The Open Journal of Occupational Therapy

Volume 8
Issue 4 *Fall 2020*

Article 9

October 2020

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Recommended Citation

Milliken, B. E. (2020). Clients' Perspectives of Spirituality in Occupational Therapy: A Retrospective Study. *The Open Journal of Occupational Therapy, 8*(4), 1-19. https://doi.org/10.15453/2168-6408.1666

Clients' Perspectives of Spirituality in Occupational Therapy: A Retrospective Study

Abstract

Background: While occupational therapy (OT) identifies itself as a holistic profession, there is little guidance in the literature and in academia to assist practitioners in addressing spirituality. An assignment was developed to provide a platform for occupational therapy assistant students to explicitly screen for clients' perspectives of spiritual occupations. This paper summarizes the client responses to that assignment.

Method: Occupational therapy assistant students in a Midwestern community college conducted a 5-question spirituality screening in the context of their Level I and Level II fieldwork placements. While this exercise began as a student assignment, the value of the client feedback was recognized, themes emerged, and a retrospective content analysis ensued.

Results: Clients overwhelmingly identified as spiritual. Initially their associated spiritual occupations were largely religious-oriented activities. However, when questioned further, responses expanded to include nonreligious occupations that could inform occupation-based therapeutic interventions. Most clients maintained or deepened their spiritual beliefs despite their illness. Lastly, clients identified the practitioner's therapeutic use of self as spiritually supportive, while others associated spirituality with functional goals.

Conclusion: A single inquiry regarding a client's spirituality appears insufficient to adequately guide client-centered occupation-based treatment intervention. Clinicians are encouraged to articulate OT's distinct value related to spirituality to all clients.

Comments

The author reports no potential conflicts of interest.

Keywords

academic, doing-being-belonging-becoming framework, occupation-based intervention, therapeutic use of self

Cover Page Footnote

Special thanks to Samantha Rinehart, MA, LPC, COTA/L, for her assistance in data collection; and to Alyssa Lane, OTS, and Elizabeth Heims, OTS, for their contributions to the content analysis.

Credentials Display

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DOI: 10.15453/2168-6408.1666

Occupational therapy (OT) educators might agree that most curricular components are well-designed, straight forward, and tangible. Texts pertaining to the full range of clinical specialties will address a concept and/or technique in a structured, methodical manner with clinical examples and may even guide lab exercises or assignments. This has not necessarily been the case with the topic of spirituality and its place in the continuum of care. In fact, there are few examples of assessments and treatment interventions that directly address the topic (Waite, 2014). In light of this, there are numerous reports of occupational therapists who have reported feeling uncomfortable addressing issues pertaining to spirituality in the OT evaluation and treatment process and ill-prepared by their academic institutions to do so (Csonto, 2009; Egan & Swedersky, 2003; Engquist et al., 1997; Farrar, 2001; Finlay, 2000; Kirsch et al., 2001; Meredith, 2010; Morris et al., 2012; Taylor et al., 2000). Furthermore, occupational therapists have reported feeling uncomfortable with the verbiage surrounding spirituality in general, and religion in particular, as they view this as potentially crossing boundaries (Engquist et al., 1997). As a result, some occupational therapists have opted to take a more intrinsic approach to the topic by waiting for the client to broach the topic before responding with therapeutic listening (Egan & Swedersky, 2003).

In response to the deficit in academic preparation identified in the literature, this educator created an assignment that would require students to initiate a direct discussion of spirituality with clients receiving OT services. The goal of the assignment was to minimize the students' discomfort and uncertainty around addressing a client's perspective of their personal spirituality and begin to consider how this information might be incorporated into occupation-based interventions. While this assignment was not originally designed as a research project, the client responses proved to be so compelling that a retrospective study was initiated in an effort to conduct a content analysis. The following research questions were developed: (a) What occupations do adult clients of OT identify when asked about their spirituality? (b) What impact does disease or disability have on a client's spirituality? and (c) What do clients view as the role of OT in addressing spirituality?

This paper provides a description of the screening tool that was created for this assignment and outlines the directives that were given to the occupational therapy assistant students who were tasked with administering the tool. This paper explores the approximately 281 responses that were obtained from adult clients receiving OT services while students completed their Level I and Level II mental health and rehabilitation fieldwork rotations. The intent of this article is to provide the reader with an overview of the clients' thematic responses and insights into their perspectives of spirituality as occupation. The original intent of the exercise was to minimize any reticence to address spirituality once these students transition to occupational therapy assistants. The hope was that this experience would motivate them to pursue a similar line of inquiry with their own clients, in support of holistic clinical practices. That, however, would need to be the focus of a future study.

Review of the Literature

It is first important to understand the role of spirituality in OT practice. The third edition of the American Occupational Therapy Association's (AOTA) *Occupational Therapy Practice Framework* (OTPF, 2014) identifies spirituality as a client factor. It describes spirituality as "the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, to the significant and sacred" (as cited in Puchalski et al., 2009, p. 887). Humbert (2016) states that the wording clearly makes an association between spirituality and engagement in occupation. She goes on to say, "spirituality and ritual are . . .

explicitly related to the instrumental activity of daily living (IADL) of religious and spiritual activities and expressions" (Humbert, 2016, p. 22). The implication is that as an IADL, spirituality, and ritual are not simply in the context of OT intervention, but the responsibility of the occupational therapist.

This concept of spirituality as a responsibility of the occupational therapist is also underscored in the Canadian Model of Occupational Performance and Engagement (Polatajko et al., 2007), which identifies spirituality as an integral component of function. The Canadian Occupational Therapy Association was the first to emphasize that spirituality is central to the core of the person, and is "shaped and expressed through occupations" (Polatajko et al., 2007, p. 24).

That idea of spirituality as central to the person's being and expressed through engagement in occupation was reiterated by Donica (2008). She made the connection between occupation and spiritualty when she stated that "occupations are activities that an individual or individuals engage in which are meaningful and purposeful to those participating. Therefore, spiritual occupations are those occupations that are core to one's sense of self" (p. 109). In an attempt to motivate occupational therapists, she went on to emphasize the following:

> Recognizing spirituality and its role in occupational performance is well within the scope of occupational therapy and should be included more explicitly in education programs and continuing education. Occupational therapists need a thorough understanding of spirituality and how to incorporate it into practice. (Donica, 2008, p. 119)

Likewise, OT leaders like Christiansen have also challenged occupational therapists and assistants to more demonstratively incorporate spirituality into clinical assessment and intervention (Christiansen, 1997). Christiansen stated, "If occupational therapy is to be complete and genuine in its consideration of humans as occupational beings, it must acknowledge spirituality as an important dimension of everyday life" (p. 169).

Spirituality in the OT Scope of Practice

Despite clear statements in the literature regarding the role that spirituality plays in occupational engagement, it is apparent that some therapists continue to question whether or not spirituality and religious practices fall in the OT scope of practice. As a result, those occupational therapists have been reticent to engage clients in these discussions. In fact, Johnston and Mayers (2005) point out that occupational therapists may not be comfortable with the language surrounding spirituality and religion and in need of guidance regarding how to proceed. In reference to the topic of religion, in particular, occupational therapists reported that they did not initiate discussions but instead waited for the client to bring issues forward, using an implicit approach as opposed to explicit questioning (Egan & Swedersky, 2003). This implicit approach seems to be underscored by the fact that OT literature searches using the term "spirituality" generate limited results. Researchers must instead expand the search to include key words with more secular and generalized connotations, such as motivation, volition, meaning, and purpose, to generate more substantial results (Waite, 2014).

While spirituality and religion are not absolutely linked, they are associated for many individuals. The terms spirituality and religion are often used interchangeably despite having very different contexts. It is important to have a clear perspective of the differences between the two. McColl (2003) describes spirituality as:

> A human quality or state (specifically the state of being related to spirit), spirit itself is an entity, a force or an energy. It can be incorporated into our lives to a greater or lesser extent, depending on the extent to which we are able to experience it—that is, depending on the extent of our spirituality. (p. 11)

If spirituality is a state of being, religion, then, is a human institution to celebrate or honor what is perceived as the divine. McColl emphasizes that "if we are to serve all clients with regard to spirituality, we much accept that religious participation is a legitimate means of spiritual expression" (p. 12).

Engquist et al. (1997) reported therapists' concerns that religion may be outside of the OT scope of practice. Knowing that OT clients often, though not exclusively, express their spirituality through religious practices, it becomes important to understand the impact of those practices. Swinton (2012) speaks to the role that religion has on making meaning of illness in one's life. He states that:

> The structures of belief and systems of practice that form any given religion shape and form the ways in which those who participate in them see and respond to the world. This shaping and forming aspect of religion impacts on the ways in which illnesses are perceived and responded to by individuals and by communities . . . religion is a powerful force for shaping a person's understanding of illness. (p. 101)

This is important information for occupational therapists because spirituality and religion influence not only how clients experience disease and illness but also how they respond to the challenges that those illnesses present in their lives and how they engage in therapeutic interventions. Ellison and Levin (1998) outlined six mechanisms for how religion might actually help patients when facing illness. These considerations might be leveraged when engaging someone in the therapeutic process, as they clearly align with the OT scope of practice. They are:

1. Regulation of individual lifestyles and health behaviors. Generally speaking, many religions support health-promoting practices (i.e., moderation).
2. Provision of social resources. Supportive relational networks might be engaged as part of the discharge plan. Being a member of a supportive community reduces the sense of isolation and/or stigma that many individuals fear.
3. Promotion of positive self-perceptions. Religious practices that are uplifting and affirming can support independence and engagement in occupation.
4. Provision of specific coping resources, particularly in regard to effective cognitive and behavioral stress management techniques. Faith can provide a framework for interpreting and constructively coping with daily stressors as well as traumatic events.
5. Generation of other positive emotions. Focus on life-affirming thoughts, words, and actions can invite a greater experience of personal agency, control, positive regard, and forgiveness.
6. Additional hypothesized mechanisms, such as the existence of a healing bioenergy. Health care interventions are expanding to include meditative practices, such as mindfulness, visualization, and other positive psychological practices that include prayer.

Reflecting on the potential connection between spirituality and religion, Howard and Howard (1997) emphasized the need for occupational therapists to view spirituality first as central to all of human activity. In viewing spiritualty from a functional perspective, they stated, "If occupation is the basis for ultimate meaning, and religion is functionally defined as the filter through which we assign that meaning, then spirituality permeates all areas of occupation, making a direct link between occupational therapy and spirituality" (p. 182). The intrinsic motivation that emerges from a client's spiritual and religious practices can inform the therapeutic process and, therefore, warrants explicit attention.

The topic of spirituality can be uncomfortable for some occupational therapists and generate feelings of vulnerability in their clients as well as themselves. This emotional trigger may contribute to some of the reticence by occupational therapists to engage their clients on this topic. Koenig (2013) addresses the argument that perhaps health care providers should not screen clients related to their religious or spiritual issues for fear that it can cause harm, generate guilt, or create upset by being too personal. He acknowledges that clients might struggle with the question of "Why me?" and may feel that their moral behavior is somehow responsible for their illness. He defends the need for health care providers to persevere despite their anxiety by citing results from his study (Pargament et al., 2001). He states, "patients who feel deserted or punished by God or who question God's power or love, or feel their faith community has abandoned them have an increased likelihood of dying compared to patients without such feelings" (Koenig, 2013, p. 147). In light of the significance of this topic, he encourages health care providers to pursue inquiry even at the risk of generating some discomfort for the client. He compares this line of questioning to others that health care providers typically ask related to exercise, diet, or other behaviors that knowingly impact health, stating:

> All counseling with regard to health maintenance or disease prevention runs the risk of making patients feel guilty if they don't follow recommendations and end up sick . . . . Does the fear of inducing guilt prevent healthcare providers from making inquiries about these issues? No, it does not. Nor should it stop them from doing a brief spiritual history. (p. 147)

Reevaluating Holism

If spirituality permeates all areas of occupation, the question then becomes, are clients' spiritual needs, whether or not they include religious practices, truly being met? Koenig (2013) speaks to health care providers in general when he points out that 75% to 90% of seriously ill patients identify themselves as spiritual or religious, yet 75% of hospitalized patients state that their spiritual needs are minimally or not addressed at all by their health care providers. Furthermore, emotional and spiritual support is rated among the lowest for patient satisfaction and highest in need of improvement.

While Koenig's indicators looked at hospitalized patient care in general, the implications specifically for OT have also not been encouraging. Hemphill-Pearson and Hunter (1997) stressed that OT practice has historically been referred to as holistic, attending to the mind, body, spirit, and emotions of the patient. Guided by this definition, Findlay (2000) boldly raised a red flag for occupational therapists when she stated that declaring OT a holistic profession was an "elusive fiction and ambivalent struggle" (p. 268). She attributed this deviation from the values of the profession to issues pertaining to time, reimbursement, and adoption of reductionistic biomedical approaches.

While therapists in the Findlay study valued the concept of holism, it was apparent that the occupational therapists in the study did not have a consistent perspective of the meaning of, or approach to, putting it into practice. They instead defaulted to biomedical, as opposed to biopsychosocial, interventions (Findlay, 2000). Sadly, the current OT literature does not provide marked evidence of demonstrative change (Waite, 2014). These obvious professional concerns were the impetus for putting the following student assignment into place.

Method

Design

This is a retrospective qualitative study using content analysis. These data are client responses extrapolated from a homework assignment designed for occupational therapy assistant Level I and II

https://scholarworks.wmich.edu/ojot/vol8/iss4/9
DOI: 10.15453/2168-6408.1666

fieldwork students. The OT literature clearly and repeatedly emphasized the need for academic programs to provide opportunities for students to become more comfortable with clinical issues pertaining to spirituality and holistic patient care (Csonto, 2009; Egan & Swedersky, 2003; Engquist et al., 1997; Farrar, 2001; Finlay, 2000; Kirsch et al., 2001; Meredith, 2010; Morris et al., 2012; Taylor et al., 2000). Attempting to address that need, students were tasked with completing a 5-question screening requiring them to explicitly ask clients about their perspectives of spirituality and its relationship to OT. The genesis of this homework assignment did not include a comprehensive research design. Later, when grading the assignment, it became clear that there were several commonalities to client responses, and aggregating the data in order to more thoroughly explore emerging themes could prove to be of value. Following the transfer to another Midwestern university, institutional review board (IRB) approval was sought and received. IRB approval was expedited on the basis that no information pertaining to clients or facilities was identifiable and that no further data collection would take place.

This homework assignment was instituted in consultation with the fieldwork coordinator, and it was determined that Level I and Level II fieldwork students in mental health and physical rehabilitation rotations would be tasked with completing the screenings. Despite the fact that students assigned to pediatric fieldwork placements were excluded, all of the students would have the opportunity to conduct the screening as they progressed through the program. Instructors introduced the topic of spirituality in OT practice during the seminar/lab course associated with fieldwork and then oversaw the assignment in their respective courses.

Instrument and Assignment

The screening tool is atheoretical, as no specific theoretical framework was used in its design. The screening tool (see Appendix) was created to provide a guiding template for students to initiate a therapeutic inquiry specific to perceptions and expressions of a client's spirituality. The assignment was also intended to provide the student with a platform for articulating OT's distinct value in providing holistic therapeutic intervention.

Students were instructed to ensure confidentiality by recording the client's age and gender only. It was emphasized that students should omit client names, diagnoses, or other identifying information. While the names of institutions were also omitted, the category of fieldwork placement was included. Note that the specific facilities were altered each semester, but in general, consisted of the following:

- Mental Health Level I, e.g., community-based outpatient day programs and a homeless shelter.
- Physical Dysfunction Level I, e.g., inpatient hospital units and skilled nursing facilities.
- Physical Dysfunction Level II, e.g., inpatient hospitals, outpatient services, home health, skilled nursing, and long-term care facilities.
- Traditional Mental Health Level II, e.g., inpatient acute care mental health units and geropsychiatric units.
- Nontraditional Mental Health Level II, e.g., nursing homes with cognitive or behavioral care units, community-based organizations, and homeless shelter.

Level I fieldwork students were required to conduct the screening on one client of their choosing at some point during their fieldwork rotation. Level II fieldwork students were assigned to two Level II placements in a single semester and were required to complete five spirituality screenings with adult clients only. For those students with a pediatric Level II placement, all five screenings were to be conducted while at the alternate fieldwork site. If assigned to two adult sites, the student could take the opportunity to screen clients from either or both fieldwork sites.

Directives for the spirituality screening were as follows. The students were first to ask permission from the client to ask them some questions about their spirituality. A prompt was provided on the form. It read, "Occupational therapists and assistants treat clients holistically. This means that we pay attention to a person's mind, body, and spirit. In support of the 'spirit' portion of that holistic approach, I would like to ask you a few questions."

Following the client's verbal consent, the student began by asking Question 1: Do you consider yourself a spiritual person? If the person appeared confused or asked what was meant by "spiritual," the students were to provide the client the following definition, taken from the OTPF: Our profession defines spirituality this way: "The aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred" (as cited in Puchalski et al., 2009, p. 887). The students were to provide the definition only, if it was needed, so that they might first have an opportunity to learn how that particular client interpreted the term spiritual.

The students were instructed to record all of the client's responses in a verbatim manner, without paraphrasing, in order to have a clear understanding of the client's perspective. After ensuring that the client understood the context of Question 1, the students would then complete the screening by asking and recording the next four questions:

1. How do you express your spirituality?
2. Are there any other specific activities that you consider part of your spiritual practice?
3. Has your spiritual practice or perspective changed as a result of your current situation?
4. What can OT do to help support you with your spiritual needs?

The screening sheets with client statements were submitted toward the end of the semester. The students either received full credit for participating in the exercise or no credit if the screenings were not submitted at the designated time. Partial credit was not given. Following submission of the assignment, a general classroom discussion related to the experience was conducted.

Participants

Level I fieldwork students were directed to conduct the screening with one client, while Level II fieldwork students were tasked with completing five screenings. This assignment was introduced during the fall semester of 2016 and data were examined through spring 2018. During that time, 281 client screenings were captured, with 281 initiated, but only 278 clients completed all five questions. For three of the clients, once they did not identify as spiritual and could not identify any spiritual practices, the screening stopped. There were 115 males and 166 females. The participants' average age was 66.4 years. While these numbers do not reflect all of the screenings that were conducted during that period, the following is the number of screenings that were collected and analyzed for the purpose of this research. The number of client responses from the various categories of fieldwork placements are as follows:

1. Mental Health Level I - 20
2. Physical Dysfunction Level I - 16
3. Physical Dysfunction Level II - 78
4. Traditional Mental Health Level II - 23
5. Nontraditional Mental Health Level II - 136
6. Unidentified - 8

Data Collection and Analysis

This researcher was able to capture the screening results of 281 clients during the two academic year period. All answers were transposed to individual spreadsheets, categorized by each of the five questions. In an effort to triangulate the data, two master of occupational therapy (MOT) students from a

Northeast Ohio university in their last semester of academics, prior to Level II fieldwork, were recruited to assist with the content analysis. The researcher and graduate students met early during the Spring 2019 semester to review the project and discuss processes and expectations for the content analysis.

Following the initial meeting, the researcher and MOT students scheduled subsequent meetings approximately every 2 weeks to focus on each screening question individually. During those meetings, the group discussed individual client answers, interpretations, and perspectives pertaining to apparent themes. The researcher and MOT students arrived at each session with their spreadsheets coded in preparation for the meeting. Coding and thematic terminology were shared. Questions regarding interpretation of vague or ambivalent answers were also discussed until an agreement was reached. During the last scheduled meeting, the group focused on overarching themes and relationships among groupings of common responses. It became apparent, almost immediately, when discussing the first question, that Wilcock and Hocking's Doing, Being, Belonging, Becoming framework (Wilcock & Hocking, 2015) was revealing itself in the responses. The team took some time to review this model to ensure that each had a baseline knowledge of the concepts. In the final meeting, the team agreed that Doing, Being, Belonging, and Becoming would, in fact, be used as one framework for interpreting and organizing the findings.

Overview of Doing, Being, Belonging, and Becoming

The Doing, Being, Belonging, and Becoming framework upholds the belief that doing is the foundation of healthy occupation and that doing serves as the common component in being, becoming, and belonging in the human experience. Wilcock and Hocking (2015) write that, "Collectively and individually, (the word doing) embraces the doing of mental, physical, social, communal, spiritual, restful, active, obligatory, self-chosen, and paid or unpaid occupations" (p. 135). Being comprises the quiet, reflective, contemplative actions that make up the mental or spiritual components of ourselves expressed through doing. An example of being through doing is prayer or meditation.

Doing also facilitates human belonging through engagement with others. The Oxford English Dictionary's definition of belonging (as cited in Wilcock and Hocking, 2015) is: "Human affiliation to other people, groups, places and things that are spiritually valuable to them." From this perspective, occupation is a shared meaningful experience. An example of belonging can come from identifying as a registered parishioner of St. Raphael's Catholic Church or as a volunteer for the Animal Welfare League.

Wilcock and Hocking (2015) stress that becoming should be viewed as an ongoing process. They align becoming with the concepts of undergoing change, transformation, or development, ideally for the purpose of moving toward a more effective state of well-being. Examples of this might be commitment to an AA program or a bible study.

The goal of using this model when reporting on the content analyses of the five spirituality screening questions is to provide a context for organizing the 278–281 individual responses to each question. Common themes emerged and were clustered both thematically as well as categorically, using the being, belonging, and becoming verbiage.

Results

Question 1: Do You Consider Yourself A Spiritual Person?

While most clients responded with a straight forward yes or no to Question 1, a great many included qualifiers (see Table 1). Clients took various tacks when attempting to qualify their answers. For example, some clients spoke about their spirituality in terms of who they are with responses such as,

"I am a Christian," or "I am spiritual though not religious." In these cases, their spirituality or religion serves as a moniker for self-identifying. Other clients responded by relating their spirituality to what they do. Examples of doing activities were meditation, attend church, prayer, being with animals, enjoying nature, etc. One client stated, "I was raised to live a clean life." Lastly, some clients shared their perspectives, or the belief systems that guide them. For instance, some spoke about belief in God, nature, an afterlife, or a higher power. Others shared philosophical beliefs, such as, "everything happens for a reason."

Table 1
Question 1: Do You Consider Yourself A Spiritual Person?

Response	**n**	**%**
Yes	257	91.5
No	22	7.8
Undecided	2	0.7
Total	281	100

An interesting observation was that after asking just this first question, there were those who immediately began to question or assess the quality of their spirituality, and, by extension, themselves. The following are some examples of those responses:

- "I used to be but haven't been able to do much since my back injury."
- "I love God, but sometimes I get mad at him."
- "Yes, but not as much recently, though."
- "I'm not a good one."
- "I like to think that way but I realize I have self-doubts."
- "Half and half. I can be but I cannot be at times."
- "Yes, but I consider myself a spiritual screw-up."

This propensity for clients to begin to judge themselves, or perhaps to see themselves as being judged, is a potential area of caution when engaging clients in conversations regarding their spirituality. Occupational therapists should recognize the vulnerability that this conversation can evoke and be cognizant of one's own therapeutic use of self, while being prepared to affirm clients in their spiritual process. Humbert (2016) suggests that the approach that occupational therapists take when exercising therapeutic use of self, particularly with clients who are suffering, is "journeying with" clients. This shifts the therapeutic relationship, "from practitioner as expert to practitioner who learns about and enters the client's world" (p. 154). In this way, the therapist acknowledges the unique experience that the client is having in regard to his or her illness. This journey also allows the occupational therapist to learn and explore the personal meaning that clients ascribe to major life events, enriching the therapeutic relationship.

Question 2: How Do You Express Your Spirituality?

The reviewers were tasked with individually determining a thematic coding method and then came together to share their perspectives. Specific client responses were discussed to ensure that everyone was understanding them similarly. While the reviewers' individual coding verbiage was somewhat different, the collective interpretations were very similar. The first round of reviews for this question resulted in categories such as external versus internal, personal versus with others, and being versus doing. It was becoming clearer that these terms were aligning with the doing, being, belonging,

becoming framework. To that end, all items were then later coded using the terminology of Wilcock and Hocking's framework.

Questions 2 and 3 of the spirituality screening address the first research question: What occupations do OT clients associate with spirituality? There were 279 client responses to Question 2 (see Table 2). Answers were coded in three different ways. First, they were coded based on their description of a doing, being, belonging, or becoming occupation. Context and verbiage were attended to when coding. For example, there were qualitative shifts to the occupation of music. If the client discussed listening to music for relaxation purposes, it was coded as a being occupation. If the client talked about playing music for enjoyment, it was coded as a doing occupation. But, if the client shared that he played music with the church choir it was coded as belonging. Second, they were categorized into either a traditional religiously-oriented occupation or a nontraditional spiritual occupation. Examples of traditional religious occupations were key references to church, prayer, God, bible, and religion, or some derivative of those words. Identified occupations that did not reference any of the key words were coded as nontraditional/spiritual. Third, while religious practice can include a great number of activities, this researcher chose to tally the occupations mentioned by clients that were not specifically related to a religious tradition, and, therefore, referred to as secular occupations. The rationale for this was to have a heightened sense of the range of spiritually-preferred occupations, as these might be more easily adapted for clinical intervention. An additional reason for tallying the nonreligious and secular occupations was to see if there was a significant change in the number of responses between Questions 2 and 3 of the spirituality screen, which was, by design, a redundant question.

Table 2

Question 2: How Do You Express Your Spirituality?

Category	**Client Responses**	**Percentage of Total**
	n = 373	
Doing	41	11.0
Being	162	43.4
Belonging	106	28.4
Becoming	32	8.6
Negated or Vague Answers	32	8.6
Secular Occupations	48	12.9
	n = 279	
Traditional	168	60.2
Nontraditional	79	28.3
Negated or Vague Answers	32	11.5

While there were 279 clients responding to this question, some clients stated multiple examples of how they expressed their spirituality, and, therefore, each item was coded separately. Some of the clients denied having any spiritual practices, while others provided oddly worded or vague responses. In both of these cases, those answers were not coded but included in the data.

The greatest number of responses focused on doing through being, and overwhelmingly the clients spoke of traditional religious occupations, such as praying, praising God, and reading the bible. One example of a client response for this category was, "By going to my inner soul. I usually don't display it for people to see. I keep it to myself unless I'm in a church. Rarely people see it." Other clients

mentioned nontraditional spiritual occupations, such as spending time in nature or with animals, journaling, meditation, singing and playing music, and practicing gratitude. During this initial inquiry, secular occupations were mentioned 48 times. One client admitted that in order to get in touch with his feelings he gets on his Harley and rides to clear his mind.

Belonging was the second highest category of answers. Here, the clients overwhelmingly discussed their connections to a church community. In addition, several described volunteer efforts in which they engage. Several shared the many ways in which they make attempts to reach out and connect with family and others.

When speaking about doing in support of becoming, the clients typically stated that they were trying to achieve personal growth or development of some type. Since the student screeners generally did not include dialog related to secondary questions, as long as the clients' statements inferred that they were in the midst of some sort of growth process, their responses were categorized under the heading of becoming.

Lastly, doing was a standalone category for those answers that were more occupation-specific. An example of this is the client who answered that she expressed her spirituality in the following way, "Through dance, through song, through life, through living, through whatever I do."

These data demonstrated that when asked about one's spirituality, the majority of these clients initially interpreted it as a traditional religiously-oriented inquiry. This is evidenced by the comparison of traditional religious responses (168) to nontraditional spiritual responses (79).

Question 3: Are There Other Specific Activities That You Consider Part of Your Spiritual Practice?

Question 3 was included with the intentional purpose of being redundant. The hope was that students would be able to generate a broader range of responses to expressions of spirituality. Of note is the fact that the number of times that clients listed a secular occupation rose from 48 instances to 95 instances, and doing occupations rose from 41 instances to 70 instances, demonstrating that the students were indeed receiving more occupation-based feedback (see Table 3). Here, the clients' expanded list included occupations such as quilting, gardening, making jewelry, singing, puzzles, art, history, fishing, camping, boating, feeding birds, wood carving, exercising, yoga, using technology, making toys and ornaments and pies for charities, and cooking and eating healthy foods, among others.

Table 3

Question 3: Are There Other Specific Activities That You Consider Part of Your Spiritual Practice?

Category	**Client Responses**	**Percentage of Total**
	n = 376	
Doing	70	18.6
Being	120	31.9
Belonging	114	30.3
Becoming	11	3.0
Negated or Vague Answers	61	16.2
Secular Occupations	95	25.3
	n = 278	
Traditional	132	47.5
Nontraditional	85	30.6
Negated or Vague Answers	61	21.9

While still remaining high, the number of traditional religious responses was reduced from 168 to 132, showing a broadening consideration of the concept of spirituality to include activities other than religious practices. Evidence of a broadening perspective was further supported by a small increase in nontraditional responses. Responses related to belonging also rose modestly. One reason why belonging increased was because clients became more specific when describing and identifying their church and volunteer activities. For example, instead of saying, "I am an active church member" (Question 2 response), the clients were more likely when answering Question 3 to identify being part of the women's group, quilting group, bible study, teaching Sunday school, monitoring the children, visiting nursing homes as a Eucharistic minister, or volunteering to help the blind, etc.

In addition to greater specificity in describing occupations, the number of negated or vague answers almost doubled from Question 2 to 3. One explanation is that for some clients, they had provided an initial answer and did not feel like they had anything more to add. These clients responded to Question 3 with phrases like, "I don't know" or "I can't think of anything." Of interest is that fewer individuals were able to answer the question, yet those clients who did answer generated more responses.

Question 4: Has Your Spiritual Practice or Perspective Changed as a Result of Your Current Situation?

Question 4 on the spirituality screening addresses research Question 2: What impact does disease or disability have on a client's spirituality? The following are some examples of client responses for each of the four categories:

- Yes – enhanced:
    - Over time I just have become more thankful from a spiritual standpoint of the smaller things. From a spiritual standpoint I've matured as far as understanding there is a higher call, there is a higher purpose.
- Yes – adapting to loss:
    - I am lonely a lot of the time. I wish I could just go home and be with my husband. But the weekly visits have helped me through my loneliness and praying to Him has also helped.
- Yes – diminished:
    - I believed that God was there to help us whenever we were hurting, but due to my current situation, I didn't understand why He picked this to happen to me.
- No change:
    - No, I appreciate every day that I'm alive.
    - No, I know He has a plan and that I don't always understand what it is. Right now is when I need Him most.

The client responses were overwhelmingly positive in that 43.2% of them identified no change, and another 29.5% felt as though it was either strengthened or they had been able to adapt to any loss (see Table 4). Only 18.3% of the respondents identified a diminishing of their faith or spirituality. The idea that patients widely use spirituality as a coping mechanism is supported by Koenig (1998), who reported that approximately 90% of medical patients used religious practices as a primary method of coping with physical illness. He went on to say that 40% identify religion as their most important motivator to keep going.

Table 4
Question 4: Has Your Spiritual Practice or Perspective Changed as a Result of Your Current Situation?

Category	Client Responses n = 278	Percentage of Total
Yes - enhanced	53	19.1
Yes - adapting to loss	29	10.4
Yes - diminished	51	18.3
No change	120	43.2
Incomplete or Vague Answers	25	9.0

Question 5: What Can OT Do to Help Support You with Your Spiritual Needs?

This final question of the spirituality screening addresses the third research question: What do clients view as the role of OT in addressing spirituality? One adage summarizes what the clients in this study appear to be communicating: *How you are is as important as what you know*. From an OT perspective, it would mean that an occupational therapist's therapeutic use of self is as impactful as her technical skills.

These data emphasize the clients' overwhelming desire for emotional support from the occupational therapist and reflect the client's perspective that emotional support meets spiritual need (see Table 5). The clients asked for therapists to do the following: listen, suspend judgement, be kind, be loving, be supportive, laugh, smile, empathize, instill hope, be patient, encourage, understand, and be positive and uplifting. More specific requests were made that clearly reflect the therapeutic relationship. Examples include:

- Be kind. Be understanding when I'm not so kind.
- Give me strength to pull what is on the inside out.
- Be honest about progress with me and don't give me too much praise for small gains.
- Get to know me as a person, as well as a patient.
- They (therapists) need to treat me like a person and not just a patient.

One client provided a warning about the pace of the environment and how it can impact the therapeutic relationship when she said, "I think (about) communication sometimes. Like if we don't communicate, I don't understand things. It fouls me up. We lose communication because everything is in such a hurry. Then I don't understand what I am supposed to do."

Table 5
Question 5: What Can OT Do to Help Support You with Your Spiritual Needs?

Nature of Support	Client Responses n = 318	Percentage of Total
Emotional	91	28.6
Physical or Mental Health Interventions	82	25.8
Spiritual Goals	43	13.5
Spiritual Connections	15	4.7
Negated or Vague Answers	87	27.4

Of note is the fact that the second highest category of responses focused on clients' physical and mental health goals. Here they made a connection with what OT does and not simply how it is done. Clients articulated the value of how increased function allows for participation in valued occupations.

They mentioned the need for strength without pain, meditation techniques, mobility, independence with activities of daily living, being safe, and returning home.

The next highest set of responses involved clients' making a direct connection with their spiritual occupations. Many clients generally reported being eager to reengage with their church and their church community while other clients asked for general considerations related to therapeutic approaches:

- Please work around my schedule in the early morning, so my prayer time is not interrupted.
- Incorporate spirituality during therapy, because I find it to be motivating.
- Acknowledge the importance of spirituality.
- Include more music and being in nature.
- Quotes. You know what I'm saying? Everybody loves beautiful quotes.

Several others were quite directive in requesting religiously or spiritually-oriented therapeutic goals and interventions. These clients were clearly making the connection between OT and their personal spiritual goals. They included:

- Help me learn new ways to kneel so I don't look like I'm not participating in church.
- Take me outside for sessions. Give me supplies to be creative and reconnect with my true self.
- I'd really like to read my bible, but my eyes cannot see well enough anymore. Can you help with that?
- I'd like to make a cross out of arts and crafts.
- Maybe you could help me find ways to do more charity work.
- Teach me some techniques to hold my bible.
- Help with getting in and out of the car (in order to attend church services, volunteer, etc.).
- Help identifying transportation to and from church.

The category coded as spiritual connections is a tally of each time a client asked for or suggested that the occupational therapist prayed for her, prayed with her, read the bible with her, or discussed religion in any way. It is interesting that out of 318 responses, these requests were only made 15 times, or 4.7% of the time. While occupational therapists have reported concerns regarding religion and professional boundaries (Engquist et al., 1997), these data show that, despite explicit questioning about spirituality, the clients in this study did not test boundaries to any great degree. As an interesting side note, one of the student occupational therapy assistants who participated in this study later reported that she had a client who was motivated to read her bible. This same client also had a goal of increasing tolerance for edge of bed sitting. By incorporating bible reading at edge of bed, the client's performance notably improved, as the student took what might have been perceived as an awkward request and turned it into an effective therapeutic intervention.

Finally, the increase in the number of negated or vague answers associated with Question 5 (87) was notable. The four previous percentages in this other category were (a) .7%, (b) 8.6%, (c) 16.2%, and (d) 9%. That number rose markedly to 27.4% for Question 5. In order to have a better understanding of what the rationale might have been for such a dramatic shift, this researcher chose to review and code these responses separately. Nine responses were either a joking, sarcastic, or a vague remark, and, therefore, were not interpreted as answering the question. Next, in 30 of the responses, the client clearly indicated that he or she wished to not answer the question or move forward with the inquiry. While it had been reported that some health care providers feared that they might irritate clients by probing into their spirituality (Koenig, 2013), these data show that that may have only occurred for 10.8% of this group and during this final question. However, in the greatest majority of the responses (48), the clients simply stated that they did not know how to answer the question.

One explanation for the large number of clients who could not answer the question might be that OT's role as a holistic profession had never been adequately articulated to them. Evidence of this was seen in clients' statements, such as:

- Help me understand occupational therapy more.
- I didn't know OT could help me.
- My cousin is a COTA, and I didn't know OT had anything to do with spirituality.

In the end, 87 out of 278 clients chose not to, or could not, answer this final question. Those 191 clients who did answer the question were able to generate 231 responses, showing that those who attempted to make the connection between OT and spirituality had meaningful and specific input to share.

Discussion

Doing, Being, Belonging, Becoming Framework in Action

The Doing, Being, Belonging, Becoming model is exemplified and activated in the therapeutic process and proves to be a meaningful lens for reviewing these data. Specifically, the occupational therapist's being can be reflected in the client's own sense of being (e.g., the occupational therapist's positivity is reflected in the client's sense of confidence). This sense of self then provides the opportunity for therapeutic belonging, the idea that the therapist and client are a bonded team that supports the client's commitment to therapy. That sense of belonging then provides a foundation for the client's becoming, as their goals are addressed and realized. Doing is the client-centered, occupation-based interventions throughout the process, and informed by the occupational therapist having a clear sense of what genuinely motivates the client. This therapeutic dynamic requires that the occupational therapists truly be holistic in their approach.

Need for an Explicit Approach

The literature tells us that occupational therapists often take an implicit approach when addressing client spirituality (Egan & Swedersky, 2003; Engquist et al., 1997), preferring to wait until the client raises the topic. However, as evidenced in this study, it is important not only to ask explicitly but also to be persistent, even redundant, in the questioning to capture concrete examples of how clients perceive and express spirituality in their own lives. If the students had stopped after Question 2, they would not have been able to generate the rich occupation-specific data that followed. While some occupational therapists may be hesitant to pursue questioning specific to spirituality because of concerns that it will provoke uncomfortable invitations to engage in religious practices, it was shown to occur in only a small minority of the responses in this study. Explicit inquiry may provide insight into a broader range of activities that could help to inform occupation-based treatment intervention.

Clarity Regarding OT's Role in Addressing Spirituality

This student assignment was originally introduced into the OT assistant curriculum in response to claims in the literature that occupational therapists felt ill-prepared by their academic institutions to address clients' spirituality. This study demonstrates that the confusion felt by occupational therapists is extended to our clients. Asking clients to identify goals related to their spiritual needs first requires the therapist to articulate clearly OT's distinct value in this area. Providing the definition of spirituality from the OTPF was initially helpful but proved to be insufficient for some clients when they attempted to see its relevance to their treatment goals. Occupational therapists are encouraged to challenge themselves to develop and incorporate a succinct explanation of OT and spirituality into their existing format for

introducing themselves. Furthermore, occupational therapists might consider using the term spiritual when describing their practice. This was also supported by Beagan and Kumas-Tan (2005) who stated,

> It seems clear that although occupational therapists do not name their work as spiritual, they are in practice addressing aspects of the spiritual: holism, respect for clients' personhood, attention to meaning, relationship and connection, and inclusivity. In fact, it is difficult to imagine authentic occupational therapy practice that does not attend to such basic and all-encompassing elements . . . . It appears that occupational therapists may need to be urged to name what they are already doing in everyday practice as attending to the spiritual. (pp. 22–23)

Client Values

Clients, particularly those with religious or spiritual ideals, place a high value on their established practices. These practices serve as important coping strategies and strong motivators. In addition, they can provide rich opportunities for therapeutic intervention. Humbert (2016) stresses that attending a church service or engaging with a church community is an IADL that alone has value. It might also serve as a motivator for endurance and functional mobility goals, ADLs, fine motor or compensatory strategies, or when addressing transportation needs, as some of the clients requested in this study.

Spiritual Significance

The clients recognized the significant impact of therapeutic use of self. They were able to articulate their needs clearly in regard to approaches that nurtured and motivated them. Furthermore, many of the clients made a direct connection between spiritual intervention and the occupational therapist's approach and demeanor. This connection demonstrates that clients are able to see spiritual value, not only in the components of OT, but also in the delivery of it.

Boundaries

This study highlights the fact that religious practices are only one category of spiritual expression. Some occupational therapists have voiced their hesitancy to address the topic of spirituality for fear of crossing religious boundaries (Engquist et al., 1997). Despite this concern, the clients in this study overwhelmingly maintained appropriate boundaries when responding to the questions in this screening. Spirituality is an identified client factor in the OTPF and engagement in religious practices is viewed as an IADL (Humbert, 2016). The OT profession supports the occupational therapist in pursuing this method of inquiry for the purpose of revealing insights into the full scope of occupations that are meaningful and motivating for the individual. This line of questioning should not invite discussion or debate regarding belief systems or theology, as that would constitute boundary-crossing. However, as with all professional competencies, if an occupational therapist believes himself to be lacking the knowledge base or skill set to assess and/or implement a particular intervention, he has a responsibility to seek out professional development. Furthermore, in the event that a client has a sincere desire to discuss religious concerns or existential issues, there are other members of the health care team (e.g., hospital chaplain) to whom a referral might be made, as this falls outside of the OT scope of practice.

Limitations

A study such as this gives voice to the recipients of OT services and allows for their clinical priorities to be heard. Anytime clinical research is able to capture the therapeutic experience from the client's perspective, all therapists benefit. With that said, there are some limitations to this study. First, it must be reiterated that this was not initially constructed as a research study but, instead, as a homework

assignment for OT assistant students during their fieldwork placement. The screening tool was atheoretical and not standardized. The findings, despite being organized using the Wilcock and Hocking model, reflect the tool that was used.

The students were instructed to conduct the spirituality screening with a client(s) of their choosing. The students may have gravitated toward clients who they believed to have a spiritual nature. It became apparent, however, that this was not exclusively true, as all of the client responses reviewed for this study did not identify themselves as spiritual. Because of the sampling mix, the review of these data was made richer. With that said, because of the convenience sampling, the number of positive responses in Question 1 may have been higher than a more randomized sampling of OT clients.

When reviewing the assignment with the students, the instructor directed them to transcribe the clients' responses verbatim to specifically capture the clients' views, without insinuating their own opinions or perspectives. The rigidity of this directive may have precluded some students from asking clarification questions when responses were limited or obscure. The paucity of secondary questions became an issue, particularly when coding Question 4. Several responses were limited to "yes," leaving this researcher to question, In what way did the clients' spiritual practice or perspective change as a result of his current situation? Because of this limited information, these responses could not be coded. Similarly, the students either received full credit or no credit for completing the assignment and handing it in on time. The fact that cryptic answers were not expounded on could have been because there was not an academic incentive for expounding on an item and generating a more complex response. Another explanation could be that these students' screening skills were at a novice level. The instructors did not provide a dedicated lab to train students on how to conduct the spirituality screening specifically, but instead spoke about the process in general when reviewing the significance of the assignment.

As a retrospective study, these screenings were done by a wide variety of students at different skill levels and over time. This researcher and the MOT graduate students were limited to solely interpreting what was written on the page and the nuances of the verbiage that was included. Attempting to decipher intent and meaning was a significant portion of the discussion that took place when the three reviewers convened for each session. As a result, there may have been errors in the coding of some individual items because of the potential for misinterpretation of what the client meant or intended to say. Despite have this challenge, this researcher believes that the overarching themes and general trends of data would be largely unchanged.

Implications for Future Study

Several opportunities exist for building on this work, both from the clinical as well as the academic perspectives. First, in regard to clinical studies and recognizing that occupational therapists might need some assistance in communicating the profession's role with spirituality, it might be interesting to work with a group of therapists and assistants to develop an elevator speech to describe OT's distinct value in meeting the holistic needs of its clients. Once that it is developed, a study could look at the impact of that communication on client-identified goals, perceptions of the therapeutic relationship, and reports of occupational therapists' comfort in addressing issues pertaining to spirituality, to name a few approaches.

In addition to an elevator speech, it will also be important for occupational therapists to have access to a quick screening tool or set of questions that they feel comfortable using when engaging clients early in the therapeutic process. Further attention to the development of such a tool is warranted.

Measures of the outcomes of that tool and its impact on the plan of care would also be important to capture.

From an academic perspective, this assignment could be expanded in many ways. First, asking students to complete a self-evaluation of their own fears and concerns, preconceived ideas about OT and spirituality, or clients and their sense of spirituality prior to, and then again following, the completion of the assignment could prove to be valuable. Second, it may be beneficial to incorporate an online reflective discussion post of students' thoughts and perceptions related to their understanding of OT as a holistic profession in light of completing this, or a similar assignment. Third, measuring students' understanding of spirituality as a client factor as they transition from Level I to Level II fieldwork could provide insight into the efficacy of the curriculum.

Lastly, the complaint that therapists felt ill-prepared to address spirituality in the context of OT interventions requires a thoughtful and strategic response from those of us in academia. This study lends support for the development of a stand-alone elective or required course that addresses the topic of spirituality with its diverse expressions and the myriad opportunities occupational therapists have for attending to clients' spiritual needs. The impact of a course such as this could be measured either immediately through the inclusion of a pre/post reflective assignment or longitudinally when following up with completers and exploring what holistic approaches they incorporate into their practice, and the frequency with which they do so. To reiterate, the topic of spirituality in OT presents researchers with a rich field of study.

Conclusion

The practice of OT is ever-changing. Through the years it has adapted to shorter lengths of stay, increasing demands for productivity, and multiple reimbursement systems. Despite these challenges, the profession has continued to purport its priority to be the clients' holistic health and well-being. Health care reimbursement is currently evolving, yet again, to a patient-driven payment model that emphasizes the value, as opposed to the volume, of services (AOTA, 2019a).

In light of this new mandate, it becomes more important than ever for occupational therapists to be able to articulate their distinct value when treating individuals. The Occupational Profile Template, published by AOTA (2019b), specifically asks the occupational therapist to assess the client's values and interests, occupational history, and patterns of engagement. As revealed in this study, spiritual and religious practices are common, yet unique, to each individual and are clearly reflected in one's values, interests, history, and patterns. Spirituality is at the core of our humanity and has long been a pillar of our profession. This study confirms the fact that spirituality is a strong motivator as well as a critical coping strategy following onset of disease, disability, or trauma. While some therapists and assistants may need a bit of guidance and support, OT's origin in mental health has earned its professionals the privilege of working with clients on this most intimate of levels. Explicit questioning about spiritual practices, sensitive therapeutic use of self, meaningful occupation-based interventions, and a clearly communicated explanation of the role of spirituality in OT may just be a few of the components that allow OT to distinguish itself as a value-based therapeutic intervention.

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Appendix
Spirituality Screening

Client Information:
Gender _____
Age _____

Clinical Rotation:

_____ Mental Health Level I
_____ Physical Dysfunction Level I
_____ Physical Dysfunction Level II
_____ Traditional Mental Health Level II
_____ Nontraditional Mental Health Level II

Occupational therapists and assistants treat clients holistically. This means that we pay attention to a person's mind, body, and spirit. In support of the "spirit" portion of that holistic approach, I would like to ask you a few questions.

1. Do you consider yourself a spiritual person?

   **If the person asks what is meant by "spiritual," provide the following definition:
   Our profession defines spirituality this way: "The aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred."

2. How do you express your spirituality?

3. Are there any other specific activities that you consider part of your spiritual practice?

4. Has your spiritual practice or perspective changed as a result of your current situation?

5. What can OT do to help support you with your spiritual needs?

*Note: It is VERY IMPORTANT that you record the client's answers verbatim (word for word).