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Evolution of Occupational Therapy Practice: Life History of Wanda Berg

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Evolution of Occupational Therapy Practice: Life History of Wanda Berg

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Abstract

This qualitative study was done via a semi-structured interview with Dr. Wanda Berg. This paper reflects only a portion of a larger study done to learn about the history of occupational therapy (OT) from the perspective of influential OT practitioners and educators from North Dakota (ND) and Wyoming. From the researcher’s interview with Dr. Berg, themes about her life and the profession were discovered.

Purpose: The purpose of this study is to learn about the history of occupational therapy from the perspective of influential OT practitioners and educators from North Dakota and Wyoming.

Methods: A qualitative study was done using the life history approach. A semi-structured interview, which was guided by the Kawa model, was conducted with Dr. Wanda Berg. The interview was recorded and transcribed verbatim prior to data analysis.

Results: Data analysis was generated by collapsing the information gained in the interview to codes which were in turn collapsed into categories and corresponding themes, from this an assertion was then determined.

Conclusion: Dr. Berg feels that the occupational therapy profession provides versatility in education and employment. It also provides opportunity for personal and professional growth throughout one’s lifetime. OT has evolved greatly over time, but continues to allow for financial stability and personal satisfaction as professionals can still enjoy a family and positive relationships with their colleagues.

Introduction

The purpose of this study is to learn about the history of occupational therapy from the perspective of influential OT practitioners and educators from North Dakota and Wyoming. Twenty-nine participants were included in this study, however, this paper will only cover the perspective of Dr. Wanda Berg. This is a qualitative research study using a life history approach. A semi-structured interview was conducted by the researchers with Dr. Berg via a program called Blackboard Collaborate. This system allowed the researchers to video chat with the participant while recording the interview. The interviewers conducted the interview from one of their home in Grand Forks, ND while Dr. Berg connected to the interview from her home in Bismarck, ND.
Dr. Berg was chosen for this process because her influences in OT in the state of ND. Dr. Berg was born and raised in ND and obtained two degrees from UND and one from the University of Mary in Bismarck ND. She practiced for many years after graduating before making the transition to education. During her career Dr. Berg was influential in the state of ND by representing ND at the American Occupational Therapy Association (AOTA) Representative Assembly. The Representative Assembly is a committee on AOTA that is responsible for creating the policies associated with the association as well as the profession. Dr. Berg had influence over these policies and gave input that reflected ND bet interest as well as all practitioners. She traveled to Guatemala several times to provide care to those there who could not afford or access care in their country, and she has helped train countless occupational therapy students to become effective practitioners themselves.

**Literature Review**

In past and current literature, the occupational therapy field, techniques and procedures are studied however, there is little information written about educators and clinicians (Dillon, 2001). Occupational therapy practitioners mainly focus on the needs of their clients and regaining their sense of self during assessment, evaluations and treatments. In doing this practitioners usually develop a sense of achievement and satisfaction when others are able to increase their own levels of competency (Dillon, 2001).

According to Christiansen and Haertl (2014) during the 1980’s, the technology shift impacted the scientific and healthcare arenas. IBM released the personalized computer which revolutionized the medical records keeping, patient-clinician communication and instantaneous knowledge sharing worldwide. Digital imaging technology such as magnetic resonance imaging (MRI) and computed tomography (CT) opened an array of diagnostic capabilities and advanced approaches to interventions and treatments. The onset of telemedicine also brought medical capabilities to rural and isolated communities which occupational therapy was able to utilize to access clients living in rural areas who otherwise may not have received treatment. Due to the changes within the healthcare system, legislation was also reforming in education and employment. The individuals with disabilities act (IDEA) in 1975 and the signing of the American’s with disabilities act (ADA) in 1990, shifted occupational therapy practices to school and corporate systems. This was also a time where physical and occupational therapy practice lines were blurred, so the OT profession had to advocate to increase
its legitimacy. The most influential and significant initiative was the creation of the Occupational Therapy Journal of Research and Occupational Science. This emphasized the importance of advanced research and theory-driven education and the implementation of evidence-based practices (Christiansen, & Haertl, 2014).

**Theoretical Model**

The theoretical model that guided this research was the Kawa model. This model was foundational to this study for development of questions for the interview schedule, it was also used as we processed through data analysis. The basis of this model is that life is like a river flow. The metaphorical image of a river is the representation of life. The water is the life force that can be interrupted by elements such as rocks and driftwood over time that reference turning points in one’s life. These components are represented as relationships and obstacles that a person experience throughout the lifespan (Tupe, 2014).

**Description of Participant**

Based on the interview and personal curriculum vitae, Dr. Berg has been in education and leadership roles since her entry into the practice of OT. Dr. Berg obtained her Bachelor’s in OT from the University of North Dakota (UND) in 1985, then proceeded to obtain her Master’s degree from the University of Mary in 2000. Shortly after she received her PhD in higher education from UND in 2006. As evident from her personal curriculum vitae and statement she made during the interview process, education is extremely important to Dr. Berg. She was also the chair and co-chair of the North Dakota State Board of Occupational Therapy Practice and involved in the AOTA Representative Assembly for two terms as a representative of ND. Dr. Berg worked as a staff therapist at Medcenter One Health Systems after her graduation, after six years of employment she was promoted to supervisor at this facility. In 1997 she began working as a professor at the University of Mary in the occupational therapy department. Two years later she became a PRN staff therapist at Medcenter One as she continued to teach at the University of Mary. After continuing her education Dr. Berg spent many years working as a therapist, as well as, teaching before she choose to retire.

Prior to obtaining her Bachelor’s from UND, Dr. Berg married and became a mother to two daughters. She stated that her family was extremely supportive during her time in school. An influential decision in her choice to become an occupational therapist was that it would allow her to obtain financial stability for her
family. In addition to her success in OT Dr. Berg enjoys spending time with her family and traveling. Other hobbies include reading and camping during the summer months.

Methodology

Study Design

This study is a qualitative research study using a life history approach. This approach was used to understand the life of our participant and how her career as an OT and an OT professor have influenced her life and how she has influenced the profession.

Participant selection

The participant was selected from a purposive sample by the occupational therapy qualitative project directors and assigned to the researchers. The inclusion criteria included that the participants were OT practitioners and educators that primarily practiced in North Dakota and Wyoming. The purposive sampled group had varying years of experiences of practice, education and involvement in occupational therapy organizational services. Informed consent was obtained and this study was approved by the University of North Dakota IRB however, the formal process was waived due to the study design.

Data collection

Data was collected and recorded via blackboard collaborative software, a verbatim transcription was completed by the researchers and member checked by both researchers and the participant. The interview was semi-formal and followed a predetermined interview schedule created by the project directors and researchers, other questions not included in this schedule were asked as follow up questions to statements made by the participant to gain a more in depth view of her experiences and thoughts. The interview length was 59 minutes and 38 seconds long. It was conducted via video chat on October 25th, 2017 at 4:48pm in the home of one of the researchers in Grand Forks, ND and Dr. Berg’s home in Bismarck, ND. Additional data was collected from the participant’s curriculum vitae that was provided prior to the interview. There were no gatekeeper issues as the initial contact was made by the project directors.
Trustworthiness

Trustworthiness was established by the two person review of the verbatim transcription as well as additional member checking by the participant. Memos were added by the researchers to the transcription to assist with data analysis. The researchers also maintained reflexive journals throughout the length of the research to reflect on their thoughts of the process, thoughts about information, possible codes that were seen and important statements made throughout the interview.

Data analysis

Process

The initiation of data analysis began after transcribing the interview verbatim from the audio recordings, as well as, after member checking of this transcription had been completed. Both researchers reviewed the transcription for coding, categories, patterns and themes. Codes were initially determined from recurring information found within the transcription. From these codes, categories, themes and assertions emerged to highlight the results of the interview.

Codes

The first stage of the data analysis process was determining recurring patterns within the interview and collapsing the information into the codes and categories. The initial codes included advocating for OT, OT values, changes in OT overtime, rural OT, education employment, OT organizations, support, family, life transitions, personal and professional growth and personal interpretation. The codes were then sorted into categories determined by topic and meaning and then examined again for common themes (see appendix). This process was done by reviewing the transcription for important quotes and memos, cutting them out and gluing them on to note cards which were then labeled with a word or statement that characterized the main topic of the quote. These created the codes which were then sorted into the categories and continuously condensed until the information was brief, but well represented.
Findings and Results

OT Profession

A prominent part of this research project was to understand the history of OT from Dr. Berg’s perspective. Throughout the interview Dr. Berg consistently discussed the importance of advocating for OT, OT values, changes in OT overtime and the impact of being a rural occupational therapist. The themes outlined below discuss these concepts more in depth and give insight into Dr. Berg’s thoughts.

Theme one: Great need to advocate for profession of OT

This year in OT marked the centennial of the profession. At the 100 year mark many were faced with the reality that even this long after the start of the profession, OT is still a fairly unknown profession to the general public (AOTA, 2017). Dr. Berg expressed this concern in her interview:

…[W]e still we still have to promote our profession because people still don’t know what OT does or what OT is, that still an aspect that we’re not... we’re still a young profession and we don't we we still need to promote a lot, and to me it seems like the docs coming out should really have some knowledge about OT, I would think by now, you know?

The idea of advocating for the profession itself, not just our client has been a topic addressed this year by AOTA in the 2025 vision (American Occupational Therapy Association, 2017). Dr. Bergs hope is that professionals and students will begin to make a difference in this area in the years to come.

Theme two: OT has evolved overtime

The field of OT is always evolving with time and though this is a logical statement, it is often hard for students to grasp just how quickly the field changed to get where it is today. Dr. Berg discussed the changes she experienced in OT since her graduation from the UND program. Here she describes the overall changes in the models that guided practice:

When I first started working, we used a lot of crafts and uh, different modality things like that. And I think that has changed a lot. You know the whole profession has gone more towards um ... you know more towards a medical model than before. And I don't know that that's a bad thing, but I think that some of those things we could bring back in and it would be very beneficial.

Not only have there been changes in the models associated with the profession, but currently the education required to become an occupational therapist is shifting from a master’s degree to a doctorate. When
Dr. Berg graduated the requirement was a bachelor’s degree for an entry level therapist. Dr. Berg was asked her opinion on this shift in the profession:

Occupational education, therapy education has changed tremendously, um, as everybody is moving toward the Doctorate in the future. Um ... it was even. It was even kind of mind-boggling when we moved to the Master's program you know cause we started out, even when I started out teaching, we started out as a ... as just a Bachelor's program and then moved to Master's pretty soon after that but ... So, that was totally different.

One major change discussed by Dr. Berg was technology. Dr. Berg began practicing as an occupational therapist around the time computers were becoming a more popular item. The advancement lead to changes in occupational therapist’s ability to access clients in rural areas and their ability to keep up on current research:

[Y]ou know when I was working, though, full time, we didn't really have much technology. What we used ... we had TeleHealth, but OT wasn't using it at that particular time and I think they probably are now. Um ... of course, we didn't have computers at our desk or anything. You know so, I mean, technology didn't merely play the role that it does now. Now the therapists have technology at their fingertips so they can go look up something or they can um, figure something out or, you know, get information. They can keep in contact with their patients, all those kind of things. Um, and I think that made a huge different for teaching OT, also because even when I started teaching, not everyone had computers at the University of Mary. Not everybody. Which is like, kind of crazy to even think of now, but because of ACOTE requirements, they had to give us computers. Or we probably wouldn't have had them either, you know?

With all of these changes in occupational therapy the researchers sought to understand her overall opinion of how these changes affected OT as a whole:

I think that clients have a lot more say in their treatment now, and I think that's a really good thing too. Um, before it was kind of the OT would direct pretty much what was going on, back when I first started, anyway. And then, with um, with the advent of the um, some of the accrediting agencies and all of that, that started changing when they wanted patients to have more say. And so, that was a huge improvement, I think, because you know sometimes they were just only doing what the OT wanted to do and not anything else.

*Theme three: OT values line up with personal values*

The OT profession has distinct values which many occupational therapists also believe in. When interviewing Dr. Berg, the researchers discussed with her how the values of OT line up with her personal values:
Um, well, I think, I think they line up really well, I mean I believe in, in, um the value of, of um life and of honesty, and in um, um respect and caring and all of those things fit in very well with um, occupational therapy. I think, also that ethical piece, I mean I think it's really important to be ethical and I think that's part of OT, as well, um, yeah, all of, all of that.

Personal and Professional Achievement

Theme one: Importance of education

Through the interview with Dr. Berg it was evident just how important education is to her:

…[E]ducation is really, really important to me. And so, for me to be able to kind of, okay I guess maybe to fulfill a dream and to get my PhD because I always wanted to do as much schooling as I could, cause it was really kind of a goal of mine. So, that was really important to me. Um, I think it gave me that confidence.

…[G]etting a Master's degree and getting a PhD certainly impacted my ability to um, function as an OT and to, as my job as a teacher, and how I interacted with students and how I felt about myself

Dr. Berg has several degrees and encourages those around her to seek out learning each day.

Theme two: Professional and personal benefits of being involved in professional OT organizations

The American Occupational Therapy Association (AOTA) is the national association for OT. Dr. Berg was a part of AOTA as an ND representative and part of the ND Occupational Therapy Association (NDOTA). During the interview Dr. Berg was asked how being a member of these organizations helped her grow both personally and professionally:

I think it gave me the confidence and the courage to, to get involved more in my professional organization, as well, too, I was in NDOTA and on the board of management for NDOTA two different times over the years. And I was also part of, and as a member of NDOTA, I was a um, representative to AOTA as well, for two terms…

…[Y]ou know, that the opportunities that I had to be involved in North Dakota State Board of Practice, um I think that really helped with my both personal and professional growth too because it was an experience that not everyone else has, and I think going to the, you know you just don’t know anything about any of that kind of stuff until you actually do it. And you don’t realize what it entails and so changing those, going through the law part and practice rules, all of that kind of stuff that was really a neat thing to experience…

Theme three: OT profession provides versatility and ability to work in multiple settings

There are many benefits to being part of the OT profession. One of those benefits is the versatility of the job as Dr. Berg describes:
And so I was exposed to a lot of different types of therapies and, and um, it just seemed like OT was where I needed to be. It was, it just fit me. Um ... And I like the fact that it had so much versatility and you could do whatever you wanted and work in whatever area you wanted.

Support

Theme one: OT profession will give you financial stability throughout one's lifetime

Another theme that continued to emerge was financial support. Dr. Berg was a mother when she decided to become an occupational therapist and a major influence in this decision was the OT is a career that will provide financial support for a family:

I went to school when I was older, and so um, I already had kids and everything and, and so I wanted to make sure, first and foremost that I would always be able to support my family. And so um, I wanted to be in a profession that, that I knew I would actually make some money in at some point in time.

Theme two: family and colleague support are vital

Dr. Berg also discussed the importance of colleague and family support during school and while in practice:

Well, um, you know it certainly gives you a sense of belonging, you know? And I think you know having that social impact, I think a huge part of any place that you work or anything like that is, is the social part of it, right? Cause they're kind of your family away from your own family. So, um, I, you know you feel comfortable with your colleagues when you have a close relationship with them and you know that you can turn to them if you need some help.

Growth

Theme one: Job changes create life transitions throughout one’s OT career

During the interview process Dr. Berg stated that person and professional life are extremely linked and therefore growth in one area can easily create growth in another, here she discusses how her career changes also influences her life:

I think I had a lot of personal growth when I was working in the hospital setting as a staff therapist, and developing my skills and feeling competent and feeling comfortable with myself and how I worked with the patients and then later as a supervisor, um you know I felt a sense of personal accomplishment there and then as a teacher, you that’s another whole thing I mean that, the personal growth, just because I experience so many different things and you know belonged to a lot of different associated and did a lot of different things, so the personal, I don’t know how....I can honestly say that I um can truly separate the personal and professional growth totally, you know? And I think I probably had the most professional growth as an educator and so then I had that personal goal too.
Theme two: *Personal and professional growth occurs throughout the career and lifetime*

Growth is a constant process throughout life. Dr. Berg showed this by talking about the growth she had in each area of her time as an OT. One example that stands out are her trips to Guatemala. Of all of the growth she discussed, this experience influenced her greatly:

...[O]ne thing I didn't mention though, too is with students, I had a chance to go to Guatemala with sev- with students several different times. And um, um, that was pretty awesome. I think that definitely, definitely added to my personal growth and my growth as a teacher and a therapist and all those kind of things too.”

Theme three: *Every individual has their own perception about what OT means to them*

OT has many values associated with it, but these values can be personal to every practitioner. These values and opinions can also grow and change with the person:

I think OT is, um, an awesome profession because it allows us to be part of our clients or patient's lives, and make a difference in their lives, and um, it's um, it's a personal kind of thing. You know I think OT it's- way more personal than some other disciplines. And so we do get to kind of- get to be part of the fabric, or part of the story of somebody else's life. And they become part of ours.

The overall assertion determined by the interview concludes that Dr. Berg feels that the occupational therapy profession, provides versatility in education and employment. It also provides opportunity for personal and professional growth throughout one’s lifetime. OT has evolved greatly over time, but continues to allow for financial stability and personal satisfaction as professionals can still enjoy a family and positive relationships with their colleagues.

**Discussion**

Dr. Berg emphasized how education, leadership involvement and support were important in her life’s journey. Utilizing the Kawa model as the theoretical basis within the interviewing questioning, the researchers were able to gain insight into her experiences (Tupe, 2014). She described the self-satisfaction she experienced when earning her PhD, masters and bachelor degrees as well as having the zeal to pursue more education from her continuing education classes. The versatility of occupational therapy allowed her to transition from different areas of clinical practice to OT education, a major change in her professional life.
At the time of graduation and immersion into practice in the 1980’s, Dr. Berg was on cusp of a technology revolution that affected the occupational therapy profession clinically and politically. New advances in imaging, communication and accessibility allow OTs to maneuver within healthcare like never before (Tupe, 2014).

Currently occupational therapy education is moving forward to push research based practices outside of the academia and into clinical practice for new graduates to implement (Thomas, 2016). There is a shift of clinicians moving from practice to teaching, however it is not common for OT educators to return to full time practice. Therefore, it is important to continue to build the bridge between the two to ultimately validate OT practice and provide the best care for our clients.

Dr. Berg is still involved in AOTA and NDOTA. She was also part of the resident assembly for AOTA and discussed how the being a part of these organizations and the support from her family and colleagues gave her the confidence to pursue teaching. Because of her involvement in the professional organization she was able to make changes in occupational therapy policy and legislation on a local, state and national level. Being exposed to that magnitude of responsibility and leadership afforded her the grace to become a proficient clinician and professor.

Dr. Berg has been extremely influential in the state of ND for the OT profession. She was very involved in multiple activities during her time in practice and continues to be passionate and involved during retirement.
References


Appendices
## Appendix A

### Life History of Wanda Berg

Tiana Brown, MOTS and Alli Fos, MOTS

<table>
<thead>
<tr>
<th>Categories</th>
<th>OT Profession</th>
<th>Personal/Professional Achievement</th>
<th>Support</th>
<th>Growth</th>
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<tbody>
<tr>
<td>Codes</td>
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<tr>
<td>• Advocating for OT</td>
<td></td>
<td>• Education</td>
<td>• Support</td>
<td>• Life Transitions</td>
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<tr>
<td>• OT Values</td>
<td></td>
<td>• Employment</td>
<td>• Financial</td>
<td>• Personal/professional Growth</td>
</tr>
<tr>
<td>• Changes in OT overtime</td>
<td></td>
<td>• OT Organization</td>
<td>• Family</td>
<td>• Personal Interpretation</td>
</tr>
<tr>
<td>• Rural OT</td>
<td></td>
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<tr>
<td>Thematic Statements</td>
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<td>1. Great need to advocate for the OT profession</td>
<td>1. Importance of education</td>
<td>1. OT profession will give you financial stability throughout one’s lifetime</td>
<td>1. Job changes create life transitions throughout ones OT career</td>
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<td>2. OT has evolved over time</td>
<td>2. Professional and personal benefits of being involved in professional OT organizations</td>
<td>2. The support of family and colleagues in vital to success</td>
<td>2. Personal and professional growth occurs throughout the career and life time</td>
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<td>3. OT values line up with personal values</td>
<td>3. OT profession provides versatility and the ability to work in multiple settings</td>
<td>3. Every individual has their own perception about what OT is to them</td>
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BACKGROUND AND PURPOSE

- Approximately 15 million Americans live in a home for older adults who do not reside in an institutional setting.
- The number of individuals with dementia is expected to steadily increase in the coming decades, with those over age 65 the most severely affected.
- Caregivers of individuals with dementia often do not receive the training or education they need to provide quality care.
- Organized programming activities can increase the quality of life for individuals with dementia and their caregivers.
- The purpose of this study was to explore the effectiveness of an intervention that involved group activities for caregivers, and evaluate the impact of the intervention on caregivers' well-being.

PARTICIPANTS

- Seven families that participated in the study took part in the study.

RESULT

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