Engaging Clients Through the Therapeutic Use of Self

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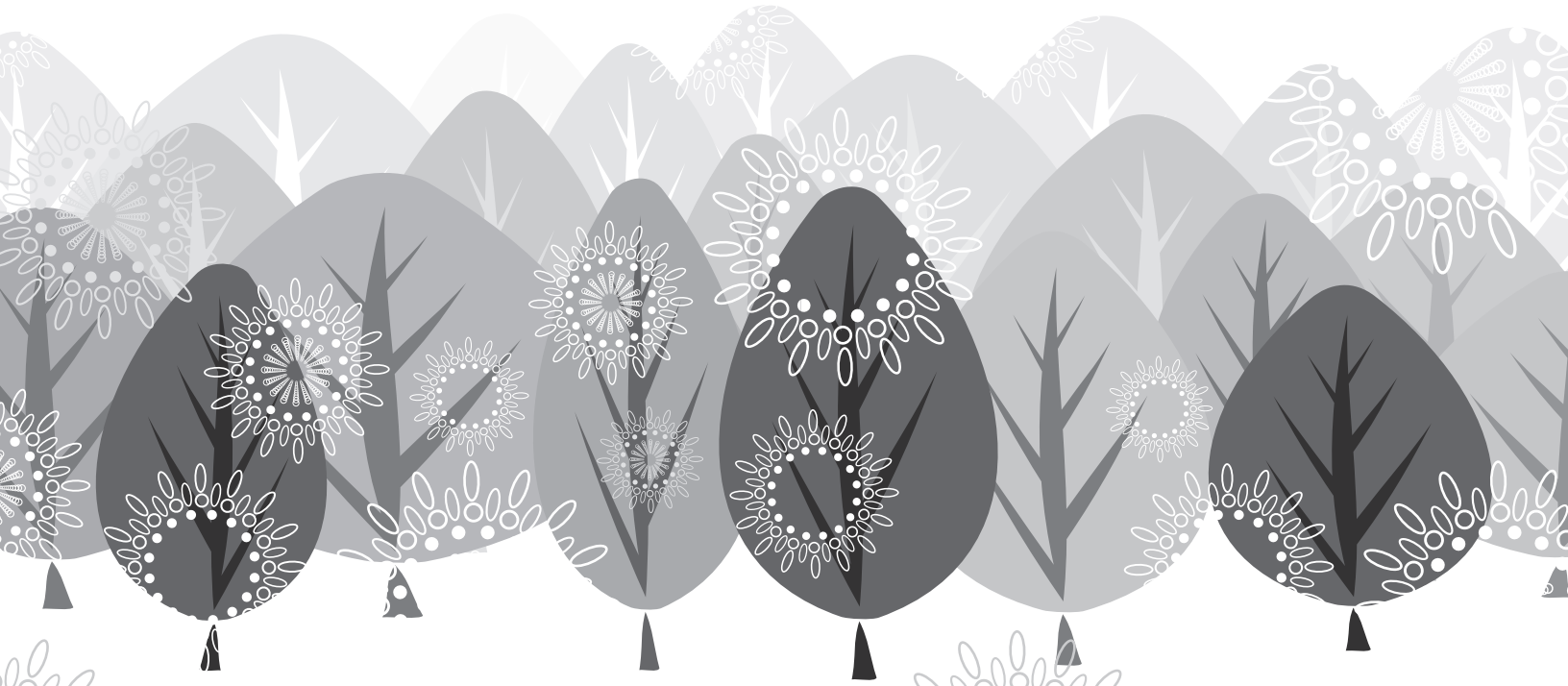

Horticultural therapists use themselves as a therapeutic agent as well as their technical skills. By learning to label their interactions with clients as representative of a mode or type, therapists can become more intentional in their choice of how to approach each client. Developing competency in additional modes expands the repertoire of successful therapeutic interactions that a therapist can employ.

Horticultural therapists, like therapists in other fields, tend to interact with clients in a variety of ways. They may be empathetic, encouraging, or more matter-of-fact, taking an instructional or problem-solving approach. These are all valid modes of interaction, but individual clients may react more positively to one mode than to another (Cole, 2005).

When therapists seek to assist clients in making progress towards a goal, they use the skills and techniques that fall within their practice area (Tamm-Seitz, 2010). For horticultural therapists, this means thoughtful, intentional, and goal-directed use of elements of the plant world to impact a client in a positive way. However, the medium of horticulture is not the only aspect of horticultural therapy that has the potential to be therapeutic; the therapist is also an agent of change.

Therapists can expand their repertoire of skills by intentionally adding modes of therapeutic interaction to their inherent interpersonal skills. One excellent source for developing additional interpersonal skills is Taylor's (2008) book: *The Intentional Relationship: Occupational Therapy and Use of Self*. Occupational and horticultural therapies are closely related professions. While the modalities may differ, the role of the therapist is quite similar. This book can be very helpful as it draws on research studies and evidence to help each therapist assess his or her existing skills and create a plan to develop new ones.

Taylor (2008) distills therapeutic relationships into the six most commonly used modes. She conducted a study of 12 therapists who were nominated by their peers as examples of excellence in intentional relationships with clients. To balance cultural bias, the therapists she chose practiced all over the world. From an extensive two-year examination of their interactions with clients, Taylor compiled a list of *therapeutic modes*, of which six modes dominated therapeutic interactions (Figure 1). None of these modes is considered to be superior to another; each has its place and each has its drawbacks when used exclusively or in the wrong context.

Furthermore, no therapist is equally adept in all six modes. While some therapists tend to use one primary mode or set of modes, others incorporate a wider range (Taylor, 2008). Furthermore, in a survey of 1000 randomly chosen occupational therapists, most felt inadequate in their training to employ modes deliberately (Taylor, Lee & Kielhofner, 2010). Since

clients respond via their own personality traits, adding even one additional mode to a therapist's skill set would significantly enhance his or her effectiveness with a broader spectrum of clients. Expanding on one's natural affinities requires reflection, effort, risk, and a willingness to be less-than-accomplished while learning. Growth is a challenge for a therapist as well as a client.

Taylor's Six Modes of Interaction

Following are descriptions and examples of each of the six therapeutic modes of interaction identified by Taylor (2008).

Advocating Mode

Advocacy is becoming more prevalent as horticultural therapists engage in garden design and embrace the concept that disability is often a function of environmental barriers more than personal characteristics. Therapists functioning as advocates facilitate and/or defend their clients' right to full participation in horticultural activities. They bolster their clients' independence and see themselves as partners in pursuit of a goal or experience. Clients may not have access to or feel comfortable approaching individuals who have the authority to make institutional changes. As an advocate, a therapist can give voice to clients' interests. A therapist who makes a presentation to administrators on behalf of clients who want to create a garden would illustrate the advocating mode.

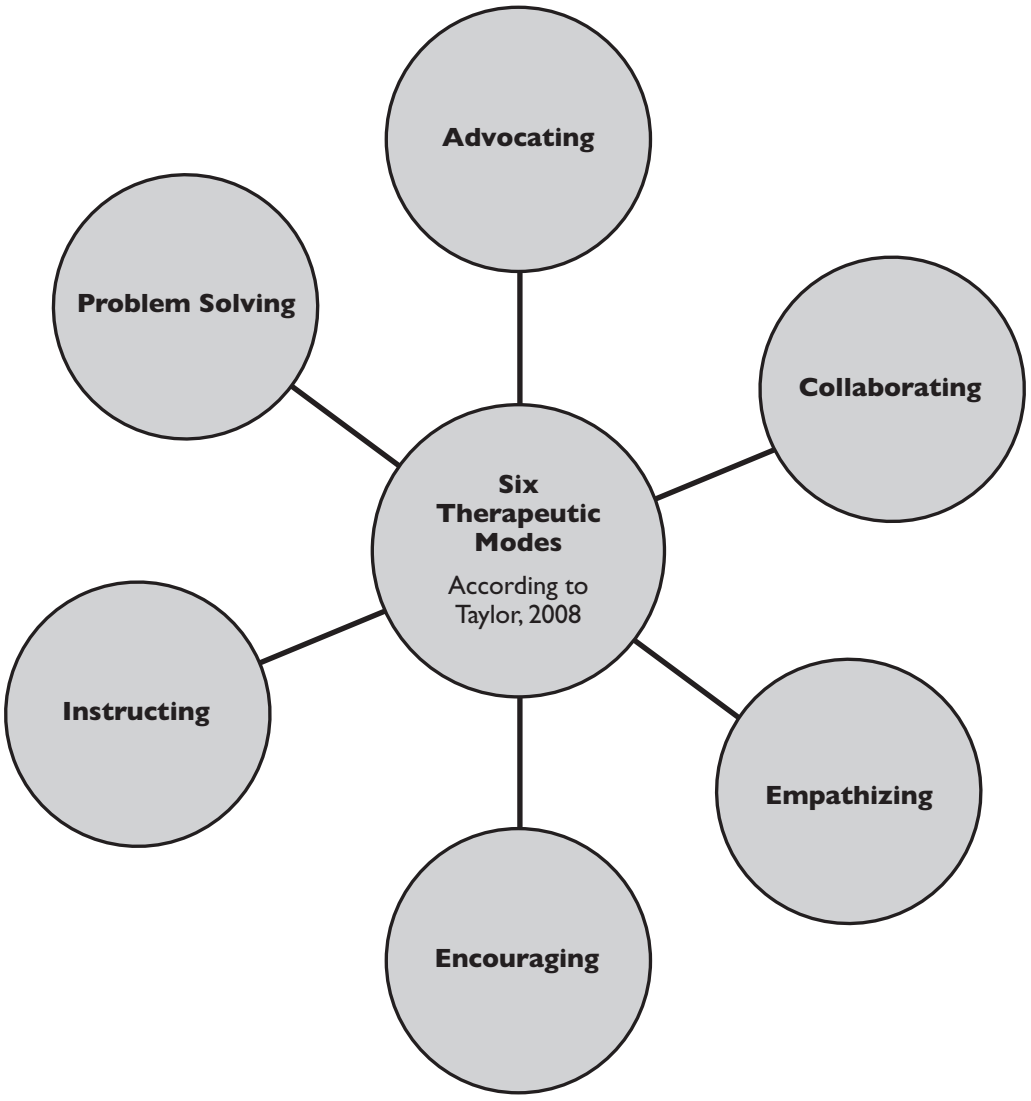

Figure 1. Taylor's six non-hierarchal therapeutic modes (adapted from Taylor, 2008).

Strengths. A therapist successfully employing the advocating mode ensures that clients have access to resources. His or her actions demonstrate that the client is valued as a human being on par with the therapist, conveying respect. An advocating therapist dignifies the client's desires by conveying them to appropriate decision-makers.

Cautions. Depending on personal characteristics as well as where they are in a process of recovery, some clients may not be ready to partner with the therapist in advocacy. Focusing on his or her immediate environment and the need to adjust to it may be all a client is capable of at a particular time. Therapists who enjoy the role of advocate should also remember that time spent in meetings with administrators may be time taken away from direct client contact. The therapist must weigh the relative merits of how best to allocate time.

Collaborative Mode

Like advocacy, collaboration operates from a perspective of egalitarianism. The therapist actively solicits input and feedback from the client and adjusts the therapy experience accordingly. The therapist defers to the client's preferences and empowers the client to direct the process. Collaboration differs from advocacy in that it involves just the therapist and client; no third party is involved. A therapist who greets a client with the question "What would you like to work on today?" is demonstrating the collaborative mode.

Strengths. Collaboration conveys that the therapist has confidence in the client's knowledge and opinions. This can provide a powerful boost to a client's self-esteem. When a client senses that they are respected in this way, the need for demanding respect through aggressive means is eliminated. Clients tend to maintain their independence if they are not encouraged to be overly reliant on a therapist.

Cautions. If a client is not ready or able to provide input to the therapist, collaboration is not an effective mode. A therapist who approaches activities collaboratively may confuse clients who expect a professional to behave more authoritatively. In some cultures, a therapist who asks a client for input is seen as not knowing how to proceed.

Empathizing Mode

A therapist using empathy spends a lot of time listening carefully and striving for understanding their client. These therapists are in control of their reactions and are willing to put themselves aside for the benefit of the client. They are very accepting of the client, even when the client is negative or needy. For instance, the therapist spends the time allotted for a horticultural therapy session sitting in the garden talking with a client who is grieving his loss of independence while adjusting to life in an assisted living facility.

Strengths. The empathizing mode has wide application since the therapist's ability to listen patiently is a trait prized by many people. Clients tend to feel both valued and cared for with an empathizing therapist. They know they can talk about negative aspects of life as well as positive. Furthermore, the therapist's behavior can become a model for a client who is struggling to adjust.

Cautions. This mode must be balanced with appropriate challenges in order for the client to progress towards goals. The therapist must be careful that every session is not consumed with only listening as the client must also take action in order to improve skills. Some clients may mistake the intimacy of empathy as an invitation to an inappropriate relationship and some may find the closeness simply uncomfortable.

Encouraging Mode

When a therapist is effective at building hope and confidence in a client and skilled in discerning what motivates a client, they are operating out of the encouraging mode. In this mode one uses humor, positive reinforcement, cheering on, and altering activities to suit a particular client. The therapist who applauds enthusiastically when the client completes each step of a task is operating out of the encouraging mode.

Strengths. Recognizing even small steps towards a goal can keep a client engaged in a long-term process. The therapist conveys hope and optimism while seeking motivators specific to the client. This helps even bored or discouraged clients to keep pursuing their goal.

Cautions. If overused, a client may become desensitized to the encouragement and the therapist may need to keep escalating their responses. For some clients, the therapist's animation, cheerfulness, and enthusiasm may be interpreted as silly, demeaning, or manipulative. An elderly client, for instance, may not find a "fist bump" to be a positive way to celebrate an accomplishment.

Instructing Mode
Instruction emphasizes education and following directions. The therapist is comfortable with being in charge and directing others. He or she is often skilled at confrontations, handling them deftly and with finesse. This therapist will meet a client's protest or resistance with further explanations and guidance. For instance, if a client doesn't see the value in dampening soil before transplanting and skips that step, the therapist will explain why it is important to ensuring the success of the process. The therapist will make sure that all directions are followed.

Strengths. Clients who may be feeling unsure of themselves find that a therapist utilizing the instructional mode instills confidence with a depth of knowledge that can be relied on. Clients who are accustomed to and value authority are generally comfortable with a therapist using this mode.

Cautions. If a client resents or resists authority figures, he may find this mode of interacting to be abrasive. These clients may engage in a power struggle to maintain their self esteem. This mode may also foster the feeling on the part of the therapist that the outcomes of therapy are totally dependant on the therapist when in reality they are not. There are times when a client may need to adjust or accommodate to a health challenge and cannot progress until that need is met. Instruction during this time is not helpful.

Problem-solving Mode
Problem-solving combines technical skill and creativity to achieve a desired outcome. The therapist is adept at applying foundational knowledge to new situations. This mode is utilized by therapists who have such depth of knowledge in their field that they can modify aspects of a task and still achieve the desired result. While all horticultural therapists are schooled in common adaptations and accommodations, a problem-solving therapist can creatively meet challenges that are unique or new. For instance, a student with quadriplegia is unable to use his arms or hands but very much wants to be in the garden club. The therapist constructs an insert for his wheelchair tray that will hold a dozen 3" pots so that the student can use the tray and his electric wheel chair to transport potted plants from the green house to the garden for planting by the other students.

Strengths. A therapist can achieve results quickly if the problem is addressed and solved. This mode is a good match for clients who value results over emotional bonding. In an effort to see whether they have solved a problem, this mode may require the therapist to become skilled at documenting outcomes.

Cautions. If a therapist needs to use this mode excessively, they may miss the gratification of building relationships with clients and encounter burn-out. This mode is not a good match if the client is emotionally reactive or interpersonally demanding.

Therapeutic Mode Case Study
The following example adapted from Taylor's book (2008) will help to illustrate that there is more than one therapeutic mode that can be utilized in a given situation.

Shirley is a 54 year-old woman with multiple sclerosis. She participates in horticultural therapy sessions with a goal of learning ways to conserve her energy while gardening, which is one of her favorite pastimes. From week to week, her attitude seems to change from being grateful for suggestions and complimentary of the therapist's approach, to being critical of and rejecting the approach. Shirley's behavior seems to be related to the severity of her physical symptoms that she experiences during her session times. She does not seem aware of this pattern.

The therapist might respond to Shirley's behavior in a number of ways depending on the therapeutic mode being employed:

1. The therapist might mention to Shirley that her mood seems connected to her symptoms and mobility. In helping her to understand the connection, the therapist would be utilizing the empathizing mode by putting aside his or her own natural response to criticism in order to explore the basis of the client's emotions.

2. The therapist might mention to Shirley that her mood tends to change when she is having a hard time with symptoms. The therapist could invite Shirley to join in considering options for how she might still benefit from horticultural therapy on her difficult days. The therapeutic mode being used in this scenario would be problem-solving because the therapist is focused on Shirley's participation as a hurdle to be overcome through creative approaches. In providing ideas for overcoming the problem, the instructing mode may

also be a part of this intervention.

3. The therapist could provide Shirley with the feedback that she tends to come across as being critical on her difficult days and educate her about alternative ways of getting her needs met. The key to labeling this approach is the intention to educate, which indicates that the instructing mode is dominant here.

4. The therapist could ask Shirley for more feedback on why she is having difficulty with the approach and ask her for suggestions about how to better accommodate her when she is having difficulty. This is an example of the collaborative mode since Shirley is asked to be an active participant in deciding the course of therapy.

5. The therapist could anticipate Shirley's difficult days and provide her with more support and encouragement on those days. This response contains elements of several modes, but the encouraging mode is prominent since the therapist has identified a need for including more "cheerleading" for Shirley. While one might think the therapist is being empathetic, empathy usually involves more dialogue. In this instance, the therapist has changed her behavior unilaterally in an attempt to elicit a better response from the client.

CONCLUSION

It is beneficial to practice labeling a mode for therapeutic interactions as doing so helps to make a therapist aware of and intentional in his or her behavior and communication with clients. Expanding one's repertoire of interpersonal modes so that an informed choice can be made that fits a given client and situation contributes to professional excellence. The client's response indicates whether the therapist has chosen wisely (Taylor, 2008). As members of a helping, healing profession, using technical knowledge of horticulture as well as of human interactions to promote positive outcomes for clients is both a challenge and a reward.

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