.7%) discussed the importance of understanding the client's interests and

having a collaborative goal setting. Prioritizing personal goals the client chooses can ensure effective CCP and lead to effective client-centered interventions. Once the OT has an understanding of the client's interests, activities and tools used in interventions can be client specific. Measuring effective client-centered interventions, as a result, is a collaborative process between the clients and the OT practitioners.

### **Conclusion**

CCP is a foundational concept within the field of OT. Although most OTs implement client-based interventions in their daily practice, the methods that they use to measure their effectiveness are not well understood and may vary among practitioners. This is primarily due to a lack of adequate client-centered assessments being available to OT practitioners. The purpose of this research study was to assess how OT practitioners identify and measure the effectiveness of client-centered interventions across all settings. The results of our survey suggest that OT practitioners primarily use interviews as a means to devise client-centered goals and interventions. While several OTs mentioned using the COPM as a tool to facilitate these interviews and develop client-centered interventions and measure their effectiveness, this method is subjective in nature and does not account for functional, measurable outcomes. This highlights the need for a more comprehensive client-centered assessment or tool to help OT practitioners gather a more accurate measurement of the client's progress and the effectiveness of client-centered interventions. The information found in this study provides reliable insight into how OT practitioners identify, implement, and measure the success of client-centered interventions. Furthermore, it will give OT practitioners a better understanding of what strategies and tools best facilitate and measure the effectiveness of CCP. This will help

strengthen their clinical expertise of CCP, which will ultimately improve client outcomes. Additionally, this research provides future implications for standardized OT assessments across different settings that may help OT practitioners accurately measure the effectiveness of the client-centered interventions they use.

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**Appendix A**

**Institutional Review Board Approval**

03/25/2021

Re: IRB Application Number MSOT10-13

Dear Dr. Sharma,

The Stanbridge University Institutional Review Board has completed a review of your application entitled, "A Survey Approach to Establish the Perspectives & Opinions of Occupational Therapy Practitioners on Measuring the Effectiveness of Client-Centered Interventions." Your research protocol MSOT10-13 is formally accepted as completed and categorized as exempt.

Should you wish to make modifications to this approved protocol, please submit a modification form for IRB review and approval. No changes may take place without establishing IRB approval.

Sincerely,

Dominique N. Wascher, Ph.D.  
IRB Chair

**Appendix B****Institutional Review Board Modification Approval**

Dear Dr. Sharma and Research Team,

Your modification request has been approved.

IRB Application Number	MSOT10-13
Date	05/04/2021
Level of Review	Exempt
Application Approved	X
Conditional Approval	
Not approved	
Modification Approved	X

Sincerely,

Dr. Dominique Wascher | IRB Chair



## Appendix C

### Consent Form

# Consent to Participate in Research

Please read this consent form before completion of the survey.

#### Participant's Rights

You are being asked to participate in a research study. Your participation in this study is voluntary. You may choose not to participate or, if you agree to participate, you can withdraw your participation at any time without penalty or loss of benefits to which you are otherwise entitled.

#### Compensation for Participation

An incentive of 5 \$10 Amazon gift cards will be raffled randomly to participants to help increase the survey response rate.

#### Confidentiality

Proper precautions will be taken to ensure anonymity, encourage autonomy, and we will use secure databases to store survey responses collected throughout the course of our research. Measures will also be taken to protect confidentiality, minimize bias and to reduce any risk to the participants.

#### Questions or Concerns?

Please contact the principal investigator if you have any questions about this research study.  
Principal Investigator: Dr. Vikas Sharma  
Email: [vsharma@stanbridge.edu](mailto:vsharma@stanbridge.edu)

#### Statement of Consent

1. I have read the above information and have received answers to any questions I may have asked.
2. I am 18 years or older.
3. My participation is voluntary.
4. I may withdraw from this study at any point.
5. I consent to take part in the study.

**If you would prefer not to participate, please do not fill out a survey. If you consent to participate, please complete the survey.**

**Appendix D****Survey**

1. What gender do you identify as?

*Mark only one oval.*

- Male
- Female
- Prefer not to say
- Other: \_\_\_\_\_

2. What is your age?

*Mark only one oval.*

- 18-25
- 26-35
- 36-45
- 46-55
- 55 & over

3. What is your ethnicity? (check all that apply)

*Check all that apply.*

- Caucasian
- African-American
- Latino or Hispanic
- Asian
- Native American
- Native Hawaiian or Pacific Islander
- Prefer not to say

Other:  \_\_\_\_\_

4. What is your professional designation?

*Mark only one oval.*

- Occupational Therapist (OT/OTR)
- Occupational Therapy Assistant (OTA/COTA)

5. What is your practice setting?

*Mark only one oval.*

- Hospital
- Outpatient/Clinic
- Skilled Nursing Facility
- Home Health
- Hand Therapy
- Mental Health
- Workplace Ergonomics
- Academic/Research Setting
- School Based
- Early Intervention
- Other: \_\_\_\_\_

6. How many years have you been practicing?

*Mark only one oval.*

- 0-5 years
- 6-10 years
- 11-15 years
- 16-20 years
- Over 20 years



7. What population do you work with?

*Mark only one oval.*

- Adults
- Pediatrics
- Adolescents
- Older Adults
- Other: \_\_\_\_\_

8. What is your definition of client-based intervention? Describe in one to two sentences.

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9. Your workplace focuses on providing client-based interventions to its clients

*Mark only one oval.*

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

10. In addition to your expertise, research, and knowledge, how often do you consider clients' needs and interests when making clinical decisions?

*Mark only one oval.*

- Always  
 Very Often  
 Often  
 Seldom  
 Never

11. What are some of the barriers you encounter when providing client-based interventions?

*Check all that apply.*

- Time constraints  
 Monetary  
 Unrealistic expectations  
 Lack of support  
 None

Other:  \_\_\_\_\_

12. Which kind of methods do you commonly use to measure the effectiveness of your client-based interventions?

*Mark only one oval.*

- Qualitative  
 Quantitative  
 Both qualitative and quantitative  
 None  
 Other: \_\_\_\_\_

13. How do you measure the effectiveness of client-based interventions or whether they are working or not? (check all that apply)

*Check all that apply.*

- Using specific pre-post assessments
- Satisfaction surveys
- Post-discharge follow-up
- Interviewing the client
- Modifying the treatment along the way
- Reevaluating the client at specific intervals
- None

Other:  \_\_\_\_\_

14. Would you like to share some specifics that help you in using client-based interventions? Please describe:

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15. Do you use any specific client-based assessments and tools for monitoring the progress of your clients, and then use it further in devising specific client-based interventions with your clients? If yes, please state the name of the client-based assessments below:

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16. Any other questions/comments/concerns/etc.?

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17. Please list your email if you would like to participate in an online raffle to win a \$10 Amazon e-gift card.

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