Client-Therapist Relationships: Experiences of Occupational Therapist and Clients during Rehabilitation

By

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Statement of Authorship

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The ethical issues of the study has been strictly considered and protected. In case of dissemination the finding of this project for future publication, research supervisor will highly concern and it will be duly acknowledged as undergraduate thesis.

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Dedication

Dedicated to my honorable and beloved parents, my respected all teachers of the Bangladesh Health Professions Institute

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List of Abbreviations

AOTA: American Occupational Therapy Association

BHPI: Bangladesh Health Professions Institute

COD: Code of Ethics

CRP: Center for the Rehabilitation of the Paralysed

IRB: Institutional Review Board

OT: Occupational Therapy

OTs: Occupational Therapists

SCI: Spinal Cord Injury

WHO: World Health Organization

ABSTRACT

Background: The relationship between therapist and client has been recognised to be an important determinant of effective therapeutic process. There is very few report could be found about the status of therapeutic rapport and its related factors among Bangladeshi OTs and their clients. This study was focused to explore the quality of therapeutic experiences between client and occupational therapist that they formed during rehabilitation.

Methods: A descriptive cross-sectional study was used to measure study aim and objectives. In this study, total 70 participants (57 patient with SCI and 13 clinical OTs from the in-patient unit of CRP were recruited through purposive sampling. Exploratory factor analysis was determined the relationship status among client and therapist. In addition, chi-square test was used to identify association between demographic factors and therapeutic relationship status. And Intraclass Correlation Coefficient (ICC) was used to determine the level of agreement between clients and therapists perspectives of the alliance. Finally, a one-way ANOVA test was used to determine the effect of the therapists years of working experience on clients perceptions.

Result and discussion: It was found that 71% client perceived positive relationship with their therapist, whereas, 80% therapist perceived positive relationship with their client. A good agreement was found between perceptions of clients' and therapists' in the same relationship (ICC= 4.82). Higher loading score for the client group and therapist in the item 'Level of regard' was (.80) and (.88) respectively; (.70) and (.89) was for 'Empathy'; (.71) and (.75) for 'Unconditional Acceptance' and (.79) and (.86) for 'Congruence'. There are no association between socio-demographic factors and relationship and also no difference in clients' perceptions in relation to the therapists' years of experience.

Conclusion: Both clients' and therapists' perceived the very positive therapeutic alliance. Training on therapeutic relationship should be a priority in occupational therapy curricula to improve therapist's skills in persuing more positive roles during rehabilitation.

Key words: Occupational Therapist, Therapeutic Relationship, Rehabilitation.

Chapter I: Introduction

1.1 Background

Worldwide, Occupational therapists are working with a variety of client group in different setting. They work with people who have physical, mental, social and emotional disabling condition to develop, maintain and restore client's ability and skills so that they can lead their life independently. It is a first and foremost legitimate component of occupational therapy treatment process to develop rapport or trustworthy connection with their client for achieving better therapeutic outcome. This therapeutic connection involves collaboration, unconditional acceptance, regard, communication, empathy, respect and mutual understanding with each other. They try to understand their client feelings, emotions and client desires when providing therapy to explore client's problem from a holistic point of view and to prepare effective client-centered intervention guideline for maximizing participation in daily living activities. As the therapeutic relationship has been central to occupational therapy, the importance of the client-therapist relationship has been recognized since the early days of occupational therapy (Martinez, 2016). The concept has received increased attention during the later years, following the profession's emphasis on client-centered practice (Kielhofner, 2010).

A study by AOTA (2010) found that client-centered practice has become a central concept in the philosophy of occupational therapy and demonstrated clearly in the profession's major practice models to establish effective and efficient therapeutic rapport with their client group.

A study by Pinto, (2012) stated that the role of the therapeutic relationship is necessary to help therapists understand their role and respond consistently within that role. The words therapists use to talk about the nature of the relationship, as well as how clients and therapists feel in response to their interactions are important for a number of reasons.

Conceptualizations of the client-therapist relationship not only impact the behavior of therapists, they also influence the way clients view therapy and respond to the therapist.

A study by Rolfe (2014) found that positive client-therapist relationships being sources of meaning, self-education, renewal and major cause of job satisfaction for occupational therapists. Alternatively, therapists who did not perceive their relationships as a meaningful experience with their client is a major source of dissatisfaction in job.

A study by Peoples (2011) found that the relationship between a therapist and his or her client has been an important determinant of the success or failure of occupational therapy. Occupational therapists are encouraged to consider their own attitudes, needs and boundaries when establishing close connections and to share power with their clients. It is believed that client-therapist relationship is an effective occupational therapy process (Goldsmith, 2015; Wright, 2013; Kielhofner, 2010) and several studies indicate a connection between the quality of this relationship and functional outcome (Derksen, 2013; Miller, 2011; Rijken, 2011, Corso, 2012). In other health care professions this connection is also well known, such as physiotherapy (Gray, 2010, Pooremamali, 2011), nursing (Lawton, 2016; Wright, 2013) and vocational counselling (Kantartizis, 2010).

Research studies found that clients place a high value on the quality of the client-therapist relationship and tend to be disappointed with therapists who do not relate to them on a personal level (Hojat, 2011; Byrne, 2011). A study by Block (2010) stated that the relationship between client and therapist as central to the client’s experience of occupational therapy. In rehabilitation, when exploring clients experiences they seem to be less concerned with the rehabilitation content and technical expertise than with the relationship that they formed with their service providers (Horvath, 2011; Hovey, 2012). The supportive and empowering relationships have been shown to lead to a positive experience of rehabilitation whereas relationships that do not shown supportive and equality have a negative effect on that experience (Jani, 2012).

Therefore, exploring the present situation of therapeutic relationship among the occupational therapy practitioner and their different client groups will provide an insight to design a specific intervention guideline that encompasses.

The purpose of this study was to explore the quality of therapeutic experiences between client and occupational therapist that they formed during rehabilitation.

1.2 Justification of the Study

The relationship between a therapist and his or her client is an important determinant of the success or failure of occupational therapy. Occupational Therapist will be able to access the clients need and expectation, then clients will motivate to take the Occupational Therapy session and therapist able to implement the proper practice in occupational therapy. Occupational therapists will be benefited from the findings of this research as they will be able to consider their own attitudes, needs and boundaries when it comes to establishing close connections and to share power with their clients.

This is an important area of research in Bangladesh. There has been a lot of research in different countries about this issue, but it has not been found in Bangladesh. And few research was given permission to access. This study explored the therapist and clients perceptions of the therapeutic relationship (positive or negative) that they formed in the context of rehabilitation. Though the investigator is an OT student, so this study will help the researcher to gain appropriate knowledge in this area. These study findings will help to identify the perception (positive or negative) about the therapeutic relationship. This study will also help to develop a literature on the therapeutic relationship.

Researcher feels that this study will develop the strong evidence about the therapeutic relationship in OT Professions. People will know about this profession and differentiate it from other health professions. In addition, therapists will be explore which form of relationship and participation each client prefers in order to establish an effective collaborative relationship.

1.3 Research Question

What are the experiences of client and therapist about the therapeutic relationship that they formed during rehabilitation?

1.4 Study Aim And Specific Objectives

Aim

- To explore the quality of therapeutic experiences between client and occupational therapist that they formed during rehabilitation.

Objective

- To identify the quality of clients and therapist experience (positive or negative) about the relationship that they formed during rehabilitation.
- To identify the levels of agreement between client and therapist perceptions of the quality of their therapeutic alliance.
- To identify highest loading factor responsible for building therapeutic relationship among client and therapist.
- To identify association between demographic factors of client and therapist (age, sex, length of relation and experience of therapist) and highest loading factors.
- To identify the clients perceptions in relation to working experience of therapists.

1.5 Operational Definitions

- **Occupational Therapy:** Occupational Therapy is a client-centred health care profession concerned with promoting health and well-being through occupation. occupational therapy help the people to participate in the activities of everyday life. Occupational therapist achieve this outcome by working with people and communities to increase their ability to engage in the occupations they want , need , or are expected to do, or by modifying the occupation or the environment to better support their occupational engagement (WFOT, 2012).
- **Therapeutic relationship:** It is a trusting connection and rapport established between therapist and client through collaboration, communication, therapist empathy and mutual understanding and respect (Trombly, 2014)
- **Collaboration:** The action of working with someone to produce something occurs when two or more people or organizations work together to realize or achieve a goal. Collaboration is very similar to cooperation (Trombly, 2014).
- **Level of regard:** It is the ability toaccept and affection of each other. This acceptance must be unconditional. The practitioner must be able to accept every patien who comes to see him, regardless of their ethnicity, race, social standing and presenting illness (Trombly, 2014).
- **Empathy:** Empathy is, the ability to understand feelings and emotions of other people. It is a key element of emotional intelligence, the link between self and others, because it is how we as individuals understand what others are experiencing as if we were feeling it ourselves (Trombly, 2014).
- **Congruence:** Congruenceis the most important attribute, according to Rogers. This implies that the therapist is real and/or genuine, open, integrated and authentic during their interactions with the client. The therapist does not have a facade, that is, the therapist's internal and external experiences are one in the same. In short, the therapist is authentic. This authenticity functions as a model of a human being struggling toward greater realness (Trombly, 2014).

- **Unconditional Acceptance:** Unconditional Acceptance means accept the client unconditionally.The practitioner must be able to accept every patient who comes to see him, regardless of their background, social standing, ethnicity, race and presenting illness (Trombly, 2014).
- **Rehabilitation:** The process of helping a person who has suffered an illness or injury restore lost skills and so regain maximum self-sufficiency (Block, 2010)
- **Spinal Cord Injury:** A Spinal cord Injury is defined as damage or trauma to the spinal cord that in turn results in a loss or impaired function resulting in reduced mobility or feeling" (American Spinal Injury Association, 2011).

CHAPTER II: LITERATURE REVIEW

2.1 The Therapeutic Rapport

The term rapport is a connection and consistent relationship in which the individual or group understands each other's feelings or ideas and communicates easily. A study by Tickle-Degnen (2011) revealed that the nature of the rapport can be understood if a rapport experiment is experienced, through the language we use to communicate regularly.

A meta-analytic study by Jones (2016) revealed that non-verbal relationships and three interrelated elements are associated with the nature of rapport: mutual attention, positivity, and coordination.

A study by Fuentes (2014) found that therapeutic relationships, which are related to functional outcome of interventions and also provide an updated definition: Therapist and client build together a rapport and trustworthy connection that involves collaboration, communication, empathy, respect and mutual understanding.

Similarly, Taylor (2014) revealed that the central aspects of therapeutic relationships are based on career-oriented practices. High therapeutic rapport helps the client to maintain collaboration with therapists and support to see a new life.

A few years ago Therapeutic Relationship was common and practiced, but now a day it has become highly effective. Therapeutic Rapport is considered as High Therapeutic Rapport. In addition, Tickle-Degnen (2011) found that high therapeutic rapport is the interaction between the client and therapist through mutual experience and behavior. It is a favorable interpersonal experience through efficient communication, density and enjoyment. It occurs through verbal and nonverbal behavior that involves attentiveness,interpersonal coordination and mutual positivity. It is beneficial for the client, which improves the performance of client when collaborate with therapists.

2.2 Mutuality and Therapeutic Rapport

In the journal of American Occupational Therapy Association (2010) reported that according to Occupational Therapy principles, relationship between the client's and therapist's mutuality is new. In early to mid 20 century, friendly and helpful relationship is present between therapists and clients. Over a decade later, therapist recognized as a role model and an agent of clients. In the current decade, therapist engaged with the client during treatment.

A study by Bennett (2011) found that therapist and client communicate with each other by satisfaction and productive way during intervention. Though client and therapist relationship has unique qualities but it combined with caring and respect. This relationship is a part of therapeutic skill and it helps the client to improve their occupational performance. A study by Hall (2010) found that therapeutic relationship focuses on integrated client's practices and health, occupation, cultural, physical and social contexts.

A study by Ferreira (2013) revealed that the development of rapport becomes difficult when it contributes in the loss or suffering. A study by Crepeau Garren (2011) found that high therapeutic rapport is difficult to achieve if client or therapist has no attentiveness, responsiveness and positivity.

2.3 The experience and communication of Therapeutic Rapport

A study by Tickle-Dignen (2011) found that to determine way of interact with a particular client therapist should draw social skills and clinical reasoning. In norms and practices there are specific forms of communication which vary in different diversity.

A study by Fransen (2010) and Crepeau (2011) found that when the therapist work on Client Centered, Self-Reflective and Correlation with the Current Clinical Reasoning Models it helps the therapist to be sensitive in various verbal and nonverbal purposes even it helps to evaluate and regulate appropriate interaction.

A study by Kantartzis, (2010); Pooremamali (2011) and Tickle-Dignen, (2011) found that development on rapport can be challenging because of (1) Differences in therapist's and client's norms ,status, culture and social identities. (2) Differences in the structure of the society and situations; and (3) Differences in human being when perceived and evaluated.

Health care research and client autobiographical account, mainly from the literature of West Culture, explains the therapist and client relationship qualities in the following sections and how these qualities affect the therapy process and results.

- **Therapist Concentration and Attentiveness**

  A study by Graves (2017) revealed that several thing works for significant relationships: (1) Some non-verbal behaviors of patients used by the physicians, (2) Negative facial behaviors, avoid by the physicians, and (3) Patients' talk about their symptoms and structural barriers for recovery. Also found that sometimes nonverbal communication has been associated with patients' affective satisfaction. Experience of illness positively related with verbal and nonverbal engagement, attentiveness and concentration (Frandez, 2017), therapy participation (Crepeau, 2011), satisfaction of client (Hall, 2009) and outcomes of occupational performance (Ardito, 2011).

  A study by Bennett, (2011) found that active behavior involves classifying the body and eye contact, it helps the therapist to observe the client and understand the client's emotions appropriately. Also found that therapist show concern for client by listening clientwords attentively.

  A study by Crepeau and Garren (2011), Besley (2011) reported that when clients' talk about his or her life, illness and the intervention experience therapist should pay attention to the client and listen carefully. If therapists are not familiar with the clients' values and disparity during therapy, the clients' may be unseated in the therapy session.

  A study by Bachelor (2013) found that therapists usually experienced loss their mental peace and it appears conflict between therapists and patients.

  One study by Rijken (2011) found that clients want to take their own decision by comparing between basic medical home care and occupational performance.

- **Client Concentration and Attentiveness**

  The clientshould listen carefully when a therapist talking to him/her in therapy session. Because it’s important for client better outcome. A study by Lequerica (2009) showed that poor attention to therapist may hamper clients outcome and also revealed that clients who have pathological conditions such as traumatic brain damage or anxiety, cannot attentively engage with the therapist.

  A study by Hovey (2012) found that attention capacity of clients with brain injury and development of a good therapeutic relationship represents a positive relationship between them.

  A study by Fernandez (2017) showed that clients active engagement in therapy session help them to complete their therapeutic programs and also help them to get a better outcome in occupational performance.

- **Therapist Communication and Interpersonal Coordination**

  In this world every person is unique. Burke, (2010); Crepeau, (2011) shown that it is not possible for the most attentive therapist and clients to completely understand each others experiences or role and responsibility. However, they can maximize their point of view by using verbal and nonverbal communication.

  A study by Hall (2009) in this study showed that,after focusing attention on the client, the next step is to explain the verbal and nonverbal behavior of the client properly. Because it’s related to the therapeutic relationship.

  Chartrand (2009) revealed that if client cannot give verbal opinion because of impairment, therapist should learn about the clients feeling and reflect it by their own emotions. And also found that therapist and client feeling may be similar because they simply imitating each other’s body movements and facial expressions. For example, During working with a client with stooped posture, this is likely to happen therapist may develop this posture by imitating to client and starting to feel the reaction of the client's physical pattern response. So, it’s important for therapist be aware of these possibilities.

Tickle-Degnen, (2011) in this study showed that, after proper explanation of the client's message, the next step in effective communication for the therapist is to express the feeling and concern so that it is beneficial for the client.

- **Client Communication and Interpersonal Coordination**

Gray (2010) in this study showed that clients with neurological condition, have a difficulty properly explaining the therapist emotion or social behavior. Chartrand (2009) in this study showed that clients with a receptive form of aphasia, have a difficulty to understand the therapist speech. Therapist should try to communicate with these clients.

Tickle-Degnen (2011) in this study found that clients with problems of motor expression such as right brain damage and Parkinson's disease, have a difficulty to explain their emotions.

Hall (2010) in this study revealed that client able to express their emotions verbally and when talking about meaningful activities they prefer quite.

- **Therapist Enjoyment and Positivity**

A study by Roter (2011) revealed that the positive feelings, respect and warmth is the elements of therapeutic relationship.

Ardito (2011) in this study showed that the behaviour such as leaning forward and natural smiles of enjoyment that express warmth and liking.

A study by Bennett (2011) showed that therapists positive expression towards the clients arises from the true feelings of respect and care.

Chartrand (2009) in this study showed that Occupational therapists strongly support entertainment such as jokes, joke books and shaving cream fights, despite having positive therapeutic effects, it is associated with a respectable relationship.

- **Client Enjoyment and Positivity**

Taylor (2009) in this study revealed that Occupational therapist inform that they feel good when they get good comments from client and they enjoying that memory. Also found that client enjoyment and pleasure are not uncommon.

A study by Rolfe (2014) showed that therapist enjoy client who are showing interest and enjoyment. Also found that ethics and professionalism encourage practitioners to react with minor reactions to unexpected client behavior and not to take harassment and harmful behavior. Asking the client about their enjoyable events in their life, they express more about it rather than asking them about frustration.

2.4 Effectiveness of high Therapeutic Rapport

Attention, coordination and positive client-therapist interaction may have a beneficial effect on the client health and occupational performance outcome include the following:

- To develop interaction skill, it's important to focus on activity problem, give importance on necessary information, develop trust in the therapist and therapy process and provide motivational support to solve the problem (Radomski, 2011; Tickle-Degnen, 2011).
- The interaction helps to improve the client physical and emotional health by giving attention and effort on client occupation (Chartrand, 2009). The positive therapeutic relationship have many beneficial health effects such as direct effects on client physiological and immune functioning and indirect effects on health intervention (Arbuthnott, 2009).
- The interaction helps to improve occupational performance (Hall, 2010). Therapists communicate their expectations for the client's progress, so that the client's actual performance is consistent with that expectation. Warm, respectful and communicative behavior can be help the clients to ensure that they are capable and valuable people. If client have self-confident, it help them to improve their performance (Chartrand, 2009)

2.5 Importance of developing a high therapeutic rapport

The goal of developing a good rapport is to improve chances for a successful outcome with developing mutual trust and respect the client so that client feel safe. To develop a good rapport, therapist should demonstrate empathy and understanding. Rijken, (2011) in this study revealed that therapeutic relationship begin to develop within first session and achieved with in first three to five session.

In other study by Block (2010) in this study found that therapist and client introduce each other in their first meeting. On the basis of their cultural aspect, they show their polite behavior with their valuable and most likeable indentities. In first meeting client may bring their private information to the therapist but respect, trust and therapeutic relationship continue to be grow over time.

Tickle-Degnen (2011) in this study show that it is not mandatory that the relationship should be develop in such a way. Also found that these bonds also maintain mutual interaction in a short time, as well as maintain long-term interaction with extended periods. Therapeutic relationship development depends on therapists' and Clients' qualities and conditions.

Crepeau & Garren, (2011) in this study showed that in therapeutic relationship, client and therapist find out different pattern to relate each other. They shifting the pattern between therapeutic work and socialization that provide time for rest and value the client-therapist relationship.

Cohon (2010) in this study therapist should be learn how to make adaptations through feedback from supervisors, colleagues, client and reflection of self.

2.6 Therapist Guidelines for Facilitating the Development of High Therapeutic Rapport

1. To create conditions that help to increase attention and concentration:

- In the therapy session, reduce all kind of elements that hamper the client attention and that feel the client embrace.
- For seeing and listening of each other clearly, therapists and client's body position must be maintained.
- Give time to client so that they can participate in meaningful activity that are important for them.

2. To create conditions that increase communication and interpersonal coordination:

- To express client emotions and thoughts support is needed.
- Always should be open and sensitive to client verbal and nonverbal messages.
- Therapist must express the clear emotions and thoughts that are consistent with the needs and goals of the client.
- Therapist should check to make sure that interpreting each other accurately.
- Therapist should create a challenging, interesting, and effective interaction for the client.
- Therapist should involved the client in goal development and intervention planning

3. To create conditions that enjoyment and positivity:

- Every interaction therapist should find a satisfying and fulfilling aspectwith a client.
- To go through the verbal and non verbal behavior therapist must express genuine concern and caring for the client.
- Solve the personal problems and outside matters when therapist interact with the client.
- Engage the client in those activities which are enjoyable for them.
- When client do frustrating activities, therapist should provide the client time for rest and recovery their off-task.
- Find out the sources of client's negativity and respond properly.
- Therapist should manage negative and different opinion issues to develop collaborative relationships with the client.

A study by Safran (2011) found that therapists responsibility is to enhance the development of rapport, where guidelines support them. Clients and therapists can experience negative emotions and threaten to "rupture" their rapport and their working alliance in the therapy sessions

Raijken (2011) found in psychotherapy that if the patients and therapists turns more from "repairs" to rupture then their outcomes are more successful. Some rupture repair strategies are adapted to occupational therapy for physical dysfunction from the suggestions of Safran, Muran, and Eubanks-Center are as follows:

- Whatever the problem they arise be attentive to them.
- Always open for disagreement or negative emotions from clients.
- Talk straight forward and remain non defensive about disagreements and problems.
- Try to prove the actual truth about negative feelings or discrimination of opinions from clients.
- Use clinical reasoning and client collaboration to deal with the causes of rupture without intervention in exploring the rupture and thus to change the intervention targets as necessary help.

A study by Corso (2012) found that therapeutic relationship work as like till the end of achieving goals or when no more services needed for the client. As discharge approaches therapist should work in such a way like client does not feel abandoned. So therapists should actively and appropriately transform their relationship

2.7 Ethics and the Therapeutic Relationship

There are four principles of Occupational Therapy Code of Ethics (AOTA, 2010) that are most relevent to the theraputic relationship are the following below:

Principle 1 (Beneficence): Occupational Therapy Personnel Shall Demonstrate a Concern for the Well-being and Safety of the Recipients of Their Services

The term Beneficence refers to kindness, humanity, and actions that benefit others (Tickle-Degnen, 2011). There is no moral obligation to negotiate with clients, it is essential for the welfare of the service providers and to express concern, which is in line with the establishment of high therapeutic relationships with the client. Examples of beneficence include protect the rights of others, helping the person who have disability.

For the maximum benefit, the physician will be used in the current practice and research, until the needs and goals of the client are met, or until the changes are made for the services. The benefits of the services have to be collaborate with the client. A therapist works to create rapport with client and the realizes that his or her own belief is strong enough and is important for occupational work, which is never equivalent to the client's perception, especially for those therapists who differs from the culture and backgrounds (Kantartzis, 2010; Tickle-Degnen, 2011).

Principle 2 (Nonmaleficence): Occupational Therapy Personnel Shall Intentionally Refrain from Actions That Cause Harm

Nomaleficence means prevent from using those activity that cause harm to others (Kantartzis, 2010). The Negative client outcome may bring negative feelings for therapists. If the client is unable to overcome negative feelings, the therapist should consider changing jobs or clinical specialists, which can usually be seen in a setting or specialized field. After a sincere but failed attempt to support high therapeutic rapport, the therapist may refer to the client who specializes in this case as a therapist (Hall, 2010). An element of this principle is that not harrase the client by sexually, physically, mentally, financially, socially or in any other way. Friendly and consistent relationships can be created if therapist can ensure how to determine friendly relationship with professional boundaries, which do not involve mutual dependence of close friends, effectiveness and very close personal friendship.

Principle 3 (Autonomy and Confidentiality): Occupational Therapy Personell Shall Respect the Right of the Individual to Self-determination

Autonomy refers to treat the client according to their desires (Bray, 2010). It is important to cooperate with their best expertise to determine the goals and priorities of clients during the intervention, with significant others and carers. Coordinated cooperation requires the therapist to inform the nature of the client intervention, risk, and potential consequences where the clients have the opportunity to offer, or reject, or reject the services component. Therapist communicates and understands the need to help cooperatively.

Collaboration decisions are not given by external pressure, due to the active feeling of client's personal control and responsibilities.

Other elements of this principle are confidential. During high therapeutic relationships, the client can tell the therapist about confidential matters. Therapist should protect the private information without discussing inappropriate context. For example taking with client about their private information in front of colleague.

Principle 4 (Social Justice): Occupational Therapy Personell Shall Provide Services in a Fair and Equitable Manner

Justice relates to the fair and proper treatment of persons (Kantartzis, 2010). All therapists are asked to maintain proper and fair treatment responsibilities for all clients, to ensure common tradition and to keep the occupational responsibilities of the profession in order to assist in providing equitable services to all individuals. Some therapists may have a fear or negative attitude about a particular client group. Despite this feeling, based on the development of therapeutic relationships, therapists should provide impartial service and effective health promotion. Therapists should understand how the issues related to economic status, age, ethnicity, race, geography, disability, marital status, sexual orientation, gender, gender identity, religion, culture and political affiliation can be affected by the services.

3.1 Conceptual Framework

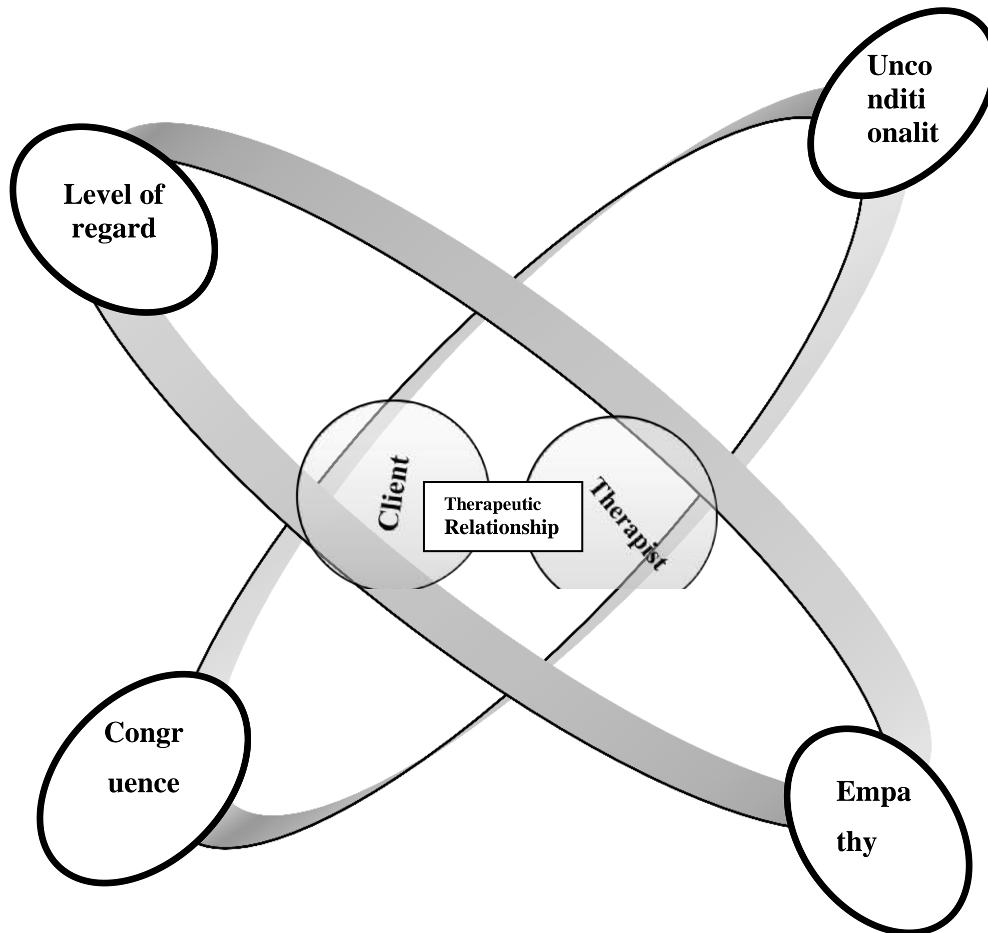

Figure 3.1: Conceptual Framework

3.2 Study Design

Investigator used cross-sectional quantative research design to know the experiences of client and Occupational Therapist about the relationship that they formed during rehabilitation. Cross-sectional study design is a type of observational study design. Cross-sectional designs are used for population-based surveys. These studies can usually be conducted relatively faster and are inexpensive (Setia, 2016).

3.3 Study Population

Study population is the client who suffers from spinal cord injury problems and Clinical Occupational Therapists and intern Occupational Therapist in the SCI unit.

3.4 Study Setting

This quantative study was conducted in Centre for the Rehabilitation of the Paralysed in SCI unit at savar.

3.5 Study Period

The period of this study was from September, 2018 to February 2019.

3.6 Sample Size

This study sample size is n=70 (57 client and 13 therapist). Who was fulfill the inclusion criteria of this study. Findings the appropriate number of people and types of people to take part in study called sampling (Hicks, 2000).

3.7 Inclusion And Exclusion Criteria

Inclusion criteria

- Both male and female clients who receive therapy from SCI unit (at least 1 month therapy session).

- Clinical Occupational Therapists, Occupational Therapy Assistant and intern Occupational Therapist in the SCI unit.

Exclusion Criteria

- Patients who are newly admitted in the SCI unit.
- Those who are unwilling to participate

3.8 Sampling Techniques

Purposive sampling method is used in quantative studies to study about experienced of a specific population by using specific selection criteria. To study Client-Therapist Relationship, a purposive sampling method was used to identify experience of clients in Rehabilitation.

3.9 Data Collection Tools/Materials

- Paper and pen were used to write down the observation note or any other information that was obvious needed to research study.
- Printed copy of information sheet
- Printed copy of consent form
- Clip board
- Data will be collected by using "Barrett-Lennard Relationship Inventory: Form DW–64 (Bangla version) Scale"

3.10 Data Collection Methods

The approval was taken from the Institutional Review Board of the Bangladesh Health Professions Institute. At first participant was informed about the consent form through information sheet. Information which is related to the research such as aim, purpose was explained before starting data collection. The participant was given information sheet and consent form which was explained by researcher. Participants had an opportunity to ask question. They signed the consent form when they were unable their caregiver did this and researcher collected demographic information for the participant and complete a structured questionnaire which may need half an hour to fill. All data was collected

through face-to-face interview by using a structured research question and researcher build rapport with participant to collect accurate data.

3.11 Data Management And Analysis

In this research, descriptive statistics was calculated by demographic and factors of relation inventory. Descriptive statistics are those that describe, organize and summarize the data and include think as frequencies, percentages, and description of central tendency and descriptive of relative relation. All data was managed through data entry and analysis was performed using the Statistical Package for Social Science (SPSS) version 20, by using descriptive statistic method, dimension reduction (use for exploratory factor analysis) and Microsoft excels spreadsheet. The presentation of data was organised in SPSS and in Microsoft Office Word. All data input were given within the variable of SPSS. Specific findings were described in bar, pie chart and in different tables which were easily understandable for reader. The chi-square test (x^2)also called Pearson's chi-square test of association, was used to discover if there is an association between two categorical variables. The exploratory factor analysis test, was used to identify the relationship between measured variables. The Intraclass Correlation Coefficient (ICC) was used to determine the level of relationship between patients' and therapist during rehabilitation. Finally, a one-way ANOVA test was used to determine the effect of the therapists years of working experience on patients' perception.

3.12 Quality Control & Quality Assurance

All data collection was accurately done with the concern of respective supervisor and follow all instructions. Before use the test, ensure that the using methods which have been validated as fit for the purpose.

Before starting the data collection, field test was conducted with four participants (three client and one Occupational Therapist). Before the time of final data collection, it was necessary to conduct a field test to help the researcher for purifying the data collection

plan and also justify the reliability and validity of the questioner fit the participants. From the field test the researcher was aware about which part of the question participant found difficulty or they did not understand properly. By doing this researcher got chance to rearrange the questionnaires to make it more understableand more clear for the participants.

3.13 Ethical Considerations

According to Nuremberg code (1947) and Helsinki act (1975) , there are some ethical consideration for all type of research such as medical and social research (WHO, 2001). The researcher maintained some ethical considerations according to Nuremberg code (1947) and Helsinki act (1975) these are given below:

- The investigator took the permission from Bangladesh Health Professions Institute (BHPI), the academic institute of CRP-BHPI/IRB/10/18/1234 has been reviewed and approved.
- The investigator took the permission of OT department of Savar CRP for data collection.
- The participants was informed before to invite her participation in the study. A written consent form which has written in Bangla used to take the permission of each participants of the study.
- All participants were informed properly about the aim of the study and tentative results of the study.
- All kinds of confidentiality were highly maintained ad data of the participants were stored securely.
- The researcher was ensured not to leak out any type of confidentialities.
- The Participants were allowed to leave from the study at any time.
- All participants were informed properly about the right to acess in all information and how there data will be used in future.
- The research was conducted by avoiding the participants physical/mental suffering.

- The researcher was ensured that the questions that used for data collection should not be misleading and avoiding all types of biasness.

CHAPTER IV: RESULT

4.1 Socio-demographic characteristics of the participants (N=70)

Variables	Frequency (n)	Percentage (%)
Age of Participants (Client)		
15-25 years	20	35
26-35 years	20	35
36-45 years	10	18
46-56 years	7	12
Mean±SD	32.12 ±11.929	
Minimum	18	
Maximum	55	
Sex of Participants (Client)		
Male	48	84
Female	9	16
Marital Status of Participants (Client)		
Married	39	68
Unmarried	18	32
Leaving Area of Clients		
Rural	52	91
Urban	5	9
Level of Education of Client		
Primary school	9	15
Secondary school	19	33
High school	5	9
Graduation completed	5	9
Above graduation	1	2
Illiterate	18	32
Cause of Injury		
Fall from height	23	40
Overload on the body	19	33
Road accident	12	21
Others	3	5
Condition of Clients		
Paraplegic	37	65
Tetraplegic	20	35
Usage of Assistive Device		
Yes	57	100

No	0	0
Occupation of Client		
Govt service holder	1	1.8
Non Govt service holder	1	1.8
Day labor	8	14
Worker	27	47.5
Businessman	5	8.8
Engineer	1	1.8
Housewife	3	5.3
Student	11	19

Table-I: Socio-demographic characteristics of the participants (Client)

Variables	**Frequency (n)**	**Percentage (%)**
Age of Participants (Therapist)		
20-30 years	8	61.5
31-40 years	5	38.5
Mean±SD	27.46±4.156	
Minimum	22	
Maximum	35	
Sex of Participants (Therapist)		
Male	10	77
Female	3	23
Marital Status of Participants(Therapist)		
Married	11	85
Unmarried	2	15
Leaving area of Participants (Therapist)		
Rural	2	15
Urban	11	85
Experience of Participants (Therapist)		
<5 years	8	61.5
≥5 years	5	38.5

Table-II: Socio-demographic characteristics of the participants (Therapist)

Table-I shows that, out of 57 participantnts of Spinal Cord Injury clients, 35% (n=20) participants were 15-25 years old and 35% (n=20) participants were 26-35 years old, 18% (n=10) participants were 36-45 years old and finally 12% (n=7) participants were 46-56

years old. The study had counted both males and females according to subject matter of study. In client, 84% (n=48) were males and 16% (n=9) were females. The numbers of male participants were higher than females. Out of 57 participants of clients, 68% (n=39) were married and 32% (n=18) were unmarried. Out of 57 participants of clients, 91% (n=52) were leaved in rural area and 9% (n=5) were leaved in urban area. Out of 57 participants of clients, 15% (n=9) were passed primary school, 33% (n=19) were passed secondary, 9% (n=5) were passed high school, 9% (n=5) were completed graduation, 2% (n=1) was completed above graduation and 32% (n=18) were illiterate. In clients, 40% (n=23) were injured by fall from height, 33% (n=19) were injured by road accident, 21% (n=12) were injured by overload on the body, 5% (n=3) were injured by other reason. Out of 57 participants of clients, 65% (n=37) were paraplegic SCI and 35% (n=20) were tetraplegic SCI. 100% (n=57) of client were used assistive device. 57 participants of clients, 1.8% (n=1) were govt service holder, 1.8% (n=1) were non govt service holder, 14% (n=8) were day labor, 47.5% (n=27) were worker, 8.8% (n=5) were businessman, 1.8% (n=1) were engineer, 5.3% (n=3) were housewife and 19% (n=11) were student.

And Table-II shows that, out of 13 participants a significant number of Occupational Therapists, 61.5% (n=8) participants were 20-30 years old, 38.5% (n=5) participants were 31-40 years old. Out of 13 participants of Therapists, 77% (n=10) were females and 23% (n=3) were males. The numbers of female participants were higher than males. Out of 13 participants of therapists, 85% (n=11) were married and 15% (n=2) were unmarried. Out of 13 participants of therapists, 91% (n=11) were leaved in rural area and 8% (n=2) were leaved in urban area. 13 participants of therapist, 61.5% (n=8) were have <5 years of experience and 38.5% (n=5) were have ≥5 years of experience.

4.2 Length of Relation of Clients with Occupational Therapist

The figure 4.1 represents that out of 57 participants of clients, 35.1% (n=20) have two month, 28.1% (n=16) have three month, 26.3% (n=15) have one month and 10.5% (n=6) have four month therapeutic relationship with their occupational therapist during rehabilitation.

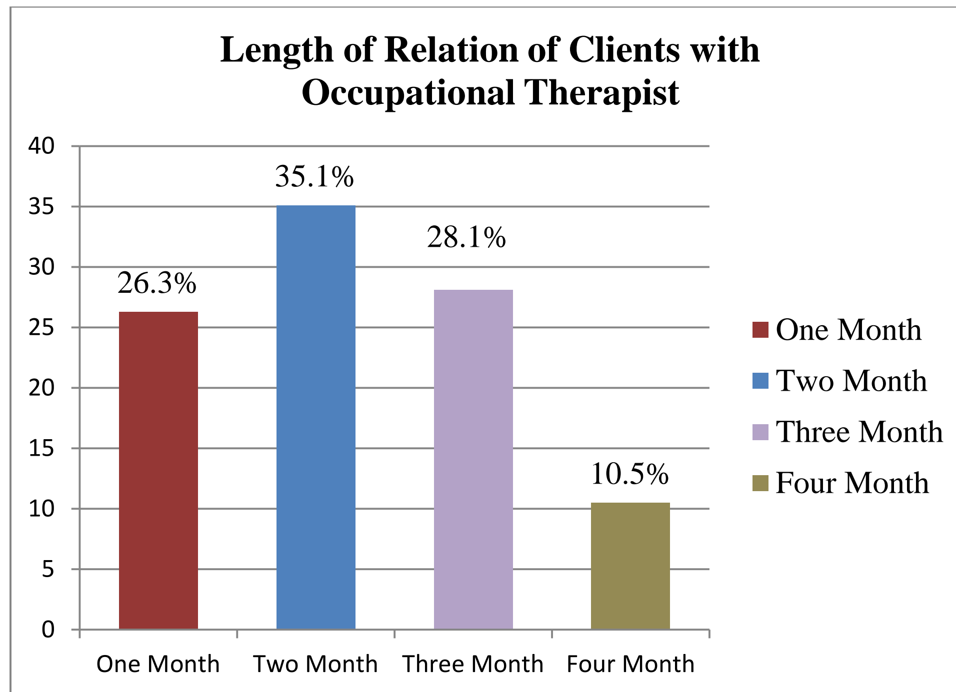

Figure 4.1: Length of Relation of Clients with Occupational Therapist

4.3 The association between demographic factor (age, sex, length of relation and experience of therapist) and Relationship factors (positive and negative).

In this study shows the association between demographic factor of client (age, sex, length of relation and experience of therapist) and Relationship factors (positive and negative). Chi-square test was performed to show the association between these variables.

There was no significant association between age and Relationship factors. Positive items of Level of regard was (n=57, $\chi 2$=40.05, P<.423), Empathy was (n=57, $\chi 2$=50.07, P<.391), Unconditionality was (n=57, $\chi 2$ =32.04, P<.867) and performance was (n=57, $\chi 2$ =35.08, P<.649). (Table-III)

Table-III: Association between client age and relationship factor (positive)

Component	Age of Client					
	15-25	26-35	36-45	46-56	$\chi 2$ value	*p*-value
Level of regard	35.1% (n=20)	35.1% (n=20)	12.3% (n=7)	17.5% (n=10)	40.05	.423
Empathy	35.1% (n=20)	35.1% (n=20)	12.3% (n=7)	17.5% (n=10)	50.07	.391
Unconditionality	35.1% (n=20)	35.1% (n=20)	12.3% (n=7)	17.5% (n=10)	32.04	.867
Congruence	35.1% (n=20)	35.1% (n=20)	12.3% (n=7)	17.5% (n=10)	35.08	.649

Here P vaue = >0.05, so it shows no significant association.

Negative items of Level of regard was (n=57, $\chi 2$=36.11, *P<.943*), Empathy was (n=57, $\chi 2$=56.88, *P<.368*), Unconditionality was (n=57, $\chi 2$ =46.37, *P<.540*) and performance was (n=57, $\chi 2$ =43.63, *P*<.530). (Table-IV)

Table-IV: Association between client age and relationship factor (negative)

Component	Age of Client					
	15-25	26-35	36-45	46-56	$\chi 2$ value	*p*-value
Level of regard	35.1% (n=20)	35.1% (n=20)	12.3% (n=7)	17.5% (n=10)	36.11	.943
Empathy	35.1% (n=20)	35.1% (n=20)	12.3% (n=7)	17.5% (n=10)	56.88	.368
Unconditionality	35.1% (n=20)	35.1% (n=20)	12.3% (n=7)	17.5% (n=10)	46.37	.540
Congruence	35.1% (n=20)	35.1% (n=20)	12.3% (n=7)	17.5% (n=10)	43.63	.530

Here P vaue = >0.05, so it shows no significant association.

Positive items of Level of regard was (n=57, $\chi 2$=9995, *P<.694*), Empathy was (n=57, $\chi 2$=12.920, *P<.679*), Unconditionality was (n=57, $\chi 2$ =10.025, *P<.760*) and performance was (n=57, $\chi 2$ =13.350, *P*<.421). (Table-V)

Table-V: Association between client sex and relationship factor (positive)

Component	Sex of Client			
	Male	Female	*χ2* value	*p*-value
Level of regard	84.2% (n=48)	15.8% (n=9)	9.995	.694
Empathy	84.2% (n=48)	15.8% (n=9)	12.920	.679
Unconditionality	84.2% (n=48)	15.8% (n=9)	10.025	.760
Congruence	84.2% (n=48)	15.8% (n=9)	13.350	.421

Here P vaue = >0.05, so it shows no significant association.

Negative items of Level of regard was (n=57, *χ2*=20.444, *P<.252*), Empathy was (n=57, *χ2*=15.510, *P<.627*), Unconditionality was (n=57, *χ2* =21.861, *P<.148*) and performance was (n=57, *χ2* =23.532, *P*<.073). (Table-VI)

Table-VI:Association between client sex and relationship factor (negative)

Component	Sex of Client			
	Male	Female	*χ2* value	*p*-value
Level of regard	84.2% (n=48)	15.8% (n=9)	20.444	.252
Empathy	84.2% (n=48)	15.8% (n=9)	15.510	.627
Unconditionality	84.2% (n=48)	15.8% (n=9)	21.861	.148
Congruence	84.2% (n=48)	15.8% (n=9)	23.532	.073

Here P vaue = >0.05, so it shows no significant association.

Positive items of Level of regard was (n=57, *χ2*=45.30, *P<.226*), Empathy was (n=57, *χ2*=61.15, *P<.096*), Unconditionality was (n=57, *χ2* =36.23, *P<.721*) and performance was (n=57, *χ2* =37.56, *P*<.536). (Table-VII)

Table-VII: Association between client Length of relation and relationship factor (Positive)

Component	Length of relation					
	One month	Two month	Three month	Four month	$\chi2$ value	*p*-value
Level of regard	26.3% (n=15)	35.1% (n=20)	28.1% (n=16)	10.5% (n=6)	45.30	.226
Empathy	26.3% (n=15)	35.1% (n=20)	28.1% (n=16)	10.5% (n=6)	61.15	.096
Unconditionality	26.3% (n=15)	35.1% (n=20)	28.1% (n=16)	10.5% (n=6)	36.23	.721
Congruence	26.3% (n=15)	35.1% (n=20)	28.1% (n=16)	10.5% (n=6)	37.56	.536

Here P vaue = >0.05, so it shows no significant association.

Negative items of Level of regard was (n=57, $\chi2$=58.61, *P<.216*), Empathy was (n=57, $\chi2$=55.03, *P<.435*), Unconditionality was (n=57, $\chi2$ =40.91, *P<.756*) and performance was (n=57, $\chi2$ =54.43, *P*<.158). (Table-VIII)

Table-VIII: Association between client Length of relation and relationship factor (negative)

Component	Length of relation					
	One month	Two month	Three month	Four month	$\chi2$ value	*p*-value
Level of regard	26.3% (n=15)	35.1% (n=20	28.1% (n=16)	10.5% (n=6)	58.61	.216
Empathy	26.3% (n=15)	35.1% (n=20	28.1% (n=16)	10.5% (n=6)	55.03	.435
Unconditionality	26.3% (n=15)	35.1% (n=20	28.1% (n=16)	10.5% (n=6)	40.91	.756
Congruence	26.3% (n=15)	35.1% (n=20	28.1% (n=16)	10.5% (n=6)	54.43	.158

Here P vaue = >0.05, so it shows no significant association.

Positive items of Level of regard was (n=57, $\chi 2$=10.887, $P<.208$), Empathy was (n=57, $\chi 2$=10.887, $P<.453$), Unconditionality was (n=57, $\chi 2$ =8.071, $P<.326$) and performance was (n=57, $\chi 2$ =10.183, P<.252). (Table-IX)

Table-IX: Association between therapist age and relationship factor (Positive)

Component	Age of Therapist			
	20-30	31-40	$\chi 2$ value	*p*-value
Level of regard	61.5% (n=8)	38.5% (n=5)	10.887	.208
Empathy	61.5% (n=8)	38.5% (n=5)	10.887	.453
Unconditionality	61.5% (n=8)	38.5% (n=5)	8.071	.326
Congruence	61.5% (n=8)	38.5% (n=5)	10.183	.252

Here P vaue = >0.05, so it shows no significant association.

Negative items of Level of regard was (n=57, $\chi 2$=10.183, $P<.252$), Empathy was (n=57, $\chi 2$=8.775, $P<.269$), Unconditionality was (n=57, $\chi 2$ =13.000, $P<.112$) and performance was (n=57, $\chi 2$ =10.183, P<.336). (Table-X)

Table-X: Association between therapist age and relationship factor (negative)

Component	Age of Therapist			
	20-30	31-40	$\chi 2$ value	*p*-value
Level of regard	61.5% (n=8)	38.5% (n=5)	10.183	.252
Empathy	61.5% (n=8)	38.5% (n=5)	8.775	.269
Unconditionality	61.5% (n=8)	38.5% (n=5)	13.000	.112
Congruence	61.5% (n=8)	38.5% (n=5)	10.183	.336

Here P vaue = >0.05, so it shows no significant association.

Positive items of Level of regard was (n=57, $\chi 2$=10.183, P<.252), Empathy was (n=57, $\chi 2$=13.000, P<.230), Unconditionality was (n=57, $\chi 2$ =6.428, P<.491) and performance was (n=57, $\chi 2$ =9.244, P<.322). (Table-XI)

Table-XI: Association between Therapist sex and relationship factor (positive)

Component	Sex of Therapist			
	Male	Female	$\chi2$ value	*p*-value
Level of regard	31.1% (n=3)	76.9% (n=10)	10.183	.252
Empathy	31.1% (n=3)	76.9% (n=10)	13.000	.230
Unconditionality	31.1% (n=3)	76.9% (n=10)	6.428	.491
Congruence	31.1% (n=3)	76.9% (n=10)	9.244	.322

Here P vaue = >0.05, so it shows no significant association.

Negative items of Level of regard was (n=57, $\chi2$=9.244, *P*<.322), Empathy was (n=57, $\chi2$=4.550, *P*<.715), Unconditionality was (n=57, $\chi2$ =7.367, *P*<.498) and performance was (n=57, $\chi2$ =13.000, *P*<.163). (Table-XII)

Table-XII: Association between therapist sex and relationship factor (negative)

Component	Sex of Therapist			
	Male	Female	$\chi2$ value	*p*-value
Level of regard	31.1% (n=3)	76.9% (n=10)	9.244	.322
Empathy	31.1% (n=3)	76.9% (n=10)	4.550	.715
Unconditionality	31.1% (n=3)	76.9% (n=10)	7.367	.498
Congruence	31.1% (n=3)	76.9% (n=10)	13.000	.163

Here P vaue = >0.05, so it shows no significant association.

Positive items of Level of regard was (n=57, $\chi2$=10.887, *P*<.208), Empathy was (n=57, $\chi2$=10.887, *P*<.453), Unconditionality was (n=57, $\chi2$ =8.071, *P*<.326) and performance was (n=57, $\chi2$ =10.183, *P*<.252). (Table-XIII)

Table-XIII: Association between therapist experience of therapist and relationship factor (Positive)

Component	Experience of Therapist			
	<5 years	≥5 years	$\chi 2$ value	*p*-value
Level of regard	61.5% (n=8)	38.5% (n=5)	10.887	.208
Empathy	61.5% (n=8)	38.5% (n=5)	10.887	.453
Unconditionality	61.5% (n=8)	38.5% (n=5)	8.071	.326
Congruence	61.5% (n=8)	38.5% (n=5)	10.183	.252

Here P vaue = >0.05, so it shows no significant association.

Negative items of Level of regard was (n=57, $\chi 2$=10.183, $P<.252$), Empathy was (n=57, $\chi 2$=8.775, $P<.269$), Unconditionality was (n=57, $\chi 2$ =13.000, $P<.112$) and performance was (n=57, $\chi 2$ =10.183, $P<.336$). (Table-XIV)

Table-XIV: Association between therapist experience of therapist and relationship factor (negative)

Component	Experience of Therapist			
	<5 years	≥5 years	$\chi 2$ value	*p*-value
Level of regard	61.5% (n=8)	38.5% (n=5)	10.183	.252
Empathy	61.5% (n=8)	38.5% (n=5)	8.775	.269
Unconditionality	61.5% (n=8)	38.5% (n=5)	13.000	.112
Congruence	61.5% (n=8)	38.5% (n=5)	10.183	.336

Here P vaue = >0.05, so it shows no significant association.

4.4 Highest loading factor responsible for building therapeutic relationship among client and therapist.

The factor loading for the four-factor, exploratory analysis are presented in Table-XV for client and Table-XVI for therapist. As is clearly revealed in the Table (XV & XVI), four well-defined factors emerged. It should be noted that in Table-XV, there are one negative loading on first factor, seven negative loading on second factor, four negative loading on third factor and three negative loading on fourth factor. In Table-XVI, there are three negative loading on first factor, three negative loading on second factor, two negative loading on third factor and no negative loading present on fourth factor. These loading correspond to the negatively worded items on the original subscales and hence, the negative loading indicate that the items loaded in the direction intended by the instrument's developer. In reality, all of the original items loaded in the direction intended by Barrett-Lennard.

In Table-XV, Factor I contains 15 of 16 original level of regard items loaded above .30 criterion. Only one (#49) regard items does not show any loading because loaded below .30 criterion. Only one (# 9) regard items had a substantially higher loading . Factor I clearly labled as level of regard. Table-XV also shows that Factor II contains all 16 original empathy items loading above .30 criterion. Only one (# 42) empathy items had a substantially higher loading. Factor III contains all 12 of 16 original unconditionality items loading above .30 criterion. Only four (#15, #35,#39, #47) unconditionality items does not show any loading because loaded below .30 criterion that indicated the weak relationship. Only one (# 3) unconditionality items had a substantially higher loading. Factor IV contains all 12 0f 16 original congruence items loading above .30 criterion. Only four (#16, #28, #52, #60) congruence items does not show any loading because loaded below .30 criterion that indicated the weak relationship. Only one (# 4) congruence items had a substantially higher loading. Overall, 50 of the 64 original items loaded above .30. Four items had a substantially higher loading. The four derived factors accounted for 39.05% of the total variance.

In Table-XVI, Factor I contains 14 of 16 original level of regard items loaded above .30 criterion. Only two (#1, #17) regard items does not show any loading because loaded below .30 criterion. Only one (# 57) regard items had a substantially higher loading.

Factor I clearly labled as level of regard. Table-XVI also show that Factor II contains all 16 original empathy items loading above .30 criterion. Only one (# 34) empathy items had a substantially higher loading. Factor III contains all 14 of 16 original unconditionality items loading above .30 criterion. Only four (#39, #51) unconditionality items does not show any loading because loaded below .30 criterion. Only one (# 3) unconditionality items had a substantially higher loading. Factor IV contains all 16 original congruence items loading above .30 criterion. Only one (# 52) congruence items had a substantially higher loading. Overall, 61 of the 64 original items loaded above .30. Four items had a substantially higher loading. The four derived factors accounted for 39.03% of the total varience.

Table-XVII and XVIII contains the five highest-loading items for each factor. Factor I items evaluate the clients and therapist perception about their acceptance and affection of each other. Factor II items deal with the client and therapist perceptions of how well they understand each other, even when they have difficulty to express. Factor III items deal with the client and therapist perceptions of how well they respect each other interest and without restriction they permit each other activity. Factor IV items deal with perceptions of each other openness and honesty about their feelings toward each other.

In Table-XV, Positive items were show 39 and Negative items were show 16. In Table-XVI, Positive items were show 51 and Negative items were show 13. Positive items explain positive relationship and negative item explain negative relationship.

Table-XV: Factor loading above .30 for Items on the Barrett-Lennard Relationship Inventory for Client

Level of regard Factors					Empathy Factors					Unconditionality Factors					Congruence Factors				
	I	II	III	IV		I	II	III	IV		I	II	III	IV		I	II	III	IV
Items					Items					Items					Items				
1	—	—	**.75**	—	2	—	—	**.61**	—	3	—	—	**.71**	—	4	—	—	**.79**	—
5	—	—	**.74**	—	6	—	—	.43	—	7	—	—	—	.41	8	—	—	**.60**	—
9	—	—	—	**.80**	10	—	—	.60	-.64	11	—	.44	—	—	12	—	—	**.60**	—
13	—	—	.54	—	14	—	—	.57	-.42	15	—	—	—	—	16	—	—	—	—
17	—	—	—	.61	18	—	.43	—	—	19	.51	—	**.52**	—	20	—	—	.53	—
21	—	—	—	**.73**	22	-.57	—	—	—	23	—	—	—	.43	24	—	—	.43	—
25	—	—	.60	—	26	—	—	**.62**	—	27	**.75**	—	—	—	28	—	—	—	—
29	—	.50	—	—	30	—	—	.47	-.65	31	—	-.54	—	.60	32	—	-.55	—	**.60**
33	—	—	—	.63	34	—	.40	—	—	35	—	—	—	—	36	—	.45	.42	—
37	—	.54	—	—	38	—	—	—	.52	39	—	—	—	—	40	-.67	—	—	—
41	.51	.51	—	—	42	—	**.70**	—	—	43	**.63**	—	—	—	44	—	.59	—	—
45	-.48	-.41	—	—	46	-.47	—	—	—	47	—	—	—	—	48	.42	**.70**	—	—
49	—	—	—	—	50	-.60	—	—	—	51	-.64	—	—	—	52	—	—	—	—
53	—	—	—	**.63**	54	.42	.65	—	—	55	—	—	—	-.45	56	-.58	—	—	—
57	.48	—	—	—	58	**-.86**	—	—	—	59	-.68	—	—	—	60	—	—	—	—
61	.49	.46	—	—	62	.47	.41	—	—	63	—	-.54	—	—	64	.51	.46	—	—

Table-XVI: Factor loading above .30 for Items on the Barrett-Lennard Relationship Inventory for Therapist

Level of regard Factors					Empathy Factors					Unconditionality Factors					Congruence Factors				
	I	II	III	IV		I	II	III	IV		I	II	III	IV		I	II	III	IV
Items					Items					Items					Items				
1	—	—	—	—	2	—	—	.60	—	3	**.75**	—	—	—	4	.43	—	.42	—
5	**.81**	—	—	—	6	—	—	—	.51	7	—	—	**.74**	—	8	.61	—	—	—
9	—	.46	—	—	10	—	.76	—	—	11	—	.64	—	—	12	—	**.80**	—	—
13	—	.74	—	—	14	—	.85	—	—	15	—	.49	-.58	—	16	—	.45	—	—
17	—	—	—	—	18	.45	.77	—	—	19	.64	—	—	—	20	**.85**	—	—	—
21	—	—	—	**.77**	22	-.53	—	—	—	23	—	—	—	**.65**	24	—	—	.68	—
25	.49	—	.74	—	26	.73	—	**.62**	—	27	—	—	.60	—	28	—	.45	—	—
29	—	—	—	.61	30	—	—	.48	—	31	—	—	—	**.70**	32	—	—	.71	—
33	—	—	—	**.77**	34	**.89**	—	—	—	35	—	**.70**	—	—	36	**.75**	—	—	—
37	.57	—	—	—	38	-.71	—	—	.52	39	—	—	—	—	40	—	—	.49	.72
41	**.79**	—	—	—	42	—	**.92**	—	—	43	—	.56	—	—	44	—	.64	—	—
45	—	-.61	—	.48	46	—	.43	—	—	47	—	.64	—	—	48	.50	**.82**	—	—
49	-.62	—	.43	—	50	—	.43	.56	.43	51	—	—	—	—	52	—	—	**.86**	—
53	-.86	—	—	—	54	.74	—	—	—	55	—	.47	—	.40	56	—	—	.47	.58
57	**.88**	—	—	—	58	**-.55**	-.57	—	—	59	.48	-.60	—	.44	60	—	—	.55	—
61	.71	—	.43	—	62	**.79**	—	—	—	63	—	—	.43	.53	64	—	—	.74	—

Table-XVII: Five highest-Loading Items for Each of the Four BLRI Factors for Client

Factor I: Level of regard
Item
9.We are impatient with each other.
1.We respect each other as people.
5.We like and enjoy one another.
21.We tend to find each other dull and uninteresting.
23. Either of us can express something that bothers us or that pleases us in the other, without changing their feeling toward us.
Factor II: Empathy
42.We can each appreciate exactly how the other one's experiences feel to them.
54.We understand one another.
26. At times we think that the other feels a certain way, because that's the way we feel ourselves.
2.We want to know and understand how the other one sees things.
10.We generally know exactly what the other one means.
Factor III: Unconditionality
27.We like some things about one another, and there are other things we do not like.
3.The interest we feel together depends on each one's actions and words.
43. Sometimes or in some ways we approve of the other one and there other times or different aspects where we distinctly disapprove.
31. Our attitude toward each other stays about the same: we are not pleased with the other one sometimes and critical or disappointed at other times.
19.We each want the other to be a particular kind of person.
Factor IV: Congruence
4. We feel at ease together.
48. We are openly and freely ourselves in our relationship.
8.I feel that we put on a role or act with one another.
12.I feel that we are our real and genuine selves with one another.
32.Sometimes one or other of us is not at all comfortable but we go on, outwardly ignoring it.

Table-XVIII: Five highest-Loading Items for Each of the Three BLRI Factorsfor Therapist

Factor I: Level of regard
Item 57.We are truly interested in each other. 5.We like and enjoy one another. 41.I feel that each of us really values the other person 21.We tend to find each other dull and uninteresting. 33.We just tolerate each other.
Factor II: Empathy
42.We can each appreciate exactly how the other one's experiences feel to them. 34.We listen to each other, and usually understand each other's whole meaning. 14.We both look at what the other does, from our individual points of view. 62.When one of us is upset or hurting, the other one is able to tune in and recognize the other's feeling exactly without getting really upset. 18. We usually sense or realize what the other is feeling.
Factor III: Unconditionality
3.The interest we feel together depends on each one's actions and words. 7. Either one of us can be 'up' or 'down' in our mood without this changing the other one's attitude toward us. 31. Our attitude toward each other stays about the same: we are not pleased with the other one sometimes and critical or disappointed at other times. 35.If one of us shows anger with the other they become hurt or angry too. 23. Either of us can express something that bothers us or that pleases us in the other, without changing their feeling toward us.
Factor IV: Congruence
52. At times our outward response to one another is quite different from the way we actually feel underneath. 20.We speak openly to each other, expressing what we are thinking and feeling as we say it. 48.We are openly and freely ourselves in our relationship. 12.I feel that we are our real and genuine selves with one another. 36. Each of us is able to express his/her honest impressions and actual feelings with or toward the other.

4.5 Quality of clients and therapist experience (positive or negative) about the relationship that they formed during rehabilitation.

The figure 4.2 represents that out of 57 participants of clients, 71% mentioned positive relationship and 29% mentioned negative relationship with their therapist. And the figure 4.3 represents that out of 13 participants, 80% have positive relationship and 20% have negative relationship with their client.

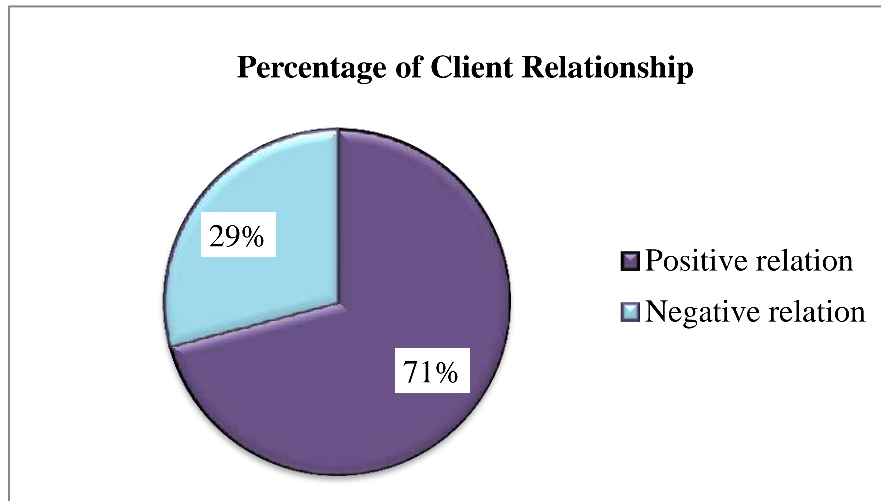

Figure 4.2: Percentage of client relationship.

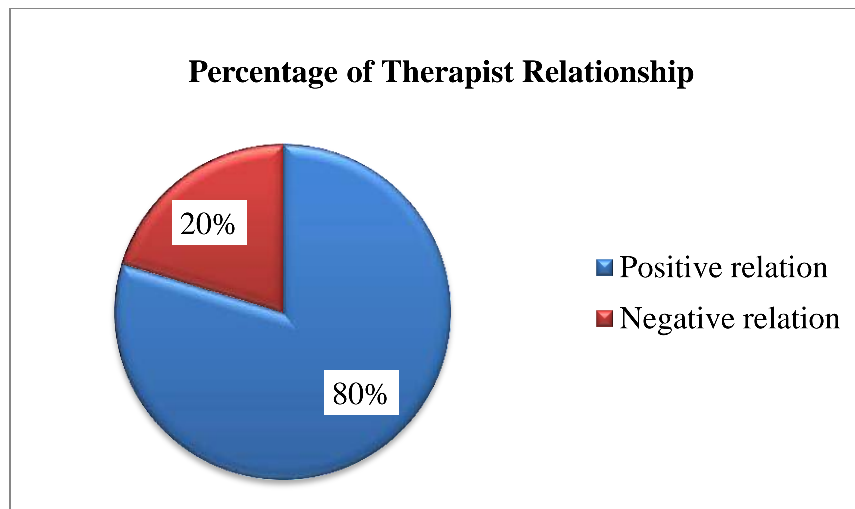

Figure 4.3: Percentage of therapist relationship.

4.6 Barrett-Lennard scores, positive and negative factors

As seen in Table-XIX, both clients (n=57; mean score 2.85± 0.22) and therapists (n=13; mean score 2.66±0.40) rated their alliance very positive. Compared to clients perceptions, therapists perceived the quality of the working relationship slightly more positive, both on the quality of the therapeutic alliance overall, as well as on agreement on treatment goals and strategies and the presence of an affective bond separately.

Table-XIX: Means of total scores and mean scores of clients and therapist on the Scale, positive and negative factors

scores	N	Mean of total scores[a]	SD	Mean scores[b]	SD
Client Overall scale score	57	182.72	±14.40	2.85	±0.22
Therapist Overall scale score	13	170.38	±26.02	2.66	±0.40
Client positive item scores					
Level of regard	57	73.61	±18.43	73.61	±18.43
Empathy	57	68.49	±20.38	68.49	±20.38
Unconditionality	57	22.51	±18.09	22.51	±18.09
Congruence	57	57.89	±14.47	57.89	±14.47
Therapist positive item scores					
Level of regard	13	78.21	±22.44	78.20	±22.44
Empathy	13	67.95	±30.01	67.94	±30.01
Unconditionality	13	18.27	±13.23	18.26	±13.23
Congruence	13	53.85	±27.87	53.84	±27.87

Clientt negative item scores					
Level of regard	57	55.04	±29.20	55.04	±29.20
Empathy	57	37.59	±23.53	37.59	±23.53
Unconditionality	57	30.56	±18.60	30.55	±18.60
Congruence	57	20.93	±14.03	20.93	±14.03
Therapist negative item Scores					
Level of regard	13	30.33	±30.99	30.33	±30.99
Empathy	13	24.85	±18.22	24.84	±18.22
Unconditionality	13	39.85	±28.67	39.84	±28.67
Congruence	13	54.85	±21.95	54.84	±21.95

[a]Overall client scale scores max 210; therapist scale scores max 208.
b Measured on a 1–6 point Likert scale, 6 representing an optimal alliance.

4.7 Agreement between clients and therapists perceptions on their working alliance

Agreement between clients and therapist scores Results in Table-XX showed that there was good therapeutic relationship (ICC<0.90) between clients and therapists' experiences during rehabilitation.

Table-XX: Agreement between clients' and therapists' perceptions on their working alliance.

Client and Therapist experience	N	ICC^a
Overall scale	70	4.82
Level of regard	70	3.68
Empathy	70	2.33
Unconditionality	70	1.56

Congruence	70	6.66

[a]ICC<0.90 indicates good therapeutic agreement.

4.8 Clients perceptions in relation to working experience of therapists

The number of years of experience working as a therapist ranged from less than 5 years to more than 5 years and was categorised into two similarly sized groups: <5 years (61.5%) and ≥5 years (38.5%). The results (Table-XXI) showed that the differences in clients perceptions on their working relationship were minimal between these four experience categories and were not statistically significant.

Table XXI: Clients perceptions in relation to working experience of therapists

Client experience	Years experience	N	Mean[a]	SD	F(df)	p
Overall scale	<5 years	8	171.88	±16.62	F(1)=0.04	0.83
	≥5 years	5	173.80	±12.89		
Level of regard	<5 years	8	35.25	±12.20	F(1)=1.20	0.29
	≥5 years	5	27.60	±12.26		
Empathy	<5 years	8	24.13	±6.77	F(1)=0.87	0.36
	≥5 years	5	20.40	±7.30		
Unconditionality	<5 years	8	16.75	±5.47	F(1)=0.01	0.90
	≥5 years	5	17.20	±7.59		
Congruence	<5 years	8	19.63	±5.95	F(1)=0.43	0.52
	≥5 years	5	17.20	±7.25		

[a]Measured on a 1–6 point Likert scale, 6 representing an optimal alliance.

CHAPTER-V: DISCUSSION & CONCLUSION

5.1 Discussion

The aim of this study was to explore the quality of therapeutic experiences between client and occupational therapist that they formed during rehabilitation. Although it was realized that the sample size was small; this study provides information about the relationship inventory factors that use to determine client and therapist experience (positive or/ negative). Total 70 participants were taken in this study period. The study population consisted in 57 participants of clients, 84%(n=48) were males and 16% (n=9) were females. 13 participants of Therapists, 77% (n=10) were females and 23% (n=3) were males. Here show that in client, most of the participants were males and in therapist, most of the participants were females. In client, age ranged from 15 to 56 years with a mean age of the patients was 32.12 years. The minimum and maximum ages among the participants were 18 years and 55 years. In therapist, age ranged from 2o to 40 years with a mean age of the therapists was 27.46 years. The minimum and maximum ages among the participants were 22 years and 35 years. In this study most of the client participants were married (68%) and therapist were (85%), most of the client living rural area and therapist urban area (91%), secondary school level of client education (33%), paraplegia (65%), and fall from height (40%). The wheelchair users with SCI patients were unmarried (32%) and therapist were (15%).

In this study researcher found that there are no association between socio-demographic factors and relationship factors. And investigator not found any literature for support this finding.

Ganely (1989) informed that the factor solution robustly conformed the original three dimensions- Empathy, Regard and Congruence. This analysed based on rating of a relationship within the family. These findings, combined with Wampler and powells (1982) studies review of marital studies using the BLRI, suggest that this instrument will be useful as a measure of process variables within the marital relationship. By compairing

score he found that husband and wife discrepancies in such rating are predictive of marital difficulties and/or response to therapy. Outside observers may also able to rate different aspect of relationship. For example a therapist or researcher could rate how the wife relates to her husbandor how empathic her family is. The BLRI appeared ready for use in marital research and other elated research, as well as for exploratory and validation studies in broaderapplications to the family system

Barrett-Lennard (1978), Gurman (1977) and Wampler and Powell (1982) have all suggested that the BLRI is a useful instruments for family systems research. It remains to be seen if factor structure found in the client-therapist studies will be the same as that between members of a family.

Good agreement was shown to exist between perceptions of clients and therapists of the quality of their alliance, both overall, and on the four elements of the alliance separately. The therapeutic relationship is a dynamic and developing process of collaboration and also communication between the client and clinician and during the course of care its strength fluctuates (Horvath, 2011; Stinckens, 2009). Understanding how clinician and client factors, such as their present mood, preoccupation with personal issues and severity of symptoms, as well as situational factors, such as excessive workload, lack of time, waiting time, and delays in improvement, may cause fluctuations in the strength of the therapeutic alliance over time is imperative for therapists. To maintain a positive alliance between the client and the therapist, both parties have to demonstrate a commitment to collaborate during the course of the treatment for however long that takes (Horvath, 2011; Stinckens, 2009).

Although previous research has confirmed a positive and consistent association between therapeutic alliance and clinical outcomes, the term ‘association’ does not indicate that there is a causal relationship between the two (Miller, 2011). However, a recent study in the field of physical therapy and rehabilitation found a clear response effect between the therapeutic alliance and clinical outcomes. Outcomes were better when interventions were combined with enhanced therapeutic alliance applications, compared to a limited

application of factors that have been shown to enhance the therapeutic alliance (Fuentes, 2014). A study by Lambers and Bolton (2016) found the small differences between patients' views and therapists' views might disguise the fact that there was poor agreement between these perceptions and results showed that chiropractors and clients had very different perceptions of the same working relationship. A lack of agreement between patient views and therapist views is consistent with the literature in psychotherapy. It was suggested that client perceptions are more predictive for clinical outcomes compared to therapist perceptions, on the basis that patient perceptions were shown to remain more stable over time compared to therapists' perceptions (Ardito, 2011).

Somewhat surprisingly, the results in the Lambers and Bolton (2016) study did not found any difference in clients perceptions in relation to the chiropractor's years of experience as a chiropractor's on clients perceptions of the quality of any of the elements of the therapeutic alliance. In a study in psychotherapy, which used the version of the WAV-12 (Stinckens, 2009), interactions with respect to agreement on treatment strategies with therapists with over 20 years of experience were perceived significantly less positive compared to interactions with less experienced therapists (10–19 years).

Researcher found in this study, differences in clients perceptions on their working relationship were not present in these four experience categories and were not statistically significant.

5.2 Limitation

Regarding this study, there were some limitations or barrier to consider the result of the study as below:

The limitation of this study was sample size. It was taken only 70 samples, because it was so difficult to recruit more participants in the inpatient unit according to inclusion criteria within this timeframe. The major limitation was time. The period was very limited to conduct the research project on this topic. There have not enough literature about therapeutic relationship in Bangladeshi context or South Asian context.

5.3 Conclusion

The success or failure of occupational therapy depends on the relationship between a client and therapist. The purpose of this quantative study was to explore the quality of therapeutic experiences between client and occupational therapist that they formed during rehabilitation. Encouraged the Occupational therapists to consider their attitudes, needs and boundaries when establishing close connections and to share power with their clients. In order to establish an effective collaborative relationship, therapists must explore form of relationship and participation that each client prefers. In this study many client and therapist factor loading are negative that indicated negative relationship or negative experience about relationship. The results of this study showed that both patients and therapists perceived their working alliances very positive. Contrary to what was expected, no significant differences were shown to exist in patients' perceptions in relation to the therapists' years of working experience. The most important finding with respect to clinical practice was that good agreement was found between the perceptions of patients and therapists on the same working relationship. So, this study is helpful for client and also for therapist.

5.4 Recommendation

OTs should implement a broader role and holistic treatment techniques for their client. OTs need to consider their attitudes, needs and boundaries when establishing or building rapport with client. OTs should be empathetic, communicate with client appropriately for improving the relationship and best intervention outcome. OTs need to concentrate more on the clients need, interest during the intervention and decision making.

The researcher's recommendation is that OTs need to study this topic in depth. This may involve

- The recommendation for research is to further investigate the level of relationship on treatment goals and treatment strategies to achieve these goals between patients and therapists. In the present study, only perceptions of collaboration in reaching relationship were studied.

- Effectiveness of therapeutic relationship during rehabilitation
- Barrier among the relationship of client and therapist during intervention.

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Appendices-I: Permission Letter

October 16, 2018
The Chairman
Institutional Review Board (IRB)
Bangladesh Health Professions Institute (BHPI)
CRP- Chapain, Savar, Dhaka- 1343, Bangladesh

Subject: Application for review and ethical approval

Sir,
With due respect, I would like to draw your kind attention that I am a student of 4th year B. Sc. in Occupational Therapy course at Bangladesh Health Professions Institute. For the requirement of my course curriculum I have to conduct a research project session. My research title is **Client-Therapist Relationships: Experiences of Occupational Therapist and Clients during Rehabilitation** that will be supervised by Shamima Akter, Assistant Professor,Deptartment of Occupational Therapy, BHPI, CRP. The purpose of the study is to explore the experiences of client and therapist about the therapeutic relationship that they formed during rehabilitation.Barrett-Lennard Relationship Inventory:Form DW-64 (Version 4)will be used by face to face interview. That will take about 30-40 minutes.Related information will be collected from the participant. The study will not becauseof any harm to the participant. Data collectors will receive informed consents from all participants as a written record. Any kind of collecting data will be kept confidential.

Therefore, I look forward to having your kind approval of the research proposal and data collection. I also assure you that I will maintain all the requirements for study.

Sincerely yours,
Samia Alam
....
Samia Alam
Session: 2014-2015
Student ID: 122140152
4th Year Student of B. Sc in Occupational Therapy,
BHPI, CRP, Savar, Dhaka- 1343, Bangladesh

Recommendation from the Head of the Department:
....
Sk. Moniruzzaman
Assistant Professor & Head
Dept. of Occupational Therapy,
BHPI, CRP- Chapain, Savar, Dhaka- 1343

Recommendation from the thesis supervisor:
....
Shamima Akter,
Assistant Professor
Dept. of Occupational Therapy,
BHPI, CRP- Chapain, Savar, Dhaka- 1343

Appendices-II: IRB Approval Letter

বাংলাদেশ হেল্‌থ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
(The Academic Institute of CRP)

Ref. CRP-BHPI/IRB/10/18/1234

Date: 16/10/2018

To
Samia Alam
B.Sc. in Occupational Therapy
Session: 2014-2015, Student ID: 122140152
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Subject: Approval of thesis proposal "Client-Therapist Relationships: Experiences of Occupational Therapist and Clients during Rehabilitation" by ethics committee.

Dear Samia Alam,

Congratulations,
The Institutional Review Board (IRB) of BHPI has reviewed and discussed your application to conduct the above mentioned thesis, with yourself, as the Principal Investigator" The Following documents have been reviewed and approved:

S.N.	Name of Documents
1.	Thesis Proposal
2.	Questionnaire (English and / or Bangla version)
3.	Information sheet & consent form.

The study involves use of a "Barrett-Lennard Relationship Inventory: Form DW-64 (Version 4)" questionnaire to explore the "Client-Therapist Relationships: Experiences of Occupational Therapist and Clients during Rehabilitation" that may take 30 to 40 minutes and have no likelihood of any harm to the participants. The investigator will have to ensure permission from the hospital / rehabilitation centre authority if and when collection of data during office time. Congenial and secure place of interview will have to be ensured by the investigator. The members of the Ethics committee have approved the study to be conducted in the presented form at the meeting held at 10 AM on September 01, 2018 at BHPI.

The institutional Ethics committee expects to be informed about the progress of the study, any changes occurring in the course of the study, any revision in the protocol and patient information or informed consent and ask to be provided a copy of the final report. This Ethics committee is working accordance to Nuremberg Code 1947, World Medical Association Declaration of Helsinki, 1964 - 2013 and other applicable regulation.

Best regards,

Muhammad Millat Hossain
Assistant Professor, Dept. of Rehabilitation Science
Member Secretary, Institutional Review Board (IRB)
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

সিআরপি-চাপাইন, সাভার, ঢাকা-১৩৪৩, বাংলাদেশ, ফোন ঃ ৭৭৪৫৪৬৪-৫, ৭৭৪১৪০৪ ফ্যাক্স ঃ ৭৭৪৫০৬৯
CRP-Chapain, Savar, Dhaka-1343, Tel : 7745464-5, 7741404, Fax : 7745069, E-mail : contact@crp-bangladesh.org, www.crp-bangladesh.org

Appendices-III (a): Permission Letter for Client Data Collection

বাংলাদেশ হেল্‌থ প্রফেশন্স ইনষ্টিটিউট (বিএইচপিআই)

BANGLADESH HEALTH PROFESSIONS INSTITUTE (BHPI)

(The Academic Institute of CRP)

CRP-Chapain, Savar, Dhaka, Tel: 7745464-5, 7741404, Fax: 7745069

BHPI-Mirpur Campus, Plot-A/5, Block-A, Section-14, Mirpur, Dhaka-1206, Tel: 8020178,8053662-3, Fax: 8053661

তারিখ ঃ ১৭.১২.২০১৮

প্রতি
হেড অব মেডিকেল সার্ভিসেস উইং
সিআরপি, সাভার, ঢাকা।

বিষয় ঃ রিসার্চ প্রজেক্ট (dissertation) এর জন্য আপনার প্রতিষ্ঠান সফর ও তথ্য সংগ্রহ প্রসঙ্গে।

জনাব,

আপনার সদয় অবগতির জন্য জানাচ্ছি যে, পক্ষাঘাতগ্রস্তদের পুর্নবাসন কেন্দ্রে-সিআরপি'র শিক্ষা প্রতিষ্ঠান বাংলাদেশ হেলথ্ প্রফেশনস ইনষ্টিটিউট (বিএইচপিআই) ঢাকা বিশ্ববিদ্যালয় অনুমোদিত বিএসসি ইন অকুপেশনাল থেরাপি কোর্স পরিচালনা করে আসছে।

উক্ত কোর্সের ছাত্রছাত্রীদের কোর্স কারিকুলামের অংশ হিসাবে বিভিন্ন বিষয়ের উপর রিসার্চ ও কোর্সওয়ার্ক করা বাধ্যতামুলক।

বিএইচপিআই'র ৪র্থ বর্ষ বিএসসি ইন অকুপেশনাল থেরাপি কোর্সের ছাত্রী সামিয়া আলম তার রিসার্চ সংক্রান্ত কাজের জন্য আগামী ১৯.১২.২০১৮ তারিখ থেকে ২৪.০১.২০১৯ তারিখ পর্যন্ত সময়ে আপনার প্রতিষ্ঠানে সফর করতে আগ্রহী।

তাই তাকে আপনার প্রতিষ্ঠান সফরে সার্বিক সহযোগীতা প্রদানের জন্য অনুরোধ করছি।

ধন্যবাদান্তে,

18.12.2018

শেখ মনিরুজ্জামান
বিভাগীয় প্রধান
অকুপেশনাল থেরাপি, বিএইচপিআই।

SAYEED UDDIN HELAL

LLL/////

Appendices-III (b): Permission Letter for Therapist Data Collection

বাংলাদেশ হেল্‌থ প্রফেশন্স ইনষ্টিটিউট (বিএইচপিআই)

BANGLADESH HEALTH PROFESSIONS INSTITUTE (BHPI)

(The Academic Institute of CRP)

CRP-Chapain, Savar, Dhaka, Tel: 7745464-5, 7741404, Fax: 7745069

BHPI-Mirpur Campus, Plot-A/5, Block-A, Section-14, Mirpur, Dhaka-1206. Tel: 8020178,8053662-3, Fax: 8053661

তারিখ ঃ ১৭.১২.২০১৮

প্রতি
বিভাগীয় প্রধান
অকুপেশনাল থেরাপি বিভাগ
সিআরপি, সাভার, ঢাকা।

বিষয় ঃ রিসার্চ প্রজেক্ট (dissertation) এর জন্য আপনার প্রতিষ্ঠান সফর ও তথ্য সংগ্রহ প্রসঙ্গে।

জনাব,

আপনার সদয় অবগতির জন্য জানাচ্ছি যে, পক্ষাঘাতগ্রস্তদের পুর্নবাসন কেন্দ্রে-সিআরপি'র শিক্ষা প্রতিষ্ঠান বাংলাদেশ হেলথ প্রফেশনস ইনষ্টিটিউট (বিএইচপিআই) ঢাকা বিশ্ববিদ্যালয় অনুমোদিত বিএসসি ইন অকুপেশনাল থেরাপি কোর্স পরিচালনা করে আসছে।

উক্ত কোর্সের ছাত্রছাত্রীদের কোর্স কারিকুলামের অংশ হিসাবে বিভিন্ন বিষয়ের উপর রিসার্চ ও কোর্সওয়ার্ক করা বাধ্যতামুলক।

বিএইচপিআই'র ৪র্থ বর্ষ বিএসসি ইন অকুপেশনাল থেরাপি কোর্সের ছাত্রী সামিয়া আলম তার রিসার্চ সংক্রান্ত কাজের জন্য আগামী ১৯.১২.২০১৮ তারিখ থেকে ২৪.০১.২০১৯ তারিখ পর্যন্ত সময়ে আপনার প্রতিষ্ঠানে সফর করতে আগ্রহী।

তাই তাকে আপনার প্রতিষ্ঠান সফরে সার্বিক সহযোগীতা প্রদানের জন্য অনুরোধ করছি।

ধন্যবাদান্তে,

Approved

18.12.18

Md. Julker Nayan
MS(Rehab), MPH, BSc(H)OT
Associate Professor & Head
Occupational Therapy Department
CRP, Savar, Dhaka-1343

18.12.2018

শেখ মনিরুজ্জামান
বিভাগীয় প্রধান
অকুপেশনাল থেরাপি, বিএইচপিআই।

Appendices-IV: Author Permission Letter for for Using Scale

3/30/2019 Gmail - Permission for using scale(Barrett-Lennard Relationship Inventory :Form DW-64 (Version 4)

Samia Alam <samia.ot18.edu@gmail.com>

Permission for using scale(Barrett-Lennard Relationship Inventory :Form DW-64 (Version 4)

Wiley Global Permissions <permissions@wiley.com> Thu, Oct 11, 2018 at 1:09 AM
To: Samia Alam <samia.ot18.edu@gmail.com>
Cc: "Shamima.ot.bhpi@gmail.com" <Shamima.ot.bhpi@gmail.com>

Dear Ms. Alam:

Thank you for your email.

Permission is hereby granted for the use requested subject to the usual acknowledgements (author, title of material, title of book, ourselves as publisher). You should also duplicate the copyright notice that appears in the Wiley publication; this can be found on the copyright page in the book.

Any third party material is expressly excluded from this permission. If any of the material you wish to use appears within our work with credit to another source, authorization from that source must be obtained.

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Sincerely,

Sheik Safdar

Sales Specialist – Permissions

Global Sales Partnerships

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ssafdar@wiley.com

T +1 201-748-6512

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Hoboken, NJ 07030-5774

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Appendices-V (a): Information consent form English for Client

BANGLADESH HEALTH PROFESSIONS INSTITUTE (BHPI)

Department of Occupational Therapy

CRP- Chapain, Savar, Dhaka-1343. Tel: 02-7745464-5, 7741404, Fax: 02-7745069

Code No:

Participants' Information and Consent sheet

Research Topic: Client-Therapist Relationships: Experiences of Occupational Therapists and Clients during Rehabilitation.

Researcher: Samia Alam, B.Sc. in Occupational Therapy (4th Year), Session: 2014-2015, Bangladesh Health Professions Institute (BHPI), Savar, Dhaka-1343.

Supervisor: Shamima Akter, Assistant Professor, Department of Occupational Therapy, Bangladesh Health Professions Institute.

Place of Research: Spinal Cord injury unit, Center of Rehabilitation of the Paralysed (CRP), Savar, Dhaka-1343, Bangladesh.

Part 1- Information Sheet:

Introduction:

I am Samia Alam, student of 4th year B.Sc in Occupational Therapy session(2014-2015) studying under the Medicine Faculty of Dhaka University in Bangladesh Health Professions Institute. To complete B.Sc in Occupational Therapy from BHPI conduct a research project is mandatory.This research project will be done under the supervision of Shamima Akhter, Assistant Professor of Occupational Therapy.The purpose of the research project is the collection of data and how it will be related to the research and this will be presented to you in detail through this participant paper.If you are willing to participate in this research, in that case the clear idea about the research topic will be easier for decision making. Of course, you do not have to make sure you participate now. Before taking any decision, you can discuss with your relatives, friends or guardian about this. On the other hand after reading the information sheet if the participanthas problem to understand the content or if you need to know more about something, you can freely ask.

Research background and objectives:

In this research all spinal cord injury patients of Center of Rehabilitation of the Paralyzed will be invited to participate.As part of this you are also invited to participate in the research project. Because you are aware that the results of the treatment of aservice receiver in a rehabilitation center are very much dependent on the functional and coordinated medical relationship between the Occupational Therapists and its clients. The relationship between the therapist and the client was developed through cooperation, communication, sympathy, respect and mutual understanding.As a service recipient it is unknown whether you are confident and satisfied or how adverse you are on their cooperation, communication, empathy, and mutual understandings, as well as you are also unknown to work independently with occupational therapists.The general purpose of this study is to mention the interconnection between the Occupational Therapist and

his client in relation to their mutual treatment and experience of this bond.We are hopeful that your effective participation will help to meet the objective of the research.

Let's know about the topic related to participation in this research work:

Before signing the consent form from you, the details of managing the research project will be presented to you in detail through this participation note.If you want to participate in this study, you will have to sign the agreement.If you do not complete literacy knowledge, or if you fail to provide a signature for another reason, then your finger print will be taken in a consent sheet in presence of a witness.If you ensure the participation, a copy of your consent will be given. After a representative of collection data team by the researcher will go to you. At any given time taken from you by a question paper information will be collected. Your participation in this research project is optional. If you do not agree then you do not have to participate. Despite your consent, you can withdraw your participation at any time without giving any explanation to the researcher. With the decision to participate in the research project or to withdraw the participation later, you will not be affected in relation to your treatment at the CRP, relationships with doctors, relationships with occupational therapists or the association with the CRP partners.

The benefits and risks of participation:

You will not get any benefit directly to participate in the research project. Participation in this study can lead to many difficulties in your daily work. However, we are hopeful that the benefits derived from the results of this research will remove the disadvantages.Don't worry about the questions that others may know about your identity, it's a request.Patients name, address will not be included in the data analysis software to reduce the risk of uncover identity.

Confidentiality of information:

By signing this agreement, you are allowing the research staff to study this research project to collect and use your personal resources. Any information gathered for this research project, which can identify you, will be confidential. The information collected about you will be mentioned in a symbolic way. Only the concerned researchers and their supervisor will be able to access this information directly.Symbolicways identified data will be used for the next data analysis. Information sheets will be kept into a locked drawer. Electronic version of data will be collected in BHPI's Occupational Therapy department and researcher's personal laptop.It is expected that the results of this research project will be published and presented in different forums. In any publication and presentation, the information will be provided in such a way that you cannot be identified in any way without your consent.Data will be initially collected in papers.

Information about promotional results:

The results of this study will be published in various social media, websites, conferences, discussions and reviewed journals.

Participants' fees:

There is no stimulus and remuneration arrangement for participation in this study.

Source of funding to manage research:

The cost of this research will be spent entirely by researchers own funds.This study will be done in small areas and no money will come from external source

Information about withdrawal from participation:

Despite your consent, you can withdraw your participation at any time without giving any explanation to the researcher.If the information can be used after the cancellation, its permission will be mentioned in the participant's withdrawal letter (Applicable only for voluntary withdrawal).

Contact address with the researcher:

If you have any questions about the research project or if you have any questions about the research project, you can ask it anytime now or later.In that case, you can contact the number assigned to the researcher 01622780366 (Samia Alam).

Complaint:

If there is any complaint regarding the conduct of this research project, contact this number with the Association of Ethics (7745464-5).This research project has been reviewed and approved by the CRP-BHPI / IRB / 10/18/1234 from the Bangladesh Health Professions Institute, Savar's Educational Ethics Council.

Participant's Withdrawal Form
(Applicable only for voluntary withdrawal)

Participant's Name: ....

Reason for Withdrawal:

....
....
....
....
....

Whether permission to previous information is used?

Yes/No

Participant's Name:

Participant's Signature Date: ....

*If illiterate

Participant fingerprint

Witness's Name:

Witness's Signature Date: ....

Code:

Part 2- Consent Sheet:

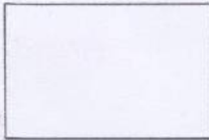
I have been invited to participate in the research titled"Client-Therapist Relationships: Experiences of Occupational Therapists and Clients during Rehabilitation".I have read the previous letter or it has been read by me.There was an opportunity to ask my questions about this and I got a satisfactory answer to all the questions. I voluntarily agree to be a participant in this study.

Participant Name:

Participant Signature: Date:..................................

*If illiterate

Participant fingerprint



Witness's Name:

Witness's Signature: Date:..................................

Researcher & Consenting person's statement:

I have read the participant's information form to the participant and according to my maximum capacity; the participants understand that the following topics will be done:

1) All the information will be used in research work
2) Information will be totally confidential
3) Participant's name and identity will not be published

I am sure that the participant has been given the opportunity to ask questions about this topic and the accurate answer to these questions has been given as per my maximum capacity.I am convinced that no person has been compelled to give consent.He or she has freely or voluntarily agreed.

A copy of Participant's information and consent sheet has given to the participant

Researcher Name:

Researcher Signature: Date:..................................

Appendices-V (b): Information consent form English for Therapist

BANGLADESH HEALTH PROFESSIONS INSTITUTE (BHPI)

Department of Occupational Therapy

CRP- Chapain, Savar, Dhaka-1343. Tel: 02-7745464-5, 7741404, Fax: 02-7745069

Code No:

Participants' Information and Consent sheet

Research Topic: Client-Therapist Relationships: Experiences of Occupational Therapists and Clients during Rehabilitation.

Researcher: Samia Alam, B.Sc. in Occupational Therapy (4th Year), Session: 2014-2015, Bangladesh Health Professions Institute (BHPI), Savar, Dhaka-1343.

Supervisor: Shamima Akter, Assistant Professor, Department of Occupational Therapy, Bangladesh Health Professions Institute.

Place of Research: Spinal Cord injury unit, Center of Rehabilitation of the Paralysed (CRP), Savar, Dhaka-1343, Bangladesh.

Part 1- Information Sheet:

Introduction:

I am Samia Alam, student of 4th year B.Sc in Occupational Therapy session(2014-2015) studying under the Medicine Faculty of Dhaka University in Bangladesh Health Professions Institute. To complete B.Sc in Occupational Therapy from BHPI conduct a research project is mandatory.This research project will be done under the supervision of Shamima Akhter, Assistant Professor of Occupational Therapy.The purpose of the research project is the collection of data and how it will be related to the research and this will be presented to you in detail through this participant paper.If you are willing to participate in this research, in that case the clear idea about the research topic will be easier for decision making. Of course, you do not have to make sure you participate now. Before taking any decision, you can discuss with your relatives, friends or guardian about this. On the other hand after reading the information sheet if the participanthas problem to understand the content or if you need to know more about something, you can freely ask.

Research background and objectives:

In this research all spinal cord injury Occupational Therapist of Center of Rehabilitation of the Paralyzed will be invited to participate.As part of this you are also invited to participate in the research project. Because you are aware that the results of the treatment of aservice receiver in a rehabilitation center are very much dependent on the functional and coordinated medical relationship between the Occupational Therapists and its clients. The relationship between the therapist and the client was developed through cooperation, communication, sympathy, respect and mutual understanding.As a service provider,it is unknown whether you are confident and satisfied or how adverse you are on their cooperation, communication, empathy, and mutual understandings, as well as you are also unknown to work independently with occupational therapists.The general purpose of this study is to mention the interconnection between the Occupational Therapist and his client in relation to their mutual treatment and experience of this

bond.We are hopeful that your effective participation will help to meet the objective of the research.

Let's know about the topic related to participation in this research work:

Before signing the consent form from you, the details of managing the research project will be presented to you in detail through this participation note.If you want to participate in this study, you will have to sign the agreement.If you ensure the participation, a copy of your consent will be given. After a representative of collection data team by the researcher will go to you. At any given time taken from you by a question paper information will be collected. Your participation in this research project is optional. If you do not agree then you do not have to participate. Despite your consent, you can withdraw your participation at any time without giving any explanation to the researcher.

The benefits and risks of participation:

You will not get any benefit directly to participate in the research project. Participation in this study can lead to many difficulties in your daily work. However, we are hopeful that the benefits derived from the results of this research will remove the disadvantages.Don't worry about the questions that others may know about your identity, it's a request.Patients name, address will not be included in the data analysis software to reduce the risk of uncover identity.

Confidentiality of information:

By signing this agreement, you are allowing the research staff to study this research project to collect and use your personal resources. Any information gathered for this research project, which can identify you, will be confidential. The information collected about you will be mentioned in a symbolic way. Only the concerned researchers and their supervisor will be able to access this information directly.Symbolicways identified data will be used for the next data analysis. Information sheets will be kept into a locked drawer. Electronic version of data will be collected in BHPI's Occupational Therapy department and researcher's personal laptop.It is expected that the results of this research project will be published and presented in different forums. In any publication and presentation, the information will be provided in such a way that you cannot be identified in any way without your consent.Data will be initially collected in papers.

Information about promotional results:

The results of this study will be published in various social media, websites, conferences, discussions and reviewed journals.

Participants' fees:

There is no stimulus and remuneration arrangement for participation in this study.

Source of funding to manage research:

The cost of this research will be spent entirely by researchers own funds.This study will be done in small areas and no money will come from external source

Information about withdrawal from participation:

Despite your consent, you can withdraw your participation at any time without giving any explanation to the researcher.If the information can be used after the cancellation, its permission will be mentioned in the participant's withdrawal letter (Applicable only for voluntary withdrawal).

Contact address with the researcher:

If you have any questions about the research project or if you have any questions about the research project, you can ask it anytime now or later.In that case, you can contact the number assigned to the researcher 01622780366 (Samia Alam).

Complaint:

If there is any complaint regarding the conduct of this research project, contact this number with the Association of Ethics (7745464-5).This research project has been reviewed and approved by the CRP-BHPI / IRB / 10/18/1234 from the Bangladesh Health Professions Institute, Savar's Educational Ethics Council.

Participant's Withdrawal Form
(Applicable only for voluntary withdrawal)

Participant's Name: ....

Reason for Withdrawal:

....
....
....
....
....

Whether permission to previous information is used?

Yes/No

Participant's Name:

Participant's Signature Date: ....

Code:

Part 2- Consent Sheet:

I have been invited to participate in the research titled "Client-Therapist Relationships: Experiences of Occupational Therapists and Clients during Rehabilitation".I have read the previous letter or it has been read by me.There was an opportunity to ask my questions about this and I got a satisfactory answer to all the questions. I voluntarily agree to be a participant in this study.

Participant Name:

Participant Signature: Date:..................................

Researcher & Consenting person's statement:

I have read the participant's information form to the participant and according to my maximum capacity; the participants understand that the following topics will be done:

1) All the information will be used in research work
2) Information will be totally confidential
3) Participant's name and identity will not be published

I am sure that the participant has been given the opportunity to ask questions about this topic and the accurate answer to these questions has been given as per my maximum capacity.I am convinced that no person has been compelled to give consent.He or she has freely or voluntarily agreed.

A copy of Participant's information and consent sheet has given to the participant

Researcher Name:

Researcher Signature: Date:..................................

Appendices-VI (a): Information consent form Bangla for Client

বাংলাদেশ হেল্‌থ প্রফেশন্স ইনষ্টিটিউট (বিএইচপিআই)

অকুপেশনাল থেরাপি বিভাগ

সিআরপি- চাপাইন, সাভার, ঢাকা-১৩৪৩. টেলি: ০২-৭৭৪৫৪৬৪-৫ ,৭৭৪১৪০৪, ফ্যাক্স: ০২-৭৭৪৫০৬

কোড নং:

অংশগ্রহণকারীদের তথ্য এবং সম্মতিপত্র

গবেষনার বিষয়: "অকুপেশনাল থেরাপিস্ট–সেবাগ্রহীতার পারস্পারিক চিকিৎসাগত সম্পর্ক: থেরাপিস্ট এবং সেবাগ্রহীতার প্রেক্ষাপট"।

গবেষক: সামিয়া আলম, বি.এস.সি ইন অকুপেশনাল থেরাপি (৪র্থ বর্ষ), সেশন: ২০১৪-২০১৫ ইং, বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই), সাভার, ঢাকা- ১৩৪৩

তত্ত্বাবধায়ক: শামীমা আখতার, সহকারী অধ্যাপক, অকুপেশনাল থেরাপি বিভাগ, বাংলাদেশ হেল্‌থ প্রফেশন্স ইনস্টিটিউট।

গবেষনার স্থান: স্পাইনাল কর্ড ইনজুরি ইউনিট, পক্ষাঘাতগ্রস্থদের পুর্নবাসন কেন্দ্র (সিআরপি), সাভার, ঢাকা-১৩৪৩ বাংলাদেশ।

পর্ব ১ তথ্যপত্র:

ভূমিকা:

আমি সামিয়া আলম, ঢাকা বিশ্ববিদ্যালয়ে চিকিৎসা অনুষদের অধীনে বাংলাদেশ হেল্‌থ প্রফেশনস ইনস্টিটিউটে বি.এস.সি.ইন অকুপেশনাল থেরাপি বিভাগে ৪র্থ বর্ষের ছাত্রী হিসেবে স্নাতক শিক্ষাকার্যক্রম (২০১৪-২০১৫ ইং) সেশনে অধ্যয়নরত আছি। বিএইচপিআই থেকে অকুপেশনাল থেরাপি বি.এস.সি শিক্ষাকার্যক্রমটি সম্পন্ন করার জন্য একটি গবেষনা প্রকল্প পরিচালনা করা বাধ্যতামূলক। এই গবেষণা প্রকল্পটি অকুপেশনাল থেরাপি বিভাগের সহকারী অধ্যাপক শামীমা আখতার এর তত্ত্বাবধায়নে সম্পন্ন করা হবে। এই অংশগ্রহনকারী তথ্যপত্রের মাধ্যমে গবেষণার প্রকল্পটির উদ্দেশ্য, উপাত্ত সংগহের প্রণালী ও গবেষণাটির সাথে সংশ্লিস্ট বিষয় কিভাবে রক্ষিত হবে তা বিস্তারিতভাবে আপনার কাছে উপস্থাপন করা হবে। যদি এই গবেষণায় অংশগ্রহন করতে আপনি ইচ্ছুক থাকেন, সেক্ষেত্রে এই গবেষণার সম্পৃক্ত বিষয় সম্পর্কে স্বচ্ছ ধারনা থাকলে সিদ্ধান্ত গ্রহন সহজতর হবে। অবশ্য এখন আপনার অংশগ্রহন আমাদের নিশ্চিত করতে হবে না। যে কোন সিদ্ধান্ত গ্রহনের পূর্বে, যদি চান তাহলে আপনার আত্মীয়-স্বজন, বন্ধু অথবা আস্থাভাজন যেকারো সাথে এই ব্যাপারে আলোচনা করে নিতে পারেন। অপরপক্ষে, অংশগ্রহনকারী তথ্যপত্রটি পড়ে, যদি কোন বিষয়বস্তু বুঝতে সমস্যা হয় অথবা যদি কোন কিছু সম্পর্কে আরো বেশি জানার প্রয়োজন হয়, তবে নির্দ্বিধায় প্রশ্ন করতে পারেন।

গবেষনার প্রেক্ষাপট ও উদ্দেশ্য:

এই গবেষনাতে পক্ষাঘাতগ্রস্থদের পুর্নবাসন কেন্দ্রে চিকিৎসাধীন সকল মেরুরজ্জুতে আঘাতপ্রাপ্ত সেবাগ্রহীতাদের অন্তর্ভূক্ত হবার জন্য আমন্ত্রন জানানো হবে। এর অংশ হিসাবে, আপনাকেও উক্ত গবেষনা প্রকল্পে অংশগ্রহনের জন্য আমন্ত্রণ জানানো হলো। কারণ, আপনি নিশ্চয় অবগত আছেন যে, কোন পুর্নবাসন কেন্দ্রে অবস্থানরত সেবাগ্রহীতাদের চিকিৎসার ফলাফল অনেকখানি নির্ভর করে অকুপেশনাল থেরাপিস্ট এবং তার সেবাগ্রহীতাদের মধ্যে কার্যকরী ও সমন্বিত চিকিৎসাগত সম্পর্কের উপর। থেরাপিস্ট এবং সেবাগ্রহীতাদের মধ্যে এই সম্পর্কটি সহযোগীতা, যোগাযোগ, সহানুভূতি, শ্রদ্ধা এবং পারস্পরিক বোঝাপড়ার মাধ্যমে গড়ে উঠে। একজন সেবাগ্রহীতা হিসাবে তাদের সহযোগীতা, যোগাযোগ, সহানুভূতি এবং পারস্পরিক বোঝাপড়ার উপর আপনি কতটুকু আস্থাশীল ও সন্তুষ্ট অথবা কতটুকু বিরূপ তা যেমন অজানা তেমনি আপনি অকুপেশনাল থেরাপিস্টের সাথে স্বপ্রণোদিত হয়ে কাজ করবেন কিনা সেটাও অজানা ।গবেষণাটির সাধারণ উদ্দেশ্য হল: অকুপেশনাল থেরাপিস্ট ও তার সেবাগ্রহীতাদের পুর্নবাসনকালীন তাদের পারস্পারিক চিকিৎসা বন্ধন ও এই সম্পর্কিত অভিজ্ঞতা সম্পর্কে অভিহিত হওয়া। আপনার কার্যকারী অংশগ্রহণ গবেষণার উদ্দেশ্য পূরণে সহায়তা করবে বলে আমরা আশাবাদী।

এই গবেষনা কর্মটিতে অংশগ্রহনের সাথে সম্পৃক্ত বিষয়সমূহ কি সে সম্পর্কে জানা যাক।

আপনার থেকে অনুমতিপত্রে স্বাক্ষর নেবার আগে, এই অংশগ্রহনকারী তথ্যপত্রের মাধ্যমে গবেষনা প্রকল্পটির পরিচালনা করার তথ্যসমূহ বিস্তারিত ভাবে আপনার কাছে উপস্থাপন করা হবে। আপনি যদি এই গবেষনায় অংশগ্রহন করতে চান, তাহলে সম্মতিপত্রে আপনাকে স্বাক্ষর করতে হবে। আপনি যদি সাক্ষর জ্ঞান সম্পন্ন না হন বা অন্য কোন কারনে স্বাক্ষর প্রদানে ব্যর্থ হন, সেক্ষেত্রে আপনার কাছ থেকে একজন স্বাক্ষীর উপস্থিতিতে বৃদ্ধাঙ্গুলির ছাপ সম্মতি পত্রে নেওয়া হবে। আপনি অংশগ্রহন নিশ্চিত করলে, আপনার সংরক্ষনের জন্য সম্মতিপত্রটির একটি অনুলিপি দিয়ে দেয়া হবে। পরবর্তীতে গবেষক কর্তৃক গঠিত তথ্য-উপাত্ত সংগ্রহের একটি দলের প্রতিনিধি আপনার কাছে যাবে। আপনার থেকে চেয়ে নেওয়া যে কোন একটি নির্দিষ্ট সময়ে একটি প্রশ্নপত্রের মাধ্যমে তথ্য সংগ্রহ করা হবে। এই গবেষনার প্রকল্পে আপনার অংশগ্রহণ ঐচ্ছিক। যদি আপনি সম্মতি প্রদান না করেন তবে আপনাকে অংশগ্রহন করতে হবে না। আপনি সম্মতি প্রদান করা স্বত্তেও যে কোন সময় গবেষককে কোন ব্যাখ্যা প্রদান করা ছাড়াই নিজের অংশগ্রহন প্রত্যাহার করতে পারবেন। গবেষনা প্রকল্পটিতে অংশগ্রহন করা কিংবা না করা অথবা পরবর্তীতে অংশগ্রহন প্রত্যাহার করার সিদ্ধান্তের সাথে আপনার সিআরপিতে অবস্থাকালীন চিকিৎসা, চিকিৎসকদের সাথে সম্পর্ক, অকুপেশনাল থেরাপিস্টদের সাথে আপনার সম্পর্ক অথবা সিআরপির সহযোগী প্রতিষ্ঠানের সাথে সম্পর্ক কোনভাবে প্রভাবিত হবে না।

অংশগ্রহনের সুবিধা ও ঝুঁকিসমূহ কি ?

গবেষনা প্রকল্পটিতে অংশগ্রহনের জন্য আপনি সরাসরি কোন সুবিধা পাবেন না। এই গবেষণায় অংশগ্রহনে আপনার দৈনিন্দন কাজে সাময়িক অসুবিধা কারন হতে পারে। তবে আমরা আশাবাদী যে, এই গবেষনার ফলাফল থেকে প্রাপ্ত উপকারীতা এই অসুবিধাকে অতিক্রম করবে। যেসমস্ত প্রশ্নের মাধ্যমে আপনার পরিচয় সর্ম্পকে অন্যরা জানতে পারে, সেই বিষয়ে উদ্বিগ্ন না হবার জন্য অনুরোধ করা হচ্ছে। অংশগ্রহণকারীর নাম, ঠিকানা উপাত্ত বিশ্লেষণের সফটওয়্যারে উল্লেখ না করে পরিচয় উন্মুক্ত হবার ঝুঁকি কমানো হবে।

তথ্যের গোপনীয়তা কি নিশ্চিত থাকবে?

এই সম্মতিপত্রে স্বাক্ষর করার মধ্য দিয়ে, আপনি এই গবেষনা প্রকল্পে অধ্যয়নরত গবেষনা কর্মীকে আপনার ব্যক্তিগত তথ্য সংগ্রহ ও ব্যবহার করার অনুমতি দিয়েছেন। এই গবেষনা প্রকল্পের জন্য সংগৃহীত যেকোন তথ্য, যা আপনাকে সনাক্ত করতে পারে তা গোপনীয় থাকবে। আপনার সম্পর্কে সংগৃহীত তথ্যসমূহ সাংকেতিক উপায়ে উল্লেখ থাকবে। শুধুমাত্র এর সাথে সরাসরি সংশ্লিষ্ট গবেষক ও তার তত্ত্বাবধায়ক এই তথ্যসমূহে প্রবেশাধিকার পাবেন। সাংকেতিক উপায়ে চিহ্নিত উপাত্ত সমূহ পরবর্তী উপাত্ত বিশ্লেষনের কাজে ব্যবহৃত হবে। তথ্যপত্রগুলো তালাবদ্ধ ড্রয়ারে রাখা হবে। বিএইচপিআই এর অকুপেশনাল থেরাপি বিভাগে ও গবেষকের ব্যক্তিগত ল্যাপটপে উপাত্তসমূহের ইলেকট্রনিক ভার্সন সংগৃহীত থাকবে।

প্রত্যাশা করা হচ্ছে যে, এই গবেষণা প্রকল্পের ফলাফল বিভিন্ন ফোরামে প্রকাশিত এবং উপস্থাপিত হবে। যে কোন ধরনের প্রকাশনা ও উপস্থাপনার ক্ষেত্রে তথ্যসমূহ এমন ভাবে সরবরাহ করা হবে, যেন আপনার সম্মতি ছাড়া আপনাকে কোন ভাবেই সনাক্ত করা না যায়। তথ্য-উপাত্ত প্রাথমিক ভাবে কাগজপত্র সংগ্রহ করা হবে ।

ফলাফল প্রচার সর্ম্পকিত তথ্য

এই গবেষনার ফলাফল বিভিন্ন সামাজিক মাধ্যম, ওয়েবসাইট, সম্মেলন, আলোচনাসভায় এবং পর্যালেচিত জার্নালে প্রকাশ করা হবে।

অংশগ্রণকারীর পারিশ্রমিক

এই গবেষণায় অংশগ্রহনের জন্য কোন উদ্দীপনা ও পারিশ্রমিক দেবার ব্যবস্থা নেই।

গবেষণা পরিচালনার ব্যয়কৃত অর্থের উৎস

এই গবেষণাটির খরচ সম্পূর্ণ গবেষকের নিজস্ব তহবিল থেকে ব্যয় করা হবে। এই গবেষণাটি ছোট পরিসরে করা হবে এবং এখানে কোন অর্থ বহিরাগত উৎস থেকে আসবে না।

অংশগ্রহণ থেকে প্রত্যাহার সর্ম্পকিত তথ্যসমূহ

আপনি সম্মতি প্রদান করা স্বত্তেও যে কোন সময় গবেষককে কোন ব্যাখ্যা প্রদান করা ছাড়াই নিজের অংশগ্রহন প্রত্যাহার করতে পারবেন। বাতিল করার পর তথ্যসমূহ কি ব্যবহার করা যাবে কি যাবেনা তার অনুমতি অংশগ্রহণকারীর প্রত্যাহারপত্রে (শুধুমাত্র স্বেচ্ছায় প্রত্যাহারকারীর জন্য প্রযোজ্য) উল্লেখ করা থাকবে।

গবেষকের সাথে যোগাযোগের ঠিকানা

গবেষনা প্রকল্পটির বিষয়ে যোগাযোগ করতে চাইলে অথবা গবেষনা প্রকল্পটির সর্ম্পকে কোন প্রশ্ন থাকলে,এখন অথবা পরবর্তীতে যে কোন সময়ে তা জিজ্ঞাসা করা যাবে। সেক্ষেত্রে আপনি গবেষকের সাথে উল্লেখিত ০১৬২২৭৮০৩৬৬ (সামিয়া আলম) নাম্বারে যোগাযোগ করতে পারেন।

অভিযোগ

এই গবেষনা প্রকল্প পরিচালনা প্রসঙ্গে যেকোন অভিযোগ থাকলে প্রাতিষ্ঠানিক নৈতিকতা পরিষদের সাথে এই নাম্বারে (৭৭৪৫৪৬৪-৫) যোগাযোগ করবেন। এই গবেষনা প্রকল্পটি বাংলাদেশ হেল্থ প্রফেশন্স ইনস্টিটিউট, সাভারের প্রাতিষ্ঠানিক নৈতিকতা পরিষদ থেকে সিআরপি-বিএইচপিআই/আইআরবি/১০/১৮/১২৩৪ পর্যালোচিত ও অনুমোদিত হয়েছে।

অংশগ্রহণকারীর প্রত্যাহার পত্র

(শুধুমাত্র স্বেচ্ছায় প্রত্যাহারকারীর জন্য প্রবোজ্য)

অংশগ্রহনকারীর নাম: ....

প্রত্যাহার করার কারন:

....

....

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....

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পূর্ববর্তী তথ্য ব্যবহারের অনুমতি থাকবে কিনা?

হ্যাঁ/না

অংশগ্রহনকারীর নাম:

অংশগ্রহনকারীর স্বাক্ষর: তারিখ:

*নিরক্ষর হয় যদি

অংশগ্রহনকারীর আঙ্গুলের ছাপ

স্বাক্ষীর নাম:

স্বাক্ষীর স্বাক্ষর: তারিখ:

Appendices-VI (b): Information consent form Bangla for Therapist

বাংলাদেশ হেল্‌থ প্রফেশন্স ইনষ্টিটিউট (বিএইচপিআই)

অকুপেশনাল থেরাপি বিভাগ

সিআরপি- চাপাইন, সাভার, ঢাকা-১৩৪৩. টেলি: ০২-৭৭৪৫৪৬৪-৫,৭৭৪১৪০৪, ফ্যাক্স: ০২-৭৭৪৫০৬

কোড নং:

অংশগ্রহণকারীদের তথ্য এবং সম্মতিপত্র

গবেষনার বিষয়: "অকুপেশনাল থেরাপিস্ট-সেবাগ্রহীতার পারস্পারিক চিকিৎসাগত সম্পর্ক: থেরাপিস্ট এবং সেবাগ্রহীতার প্রেক্ষাপট"।

গবেষক: সামিয়া আলম, বি.এস.সি ইন অকুপেশনাল থেরাপি (৪র্থ বর্ষ),সেশন:২০১৪-২০১৫ ইং, বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই), সাভার,ঢাকা- ১৩৪৩

তত্ত্বাবধায়ক: শামীমা আখতার, সহকারী অধ্যাপক, অকুপেশনালথেরাপি বিভাগ, বাংলাদেশ হেল্‌থ প্রফেশন্স ইনস্টিটিউট।

গবেষনার স্থান:স্পাইনাল কর্ড ইনজুরি ইউনিট, পক্ষাঘাতগ্রস্থদের পুর্নবাসন কেন্দ্র (সিআরপি), সাভার, ঢাকা-১৩৪৩ বাংলাদেশ।

পর্ব ১ তথ্যপত্র:

ভূমিকা:

আমি সামিয়া আলম, ঢাকা বিশ্ববিদ্যালয়ে চিকিৎসা অনুষদের অধীনে বাংলাদেশ হেল্‌থ প্রফেশনস ইনস্টিটিউটে বি.এস.সি.ইন অকুপেশনাল থেরাপি বিভাগে ৪র্থ বর্ষের ছাত্রী হিসেবে স্নাতক শিক্ষাকার্যক্রম (২০১৪-২০১৫ ইং) সেশনে অধ্যয়নরত আছি।বিএইচপিআই থেকে অকুপেশনাল থেরাপি বি.এস.সি শিক্ষাকার্যক্রমটি সম্পন্ন করার জন্য একটি গবেষনা প্রকল্প পরিচালনা করা বাধ্যতামূলক। এই গবেষণা প্রকল্পটি অকুপেশনাল থেরাপি বিভাগের সহকারী অধ্যাপক শামীমা আখতার এর তত্ত্বাবধায়নে সম্পন্ন করা হবে। এইঅংশগ্রহনকারী তথ্যপত্রের মাধ্যমে গবেষণার প্রকল্পটির উদ্দেশ্য, উপাত্ত সংগহের প্রণালী ও গবেষণাটির সাথেসংশ্লিস্ট বিষয় কিভাবে রক্ষিত হবে তা বিস্তারিতভাবে আপনার কাছে উপস্থাপন করা হবে। যদি এই গবেষণার অংশগ্রহন করতে আপনি ইচ্ছুক থাকেন, সেক্ষেত্রে এই গবেষণার সম্পৃক্ত বিষয় সম্পর্কে স্বচ্ছ ধারনা থাকলে সিদ্ধান্ত গ্রহন সহজতর হবে। অবশ্য এখন আপনার অংশগ্রহন আমাদের নিশ্চিত করতে হবে না। যে কোন সিদ্ধান্ত গ্রহনের পূর্বে, যদি চান তাহলে আপনার আত্মীয়-স্বজন, বন্ধু অথবা আস্থাভাজন যেকারো সাথে এই ব্যাপারে আলোচনা করে নিতে পারেন। অপরপক্ষে,অংশগ্রহনকারী তথ্যপত্রটি পড়ে,যদি কোন বিষয়বস্তু বুঝতে সমস্যা হয় অথবা যদি কোন কিছু সম্পর্কে আরোবেশি জানার প্রয়োজন হয়, তবে নির্দ্বিধায় প্রশ্ন করতে পারেন।

গবেষনার প্রেক্ষাপট ও উদ্দেশ্য:

এই গবেষনাতে পক্ষাঘাতগ্রস্থদের পুর্নবাসন কেন্দ্রে স্পাইনাল কর্ড ইনজুরি ইউনিট এর সকল অকুপেশনাল থেরাপিস্টকে অন্তর্ভূক্ত হবার জন্য আমন্ত্রন জানানো হবে। এর অংশ হিসাবে, আপনাকেও উক্ত গবেষনা প্রকল্পে অংশগ্রহনের জন্য আমন্ত্রণ জানানো হলো। কারণ, আপনি নিশ্চয় অবগত আছেন যে, কোন পুর্নবাসন কেন্দ্রে অবস্থানরত সেবাগ্রহীতাদের চিকিৎসার ফলাফল অনেকখানি নির্ভর করে অকুপেশনাল থেরাপিস্ট এবং তার সেবাগ্রহীতাদের মধ্যে কার্যকরী ও সমন্বিত চিকিৎসাগত সম্পর্কের উপর।থেরাপিস্ট এবং সেবাগ্রহীতাদের মধ্যে এই সম্পর্কটি সহযোগীতা, যোগাযোগ, সহানুভূতি, শ্রদ্ধা এবং পারস্পরিক বোঝাপড়ার মাধ্যমে গড়ে উঠে।একজন অকুপেশনাল থেরাপিস্ট হিসাবে আপনারসহযোগীতা, যোগাযোগ, সহানুভূতি এবং পারস্পরিক বোঝাপড়ার উপর আপনি কতটুকু আস্থাশীল ও সন্তুষ্ট অথবা কতটুকু বিরূপ তা যেমন অজানা তেমনি আপনি সেবাগ্রহীতার সাথে স্বপ্রণোদিত হয়ে কাজ করবেনকিনা সেটাও অজানা।গবেষণাটির সাধারণ উদ্দেশ্য

হল:অকুপেশনাল থেরাপিস্ট ও তার সেবাগ্রহীতাদের পুর্নবাসনকালীন তাদের পারস্পারিক চিকিৎসা বন্ধন ও এই সম্পর্কিত অভিজ্ঞতা সম্পর্কে অভিহিত হওয়া।আপনার কার্যকারী অংশগ্রহণ গবেষণার উদ্দেশ্য পূরণে সহায়তা করবে বলে আমরা আশাবাদী।

এই গবেষনা কর্মটিতে অংশগ্রহনের সাথে সম্পৃক্ত বিষয়সমূহ কি সে সম্পর্কে জানা যাক।

আপনার থেকে অনুমতিপত্রে স্বাক্ষর নেবার আগে, এই অংশগ্রহনকারী তথ্যপত্রের মাধ্যমে গবেষনা প্রকল্পটির পরিচালনা করার তথ্যসমূহ বিস্তারিত ভাবে আপনার কাছে উপস্থাপন করা হবে। আপনি যদি এই গবেষনায় অংশগ্রহন করতে চান, তাহলে সম্মতিপত্রে আপনাকে স্বাক্ষর করতে হবে। আপনি অংশগ্রহন নিশ্চিত করলে, আপনার সংরক্ষনের জন্য সম্মতিপত্রটির একটি অনুলিপি দিয়ে দেয়া হবে। পরবর্তীতে গবেষক কর্তৃক গঠিত তথ্য-উপাত্ত সংগ্রহের একটি দলের প্রতিনিধি আপনার কাছে যাবে। আপনার থেকে চেয়ে নেওয়া যে কোন একটি নির্দিষ্ট সময়ে একটি প্রশ্নপত্রের মাধ্যমে তথ্য সংগ্রহ করা হবে।এই গবেষনার প্রকল্পে আপনার অংশগ্রহণ ঐচ্ছিক। যদি আপনি সম্মতি প্রদান না করেন তবে আপনাকে অংশগ্রহন করতে হবে না। আপনি সম্মতি প্রদান করা স্বত্তেও যে কোন সময় গবেষককে কোন ব্যাখ্যা প্রদান করা ছাড়াই নিজের অংশগ্রহন প্রত্যাহার করতে পারবেন।

অংশগ্রহনের সুবিধা ও ঝুঁকিসমূহ কি ?

গবেষনা প্রকল্পটিতে অংশগ্রহনের জন্য আপনি সরাসরি কোন সুবিধা পাবেন না। এই গবেষণায় অংশগ্রহনে আপনার দৈনিন্দন কাজে সাময়িক অসুবিধা কারন হতে পারে। তবে আমরা আশাবাদী যে, এই গবেষনার ফলাফল থেকে প্রাপ্ত উপকারীতা এই অসুবিধাকে অতিক্রম করবে। যেসমস্ত প্রশ্নের মাধ্যমে আপনার পরিচয় সর্ম্পকে অন্যরা জানতে পারে, সেই বিষয়ে উদ্বিগ্ন না হবার জন্য অনুরোধ করা হচ্ছে। অংশগ্রহণকারীর নাম, ঠিকানা উপাত্ত বিশ্লেষণের সফটওয়্যারে উল্লেখ না করে পরিচয় উন্মুক্ত হবার ঝুঁকি কমানো হবে।

তথ্যের গোপনীয়তা কি নিশ্চিত থাকবে?

এই সম্মতিপত্রে স্বাক্ষর করার মধ্য দিয়ে, আপনি এই গবেষনা প্রকল্পে অধ্যয়নরত গবেষনা কর্মীকে আপনার ব্যক্তিগত তথ্য সংগ্রহ ও ব্যবহার করার অনুমতি দিয়েছেন। এই গবেষনা প্রকল্পের জন্য সংগৃহীত যেকোন তথ্য, যা আপনাকে সনাক্ত করতে পারে তা গোপনীয় থাকবে। আপনার সম্পর্কে সংগৃহীত তথ্যসমূহ সাংকেতিক উপায়ে উল্লেখ থাকবে। শুধুমাত্র এর সাথে সরাসরি সংশ্লিষ্ট গবেষক ও তার তত্ত্বাবধায়ক এই তথ্যসমূহে প্রবেশাধিকার পাবেন। সাংকেতিক উপায়ে চিহ্নিত উপাত্ত সমূহ পরবর্তী উপাত্ত বিশ্লেষনের কাজে ব্যবহৃত হবে।তথ্যপত্রগুলো তালাবদ্ধ ড্রয়ারে রাখা হবে। বিএইচপিআই এর অকুপেশনাল থেরাপি বিভাগে ও গবেষকের ব্যক্তিগত ল্যাপটপে উপাত্তসমূহের ইলেকট্রনিক ভার্সন সংগৃহীত থাকবে।

প্রত্যাশা করা হচ্ছে যে, এই গবেষণা প্রকল্পের ফলাফল বিভিন্ন ফোরামে প্রকাশিত এবং উপস্থাপিত হবে। যে কোন ধরনের প্রকাশনা ও উপস্থাপনার ক্ষেত্রে তথ্যসমূহ এমন ভাবে সরবরাহ করা হবে, যেন আপনার সম্মতি ছাড়া আপনাকে কোন ভাবেই সনাক্ত করা না যায়। তথ্য-উপাত্ত প্রাথমিক ভাবে কাগজপত্র সংগ্রহ করা হবে ।

ফলাফল প্রচার সর্ম্পকিত তথ্য

এই গবেষনার ফলাফল বিভিন্ন সামাজিক মাধ্যম, ওয়েবসাইট, সম্মেলন, আলোচনাসভায় এবং পর্যালেচিত জার্নালে প্রকাশ করা হবে।

অংশগ্রণকারীর পারিশ্রমিক

এই গবেষণায় অংশগ্রহনের জন্য কোন উদ্দীপনা ও পারিশ্রমিক দেবার ব্যবস্থা নেই।

গবেষণা পরিচালনার ব্যয়কৃত অর্থের উৎস

এই গবেষণাটির খরচ সম্পূর্ণ গবেষকের নিজস্ব তহবিল থেকে ব্যয় করা হবে। এই গবেষণাটি ছোট পরিসরে করা হবে এবং এখানে কোন অর্থ বহিরাগত উৎস থেকে আসবে না।

অংশগ্রহণ থেকে প্রত্যাহার সম্পর্কিত তথ্যসমূহ

আপনি সম্মতি প্রদান করা স্বত্তেও যে কোন সময় গবেষককে কোন ব্যাখ্যা প্রদান করা ছাড়াই নিজের অংশগ্রহন প্রত্যাহার করতে পারবেন। বাতিল করার পর তথ্যসমূহ কি ব্যবহার করা যাবে কি যাবেনা তার অনুমতি অংশগ্রহণকারীর প্রত্যাহারপত্রে(শুধুমাত্র স্বেচ্ছায় প্রত্যাহারকারীর জন্য প্রযোজ্য) উল্লেখ করা থাকবে।

গবেষকের সাথে যোগাযোগের ঠিকানা

গবেষনা প্রকল্পটির বিষয়ে যোগাযোগ করতে চাইলে অথবা গবেষনা প্রকল্পটির সম্পর্কে কোন প্রশ্ন থাকলে,এখন অথবা পরবর্তীতে যে কোন সময়ে তা জিজ্ঞাসা করা যাবে। সেক্ষেত্রে আপনি গবেষকের সাথে উল্লেখিত ০১৬২২৭৮০৩৬৬ (সামিয়া আলম) নাম্বারে যোগাযোগ করতে পারেন।

অভিযোগ

এই গবেষনা প্রকল্প পরিচালনা প্রসঙ্গে যেকোন অভিযোগ থাকলে প্রাতিষ্ঠানিক নৈতিকতা পরিষদের সাথে এই নাম্বারে (৭৭৪৫৪৬৪-৫) যোগাযোগ করবেন।এই গবেষনা প্রকল্পটি বাংলাদেশ হেল্থ প্রফেশন্স ইনস্টিটিউট, সাভারের প্রাতিষ্ঠানিক নৈতিকতা পরিষদ থেকে সিআরপি-বিএইচপিআই/আইআরবি/১০/১৮/১২৩৪ পর্যালোচিত ও অনুমোদিত হয়েছে।

অংশগ্রহণকারীর প্রত্যাহার পত্র

(শুধুমাত্র স্বেচ্ছায় প্রত্যাহারকারীর জন্য প্রযোজ্য)

অংশগ্রহনকারীর নামঃ ....

প্রত্যাহার করার কারনঃ

....

....

....

....

....

পূর্ববর্তী তথ্য ব্যবহারের অনুমতি থাকবে কিনা?

হ্যাঁ/না

অংশগ্রহনকারীর নামঃ

অংশগ্রহনকারীর স্বাক্ষরঃ তারিখঃ

কোড নং:

সম্মতি পত্র ০২ :পর্ব

"অকুপেশনাল থেরাপিস্ট–সেবাগ্রহীতার পারস্পারিক চিকিৎসাগত সম্পর্ক: থেরাপিস্ট এবং সেবাগ্রহীতার প্রেক্ষাপট" - শীর্ষক গবেষনায় অংশগ্রহনের জন্য আমাকে আমন্ত্রন জানানো হয়েছে। আমি পূর্বলিখিত তথ্য পত্রটি পড়েছি বা এটা আমাকে পড়ে শোনানো হয়েছে। এই বিষয়ে আমার প্রশ্ন জিজ্ঞাসা করার সুযোগ ছিল এবং যে কোন প্রশ্নের আমি সন্তুষ্টজনক উত্তর পেয়েছি। এই গবেষনায় একজন অংশগ্রহনকারী হবার জন্য আমি স্বেচ্ছায় সম্মতি দিচ্ছি।

অংশগ্রহনকারীর নাম:
অংশগ্রহনকারীর স্বাক্ষর: তারিখ : ....

গবেষক ও সম্মতিকারীর বিবৃতি:
আমি অংশগ্রহনকারীকে অংশগ্রহনকারীর তথ্যপত্রটি পড়ে শুনিয়েছি এবং আমার সর্বোচ্চ সামর্থ অনুযায়ী নিশ্চিত করেছি যে, অংশগ্রহনকারীর বোধগম্য হয়েছে যে, নিম্নোক্ত বিষয়সমূহ করা হবে।

১) সকল তথ্য গবেষণার কাজে ব্যবহৃত হবে।
২) তথ্যসমূহ সম্পূর্ণভাবে গোপনীয় করা হবে।
৩) অংশগ্রহনকারীর নাম ও পরিচয় প্রকাশ করা হবে না।

আমিনিশ্চিত করেছি যে, এই বিষয় সর্ম্পকে অংশগ্রহনকারীকে প্রশ্ন জিজ্ঞাসা করার সুযোগ দেয়া হয়েছে এবং অংশগ্রহনকারী যে সকল প্রশ্ন জিজ্ঞাসাআমার সর্বোচ্চ সামর্থ অনুযায়ী, সেগুলোর সঠিক উত্তর প্রদান করা সম্ভব হয়েছে। আমিনিশ্চিত করেছি যে, কোন ব্যক্তিকে সম্মতি দান করতে বাধ্য করা হয়নি। তিনি অবাধে অথবা স্বেচ্ছায় সম্মতি দিয়েছেন।

অংশগ্রহনকারীকে অংশগ্রহনকারীর তথ্য ও সম্মতিপত্রের একটি অনুলিপি দেওয়া হয়েছে।

গবেষকের নাম:
গবেষকের স্বাক্ষর: তারিখ:

Appendices-VII (a): Questionnaire in English for Client

Bangladesh Health Professions Institute (BHPI)

Department of Occupational Therapy

CRP-Chapain,Savar, Dhaka-1343.Tel:02-7745464-5,7741404, fax: 02-7745069

Barrett-Lennard Relationship Inventory: Form DW–64 (Bangla version)

Section –A: General Information

Date of data collection : ______________________

Client Code: ___________________________

Condition: ___________________________

Age: ____________________

Sex: Male / Female

Marital status: _______________________

Education: _____________________________

Occupation: ______________________

Income: ______________________

Home Address: ____

Phone Number: _____________________

Cause of injury: _____________________

Assistive device: Yes / No

What type (If answer 'yes') __________________________________

Duration/length of the relationship with client: __________________________________

Has the relationship always or for a long time been the way you have described it?

____

If the relationship has changed, how did this happen and/or how long ago?

____

Section – B

Listed below are various ways that a whole relationship may be experienced from the inside. The listed statements (numbers 1–64) point to qualities of a particular relationship as perceived by a member of that relationship. It is understood that one partner or member would not give exactly the same picture as the other one and that either person's view could change Please describe the way it is now in your relationship with. While answering, think of actual situations and of the atmosphere of feelings and attitudes between you. Try to bring pictures to mind from your everyday worlds together. You might also think of unusual times that have stayed in your memory. Mark each statement in the left margin, according to how strongly you feel that it is true, or not true, of this relationship. Please mark every one. Write in plus numbers (+3, +2, +1) or minus numbers (–1, –2, or –3) to stand for the following answers.

+3: YES, I strongly feel that it is true	–1: (No) I feel that it is probably untrue, or more untrue than true
+2: Yes, I feel it is true	–2: No, I feel it is not true
+1: (Yes) I feel that it is probably true, or more true than untrue	–3: NO, I strongly feel that it is not true

	Disagree			Agree		
	No -3	No -2	No -1	Yes +3	Yes +2	Yes +1
1. We respect each other as people.						
2. We want to know and understand how the other one sees things.						
3. The interest we feel together depends on each one's actions and words.						

4. We feel at ease together.						
5. We like and enjoy one another.						
6. We may hear each other's words but we don't see how the other feels inside.						
7. Either one of us can be 'up' or 'down' in our mood without this changing the other one's attitude toward us.						
8. I feel that we put on a role or act with one another.						
9. We are impatient with each other.						
10. We generally know exactly what the other one means.						
11. Our opinion of the other one goes up or down, according to their behavior and the light they show themselves in.						
12. I feel that we are our real and genuine selves with one another.						
13. We appreciate each other.						
14. We both look at what the other does, from our individual points of view.						
15. How we feel toward the other one doesn't change with swings in their self-feeling or mood. [If it does change, choose one of the "no" answers.]						
16. We get uneasy when the other asks or talks about certain 'sensitive' things.						
17. We are mostly indifferent to each other.						
18. We usually sense or realize what the other is feeling.						
19. We each want the other to be a particular kind of person.						
20. We speak openly to each other, expressing what we are thinking and feeling as we say it.						
21. We tend to find each other dull and						

uninteresting.						
22. Our attitudes toward certain things the other one says or does get in the way of understanding them.						
23. Either of us can express something that bothers us or that pleases us in the other, without changing their feeling toward us.						
24. We want the other one to think that we like them or understand them more than we really do.						
25. We care for one another.						
26. At times we think that the other feels a certain way, because that's the way we feel ourselves.						
27. We like some things about one another, and there are other things we do not like.						
28. We don't avoid or go round things that are important for our relationship.						
29. We disapprove of one another.						
30. We realize and know each other's meaning even when something is hard to say or find words for.						
31. Our attitude toward each other stays about the same: we are not pleased with the other one sometimes and critical or disappointed at other times.						
32. Sometimes one or other of us is not at all comfortable but we go on, outwardly ignoring it.						
33. We just tolerate each other.						
34. We listen to each other, and usually understand each other's whole meaning.						
35. If one of us shows anger with the other they become hurt or angry too.						
36. Each of us is able to express his/her honest impressions and actual feelings with or toward the other.						
37. There is a friendly warmth in our relationship.						

38. We just take no notice of some things the other one thinks or feels.						
39. How much we like or dislike each other is not altered by particular things we reveal or show about ourselves.						
40. At times we can sense something in the other's feelings that they deny or don't seem to be aware of.						
41. I feel that each of us really values the other person.						
42. We can each appreciate exactly how the other one's experiences feel to them.						
43. Sometimes or in some ways we approve of the other one and there other times or different aspects where we distinctly disapprove.						
44. We can express to each other whatever is actually in our minds, including any feelings about ourselves or about them.						
45. We don't like the other one for themselves, as they are.						
46. We sometimes get things wrong by assuming or imagining that the other feels much more strongly about a particular thing than it turns out they really do.						
47. One of us can be in good spirits, or feeling upset, without causing the other one to feel differently toward us.						
48. We are openly and freely ourselves in our relationship.						
49. We seem to irritate and bother each other – get on each other's nerves.						
50. We often don't realize (at the time) how sensitive or touchy the other is about things that are said or done.						
51. Either of us is can express "good" thoughts or feelings, or "bad" ones, without changing the other person's feeling toward us. [If it does						

change their feeling, answer ‘no.’]						
52. At times our outward response to one another is quite different from the way we actually feel underneath.						
53. We feel a kind of contempt for each other.						
54. We understand one another.						
55. We are inclined to judge each other; with a more positive (or negative) estimation sometimes than at other times.						
56. We don’t avoid or tiptoe around real feelings in our relationship. [If you feel this is wrong because ‘we do avoid or tiptoe around real feelings,’ choose a ‘no’ answer.]						
57. We are truly interested in each other.						
58. Our response to each other is so fixed and automatic that often we don’t get through to them, or take in what the other has said.						
59. I don’t think that particular things either of us says or does really alter the way the other one feels toward us. (Answer ‘no’ if it does alter their feeling.)						
60. What one or other of us says often covers up and gives a wrong impression of his/her actual thought or feeling at the time.						
61. We feel real affection for one another.						
62. When one of us is upset or hurting, the other one is able to tune in and recognize the other’s feeling exactly without getting really upset.						
63. What other people think of either of us – when we know about it – does affect or rub off on what we think of each other.						
64. I believe there are feelings that we don’t talk about together that are causing difficulty in our relationship.						

Appendices-VII (b): Questionnaire in English for Therapist

Bangladesh Health Professions Institute (BHPI)

Department of Occupational Therapy

CRP-Chapain,Savar, Dhaka-1343.Tel:02-7745464-5,7741404, fax: 02-7745069

Barrett-Lennard Relationship Inventory: Form DW–64 (Bangla version)

Section –A: General Information

Date of data collection: ______________________

Therapist Code:___________________________

Age: ____________________

Sex: Male / Female

Marital status: _______________________

Therapist Designation ______________________

Experiences of therapist ____

Home Address: ____

Phone Number: _____________________

Has the relationship always or for a long time been the way you have described it?

____

If the relationship has changed, how did this happen and/or how long ago?

____

Section – B

Listed below are various ways that a whole relationship may be experienced from the inside. The listed statements (numbers 1–64) point to qualities of a particular relationship as perceived by a member of that relationship. It is understood that one partner or member would not give exactly the same picture as the other one and that either person's view could change Please describe the way it is now in your relationship with. While answering, think of actual situations and of the atmosphere of feelings and attitudes between you. Try to bring pictures to mind from your everyday worlds together. You might also think of unusual times that have stayed in your memory. Mark each statement in the left margin, according to how strongly you feel that it is true, or not true, of this relationship. Please mark every one. Write in plus numbers (+3, +2, +1) or minus numbers (–1, –2, or –3) to stand for the following answers.

+3: YES, I strongly feel that it is true	–1: (No) I feel that it is probably untrue, or more untrue than true
+2: Yes, I feel it is true	–2: No, I feel it is not true
+1: (Yes) I feel that it is probably true, or more true than untrue	–3: NO, I strongly feel that it is not true

	Disagree			Agree		
	No -3	No -2	No -1	Yes +3	Yes +2	Yes +1
1. We respect each other as people.						
2. We want to know and understand how the other one sees things.						
3. The interest we feel together depends on each one's actions and words.						

4. We feel at ease together.						
5. We like and enjoy one another.						
6. We may hear each other's words but we don't see how the other feels inside.						
7. Either one of us can be 'up' or 'down' in our mood without this changing the other one's attitude toward us.						
8. I feel that we put on a role or act with one another.						
9. We are impatient with each other.						
10. We generally know exactly what the other one means.						
11. Our opinion of the other one goes up or down, according to their behavior and the light they show themselves in.						
12. I feel that we are our real and genuine selves with one another.						
13. We appreciate each other.						
14. We both look at what the other does, from our individual points of view.						
15. How we feel toward the other one doesn't change with swings in their self-feeling or mood. [If it does change, choose one of the "no" answers.]						
16. We get uneasy when the other asks or talks about certain 'sensitive' things.						
17. We are mostly indifferent to each other.						
18. We usually sense or realize what the other is feeling.						
19. We each want the other to be a particular kind of person.						
20. We speak openly to each other, expressing what we are thinking and feeling as we say it.						
21. We tend to find each other dull and						

uninteresting.						
22. Our attitudes toward certain things the other one says or does get in the way of understanding them.						
23. Either of us can express something that bothers us or that pleases us in the other, without changing their feeling toward us.						
24. We want the other one to think that we like them or understand them more than we really do.						
25. We care for one another.						
26. At times we think that the other feels a certain way, because that's the way we feel ourselves.						
27. We like some things about one another, and there are other things we do not like.						
28. We don't avoid or go round things that are important for our relationship.						
29. We disapprove of one another.						
30. We realize and know each other's meaning even when something is hard to say or find words for.						
31. Our attitude toward each other stays about the same: we are not pleased with the other one sometimes and critical or disappointed at other times.						
32. Sometimes one or other of us is not at all comfortable but we go on, outwardly ignoring it.						
33. We just tolerate each other.						
34. We listen to each other, and usually understand each other's whole meaning.						
35. If one of us shows anger with the other they become hurt or angry too.						
36. Each of us is able to express his/her honest impressions and actual feelings with or toward the other.						
37. There is a friendly warmth in our relationship.						

38. We just take no notice of some things the other one thinks or feels.						
39. How much we like or dislike each other is not altered by particular things we reveal or show about ourselves.						
40. At times we can sense something in the other's feelings that they deny or don't seem to be aware of.						
41. I feel that each of us really values the other person.						
42. We can each appreciate exactly how the other one's experiences feel to them.						
43. Sometimes or in some ways we approve of the other one and there other times or different aspects where we distinctly disapprove.						
44. We can express to each other whatever is actually in our minds, including any feelings about ourselves or about them.						
45. We don't like the other one for themselves, as they are.						
46. We sometimes get things wrong by assuming or imagining that the other feels much more strongly about a particular thing than it turns out they really do.						
47. One of us can be in good spirits, or feeling upset, without causing the other one to feel differently toward us.						
48. We are openly and freely ourselves in our relationship.						
49. We seem to irritate and bother each other – get on each other's nerves.						
50. We often don't realize (at the time) how sensitive or touchy the other is about things that are said or done.						
51. Either of us is can express "good" thoughts or feelings, or "bad" ones, without changing the other person's feeling toward us. [If it does						

change their feeling, answer 'no.']						
52. At times our outward response to one another is quite different from the way we actually feel underneath.						
53. We feel a kind of contempt for each other.						
54. We understand one another.						
55. We are inclined to judge each other; with a more positive (or negative) estimation sometimes than at other times.						
56. We don't avoid or tiptoe around real feelings in our relationship. [If you feel this is wrong because 'we do avoid or tiptoe around real feelings,' choose a 'no' answer.]						
57. We are truly interested in each other.						
58. Our response to each other is so fixed and automatic that often we don't get through to them, or take in what the other has said.						
59. I don't think that particular things either of us says or does really alter the way the other one feels toward us. (Answer 'no' if it does alter their feeling.)						
60. What one or other of us says often covers up and gives a wrong impression of his/her actual thought or feeling at the time.						
61. We feel real affection for one another.						
62. When one of us is upset or hurting, the other one is able to tune in and recognize the other's feeling exactly without getting really upset.						
63. What other people think of either of us – when we know about it – does affect or rub off on what we think of each other.						
64. I believe there are feelings that we don't talk about together that are causing difficulty in our relationship.						

Appendices-VIII (a): Questionnaire in Bangla for Client

বাংলাদেশ হেল্‌থ প্রফেশন্স ইনষ্টিটিউট (বিএইচপিআই)

অকুপেশনাল থেরাপি বিভাগ

সিআরপি– চাপাইন, সাভার, ঢাকা–১৩৪৩. টেলি: ০২-৭৭৪৫৪৬৪–৫,৭৭৪১৪০৪, ফ্যাক্স: ০২-৭৭৪৫০৬

ব্যারেট-লিনার্ড সম্পর্কের তালিকা ঃ ফর্ম ডি ডাব্লিউ-৬৪ (বাংলা সংস্করণ)

পর্ব- এ: সাধারণ তথ্য

তথ্য নেয়ার তারিখ: ______________________________

সেবাগ্রহীতার কোড নং: ______________________________

রোগের ধরন: ________________________

বয়স: _______________________

লিঙ্গ: নারী / পুরুষ

বৈবাহিক অবস্থা : _______________________

শিক্ষাগত যোগ্যতা ___________________________________

পেশা: ______________________________

আয়: ______________________________

ঠিকানা: ____

মোবাইল নাম্বার: ____________________________

রোগের কারন: ____________________________

সহকারী যন্ত্র: হ্যাঁ / না

কী ধরনের যন্ত্র (যদি উত্তর “হ্যা” হয়): ____________________________

থেরাপিস্ট এর সাথেসেবাগ্রহীতার চিকিৎসাগত সম্পর্কের সময়কাল/দৈঘ্য: ______________________________________

সম্পর্ক কী সবসময় বা দীর্ঘসময় ধরে ঐ রকম আছে যেমনটা আপনি বর্ণনা করেছেন?)

____

যদি সম্পর্ক পরিবর্তিত হয়, তাহলে কীভাবে ঘটেছিল এবং/ অথবা কত আগে ঘটেছিল?

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পর্ব- বিঃ

নীচের তালিকাগুলি বিভিন্ন উপায়ে অভ্যন্তরে থেকে সম্পূর্ণ সম্পর্ক অনুভব হতে পারে। তালিকাভুক্ত বিবৃতি (সংখ্যা ১-৬৪) একটি বিশেষ সম্পর্কের গুণাবলীর দিকে নির্দেশ করে যা সেই সম্পর্কের সদস্য দ্বারা অনুভূত হয়। এটা বোঝা যায় যে একজন অংশীদার বা সদস্য একে অন্যের মতো একই বর্ণনা দেবে না এবং তারপরেও ব্যক্তির দৃষ্টিভঙ্গি পরিবর্তন হতে পারে।দয়া করে এখন আপনার সঙ্গে সেবাগ্রহীতার সম্পর্কের উপায় বর্ণনা করুন। উত্তর দেওয়ার সময় প্রকৃত পরিস্থিতিতে এবং পারিপার্শ্বিক অবস্থায় আপনার মধ্যে অনুভূতি এবং মনোভাবের কথা ভাবুন। একসঙ্গে আপনার দৈনন্দিন বিশ্বের ছবি মন থেকে আনতে চেষ্টা করুন। আপনি আপনার স্মৃতিতে থাকা অস্বাভাবিক সময়গুলিও মনে করতে পারেন।প্রতিটি সম্পর্ককে বাম মার্জিনে চিহ্নিত করুন, আপনি কতটা জোরালোভাবে মনে করেন যে এটি এই সম্পর্কের সত্য বা সত্য নয়। দয়া করে প্রতিটি চিহ্নিত করুন। নিম্নলিখিত উত্তরগুলির জন্য প্লাস নম্বরগুলিতে (+৩, +২, +১) বা বিয়োগ সংখ্যা (-৩, -২, -১) লিখুন।

+৩ঃ হ্যাঁ, আমি র্দঢ়ভাবে মনে করি এটি সত্য	-১ঃ (না), আমি মনে করি সম্ভবত এটি সত্য নয়, বা সত্য থেকে বেশি অসত্য
+২ঃ হ্যাঁ, আমি মনে করি এটি সত্য	-২ঃ না, আমি মনে করি এটি সত্য নয়
+১ঃ হ্যাঁ, আমি মনে করি সম্ভবত এটি সত্য, বা অসত্য থেকে বেশি সত্য	-৩ঃ না, আমি দৃঢ় ভাবে মনে করি এটি সত্য নয়

	অসম্মতি			সম্মতি		
	হা -৩	না -২	না -৩	না -২	না -৩	না -২
১. মানুষ হিসেবে আমরা একে অপরের সম্মান করি।						
২. অন্য কেউ কোন বিষয় কিভাবে দেখে সেটা আমরা জানতে এবং বুঝতে চাই।						
৩. আমরা একসাথে যে আগ্রহ অনুভব করি তা একে অপরের কাজ এবং কথা বলার উপর নির্ভর করে।						
৪. আমরা একসাথে স্বাচ্ছন্দ্য বোধ করি।						
৫. আমরা একে অপরকে পছন্দ ও উপভোগ করি।						
৬. আমরাহয়তো একে অপরের কথা শুনি কিন্তু অন্য কেউ কিভাবে তা অনুভব করে দেখি না।						
৭. আমাদের মধ্যে কোন একজনের মেজাজ ভাল বা খারাপ হলে						

‘উথ্থান বা পতন’ সেটা পরিবর্তন না করেই অন্যজন আমাদের সাথে আচরন করে।)						
৮. আমি মনে করি আমরা একে অপরের প্রতি একটি ভূমিকা রাখি বা কাজ করি।						
৯. আমরা একে অপরের প্রতি ধৈর্যহীন।						
১০. আমরা সাধারনত জানি, অন্যজন আসলে কি বোঝাচ্ছে।						
১১. অন্যের প্রতি আমাদের মতামত উথ্থান বা পতন হয়, তাদের আচরণ এবং তাদের মধ্যকার আলো প্রদর্শন অনুযায়ী।						
১২. (আমি অনুভব করি যে, একে অপরের সাথে আমরা বাস্তব এবং প্রকৃত।						
১৩. আমরা একে অপরের প্রশংসা করি।						
১৪. অপরজন কি করছে সেটা আমাদের পৃথক দৃষ্টিকোণ থেকে আমরা উভয়ই লক্ষ্য করি।						
১৫. কিভাবে আমরা অন্যকে নিয়ে অনুভব করি, সেগুলি তাদের স্ব-অনুভূতি বা মেজাজের রুপান্তরকে পরিবর্তিত করে না। [যদি এটি পরিবর্তিত হয়, তবে “না” উত্তরটি চয়ন করুন।						
১৬. যখন অন্যজন কিছু সংবেদনশীল বিষয় সর্ম্পকে বলে বা জিজ্ঞেস করে আমরা অস্বচ্ছন্দ বোধ করি।						
১৭. আমরা অধিকাংশ ক্ষেত্রে একে অপরের প্রতি উদাসীন।						
১৮. আমরা সাধারনত অন্যের অনুভূতি বুঝতে পারি।						
১৯. আমরা প্রত্যেকেই চাই অপরপক্ষ একটি বিশেষ ধরনের ব্যক্তি হউক।						
২০. আমরা একে অপরের কাছে খোলাখুলি ভাবে কথা বলি, আমরা কি চিন্তা ও অনুভব করছি তা প্রকাশ করি যেমনটা আমরা বলি।						
২১. আমরা একে অপরকে নিস্তেজ এবং নীরস হিসেবে পেয়ে থাকি।						
২২. অন্যজন নিদিষ্ট কিছু বললে বা করলে সেটার প্রতি আমাদের দৃষ্টিভঙ্গি এমন যে আমরা তাদেও বোঝাতে পারি না।						
২৩. আমাদের মধ্যে কেউ আমাদের প্রতি তাদের অনুভূতি পরিবর্তন না করেই এমন কিছু প্রকাশ করতে পারে যা আমাদের বিরক্ত করে বা আনন্দ দেয় অন্যের থেকে।						
২৪. আমরা চাই তারা বুঝতে পারুক বাস্তবে আমরা যতটা করি তার থেকে বেশি তাদের বুঝি বা পছন্দ করি।						
২৫. আমরা একে অপরের যত্ন করি।						
২৬. মাঝে মাঝে আমরা মনে করি যে অন্যজন একটি নিদিষ্ট উপায় অনুভব করে, কারণ এভাবেই আমরা নিজেকে অনুভব করি।						

২৭. আমরা একে অপরের সম্পর্কে কিছু পছন্দ করি, এবং অন্যান্য কিছু জিনিস আমরা পচ্ছন্দ করি না।						
২৮. যে বিষয়গুলো আমাদের সম্পর্কের জন্য গুরুত্বপূর্ণ সেগুলো আমরা এড়িয়ে চলি না বা ঘুরাই না।						
২৯. আমরা একে অপরকে অনুমোদন করি না।						
৩০. আমরা একে অপরের মনোভাব বুঝি ও জানি, এমনকি তখনও যখন বলা বা বলার মত কোন শব্দ খুঁজে পাওয়া কঠিন।						
৩১. একে অপরের প্রতি আমাদের মনোভাব একই রকম থাকে: আমরা কখনও অন্যের প্রতি সন্তুষ্ট হই না এবং অন্য সময়ে সমালোচিত বা হতাশ হাই।						
৩২. কখনও কখনও আমাদের কেউ বা অন্য কেউ তৃপ্তি পাই না কিন্তু তারপরও আমরা চলতে থাকি, বাহিরে এটা উপেক্ষা করি ।						
৩৩. আমরা শুধু একে অপরকে সহ্য করি।						
৩৪. আমরা একে অপরকে শুনি, এবং সাধারনত একে অপরের সম্পূর্ণ অর্থ বুঝি।						
৩৫. যদি আমাদের মধ্যে একজন অন্যের সাথে রাগ দেখায় তবে তারা খুব কষ্ট পায় অথবা রাগ ও করে।						
৩৬. আমরা প্রত্যেকে তার সৎ আবেগ এবং প্রকৃত অনুভূতিগুলি অন্যের দিকে বা অন্যদিকে প্রকাশ করতে সক্ষম।						
৩৭. আমাদের সম্পর্কে একটি বন্ধুত্বপূর্ণ আন্তরিকতা আছে।						
৩৮. অন্যরা যা চিন্তা বা অনুভব করে আমরা তা একদমই খেয়াল করি না।						
৩৯. আমরা একে অপরকে কতটা পছন্দ করি বা অপছন্দ করি তা আমরা নির্দিষ্ট যে বিষয়গুলো দেখাই বা প্রকাশ করি তার মাধ্যমে পরিবর্তিত হয় না ।						
৪০. মাঝে মাঝে আমরা অন্যের অনুভূতিতে কিছু বুঝতে পারি যা তারা অস্বীকার করে বা সচেতন বলে মনে হয় না।						
৪১. আমি অনুভব করি যে আমাদের প্রত্যেকে সত্যিই অন্য ব্যক্তিদের শ্রদ্ধা করে ।						
৪২. অন্য কেউ কিভাবে অভিজ্ঞতাগুলো অনুভব করে তা যথার্থই তারিফ করতে পারি ।						
৪৩. কখনও কখনও কিছু উপায়ে আমরা অন্যকে অনুমোদন করি এবং অন্য সময়গুলোতে অন্য কোন দিক স্বতন্ত্রভাবেই অনুমোদন করিনা।						
৪৪. আমাদের প্রতি অথবা তাদের প্রতি আমাদের অনুভূতি সহ যেটাই আমাদের মনে থাকুক না কেন, আমরা একে অন্যকে তা প্রকাশ করতে পারি ।						
৪৫. আমরাতাদের জন্য পছন্দ করি না তাদেরকে, যেমনটা তারা ।						

৪৬. আমরা মাঝে মাঝে কিছু মনে করে বা কল্পনা করে ভূল করি যে অন্যজন কোনও বিশেষ জিনিস সম্পর্কে সত্যিই দৃঢ়ভাবে অনুভব করে, এটি আসলেই ঘটে।						
৪৭. আমাদের মধ্যে কেউ কেউ ভাল প্রফুল্ল হতে পারে, বা মন খারাপ করতে পারে, কোন কারন ছারাই আমাদের প্রতি অন্যজন ভিন্নতা অনুভব করতে পারে।						
৪৮. আমরা আমাদের সম্পর্কে নিজেদের মধ্যে খোলাখুলি এবং মুক্ত।						
৪৯. আমরা একে অপরের জন্য বিরক্তির কারন ও হতে পারি।						
৫০. আমরা প্রায়ই বুঝতে পারি না যা বলা বা করা হয়েছে সে বিষয় সম্পর্কে অপরজন কতখানি সংবেদনশীল বা স্পর্শী।						
৫১. আমাদের মধ্যে অন্য কেউ আমাদের ‘ভালো চিন্তা বা অনুভূতি’ বা ‘খারাপ’ প্রকাশ করতে পারে, আমাদের প্রতি অন্যব্যক্তির অনুভূতি পরিবর্তন না করেই। [যদি এটি তাদের অনুভূতি পরিবর্তন করে, উত্তর “না "]						
৫২. মাঝে মাঝে আমাদের একে অপরের বাহ্যিক প্রতিক্রিয়া আসলে আমাদের মধ্যাকার অনুভূতি থেকে কিছুটা ভিন্ন হয়।						
৫৩. আমরা একে অপরের প্রতি একধরনের ঘৃণা অনুভব করি।						
৫৪. আমরা একে অপরকে বুঝি।						
৫৫. আমরা অন্য সময়ের তুলনায় কখনও কখনও আরও বেশি ইতিবাচক বা নেতিবাচক অনুমানের সঙ্গে একে অপরের বিচার করতে আগ্রহী।						
৫৬. আমরা আমাদের সম্পর্কের আসল অনুভূতিগুলি এড়াতে বা সাবধানে পদক্ষেপ করতে পারছি না। [উওর “না” হবে যদি সত্যিকারের অনুভূতিগুলি এড়িয়ে চলেন।]						
৫৭. সত্যিকার অর্থে আমরা একে অপরের প্রতি আগ্রহী।						
৫৮. আমাদের একে অপরের প্রতিক্রিয়া এতটাই নির্দিষ্ট এবং স্বয়ংক্রিয় যে প্রায়ই আমরা তাদের কাছে পৌছাতে পারি না বা তারা যা বলেছে তা গ্রহন করি না ।						
৫৯. আমাদের প্রতিতারা যা অনুভব করে আমি মনে করি না যে আমাদের মধ্যে কেউ বিশেষ কোন কিছু পরিবর্তন করে বলে বা কোন কিছু করে। [উওর “না” হবে যদি অনুভূতি দ্বারা পরিবর্তিত হয়]						
৬০. আমাদের মধ্যে একজন বা অন্যজন কথা বলে তখন প্রায়ই চিন্তা ভাবনা বা অনুভূতিগুলো লুকায় বা ভুল ভাবমূর্তি প্রকাশ করে।						
৬১. একে অপরের জন্য প্রকৃত স্নেহ / টান অনুভব করি ।						

৬২. যখন আমাদের মধ্যে কারও মনখারাপ হয় বা আঘাত পায়, অপরপক্ষ মর্মাহত হওয়া ছারাই তাকে উৎফুল্ল করতে এবং সঠিকভাবে তার অনুভূতি বুঝতে পারে ।						
৬৩. আমাদের সম্পর্কে অন্য কোনও ব্যক্তি কি মনে করে- আমরা যখন তা জানি তখন সেটা একে অপরকে কি মনে করতাম তার উপর প্রভাব ফেলে বা বন্ধ করে দেয় ।						
৬৪. আমি বিশ্বাস করি যে, ঐ সকল অনুভূতিগুলো নিয়ে আমরা একত্রে কথা বলি না যা আমাদের সম্পর্কে সমস্যা সৃষ্টি করে।						

Appendices-VIII (b): Questionnaire in Bangla for Therapist

বাংলাদেশ হেল্‌থ প্রফেশন্স ইনষ্টিটিউট (বিএইচপিআই)

অকুপেশনাল থেরাপি বিভাগ

সিআরপি– চাপাইন, সাভার, ঢাকা–১৩৪৩. টেলি: ০২-৭৭৪৫৪৬৪–৫,৭৭৪১৪০৪, ফ্যাক্স: ০২-৭৭৪৫০৬

ব্যারেট-লিনার্ড সম্পর্কের তালিকা ঃ ফর্ম ডি ডাব্লিউ-৬৪ (বাংলা সংস্করণ)

পর্ব- এ: সাধারণ তথ্য

তথ্য নেয়ার তারিখ: ____________________

থেরাপিস্ট কোড নং: ____________________

বয়স: ________________

লিঙ্গ: নারী / পুরুষ

বৈবাহিক অবস্থা : ________________

থেরাপিস্ট এর পদমর্যাদা: ______________________

থেরাপিস্ট এর অভিজ্ঞতা: ______________________

ঠিকানা: ____

মোবাইল নাম্বার: __________________

সম্পর্ক কী সবসময় বা দীর্ঘসময় ধরে ঐ রকম আছে যেমনটা আপনি বর্ণনা করেছেন?

____

যদি সম্পর্ক পরিবর্তিত হয়, তাহলে কীভাবে ঘটেছিল এবং/ অথবা কত আগে ঘটেছিল?

পর্ব- বিঃ

নীচের তালিকাগুলি বিভিন্ন উপায়ে অভ্যন্তরে থেকে সম্পূর্ণ সম্পর্ক অনুভব হতে পারে। তালিকাভুক্ত বিবৃতি (সংখ্যা ১-৬৪) একটি বিশেষ সম্পর্কের গুণাবলীর দিকে নির্দেশ করে যা সেই সম্পর্কের সদস্য দ্বারা অনুভূত হয়। এটা বোঝা যায় যে একজন অংশীদার বা সদস্য একে অন্যের মতো একই বর্ণনা দেবে না এবং তারপরেও ব্যক্তির দৃষ্টিভঙ্গি পরিবর্তন হতে পারে।দয়া করে এখন আপনার সঙ্গে সেবাগ্রহীতার সম্পর্কের উপায় বর্ণনা করুন। উত্তর দেওয়ার সময় প্রকৃত পরিস্থিতিতে এবং পারিপার্শ্বিক অবস্থায় আপনার মধ্যে অনুভূতি এবং মনোভাবের কথা ভাবুন। একসঙ্গে আপনার দৈনন্দিন বিশ্বের ছবি মন থেকে আনতে চেষ্টা করুন। আপনি আপনার স্মৃতিতে থাকা অস্বাভাবিক সময়গুলিও মনে করতে পারেন।প্রতিটি সম্পর্ককে বাম মার্জিনে চিহ্নিত করুন, আপনি কতটা জোরালোভাবে মনে করেন যে এটি এই সম্পর্কের সত্য বা সত্য নয়। দয়া করে প্রতিটি চিহ্নিত করুন। নিম্নলিখিত উত্তরগুলির জন্য প্লাস নম্বরগুলিতে (+৩, +২, +১) বা বিয়োগ সংখ্যা (-৩, -২, -১) লিখুন।

+৩: হ্যাঁ, আমি র্দঢ়ভাবে মনে করি এটি সত্য	-১: (না), আমি মনে করি সম্ভবত এটি সত্য নয়, বা সত্য থেকে বেশি অসত্য
+২: হ্যাঁ, আমি মনে করি এটি সত্য	-২: না, আমি মনে করি এটি সত্য নয়
+১: হ্যাঁ, আমি মনে করি সম্ভবত এটি সত্য, বা অসত্য থেকে বেশি সত্য	-৩: না, আমি দৃঢ় ভাবে মনে করি এটি সত্য নয়

	অসম্মতি			সম্মতি		
	হা -৩	না -২	না -৩	না -২	না -৩	না -২
১. মানুষ হিসেবে আমরা একে অপরের সম্মান করি।						
২. অন্য কেউ কোন বিষয় কিভাবে দেখে সেটা আমরা জানতে এবং বুঝতে চাই।						
৩. আমরা একসাথে যে আগ্রহ অনুভব করি তা একে অপরের কাজ এবং কথা বলার উপর নির্ভর করে।						
৪. আমরা একসাথে স্বাচ্ছন্দ্য বোধ করি।						
৫. আমরা একে অপরকে পছন্দ ও উপভোগ করি।						
৬. আমরাহয়তো একে অপরের কথা শুনি কিন্তু অন্য কেউ কিভাবে তা অনুভব করে দেখি না।						
৭. আমাদের মধ্যে কোন একজনের মেজাজ ভাল বা খারাপ হলে ‘উথ্থান বা পতন’ সেটা পরিবর্তন না করেই অন্যজন আমাদের সাথে আচরন করে।)						

৮. আমি মনে করি আমরা একে অপরের প্রতি একটি ভূমিকা রাখি বা কাজ করি।						
৯. আমরা একে অপরের প্রতি ধৈর্যহীন।						
১০. আমরা সাধারনত জানি, অন্যজন আসলে কি বোঝাচ্ছে।						
১১. অন্যের প্রতি আমাদের মতামত উথ্থান বা পতন হয়, তাদের আচরণ এবং তাদের মধ্যকার আলো প্রদর্শন অনুযায়ী।						
১২. (আমি অনুভব করি যে, একে অপরের সাথে আমরা বাস্তব এবং প্রকৃত।						
১৩. আমরা একে অপরের প্রশংসা করি।						
১৪. অপরজন কি করছে সেটা আমাদের পৃথক দৃষ্টিকোণ থেকে আমরা উভয়ই লক্ষ্য করি।						
১৫. কিভাবে আমরা অন্যকে নিয়ে অনুভব করি, সেগুলি তাদের স্ব-অনুভূতি বা মেজাজের রুপান্তরকে পরিবর্তিত করে না। [যদি এটি পরিবর্তিত হয়, তবে "না" উত্তরটি চয়ন করুন।						
১৬. যখন অন্যজন কিছু সংবেদনশীল বিষয় সর্ম্পকে বলে বা জিজ্ঞেস করে আমরা অস্বচ্ছন্দ বোধ করি।						
১৭. আমরা অধিকাংশ ক্ষেত্রে একে অপরের প্রতি উদাসীন।						
১৮. আমরা সাধারনত অন্যের অনুভূতি বুঝতে পারি।						
১৯. আমরা প্রত্যেকেই চাই অপরপক্ষ একটি বিশেষ ধরনের ব্যক্তি হউক।						
২০. আমরা একে অপরের কাছে খোলাখুলি ভাবে কথা বলি, আমরা কি চিন্তা ও অনুভব করছি তা প্রকাশ করি যেমনটা আমরা বলি।						
২১. আমরা একে অপরকে নিস্তেজ এবং নীরস হিসেবে পেয়ে থাকি।						
২২. অন্যজন নিদিষ্ট কিছু বললে বা করলে সেটার প্রতি আমাদের দৃষ্টিভঙ্গি এমন যে আমরা তাদেও বোঝাতে পারি না।						
২৩. আমাদের মধ্যে কেউ আমাদের প্রতি তাদের অনুভূতি পরিবর্তন না করেই এমন কিছু প্রকাশ করতে পারে যা আমাদের বিরক্ত করে বা আনন্দ দেয় অন্যের থেকে।						
২৪. আমরা চাই তারা বুঝতে পারুক বাস্তবে আমরা যতটা করি তার থেকে বেশি তাদের বুঝি বা পছন্দ করি।						
২৫. আমরা একে অপরের যত্ন করি।						
২৬. মাঝে মাঝে আমরা মনে করি যে অন্যজন একটি নিদিষ্ট উপায় অনুভব করে, কারণ এভাবেই আমরা নিজেকে অনুভব করি।						
২৭. আমরা একে অপরের সম্পর্কে কিছু পছন্দ করি, এবং অন্যান্য কিছু জিনিস আমরা পচ্ছন্দ করি না।						

২৮. যে বিষয়গুলো আমাদের সম্পর্কের জন্য গুরুত্বপূর্ণ সেগুলো আমরা এড়িয়ে চলি না বা ঘুরাই না।						
২৯. আমরা একে অপরকে অনুমোদন করি না।						
৩০. আমরা একে অপরের মনোভাব বুঝি ও জানি, এমনকি তখনও যখন বলা বা বলার মত কোন শব্দ খুঁজে পাওয়া কঠিন।						
৩১. একে অপরের প্রতি আমাদের মনোভাব একই রকম থাকে: আমরা কখনও অন্যের প্রতি সন্তুষ্ট হই না এবং অন্য সময়ে সমালোচিত বা হতাশ হাই।						
৩২. কখনও কখনও আমাদের কেউ বা অন্য কেউ তৃপ্তি পাই না কিন্তু তারপরও আমরা চলতে থাকি, বাহিরে এটা উপেক্ষা করি।						
৩৩. আমরা শুধু একে অপরকে সহ্য করি।						
৩৪. আমরা একে অপরকে শুনি, এবং সাধারনত একে অপরের সম্পূর্ণ অর্থ বুঝি।						
৩৫. যদি আমাদের মধ্যে একজন অন্যের সাথে রাগ দেখায় তবে তারা খুব কষ্ট পায় অথবা রাগ ও করে।						
৩৬. আমরা প্রত্যেকে তার সৎ আবেগ এবং প্রকৃত অনুভূতিগুলি অন্যের দিকে বা অন্যদিকে প্রকাশ করতে সক্ষম।						
৩৭. আমাদের সম্পর্কে একটি বন্ধুত্বপূর্ণ আন্তরিকতা আছে।						
৩৮. অন্যরা যা চিন্তা বা অনুভব করে আমরা তা একদমই্ খেয়াল করি না।						
৩৯. আমরা একে অপরকে কতটা পছন্দ করি বা অপছন্দ করি তা আমরা নির্দিষ্ট যে বিষয়গুলো দেখাই বা প্রকাশ করি তার মাধ্যমে পরিবর্তিত হয় না।						
৪০. মাঝে মাঝে আমরা অন্যের অনুভূতিতে কিছু বুঝতে পারি যা তারা অস্বীকার করে বা সচেতন বলে মনে হয় না।						
৪১. আমি অনুভব করি যে আমাদের প্রত্যেকে সত্যিই অন্য ব্যক্তিদের শ্রদ্ধা করে।						
৪২. অন্য কেউ কিভাবে অভিজ্ঞতাগুলো অনুভব করে তা যথার্থই তারিফ করতে পারি।						
৪৩. কখনও কখনও কিছু উপায়ে আমরা অন্যকে অনুমোদন করি এবং অন্য সময়গুলোতে অন্য কোন দিক স্বতন্ত্রভাবেই অনুমোদন করিনা।						
৪৪. আমাদের প্রতি অথবা তাদের প্রতি আমাদের অনুভূতি সহ যেটাই আমাদের মনে থাকুক না কেন, আমরা একে অন্যকে তা প্রকাশ করতে পারি।						
৪৫. আমরাতাদের জন্য পছন্দ করি না তাদেরকে, যেমনটা তারা।						

৪৬. আমরা মাঝে মাঝে কিছু মনে করে বা কল্পনা করে ভূল করি যে অন্যজন কোনও বিশেষ জিনিস সম্পর্কে সত্যিই দৃঢ়ভাবে অনুভব করে, এটি আসলেই ঘটে।						
৪৭. আমাদের মধ্যে কেউ কেউ ভাল প্রফুল্ল হতে পারে, বা মন খারাপ করতে পারে, কোন কারন ছারাই আমাদের প্রতি অন্যজন ভিন্নতা অনুভব করতে পারে ।						
৪৮. আমরা আমাদের সম্পর্কে নিজেদের মধ্যে খোলাখুলি এবং মুক্ত।						
৪৯. আমরা একে অপরের জন্য বিরক্তির কারন ও হতে পারি।						
৫০. আমরা প্রায়ই বুঝতে পারি না যা বলা বা করা হয়েছে সে বিষয় সম্পর্কে অপরজন কতখানি সংবেদনশীল বা স্পর্শী।						
৫১. আমাদের মধ্যে অন্য কেউ আমাদের 'ভালো চিন্তা বা অনুভূতি' বা 'খারাপ' প্রকাশ করতে পারে, আমাদের প্রতি অন্যব্যক্তির অনুভূতি পরিবর্তন না করেই। [যদি এটি তাদের অনুভূতি পরিবর্তন করে, উত্তর "না "]						
৫২. মাঝে মাঝে আমাদের একে অপরের বাহ্যিক প্রতিক্রিয়া আসলে আমাদের মধ্যাকার অনুভূতি থেকে কিছুটা ভিন্ন হয়।						
৫৩. আমরা একে অপরের প্রতি একধরনের ঘৃণা অনুভব করি।						
৫৪. আমরা একে অপরকে বুঝি।						
৫৫. আমরা অন্য সময়ের তুলনায় কখনও কখনও আরও বেশি ইতিবাচক বা নেতিবাচক অনুমানের সঙ্গে একে অপরের বিচার করতে আগ্রহী ।						
৫৬. আমরা আমাদের সম্পর্কের আসল অনুভূতিগুলি এড়াতে বা সাবধানে পদক্ষেপ করতে পারছি না। [উওর "না" হবে যদি সত্যিকারের অনুভূতিগুলি এড়িয়ে চলেন।]						
৫৭. সত্যিকার অর্থে আমরা একে অপরের প্রতি আগ্রহী ।						
৫৮. আমাদের একে অপরের প্রতিক্রিয়া এতটাই নির্দিষ্ট এবং স্বয়ংক্রিয় যে প্রায়ই আমরা তাদের কাছে পৌছাতে পারি না বা তারা যা বলেছে তা গ্রহন করি না ।						
৫৯. আমাদের প্রতিতারা যা অনুভব করে আমি মনে করি না যে আমাদের মধ্যে কেউ বিশেষ কোন কিছু পরিবর্তন করে বলে বা কোন কিছু করে। [উওর "না" হবে যদি অনুভূতি দ্বারা পরিবর্তিত হয়]						
৬০. আমাদের মধ্যে একজন বা অন্যজন কথা বলে তখন প্রায়ই চিন্তা ভাবনা বা অনুভূতিগুলো লুকায় বা ভুল ভাবমূর্তি প্রকাশ করে।						
৬১. একে অপরের জন্য প্রকৃত স্নেহ / টান অনুভব করি ।						

৬২. যখন আমাদের মধ্যে কারও মনখারাপ হয় বা আঘাত পায়, অপরপক্ষ মর্মাহত হওয়া ছারাই তাকে উৎফুল্ল করতে এবং সঠিকভাবে তার অনুভূতি বুঝতে পারে ।						
৬৩. আমাদের সম্পর্কে অন্য কোনও ব্যক্তি কি মনে করে- আমরা যখন তা জানি তখন সেটা একে অপরকে কি মনে করতাম তার উপর প্রভাব ফেলে বা বন্ধ করে দেয় ।						
৬৪. আমি বিশ্বাস করি যে, ঐ সকল অনুভূতিগুলো নিয়ে আমরা একত্রে কথা বলি না যা আমাদের সম্পর্কে সমস্যা সৃষ্টি করে।						