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Evolution of Occupational Therapy Practice: Life History of Teresa Dahlstrom

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Abstract

Objective: The purpose of the life history of Teresa Dahlstrom is to gain an insight about her life experiences and leadership throughout her years of work in the profession of occupational therapy.

Method: An in depth, semi structured, 60 minute interview was conducted at the University of North Dakota of School of Medicine and Health Sciences. The interview was transcribed and coded for the emergent of themes.

Results: The predominant themes representing the major elements of her success as a leader were maintaining the integrity of occupational therapy (OT), progressing through major changes in OT, and developing personal relationships with clients and outside of work. The findings indicate that she has made a large impact for the profession through serving the needs of her clients and being a strong advocate for the profession.

Conclusion: As occupational therapy is continually changing, Teresa has been dedicated to staying true to the core values of occupational therapy by maintaining the integrity of the profession through upholding meaningful relationships with clients, staying current with trends and research, holding leadership roles, and establishing work life balance by developing social supports outside of work.

Introduction

The purpose of this study was to give a glimpse of the life of Teresa Dahlstrom. In this study, insight was received from Teresa through a face-to-face semi-structured interview. The life history is one of 30 life history interviews which are a part of a larger project, *Life Histories of Individuals Who Have Been Influential in Developing Occupational Therapy (OT) in North Dakota and Wyoming*. The purpose of the project is to gather information about the history and

evaluation of occupational therapy (OT) practice in North Dakota and Wyoming through life histories of individuals who have been greatly influential in developing OT in these two states. It is anticipated that the life history process will be a powerful way to gather this information. This study is intended to provide current and future generations of occupational therapists a view of the history and how occupational therapy practice has evolved from its inception to current practice in North Dakota and Wyoming. We had the opportunity to interview Teresa Dahlstrom at the University of North Dakota School of Medicine and Health Sciences. Teresa is an OT currently practicing in the Grand Forks Public Schools. The information received from the interview provided a glimpse of the progression of the profession of occupational therapy within the state of North Dakota, as well as personal information regarding leadership, social supports, and the value of the profession.

Literature Review

Life history is used to portray a chronological development on someone's life. It includes all methods that develop a proper understanding of the participants life (Frank, 1995). It is an approach used to understand human experience and how people establish their lives. It is particularly helpful to understand occupational experiences (Wicks & Whiteford, 2006). Life history can be used to understand the personal, social, economic, historical, and geographical influences that influence their experiences (Wicks & Whiteford, 2006).

The profession of occupational therapy has changed drastically throughout history. Occupational therapy has been consistently faced with the challenge to define themselves (Smith, 2017). During the year Teresa graduated, the Health Insurance Association of America issues a statement on the description of occupational therapy, which is "a professional health care service which, when properly used, can be instrumental in decreasing hospital confinement,

disability, and the ultimate cost of healthcare (Reed & Peters, 2006, p. 6).” Additionally, a year prior the North Dakota State Board of Occupational Therapy practice provided licensure of OTR’s and OTA’s (State Board of Occupational Therapy Practice, 2017). As OT has developed over time, there has been major changes within the profession throughout the century, which has led to changes in the way therapists practice. One major change of the profession is the performance capabilities and skill sets of practitioners throughout the century (Marshall, Myers, & Pierce, 2017). Interventions for clients have been developed based on the individual needs of clients and their own natural environments. The profession has adapted as a result of opportunities that have arisen based on cultural changes. For example, the profession was rooted in values created by the Arts and Crafts Movements, but within the late 20th century therapists began to recognize the importance of the natural environment, and they have continued to develop interventions based on the spaces to which clients will be discharged. This idea was magnified after changes in health care policy and legislation, including the Education for All Handicapped Children Act of 1975, the Americans with Disabilities Act of 1990, and the Individuals with Disabilities Education Act, which extended the role of occupational therapists within the school-based settings (Marshall, Myers, & Pierce, 2017).

The definition of the profession has been improved by increasing the evidence-based interventions for clients served. Technology has been a major component in developing these interventions, and will continue to integrate into the lives of therapists and clients (Smith, 2017). There are different types of technology, including assistive, therapeutic, environmental, and occupation related. Each of these types of technology can be used to help people who are receiving therapy services (Smith, 2017). Today, therapists can provide clients with technology to be used in their natural environment that ranges from low tech objects to highly complex

systems (Marshall, Myers, & Pierce, 2017). Technology is continually changing, therefore therapists must make changes in practice based on these changes.

As the scope of practice of occupational therapy continues to change and become more complex, it suggests a benefit of higher level of education for OT. Within higher level programs, there may be more opportunities for fieldwork experiences or capstone projects that address the complexity of the profession (Marshall, Myers, & Pierce, 2017). Additionally, because the medical profession is inherently competitive and hierarchical, this allows OT to keep up with other professions (Brown, Crabtree, Mu, & Wells, 2015). However, although there are benefits to changing the requirements to a doctoral degree, there are also perceived concerns. These concerns include the increase in time and cost required to complete the doctoral program, which could put students within a lower socioeconomic status at a disadvantage. Additionally, the change to OTD brings forth the change of occupational therapy assistants to the baccalaureate level, which could decrease the prevalence of OTA's within the profession. Regardless, the demands of the profession can only be met if graduates are competent within the many areas of practice, clinical reasoning, interprofessionalism, evidence based practice, and leadership abilities (Brown et al., 2015). Therefore, increasing level of education may be the answer to creating competent new graduates who are ready to take on the complexity of the profession.

As the profession of occupational therapy has progressed through time, the definition and characteristics of leadership has also evolved over time. In healthcare, leadership skills are essential to provide best practice to clients. In the middle ages, leadership was defined as the ability to provide strict orders to make sure they were followed, which was a form of authoritative leadership (Stiffner, 2015). The next form of leadership that emerged within businesses was authoritative leadership, which required less consultation and faster

implementation (Carmeli, Sheaffer, Binyamin, Teiter-Palmon, & Shimoni, 2014). Nowadays leaders are expected to be creative, innovative, and demonstrate the ability imagine a new way of doing things and demonstrate follow through. Within health care, participative leadership is beneficial to ensure that all individuals are involved in finding solutions to problems (Pidgeon, 2017).

There are a number of skills that are required or helpful to be an effective leader. Chuang (2013) highlighted a number of these skills, including confidence, integrity, inspiration, communication, and commitment. A leader must be confident in what he or she is doing and communicating to clients. Additionally they must demonstrate the ability to inspire clients and be committed to their goals. Finally, integrity is a key component of a great leader, as leaders must be held to a high moral standard of honesty, transparency, and accountability (Chuang, 2013).

Teamwork is another essential component of leadership within the healthcare profession. Interprofessional collaboration is important to enhance patient safety, avoid medical error, and incorporate different ideas to solve problems (Pidgeon, 2017). Problem-solving is another key component to leadership within the healthcare professions. Leaders can act as the mechanism to process information with the goal of determining an outcome (Pidgeon, 2017).

Theory

The Life History project was guided by the Kawa model due to its focus on turning points in life. The model is designed to ensure that occupational therapists work in a culturally sensitive, holistic way (Leadley, 2015). The Kawa model uses a metaphor of a river and the items within and around it in order for the therapist and client to understand the context and current issues that are affecting the client's occupational performance (Iwama, Thompson, & Brown, 2009). The river represents the flow of life and health of a person, the floor and river

walls represent all of the different contexts that a person is in, the rocks represent problems that impede the river flows, and the logs represent assets in a person's life. This metaphor is meant to help guide the occupational therapy process for an individual in order to provide services in a holistic way (Iwama et al., 2009).

The Kawa model has a main focus on culture. Each person is viewed holistically as part of a broader picture, rather than in separate parts (Leadley, 2015). The Life History project looks at the culture of occupational therapy as a whole through the synthesis of each life history participants' story in order to look at how the culture of the profession has evolved in the states of North Dakota and Wyoming. Each participant's story is a small piece of the larger story of occupational therapy as a profession within these two states. This is why the Kawa model was an appropriate choice to guide the Life History Project.

Description of Participant

Teresa Dahlstrom is an OTR who graduated with her Bachelors degree from the University of North Dakota in May of 1984. She has a variety of work experience, including the areas of neonatal intensive care, adult physical dysfunction, inpatient psychiatric, pediatric rehabilitation, and private practice where she served adult group homes, adult sheltered workshops, and adult developmental day programs. She is currently working at Grand Forks Public Schools, which serves 21 schools within the city; she has been working there for 23 years. Her daily routine consists of providing skilled OT to 8-12 clients per day in the school setting, with ages ranging from three to twenty-one years old. She works with her clients on a variety of skills including managing behaviors, improving motor skills related to school work, and improving overall school function.

Teresa started her college career at College of St. Benedict. Because she had the intent of going into medical school, she transferred to the University of North Dakota in order to obtain all of her prerequisites. After the move, she got a job within the OT department at UND, during which she typed curriculum for the department. As she was doing so she became associated with what the profession entails and thought to herself “Wow, this is really exciting.” She decided to meet with some of the faculty members, and shortly after she decided to change her major. She stated that she has never regretted her decision to change her major to OT.

Teresa has been recognized as a regional leader and has exhibited dedication to advocating for the profession of OT. She has held a variety of positions within the North Dakota Occupational Therapy Association, including president, vice president, Red River district chair, secretary, membership chair, state representative to AOTA, and conference committee chair. She has served on the North Dakota Occupational Therapy Licensure Board as the chairperson and as a professional OT member. Not only has she served on a large scale through these different roles, Teresa also provided stories that display how she has served each individual that she works with on a smaller scale.

Methodology

This was a qualitative study using a life history approach. Teresa was assigned to the researchers from a list developed by the project directors through purposive sampling. There were no specific gatekeeper issues, as initial contact was made by project directors. Informed consent was given prior to the interview.

The semi-structured interview was guided by an interview schedule prepared by the project directors; the questions on the interview schedule were designed using the kawa model to guide. The researchers modified the interview questions as needed for each specific interview.

The life history approach allowed the focus to be on the participant's involvement in the evolution of occupational therapy practice.

The researchers met Teresa Dahlstrom for a face-to-face interview at the University of North Dakota School of Medicine and Health Sciences. The researchers reserved a private room in order to ensure for a quiet and comfortable environment for the participant. The interview was audio recorded, and The time of the interview was 48 minutes long. Afterwards, it was transcribed verbatim in order for coding and data analysis to be completed. Teresa was able to provide pictures of her and her family as artifacts for the project, which aided the visual aid portion of the project.

Trustworthiness of this study was established through several means. Member checking was done through email to confirm content regarding Teresa's past leadership positions and past work experiences. Teresa was also given a copy of a poster displaying the overview of the results of the study in order to ensure that the the researchers were able to portray her experiences and perspectives correctly. Reflective notes were recorded throughout the interview process and were also made after reviewing the transcription of the interview. This ensured that categories and reoccurring themes emerged correctly. Both researchers used reflexive journals in order to effectively manage time and progress of the project throughout the semester. All of these different means were able to provide the project strong validity and reliability.

Data Analysis

The interview with Teresa was audiotaped, transcribed verbatim, and initially coded; researchers identified 19 codes in the process. Next the researchers found three categories that emerged throughout the interview. Next, multiple themes were found to fit within each category.

A final assertion was created based on the results. The researchers read the material several times and memoed the transcription in order to gather an in depth perspective of Teresa's experiences and thoughts. Data analysis was guided by the Kawa Model, which identifies turning points in life as well as the assets and barriers individuals experience. This method was used in order to gain a extensive understanding of Teresa's life and work experience within occupational therapy.

Results

Teresa Dahlstrom's leadership and life experiences impacted the profession of occupational therapy and each of her clients in a positive manner. Through the data analysis and coding, three categories emerged; and these included integrity, changes in occupational therapy, and personal relationships. These categories are outlined in the themes that emerged and represent a short summary of Teresa's perspective of the crucial aspects and turning points within the profession during her career as an occupational therapist. The findings help form the understanding of Teresa's life experiences and work as guided by application of the Kawa model (Iwama et al., 2009).

Integrity

Teresa is dedicated to staying true to the OT Core Values. She believes that in order to do so, it is important to stay current with ever changing trends and research within practice. Teresa stated that one way she stays current is through continuing education courses. Because North Dakota is a rural state, she and her coworkers have learned how to take advantage of any opportunities offered. Though finding these opportunities within the rural state can be looked as a barrier, Teresa is thankful for the many different job and leadership opportunities the state of North Dakota has given her that she may have not had in other states.

Teresa was asked what type of qualities she wanted as a new graduate and how has she developed them over time, in which she responded, “I think integrity in what I did was probably the most important thing to me when I was a new therapist, because I always felt that if I was true to my profession and I did things with integrity, that there would always be a positive outcome, which was a little naïve. But in my head, I remember feeling that way. I think I wanted to be relational, having some kind of an emotional connection with all of the clients I ever worked with. I didn't want to just be the OT. I wanted to be the OT who knew my patients, knew my clients. I think I worked really hard to have a connection.”

Teresa believes that the quality of work as a therapist is a personal choice, and it is up to the individual to determine how they are going to use their time to serve others. In order to maintain the integrity of the profession, Teresa believes that our work should be dedicated to the clients we are helping, rather than being solely driven by reimbursement. This could be done by working longer hours than accounted for, taking time outside of the job, and by making sure her clients came first. She has always made an effort to form a personal relationship with the clients that she works with. She gave the example that she has been able to work with some of her clients from the age of 3 to 21, and she is proud to say that she has a personal relationship with these clients, rather than being solely their therapist.

Changes in Occupational Therapy

Teresa has been able to watch the profession of OT develop and change during her time in practice. At the start of her OT career she believes that OT wasn't as essential to healthcare as it is now, and in the state of North Dakota OT's were not licensed. When asked about how the profession has changes throughout the years, Teresa responded, “I think in my area, we've gotten more diverse in what we have to be able to do and what we have to know in working with the

population that I work with. I think that as a rule, OTs in general probably have changed how they see themselves professionally. I think we see ourselves as being much more essential to the whole wellbeing of individuals in all realms, not just in the healthcare field. I think we have expanded how we see our role maybe in not just in the medical field, but I think we do a whole lot more, and get involved in a lot more areas as OTs than we did 30 some years ago. I think that's been the biggest change. We're not limiting ourselves." Teresa believes that therapists who have taken initiative to advocate for the profession by doing research, going to legislation, and becoming licensed is what accomplished this change.

Some of the changes Teresa has witnessed in practice include changes in children's behavior, family dynamics, and technological advances. Children's behavior has changed in that much of what they do in therapy sessions is promoting positive behavior. Teresa believes this shift could be partially attributed to the increase in technology use in children. However, she also believes that technology has played a very positive role in what therapists are able to achieve in therapy.

There has also been changes in the level of education required to become an OT. In the year 2027, a doctoral degree will be required to become an OT, and a bachelor's degree will be required to become an OTA. When asked about the development of OTA programs, she stated, "I think it's a much needed part of our profession and I wish that there was more respect for OTAs." Teresa is concerned that the shift to a bachelor's degree for OTA could deter people from choosing the profession. Teresa believes that OTA's are essential everywhere in our field, and she will continue to advocate for them. As OT is changing to a doctoral degree, Teresa believes this will be a positive change, as we will be keeping up with other professions in the medical field. However, she hopes that despite the increase in level of education, the true

meaning of OT and integrity of the profession will be maintained. Despite the many changes she has seen, she believes OT will continue to be a hands-on profession that must have personal contact and relationships.

Personal relationships

Teresa believes that having relationships with clients is one of the most crucial aspects of the therapy process. She is passionate about the social supports she has developed within her practice as an OT, as well as outside of work. It is vital to create work life balance, in which she has developed over time. Teresa is married and has three children, one of which is an occupational therapist at Little Miracles in Grand Forks. Her family is a top priority in her life and they are one of her main sources of social support. She believes that at times she felt that she was shortchanging her family by being so dedicated to her clients and their needs, however with time she realized that being an OT gave her validation and self-confidence as a woman, and she was able to be a better mom and wife because of it. The Grand Forks community provides support professionally by having the UND Occupational Therapy program, so she is able to get support from students who bring creative fresh ideas.

When Teresa was asked about her favorite memory in OT has given her, she sat back and thought for a bit stating that it was a difficult question to answer because there was so many positive memories within her career as a therapist. She then went on to tell the researchers that during a level 2 fieldwork she worked with an older gentleman who had a cerebrovascular accident (CVA). The gentleman's wife was having a very difficult time with how severe her husband's CVA had been and the limitations that he had. Teresa worked with the gentleman on basic tasks such as dressing and feeding. During her sessions, the wife would often be in the room and have to leave because she would get so upset. At first, Teresa stated that she first

thought that it wasn't a big deal that the wife wasn't in the room during the sessions, but she started thinking about how important it was for the wife to be involved in the therapy sessions, so she started encouraging her to remain in the room. Eventually the man was discharged to a swing bed and Teresa stated that she lost track of him and his progress shortly after. A year later, Teresa got a letter from the gentleman and his wife. Teresa stated, "It was the most beautiful letter thanking me for not giving up on his wife. That I kept bringing her back into the room. I kept encouraging her and I kept telling her, 'You can do this.' I don't remember it that way, but I must have kept pulling her back in." Teresa then went on describing the letter and about how the couple said without her encouragement it would've been so easy to put him in a nursing home, but because Teresa kept encouraging the couple, the wife took that with her throughout the rehab process and a year later the man ended back at home with his wife. When the couple finally got back home, they still remembered Teresa's encouragement at the early stages of the rehabilitation process and decided to write her the thank you letter. Teresa's attention and efforts towards the personal relationships within this story is just one example of how Teresa's small efforts have made large impacts on the lives she has served.

Discussion/Conclusion

As occupational therapy is continually changing, Teresa has been dedicated to staying true to the OT core values by maintaining the integrity of the profession through upholding relationships with clients, staying current with trends and research, holding leadership roles, and establishing work life balance by developing social supports.

During the time when Teresa was graduated, the profession of OT was going through a transformation period in which the definition of OT and what therapists were capable of started to change. One year prior to her graduation from college, the state of North Dakota State Board

of Occupational Therapy practice made the change to provide licensure to OTR's and OTA's, which Teresa believes is important in order to maintain the integrity of the profession. Teresa stated that throughout her duration in practice, OT has become more versatile in what they are capable of, as well as gained more respect in the healthcare profession. This idea is supported by the information within the literature review, and Teresa believes the reason for this is the development of research to prove that interventions in the profession are valid, therapists going to legislative sessions to advocate, and getting licensed. As the profession developed, there was special emphasis put on the development of interventions within clients' natural environment. School-based occupational therapy was a big reason for this shift, which holds special meaning to Teresa, as she has been working within the school setting for 23 years. Despite the many changes of OT throughout the duration of her practice, she has maintained a key component of leadership, which is integrity. She has done this by staying true to the profession, maintaining personal relationships with clients, and focussing on her clients rather than getting too caught up in reimbursement. Teresa holds many of the attributes that are needed to be classified as a good leader. Additionally, she has held many positions within the state of North Dakota, which is a representation of her outstanding leadership skills and desire to advocate for the profession.

After reviewing Teresa's perspective about her work, life contexts, external barriers, and assets, information was looked through the lens of the Kawa model. While using the Kawa model, Teresa's health and life changes are related to flow of the water within a river that represents the the flow of life and heath of a person. Changes within legislation, family dynamic, and her work settings have all brought changes to the direction of her life resulting in different contexts, which is represented as the the floor and walls of her river bed while using the model. When Teresa was asked about some of her qualities that aid her in her work, she stated that her

creativity, flexibility, ability to form relationships and remain true to the profession's core values through her integrity were all assets that aid her work, which are represented by logs within the metaphor the Kawa model uses. Some barriers Teresa has experienced, which are represented through rocks within the Kawa model perspective, were developing work-life balance, changes in the reimbursement process, and maintaining true to the profession during the changes within the profession. (Iwama et al., 2009).

The story of Teresa Dahlstrom's journey as an occupational therapist provides an example of how changes over the years have affected each individual therapist, as well as the profession as a whole. Teresa is one example of an individual who has been dedicated to serving clients and contributing to the evolution of the profession as a whole. Her efforts, combined with the contributions from others, has made an outstanding impact for the development of occupational therapy within the state of North Dakota.

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Appendix

Life History of Teresa Dahlstrom Visual Data Display
 Bobbie Bertsch, OTS and Kennedy Bresnahan, OTS

Codes

- Continuing education
- Attributes or special skills
- Memories from career
- NDOTA
- Advocacy
- Rural state
- Professional Development
- Staying current
- Values and beliefs
- Social supports
- Relationships with clients
- Work life balance
- Educational demands
- Interprofessional team
- OT school
- Job description
- Shift in behaviors
- Challenges
- Impact of OT

Categories

Integrity

Personal Relationships

Changes In Occupational Therapy

Themes

1. Stay true to OT
2. Stay current with trends and research
3. Quality of work is a personal choice
4. Being driven solely by reimbursement discredits the profession

1. Relationship with clients in crucial
2. Work life balance has developed over time
3. Relationships outside of work are source of social support
4. Being an OT made Teresa a better mom, wife, and friend

1. Technology has shifted over time
2. Children behaviors and family dynamics have shifted
3. Level of education
4. More driven by reimbursement now
5. OT is more diverse and essential to healthcare

Assertion

As occupational therapy is continually changing, Teresa has been dedicated to staying true to the OT core values by maintaining the integrity of the profession through maintaining meaningful relationships with clients, staying current with trends and research, holding leadership roles, and establishing work life balance by developing social supports outside of work.