

Chapter 1 : Therapeutic use of self – Lifelong Learning with OT

CONTEMPORARY FAMILY THERAPY stuck, avoiding the issue, skewing the information, or losing focus. The use of self allows therapists to be fully present for their clients.

Empathy is not measurable. So they resist it. Mostly i think they fear that this approach may challenge them, most people have never learned how to make challenges opportunities. They refuse to expose themselves to risk but then they never get the reward. Angela February 20, at 7: I am searching for OT articles about this as i find it really fascinating and agree that this is the most important thing. The therapeutic relationship is the vehicle through which we work and so influences the result hugely. Barbara Allatt October 28, at 1: I am a second year OT student Emotional intelligence and the occupational therapist. Mckenna J, Mellson J. Occupational Therapy and Use of Self. I hope to incorporate many of the activities into my courses here at Saginaw Valley State U. You may find it to be useful for your endeavor as well. Being an OT for over 30 years, I still find it very tough to explain it or even teach it, so any ideas are welcome. Tim Blasius The publisher for the book is F. Davis and is available at <http://www.frdavis.com> I always mean to add to this posting as interestingly enough it is the post that most people look at so my blog statistics say –. Jackie November 5, at Does anyone have any idea of where to look? I was at a presentation today and the person was talking about emotional intelligence and you could see the links between the concept of emotional intelligence and therapeutic use of self. I always think that I need to follow up my supervision research – perhaps one day. Jackie November 27, at 4: As many of us know through life we encounter many people who are in a profession that cares but dont do so themselves. Thankyou for sharing some of yourself with me it has been so very useful. Future OTR January 20, at 3: As a student, I highly recommend the book. I found the early chapters which cover the various types of responding to be very helpful. I am always looking for more literature applicable to OT, and any references would be greatly appreciated. Jackie October 28, at 1: I found the information you have put here are very useful. My supervisor always suggest me in order to build a therapeutic relationship with patients, I have to ask question in regards to the therapeutic use of self. Could you suggest me any questions or topics that you would ask or talk to a patient to develop therapeutic relationship? Rachel Kidd April 6, at I think the use of self in a forensic setting can be very challenging for therapists yet is so vital for patients in forensic settings, perhaps even more so than in other settings–what are your thoughts on this? Rachel Aubrey October 3, at 3: Through my education I have learned about therapeutic use of self and its benefits on the relationship between patient and therapist. Included in those courses were topics such as religion and faith, culture and empathy. I think all three are vital to using therapeutic use of self effectively. Mark Rowan October 3, at 9: My question would be: August 11, at 7: I am just discovering this site and your remarks. They do strike a chord. I am open and listening with a keen awareness that the person in front of me is doing the best that they can, and while that is true, they can do better because they are, after all back in the hospital. The same is true for me at any given moment. I am doing the best that I can, but I can always do better. Does that make any sense to you? Sally in Houston Texas.

Chapter 2 : The Therapist's Use Of Self - John Rowan, Michael Jacobs - Google Books

September The therapist's use of self: A closer look at the processes within congruence encouraged to examine what was going on for him/her whilst working with the patient and use this knowledge to further understand the patient. in order to observe self and the patient.

Updated bibliography At its most basic therapist self-disclosure may be defined as the revelation of personal rather than professional information about the therapist to the client. When therapist disclosure goes beyond the standard professional disclosure of name, credentials, office address, fees, office policies, etc. Types Of Self-Disclosures There are four different types of self-disclosures: Following are descriptions of these types. There are two types of deliberate self-disclosures. The first one is self-revealing, which is the disclosure of information by therapists about themselves. It also covers disclosure through place of practice, tone of voice, pregnancy, foreign or any accent, stuttering, visible tattoos, obesity and many forms of disability, such as paralysis, blindness, deafness or an apparent limp. Therapists reveal themselves also by their manner of dress, hairstyle, use of make-up, jewelry, perfume or aftershave, facial hair, wedding or engagement rings, or the wearing of a cross, star of David or any other symbol Barnett, ; Tillman, ; Zur, Therapists who practice in small or rural communities, on remote military bases or aircraft carriers, or those who work in intimate and interconnected spiritual, ethnic, underprivileged, disabled or college communities, must all contend with extensive self-disclosure of their personal lives simply because many aspects are often displayed in clear view of their clients by virtue of the setting. Non-verbal cues or body language e. Even for analysts who strive to minimize self-disclosure, every intervention nonetheless hides some things about the analyst and reveals others Aron, Such searches can reveal a wide range of professional and personal information, such as family history, criminal records, family tree, volunteer activity, community and recreational involvement, political affiliations and much more. Therapists do not always have control over what is posted online about them, which means they may not have control or even knowledge of what clients may know about them. Historical Context Discussions of psychotherapist self-disclosure dates back to the earliest years of psychotherapy. As early as , and consistent with the puritanical culture of his time, Freud emphasized that "The physician should be impenetrable to the patient, and like a mirror, reflect nothing but what is shown to him" Petersen, , p. In Jourard a published Self-disclosure: An Experimental Analysis of the Transparent Self, which has been highly popular among humanistic psychotherapists ever since. Simultaneously, the step programs used in many support groups, which are based on mutual self-disclosure, have proliferated since the s and s. The s have witnessed a cultural shift where celebrities and politicians, such as Oprah Winfrey, Kitty Dukakis, Elizabeth Taylor and Patty and Michael Reagan, have accustom the public to intimate and detailed confessions on national TV. At the same time, Oprah, Geraldo, Donahue and Roseanne -type shows have promoted extreme and often bizarre self-disclosure by people on TV in front of millions of strangers. In the new millennium so-called reality shows that promote uncensored voyeurism and uninhibited self-disclosure have burgeoned. Societal change in attitude has manifested itself also in medicine and mental health services. In the managed care era of the s patients or clients have become consumers and physicians and psychologists have become providers. Modern consumers feel entitled to access all kinds of information about their medical caregivers, and they can turn to medical boards, federal medical data banks, consumer protection agencies and a vast array of private, for-profit enterprises that are ready to provide it. Finally, the Internet has brought about the most significant information revolution. Consistent with consumer requests for information, more and more psychotherapists are constructing consumer friendly, personal Web sites featuring not only professional data, but significant amounts of personal information as well Zur, On the professional front dovetailing with the humanistic, feminist and self-help movements, several new approaches to therapeutic self-disclosure surfaced towards the end of the 20th century and at the beginning of the 21st. Even psychodynamic oriented therapists have reviewed the clinical utility of self-disclosure Bridges, ; Goldstein, ; Renik, Similarly, the APA Code of Ethics of , like the prior ethics codes, provides needed clarity to the issues when it stated that therapeutic interventions should be judged by the ". Taken all together, it becomes clear that a positive view of

professional attitudes toward self-disclosure have co-evolved with the cultural attitudes toward self-disclosure. Different therapeutic orientations have obviously different takes on self-disclosure: Neutrality, abstinence and anonymity, according to traditional analytic theory, are the foundations for transference analysis Langs, ; Petersen, Along these lines Simon advocates that psychotherapists: Foster psychological separateness of the patient. Preserve relative anonymity of the therapist" p. Jourard b , in his widely quoted book, Self-Disclosure: An Experimental Analysis of the Transparent Self, discusses at length the importance of self-disclosure for humanistic psychotherapy. Group psychotherapy is another orientation that has stressed the importance of self-disclosure. Therapists and clients joining together in political demonstrations and other political activities is encouraged as a means to model and empower clients. Greenspan states, "I am a great believer in the art of therapist self-disclosure as a way of deconstructing the isolation and shame that people experience in an individualistic and emotion-fearing culture" p. Self-disclosure is viewed in feminist therapy as the ultimate way to equalize the power differential between therapists and clients and the most effective way to transmit feminist values from therapist to client. Self-help based therapies use self-disclosure extensively Mallow,

Chapter 3 : The Therapist's Use of Self by John Rowan

therapeutic use of self the ability to use theory, experiential knowledge, and self-awareness, and to explore one's impact on others. therapeutic use of self thoughtful and deliberate use of one's personality, opinions, and judgments as a component of the therapeutic process.

Chapter 4 : Therapeutic Use of Self | Occupational Therapy Otago

The Use of Self in Therapy: An Introduction Michele Baldwin At a time when many new forms of therapy and new techniques flourish it seems essential to more fully explore the role of the person of the.

Chapter 5 : racedaydvl.com: The Use of Self in Therapy (): Michele Baldwin: Books

These two streams of thinking about the therapist's own self provide much material for the bulk of the book - but other aspects of the therapist also enter the picture, including the way a therapist is trained, and uses supervision, in order to make fuller use of her or his own reactions, responses and experience in working with any one client.

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The Therapist's Use Of Self By John Rowan & Michael Jacobs. Contents. 1 Introduction Three ways of being a therapist. 2 The instrumental self Learning and applying the skills of therapy.

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Therapeutic use of self or conscious use of self is often recognized as an important therapeutic tool or by some as a core skill of occupational therapy. Two events have recently renewed my interest in therapeutic use of self.

Chapter 8 : Self-Disclosure & Transparency in Psychotherapy and Counseling, by Ofer Zur, Ph.D. - Zur Ins

Her goal was to increase self-esteem, foster better choice making, increase responsibility, and facilitate personal congruence through a therapeutic process. Although very relevant in the training and professional development of therapists, there has been little exploration or research of this topic.

Chapter 9 : Welcome to Dr John Rowan's Website Â» The Therapist's Use Of Self

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"Early occupational therapists viewed the therapeutic use of self as a means for encouraging clients to engage in occupation." The most widely cited contemporary definition of therapeutic use of self describes it as a therapist's "planned use of his or her personality, insights, perceptions, and judgments as part of the therapeutic.