

## Chapter 1: Establishing the Therapeutic Alliance

### Multiple Choice

1. Which of the following statements is true about interactions with patients?
  - A. Our attitudes are expressed at a conscious level as well as an unconscious level.
  - B. Our past experiences have little to do with our present therapeutic relationships.
  - C. Our past experiences shape our attitudes toward our patients, but not our beliefs.
  - D. Unchallenged assumptions about our patients generally are favorable.
2. Based on common biases in the U.S. healthcare community, which of the following patients is likely to be at *greatest* risk for experiencing negative bias?
  - A. A 10-year-old boy with chickenpox
  - B. A 28-year-old obese Mexican woman with chest pain
  - C. A 43-year-old female athlete with a fractured leg
  - D. A 72-year-old Caucasian man with osteoarthritis of the knee
3. Which of the following questions is considered MOST culturally inclusive to ask when obtaining a patient's history?
  - A. "Do you live with your wife?"
  - B. "Can your wife help you with bathing?"
  - C. "Can your husband prepare the meals while you are healing?"
  - D. "Are you in a relationship?"
4. Which of the following actions would be MOST helpful in changing healthcare biases?
  - A. Be aware of behaviors in others that might reflect bias.
  - B. Look for reinforcement of beliefs within a common peer group.
  - C. Reflect annually on personal attitudes and beliefs about others.
  - D. Seek out commonalities with those perceived as different.
5. Which of the following statements about nonverbal communication is MOST accurate?
  - A. It is more difficult to interpret than spoken words.
  - B. It is used as a primary means of communicating information.
  - C. It is used to communicate interpersonal attitudes.
  - D. It makes up about 25% of our communication with patients.
6. Which of the following communication approaches is BEST when communicating with patients in an adult rehabilitation unit?
  - A. Ask all patients with whom you are working whether they understand what you have said.
  - B. Read the chart before seeing the patient so that you can refer to them by first name.
  - C. Ask the patient how they prefer to be addressed.
  - D. Use correct medical terminology with your patients to explain therapeutic interventions.

7. Therapists in a nursing home have poor productivity and often lack creativity with interventions. Which of the following factors MOST likely accounts for these problems?
- A. The patients are very demanding and have difficult personalities.
  - B. The staff do not genuinely care about the patients.
  - C. The staff is experiencing burnout.
  - D. The staff is older and less likely to use evidence-based interventions.
8. Patients' rights are MOST regulated for which of the following individuals?
- A. A 6-month-old boy having surgery for shunt placement
  - B. A 19-year-old woman from Russia having scoliosis surgery
  - C. A 63-year-old man who is terminally ill with lung cancer
  - D. A 75-year-old woman who just had her hip replaced after a fall
9. Which of the following BEST defines culture?
- A. A group of people living in a specific area
  - B. The fact or state of belonging to a social group
  - C. The geographical characteristics associated with a group
  - D. The beliefs, customs, and norms of a particular group
10. Which of the following examples is indicative of acculturation in the United States?
- A. A Jewish couple from Israel attends an orthodox temple.
  - B. A Swedish couple travels 20 miles to shop at a Danish market.
  - C. A rural Vietnamese youth sings in a local rock group.
  - D. An elderly Latino man speaks only Spanish at home.
11. Which of the following responses would be MOST expected for a 17-year-old high school football player who sustained a spinal cord injury 5 months ago?
- A. Asking several questions about the accident and outcomes
  - B. Denial and lack of acknowledgement of new limitations
  - C. An interest in participating in therapy and following recommendations to improve outcomes
  - D. Increased anxiety with lack of adherence to treatment recommendations
12. What would be the BEST response to a patient who is visibly upset, expresses concerns about dying, and wants to talk about spiritual matters?
- A. Allow them to express her concerns and offer additional resources.
  - B. Tell them that it is hospital policy that you can only discuss therapy with her.
  - C. Tell them that you will go get the physician to speak with her.
  - D. Tell them what you believe so she can choose the best spiritual path.
13. Which of the following factors is MOST likely to motivate patients to engage in ongoing healthful behaviors?
- A. Awareness that significant change is needed
  - B. Freedom from demands of work and home
  - C. Knowing the benefits of healthful behaviors
  - D. A high sense of self-esteem

14. When working with a patient who recently had a transtibial amputation, what is the MOST effective way to encourage adherence to an exercise program?
- A. Include only exercises that he can do lying down.
  - B. Design exercises so that they require assistance from his partner.
  - C. Design the exercise program to be performed multiple times a day.
  - D. Include exercises that will further his goal of walking with a prosthesis.

### Short Answer

15. Establishing good rapport enhances patients' perceptions of being valued and respected. List two benefits of patients' enhanced perceptions of value and respect.

---

16. List three behaviors that might indicate underlying negative beliefs that could hinder your clinical effectiveness.

---

17. List three tips for effective listening in a healthcare encounter.

---

18. Patient education is an integral part of many therapeutic interventions, and not all patients learn information the same way. List three different ways you might give patients information to facilitate learning.

---

19. A 22-year-old patient in a rehabilitation unit following a spinal cord injury has made multiple verbal sexual advances during therapy sessions. Identify three appropriate responses to this behavior.

---

20. Name three elements of effective stress management.

---

21. List three ways a rehabilitation clinic can create an LGBTQIA-friendly environment.

---

22. Reframe the following negative terminology into more empowering terms:

- a. The patient suffered a stroke.
  - b. The patient is a 30-year-old schizophrenic with a history of medication noncompliance.
- 

23. Describe the difference between hospice and palliative care.

---

## ANSWERS

1. **ANS: A** Rationale: When interacting with patients, clinicians must be aware that their attitudes are expressed at a conscious level as well as an unconscious level. Our experiences have a great deal to do with how we interact with patients and shape our attitudes and beliefs. Unchallenged assumptions can create negative interactions with our patients.
2. **ANS: B** Rationale: Although the 72-year-old man may experience age bias, the 28-year-old obese Mexican woman with chest pain may be subject to bias based on obesity, nationality, and gender, as well as on symptoms that are not as well recognized in a young person or in a female.
3. **ANS: D** Rationale: Using gender- and sexual orientation-neutral terminology conveys respect and acceptance. “Are you in a relationship?” invites inclusivity compared with “Are you married?” or “What is your wife’s name?”
4. **ANS: D** Rationale: When we find commonalities with our patients, they tend to minimize our biases. Being aware of behaviors in others will not help us individually face our biases. It is inappropriate to attempt to reinforce our biases with peer groups, because doing so does not help change our beliefs. An annual reflection is hardly adequate to meaningfully identify and change our biases.
5. **ANS: C** Rationale: Body language is used to negotiate interpersonal attitudes and is typically easier to interpret than spoken words. Words, not body language, are used primarily to communicate information. Body language makes up the majority of our communication—about 93%, not 25%, of our communication.
6. **ANS: C** Rationale: Asking how the patient prefers to be addressed avoids assumptions about gender or familiarity and empowers the patient. Although patient understanding is important, there are more effective ways to make sure that your patients have understood key concepts, such as asking them to repeat information back to you or asking if they can imagine making the requested change. Using medical terms when explaining interventions may be confusing to patients.
7. **ANS: C** Rationale: Poor productivity and frequent absenteeism are common signs of moderate to severe burnout.
8. **ANS: A** Rationale: Care would be most regulated for a 6-month-old boy undergoing shunt placement, because this patient is likely the most vulnerable and least likely to be able to advocate for himself. In general, the greater the perceived vulnerability of the population, the more closely regulated the care is. Older patients can also experience increased vulnerability, but as adults they are assumed to be better able to advocate for themselves and therefore require less oversight and regulation of their care than pediatric patients.
9. **ANS: D** Rationale: *Culture* is best defined as the beliefs, customs, and norms of a particular group. A group of people living in a specific area refers to a *population* or *community*. A *society* is defined as the fact or state of belonging to a social group. *Race* refers to the geographical characteristics associated with a group.
10. **ANS: C** Rationale: This option is the only example of engaging in a local aspect of the dominant U.S. culture. The other options are examples of limited acclimation to U.S. customs and attitudes.

11. **ANS: C** Rationale: Showing an interest in doing what he can to get better is behavior that is more commonly observed after a period of adjustment to the situation. The other options are all typical responses in the acute stage of injury or disability.
12. **ANS: A** Rationale: Therapists are expected to be open to assuming the role of concern for the spiritual lives of their patients, and patients should be offered the appropriate resources to deal effectively with this aspect of their health. It is not within the therapist's scope of practice to provide spiritual guidance, however.
13. **ANS: D** Rationale: Self-esteem plays a large role in motivating patients. Patients with high self-esteem are more likely to feel in control of their lives and more motivated to be engaged in healthful behaviors.
14. **ANS: D** Rationale: Including exercises that will prepare the patient to walk with a prosthesis is the best choice because studies have shown that patients are more motivated to adhere to treatment programs that are functionally related, as described in this answer.
15. **ANS:** Patients who perceive that they are personally valued and respected have better clinical outcomes. Patients who feel valued and respected are much less likely to pursue legal actions against healthcare workers.
16. **ANS:** Behaviors include withdrawing from patient interactions; relying on protocols and routine treatments without considering the individual's specific needs; using humor that makes fun of the patient; using unauthorized nicknames for the patient; and referring to a patient by diagnosis or treatment group.
17. **ANS:** Tips include looking at the person who is talking; making appropriate eye contact; focusing on what the person is saying; avoiding doing other things while the person is talking; allowing time for the person to process and respond to what you have said; and making sure you understand by summarizing or rephrasing what the patient has said.
18. **ANS:** Match the content and instructional method to the patient's age, developmental stage, knowledge base, and health condition. Inquire about the patient's preferred way of learning. Provide important information in multiple formats. Pace the information provided to prevent cognitive overload. Engage the patient physically and cognitively when possible. Provide feedback. Practice recall of information and performance of activities in settings that are realistic. Encourage patients' questions and comments.
19. **ANS:** Set appropriate expectations and consequences without scolding. Document the interaction and inform your supervisor. Request a mental health referral for the patient to facilitate healthy adjustment to loss.
20. **ANS:** Delineate clearly between work and personal life. Engage in regular aerobic exercise, meditation, relaxation, and mindfulness practices. Nurture supportive relationships.
21. **ANS:** Engage in education regarding LGBTQIA issues. Use patients' preferred pronouns. Create intake and documentation forms that allow for nonbinary sex, gender, and sexual orientation categories. Provide relevant educational pamphlets. Avoid making gender and sexual orientation assumptions in patient communications (e.g., assumptively using "Mr.," "Ms.," or "Mrs." when addressing patients, assuming patients have spouses of the opposite sex or gender).
22. **ANS:** (a) The patient experienced a stroke. (b) The patient is a 30-year-old diagnosed with schizophrenia with a history of inconsistent adherence to medication regimens.
23. **ANS:** Palliative care is specialized care for patients with serious illness; however, it is not specific to end-of-life care. Hospice is end-of-life care where healthcare team members

and families of dying patients work together to alleviate the patient's pain and to allow them to die with dignity. Physical and occupational therapy professionals play a vital role in both palliative care and hospice care to maximize functional mobility and comfort.