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Evolution of Occupational Therapy Practice: Life History of *Amanda Wahlin, MOT, OTR/L*

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Abstract

Objective: The purpose of this life history of Amanda Wahlin was to gather information about the history of occupational therapy in North Dakota and Wyoming, and how it has evolved over time.

Methods: A semi-structured 70-minute interview was conducted via Skype. The interview was then coded for categories and themes.

Results: Twelve codes were established leading to three emergent categories

. Values education, and practicing as an occupational therapist were identified as major themes in Amanda's life. Through the development of these themes, it became clear that Amanda has had a significant and positive impact on her rural community.

Conclusion: Amanda Wahlin has had many diverse opportunities while working in a rural community which has shaped her education and has enabled her to be an independent and driven occupational therapist. Throughout the opportunities she has had, she emphasizes family relationships and empowering community well-being.

This life history of Amanda Wahlin is one of 31 life history interviews which are a part of a larger project, *The Life Histories of Individuals Who Have Been Influential in Developing Occupational Therapy (OT) in North Dakota and Wyoming*. The purpose of this project was to gather information about the history of occupational therapy in North Dakota and Wyoming. This study was therefore intended to provide current and future occupational therapists information on how occupational therapy practice has evolved over time.

To gain information about Amanda, a semi-structured interview was conducted via Skype. Amanda was located in a conference room at Essentia Health, Ada, and the researchers were located in one of the researcher's home. Amanda was asked to provide information about the key turning points in her life with regard to occupational therapy practice. The life history approach was used because it was the most appropriate way to gather information about Amanda and her impact on occupational therapy. Through the use of this method, the researchers were able to gain a glimpse into Amanda's life. Amanda has been a practicing occupational therapist for six years and in that time has become a leader in her community in Ada, MN. At Essentia Health, Ada, Amanda provides services to a wide variety of clients due to her rural setting. Throughout the interview the researchers saw that Amanda impacts her community and the practice of occupational therapy by providing community programs and increasing the client base of her rural clinic. In this way, Amanda holds a unique place in the history of occupational therapy practice and contributes to the current body of knowledge. Her life history provides insight into the values, professional goals, and role of occupational therapists within the region.

Literature Review

Occupational therapy has evolved over time since its beginning in 1917. The profession began as an arts and crafts movement to provide leisure opportunities for recovering soldiers and

has blossomed into one of the fastest growing professional fields in the nation (Bureau of Labor Statistics, 2018; Christiansen & Haretl, 2014). Occupational therapists have expanded their scope of practice to include many more aspects than just arts and crafts. They now work in hospitals, schools, nursing homes, and treatment facilities to name a few.

As a result of this expansion, the profession's governing bodies have sensed a need for increased education and research. A preliminary change was initiated in 2006 when the minimum educational degree required for licensure was changed from a bachelor's degree to a master's degree (AOTA, 2017). By requiring a master's degree, the profession was able to gain credibility among other leaders in the healthcare field.

Around the time Amanda started school, the profession of occupational therapy began to change again. At this time occupational therapy began to expand its understanding of its own roles and functions. Important topics that emerged during this time were role identification, credentialing, sponsorship, and work force capacity (Reed & Peters, 2010). With these changes, occupational therapy practitioners gained a clearer understanding of their role as a part of a larger healthcare team.

Amanda's practice was further impacted by the Affordable Care Act which passed in 2010. The Affordable Care Act (ACA) provided insurance to many people who did not have insurance before. The United States Department of Health and Human Services (2016) reported that the number of people without health insurance went from 16% in 2010, to 8.9% in June 2016. Amanda noted how these changes impacted her practice and those who had access to healthcare.

In addition to the ACA, the Medicare therapy cap also impacted Amanda's practice. Starting in 1997, Medicare introduced a cap on the funds provided to pay for outpatient services

(Center for Medicare Advocacy, 2014). As a result, there was a \$2,010 cap on outpatient occupational therapy (American Physical Therapy Association [APTA], 2018). In 2017, the Medicare Access to Rehabilitation Services Act was introduced in an attempt to create a full repeal of the therapy cap and it was successfully passed (Center for Medicare Advocacy, 2018).

As indicated by Amanda and the Board of Occupational Therapy Practice (2017), evidence-based practice became an important focus for occupational therapy during the mid-2000's. Evidence-based practice emphasizes the use of current literature and research to provide the best care. This was emphasized during Amanda's education, and it is something she values now as a practicing occupational therapist.

Theory

The Kawa model was chosen to guide this research. Kawa means river in Japanese; this model uses a river metaphor to help describe a person's "life flow." The life flow is a main focus of this model and can also be described as a person's life journey. The use of metaphor helps to understand the person; aspects of the individual's life are described as water, rocks, driftwood, river floor, and river banks (Turpin & Iwama, 2011).

The river represents life flow and a person's occupations. Rocks are a metaphor for life events or circumstances that block life flow. Driftwood are personal resources that can help or hinder a person. Through the use of metaphor, the Kawa model takes into consideration all these parts of the client, and also considers their past, present, and future. (Turpin & Iwama, 2011).

Because this metaphor provides unique insight into an individual's life, the Kawa model was used to help create interview questions. These questions were phrased to intentionally gain insight into the participant's life flow. As such, this model was appropriate to apply to this life

history; the Kawa model aided the purpose of this study and helped to gather information about the history of occupational therapy and how it has evolved.

Description of the Participant

To gain information about Amanda her resumé, interview, and online data were used. Amanda graduated from the University of North Dakota in 2012 with a master's degree in occupational therapy. She has been a practicing occupational therapist for six years. During this time, Amanda has worked at a small rural clinic in Ada, MN. This clinic is part of a larger network of clinics and hospitals owned by Essentia health. As a facet of her rural setting, Amanda sees a varied caseload. She also travels to neighboring towns to provide therapy in nursing home and home health contexts.

Amanda received her certification in lymphedema therapy at the request of Essentia Health. This is her only additional certification, and it has been beneficial to her as a therapist. Amanda stated that this certification was helpful to build a caseload of clients at the Ada clinic.

Another way that Amanda has helped to increase the clientele at Essentia Health, Ada is by creating a number of community wellness programs to benefit those who live in Ada and surrounding times. One such program, called “Stepping On” is a falls prevention program aimed at the increasing the health and independence of geriatric individuals in the community. Amanda listed this program as a highlight of her career. Amanda also created a pediatric therapy department in Ada.

In addition to her role as a practitioner, Amanda is the chairperson of a professional committee called “The Seeds of Health.” Seeds of Health is an employee giving group which uses company funds to better the facility, buy equipment for employee use and plan social events

for the staff. As a chairperson of this committee, Amanda holds a leadership position and is able to use this position to benefit employees.

Finally, Amanda is married and has two children. She and her husband live in Ada, and enjoy being a part of the small, rural community. When asked what made her the happiest, Amanda listed her husband and her children. She also laughed and said that coffee contributed to her happiness as well.

Methodology

Study Design

This study used a case-study qualitative research design. This method was chosen because of its unique capability to gather in-depth information about a single participant. As this project was intended to be a life history, a rich description of the participant was necessary to fully understand the significant turning points in the individual's life, as well as the impact the individual has had on the field of occupational therapy. Therefore, a case-study format, which allows researchers to dive fully into understanding all aspects of a participant's life, was the best fit for this study.

Participant Selection

The participant, Amanda Wahlin, was selected from a list of participants previously compiled by the project directors. The project directors used purposive sampling to locate willing participants; once a participant pool was established, participants were randomly assigned to pairs of student researchers. Informed consent was gained by the course instructors prior to the initiation of this research study.

Data Collection

Data was collected through the use of a semi-standardized interview. The initial interview schedule was established by the project directors, and then modified by the student researchers. Questions on the interview focused on understanding the participant's life, their contribution to the field of occupational therapy, and their unique role as a certified occupational therapy assistant or occupational therapist working in a rural environment.

The participant was initially contacted by the student researchers via email, and an interview time was established. Prior to the interview, the student researchers spent a total of two hours looking for information on the participant online and drafting initial contact emails. Background information about the participant's home town and workplace was gathered. Additionally, a past resume was obtained via email and serves as another source of information about her accomplishments.

The interview itself was held over a Skype conference call. The participant was located in a conference room in her workplace, and the student researchers were located at the dining room table of a student researcher's home. The interview was conducted during the participant's workday and lasted for one hour and ten minutes. In addition to the Skype interview, data was also gathered via emails between the student researchers and the participant. Two questions from the interview schedule were not asked during the initial interview due to time constraints; they were sent and answered via email.

Both student researchers conducted the interview together. Then, the researchers independently transcribed the interview verbatim. Once the transcription was completed, both researchers read over the interview and made corrections as necessary. The researchers added subjective memoing in the margins of the interview. These memos served to highlight inflections and changes in body language as well as biases and assumptions that the researchers may have

inserted into the interview or transcription. A reflexive journal was completed by the researchers in an attempt to minimize these biases.

Coding of the data was initially completed as a research team. Once the initial codes were established, a single researcher continued the process. The second researcher then reviewed and critiqued this process. Categories, themes and assertions about the data were developed as a research team and were reviewed by the project directors for accuracy.

Trustworthiness

Qualitative research is evaluated in terms of its trustworthiness as a piece of literature. This measure of assurance is met when a study establishes four criteria: credibility, dependability, transferability and confirmability (Dodds & Herkt, 2013). Credibility refers to the accuracy of the data and was ensured by the use of triangulation (Dodds & Herkt, 2013). As a preliminary means of triangulation, this research was completed by a team of two student researchers, who were overseen by a faculty advisor. The students, both pursuing a master's degree in occupational therapy, had previous research experience in quantitative and qualitative research designs. Their faculty advisor is a professor in the occupational therapy program at the University of North Dakota; she has been a Fellow of the American Occupational Therapy Association and has many years of experience as a qualitative researcher. As a virtue of the research team, both student researchers reviewed the data, both independently and together; the faculty advisor completed reviews at multiple checkpoints throughout the research process. Participant interview and document review were both utilized as methods to collect data and serve as an additional method of triangulation.

Dependability refers to the reliability and validity of the data found (Shenton, 2004). Generally, data can be found to be dependable if it has first proven to be credible (Pilot &

Hungler, 1997, as cited in Dodds & Herkt, 2013). By the basis of the establishment of credibility, this data set can be considered dependable.

Transferability refers to the ability of this research to speak to similar phenomena within similar populations (Pilot & Beck, 2006, as cited in Dodds & Herkt, 2013). This study, as a stand-alone measure, is a single-subject case-study. By that degree, it would not be considered transferable. However, this case-study is part of a larger study which seeks to compile the experience of multiple occupational therapists practicing in North Dakota and Wyoming. Therefore, the commonalities between this case study, and the others included in the larger report, can be considered transferable among similar populations.

Finally, confirmability refers to the ability of the data to support a research study's conclusion (Pilot & Beck, 2006, as cited in Dodds & Herkt, 2013). To establish confirmability, the researchers completed a reflexive journal at multiple points along the research process. The reflexive journal was used to reflect along the process and acknowledge any biases or assumptions that may have been made about the data. Acknowledging such human errors allowed the researchers to identify and remove biases during the data analysis process. The researchers also completed subjective memoing in the margins of the interview to help acknowledge bias and maintain the accuracy of the data as it was reported. Lastly, all conclusions were supported by quotes from the participant. Member checking was offered but was refused.

Gatekeepers were not significantly involved in the research process. All participants of the project were willing volunteers; many completed the data collection process on their own time. Our participant did choose to complete the interview during her workday but was granted permission by her supervisor.

Data Analysis

To begin the data analysis, both researchers independently read the transcription multiple times. Proposed codes were then discussed between the two researchers based upon key areas of the transcription that were identified. The twelve codes that were established are listed as follows: Profession, Values, Rural Practice, Insurance, Doctorate of Occupational Therapy (OTD), Education, Demographics, Technology, Rapport Building, Mentoring, Areas of Practice, and Card Sort. The codes were established based upon the frequency of their occurrence in the interview. For example, a specific section of the interview was dedicated to using a card sort question format, wherein Amanda ranked topics in order of their importance to her work in occupational therapy. Other codes came up frequently in discussion, such as the importance of insurance law in occupational therapy practice, and Amanda's apprehension about the American Occupational Therapy Association's (AOTA) decision to require an OTD as the minimum level of education for licensure.

"Profession" encompassed the discussion of Amanda's time spent as an occupational therapist. For example, statements that were included in this code were "I definitely hope [occupational therapy] can be more recognizable...like a common term" and "I can really take credit for building up our caseload here in Ada." These quotes make up a considerable section of the interview and were largely the focus of this research project.

"Values" was largely inferred from the data based upon Amanda's inflection while speaking and her response to various questions asked in the interview. For example, Amanda spoke about her family very early in the interview, and it was clear that most of her life was centered around the success of her family relationships. Amanda stated that she had initially wanted to work in a bigger city and completed her fieldworks in Denver and Arizona. However,

when her partner was hired as a second-grade teacher in Ada, she decided to apply for work in Ada as well. When Amanda was telling this story, she appeared to be very matter-of-fact, as if that was the obvious choice for her at the time. From this interpretation, the research team inferred that family success was a great value to Amanda.

“Rural Practice” was included as a code because it was also a main focus of the interview. Amanda works in a small community in Minnesota, which establishes her as a rural therapist. When asked about this aspect of therapy, Amanda reflected that while rural practice wasn’t her original goal, she has enjoyed it much more than she anticipated. She emphasized the diversity of rural practice as a key aspect that she enjoyed:

I actually thought I’d be, like, in a big city... I’m so happy I ended up where I did because I think I’d be bored if I was doing that all the time and just saw the same patients all the time. It’s crazy how your outlook changes when you get into certain things.

“Insurance” highlights the importance of insurance law to Amanda’s ability to practice as an occupational therapist. When Amanda started practicing in 2012, the Affordable Care Act was still a new law which greatly affected her ability to practice. Throughout the interview, Amanda discussed how patient’s insurance dictated the amount of therapy they were able to receive and what that meant for her as a practitioner: “It really changes things...how often we see our patients and what sort of treatment codes and interventions we can do with them.”

“OTD” encompassed discussion about AOTA’s mandated to move from a master’s degree to a doctorate. This is a recent change within Amanda’s profession, and it will significantly change the makeup of occupational therapy for years to come. Along with this code, “Education” was used to encompass all other discussion about Amanda’s time in occupational therapy school, as well as the importance of education in her life.

“Mentoring” was used to code relationships that Amanda formed with other occupational therapists who helped shape her as a professional. When asked about mentor/mentee relationships, Amanda identified her co-worker at Essentia Health, Ada. There were no other significant professional relationships discussed in the interview.

“Areas of Practice” was used as a code to organize the many areas that Amanda stated she worked in. Lymphedema, pediatrics, and physical disabilities were areas that Amanda identified throughout the interview. She also discussed a community wellness program, “Stepping On,” which she identified as her favorite area of practice as an occupational therapist: “The ‘Stepping On’ program [is my best memory as an OT]. I love the geriatric population.”

“Card Sort” was used as a code to separate a specific line of questioning from the rest of the interview. In this section, Amanda was asked to rate ten different words related to occupational therapy in the order of how significantly they have impacted her practice. Amanda selected licensure as having the most significant impact on her practice and arts and crafts as having the least significant impact.

Finally, “Demographics,” “Technology,” and “Rapport Building” were included as codes to organize the trivial conversations had throughout the interview. “Demographics” included the initial “get-to-know” you questions about Amanda. “Technology” included a section of the interview during which time the researchers were having difficulty with the video conferencing technology. Lastly, “Rapport Building,” included instances where Amanda laughed, agreed with a summary statement made by the researchers or asked a question.

Two methods of data analysis were utilized to organize these codes during this research study. The researchers first used a traditional method of cutting and pasting sections of the interview transcription to index cards to sort quotes into piles that were associated with the

established codes. As an additional method, the researchers also color-coded a paper copy of the transcription so that a copy of the data was physically intact for reference.

Once coded, the data was separated into categories. A first category, “Education” contained the codes “Education,” “Mentoring,” “Doctorate of OT,” and “Demographics.” This category combined portions of the interview in which Amanda discussed her education and the importance of education to her personal and professional growth. A second category “Practicing as an OT” contained the following codes: “Profession,” “Rural Healthcare,” “Insurance,” “Areas of Practice” and “Technology”. “Practicing as an OT” combined Amanda’s description of her role as an occupational therapist, as well as how practicing in a rural area impacts that role. Finally, a third category, “Values,” emerged. This category included the codes “Values,” “Card Sort,” and “Rapport Building,” all of which described Amanda’s personal values and demonstrated her personality.

From these categories, twelve themes emerged. The themes summarized the information included in the categories and created a picture of Amanda as an individual and an occupational therapist. These themes are further discussed in the Results section. Lastly, the themes were combined to create a final assertion which encompassed Amanda as a whole person.

Results

Amanda had many life experiences that shaped her into the occupational therapist that she is today. By compiling a life history, the researchers were able to craft a timeline of Amanda’s life. The Kawa model spoke to this process by providing the symbolic metaphor of a river to symbolize Amanda’s life flow (Turpin & Iwama, 2011). The river can become blocked by any number of obstacles, whether physical or emotional. These barriers to flow are symbolized by driftwood and rocks that block the flow of water (Turpin & Iwama, 2011). One

example of a barrier to Amanda's life flow is insurance law; Amanda identified insurance as presenting a limitation on her ability to treat clients. Thus, metaphor became a guide for the data analysis process.

The research team used this metaphor to formulate interview questions and to interpret the interview transcription. Categories and themes were constructed with specific emphasis given to the "turning points" in Amanda's life. The categories and themes that emerged are discussed in further detail below.

Category 1: Education

There were four themes that were developed within the education category. The first theme that emerged was: *Continuing education is driven and limited by the needs of rural practice*. This limitation can be viewed as driftwood in the flow of Amanda's life (Turpin & Iwama, 2011). When applying for her job, "[Essentia] said, 'we are trying to grow our OT program and we want to offer...lymphedema services for people. Would you be willing to go and get the certificate?'" Thus, the needs of the population being served has influenced the type of continuing education Amanda receives. Essentia Health's requirements and expectations have also impacted the type of continuing education that Amanda receives.

The second theme that emerged was: *Amanda is self-driven and hasn't placed a strong emphasis on mentorship*. This theme was viewed as driftwood because being self-driven is a part of who Amanda is (Turpin & Iwama, 2011). Amanda had little experience with mentorship. She stated that she followed a co-worker during her early days at Essentia Health Ada but has had no other mentor experiences thus far. "She was definitely my mentor when I started...I guess that's probably the gist of my mentorship."

However, Amanda feels successful as a therapist in Ada, and never implied that she felt alone or isolated in her rural workplace. She felt, instead, that she has been able to build a thriving client base and make a positive impact on her community. Amanda had many comments about her time as an occupational therapist, “Our OT program has really, really grown...I feel comfortable and confident, you know, going into new, unfamiliar settings and seeing new populations.” This comfort and confidence has allowed Amanda to be successful as a rural therapist, a situation which often makes others unsure of their abilities.

The third theme that emerged is: *Education is valued both in practice and in professional development. However, Amanda is apprehensive about AOTA’s move to the OTD.* These factors can be viewed as riverbanks in Amanda’s life because the move to the OTD is a circumstance that can not necessarily be changed. When asked about the decision to make a doctorate the minimum degree for licensure, Amanda and the researchers discussed their mutual questions about the ramifications of this decision. One question that occurred multiple times was whether there will be a hiring difference between practitioners with a master’s degree and those with a doctorate. Amanda stated that she was nervous about this change and wondered whether she would have to make the choice to go back to school to get her Ph.D. or clinical doctorate. Later in the interview, however, Amanda was asked about professional goals. She expressed interest in pursuing such a degree because she was considering becoming a professor in the future: “I’ve always thought about possibly going back and getting my Ph.D. to be, like, a professor. Just because I think that it would be awesome to be able to teach.” This is a prime example of how much Amanda values education.

Category 2: Practicing as an OT

The first theme that emerged from the second category was: *Rural practice has created many diverse opportunities for Amanda, yet billing for insurance impacts ability to treat or seek services*. The rural setting was considered to be river banks and insurance was considered as rocks blocking the flow of Amanda's river (Turpin & Iwama, 2011). Amanda spoke at length about the impact of insurance law on her ability to practice. She stated that the Affordable Care Act allowed many to have access to therapy, but others who have private insurance are limited by the number of visits they can have. These limitations present barriers to therapy that impact the level of care that Amanda can provide. When asked about the passing of the Affordable Care Act, Amanda stated:

We kind of just saw that a lot more people were, you know, kind of, in the low income, on Medicaid, or medical assistance... they were able to come to therapy all the time because they weren't having to pay for their therapy.... And then you see these other people who, I mean, are hard-working, have, you know, good jobs, and they pay out of pocket for their insurance, or, you know, they have private insurance, and they can't afford to come to therapy because it costs too much... So that kind of dictates, you know, how often we can see people for.

The second theme to emerge was: *Evidence-based practice is key to successful therapy*. Successful therapy was interpreted as the river, or life flow (Turpin & Iwama, 2011). Amanda reflected "I just remember, yeah, evidence-based practice was huge. And [so was] making sure that your interventions and your treatment approaches were always evidence based... so that you could back up why you're doing interventions you were doing." She reflected on the importance of evidence-based practice and how she uses it to this day. When discussing what Amanda would have done differently during her most difficult case as an occupational therapist she said:

I think I would probably do a little bit more of the evidence-based research, I think I really would have, now looking back, I would spend more time researching and coming up with, again, just more creative ways of treating instead of just kind of doing the same old, same old.

This emphasis on evidence-based practice shows how Amanda's education has impacted her and shows her passion for lifelong learning.

The third theme that emerged was: *The difference between OT and PT is unclear among community members*. This was considered driftwood (Turpin & Iwama, 2011). When discussing her career as an occupational therapist, Amanda stated:

I definitely hope OT can be more recognizable and, you know, a common term because even now... patients still think...all therapy is physical therapy. They don't even know the difference between OT and PT. I find myself almost every single day asking patients "Do you know the difference between OT and PT?"

Amanda really hopes that what occupational therapist do will continue to become clearer, and professionally she does her part to educate individuals about what occupational therapy is.

Category 3: Values

The first theme to emerge from this category was: *Amanda values family relationships above professional goals*. This was considered water in Amanda's life (Turpin & Iwama, 2011). Amanda originally had planned to work in a larger city, such as Minneapolis, Denver or Arizona. However, when her partner got a job teaching in Ada, she decided to apply for a job at the Essentia Health clinic. She stated:

I know that I did not think I would still be, you know, at the same job, just in Ada, but... my boyfriend at the time, he... got a job in Ada... it just so happened in the spring of 2012

when I was graduating there was an OT opening [in Ada] so it worked out perfect...
we've been here ever since.

This emphasis on family and relationships is a defining factor in Amanda's life. It shaped her decision of where she lived, what area of occupational therapy she worked in, and where she worked.

Another theme that emerged was: *A priority is placed on helping others return to valued occupations via client education and problem solving.* This priority of helping others can be viewed as water, or a main occupation of Amanda's (Turpin & Iwama, 2011). Amanda stated, "I like educating people and giving them, you know, strategies and tools and techniques that maybe they didn't know about before, to help prevent injuries and prevent illnesses." She went on to discuss that:

A big thing that has really stuck with me is the importance of patient education, and how you present it to them. And if you really want them to learn and do the things you're telling them, you have to present it to them in a way that they really are going to understand or they're not doing to do the exercises.

This focus on the client and helping them through education is a defining factor in Amanda's work, and it reflects the client-based nature of occupational therapy as a whole.

The last theme that emerged was: *Amanda enjoys working in the community to better the well-being of community members.* This relates to the life flow, or water of the Kawa model (Turpin & Iwama, 2011). Amanda discussed the importance of helping the community. She stated:

I feel like it's just so fun going out into the community, meeting new people, [including] them and... [helping them] better themselves and then, you know, having them be so

appreciative of it and tell you that [they] haven't fallen in two years because of that program, because of the exercises... And I just find that so rewarding.

Amanda's passion to help others guides her practice and impacts what she does in her community.

Final Assertion

Throughout this interview, it became clear that even though Amanda has only worked as an occupational therapist for six years, she has made a significant impact on her community in that short time. As an individual, Amanda is a loving mother and wife who stated that her family is what makes her the happiest in life. As an occupational therapist, Amanda is a self-starter who is excited by the variety working in a rural clinic affords her. These factors contribute to Amanda's unique place in the profession of occupational therapy.

A picture of Amanda emerged from the data which allowed the researchers to formulate a final assertion about Amanda's life:

Amanda has had many diverse opportunities while working in a rural community which has shaped her education and has enabled her to be an independent and driven occupational therapist. Throughout the opportunities she has had, she emphasizes family relationships and empowering community well-being.

This assertion represents Amanda's character as an occupational therapist as well as her contribution to the field of occupational therapy. When asked about the role of occupational therapy in Amanda's life, Amanda stated:

I have found that with practicing, I really do enjoy it and I think it's really rewarding to be able to help people get back to being as independent as possible. You see some people in nursing homes, some at home for home health, many pediatrics and adults with

disabilities, and they're really struggling to be able to do the things that they want to do.

And it really is awesome being able to help them get back to doing all the things that they want to do, doing their meaningful activities. You know, whether that means getting them back to doing those activities exactly how they were doing before or teaching them new ways of doing things. It's just fun to see them doing things again.... I really think it's rewarding being able to help people in that way.

This quote not only summarizes Amanda's feelings about occupational therapy, but the goal of occupational therapy as a whole.

Conclusion

This life history of Amanda Wahlin provided insight into her career and occupational therapy as a profession. As a young therapist, Amanda has a unique perspective into how occupational therapy practice has evolved over time. When Amanda started practicing in 2012, the Affordable Care Act had recently changed the face of healthcare (Center for Medicare Advocacy, 2014). Within the context of occupational therapy, evidence-based practice was emphasized as well (Board of Occupational Therapy Practice, 2017). These are changes that Amanda was raised in as she was a student during their development. As a result of this, she has been able to see the positives of these developments instead of only seeing the stark differences they presented as other, more seasoned therapists may have.

However, the changing context of healthcare and occupational therapy practice have also placed limitations of Amanda's ability to practice. The cost of therapy has limited the ability of some in Amanda's community to seek services. The movement for increased evidence-based practice has influenced the AOTA to require a doctoral degree, which worries Amanda. These changes have influenced the way that Amanda thinks and feels about her practice. In some

respects, they have pushed her to be a better, more research-based therapist, and in others, they have placed limitations on the services she is able, or feels qualified, to provide.

The impacts of these changes, and all the other events of Amanda's life, are best represented by the Kawa model. Thus, the Kawa model was used to guide the research and allowed the researchers to gather information about Amanda's life flow, and also what blocks it (Turpin & Iwama, 2011). Amanda has been influenced by her surroundings, as we all are. Her family relationships impacted her career choices, and her career has influenced her professional education and experiences. All of these factors combine to form the image a river, free flowing, but shaped by external factors creating a work-life balance. Amanda's river winds around driftwood and rocks, which represent personal characteristics and limitations due to her rural setting. This river metaphor allowed the researchers to get the whole picture of who Amanda is, and how she has impacted the profession of occupational therapy.

Amanda is still in the beginnings of her career and is beginning to make her mark on the profession of occupational therapy. She has had a significant impact on her community. Amanda has been responsible for expanding the client base of Essentia Health, Ada, and has created a pediatric therapy department and many community health programs. One of these programs, Stepping On, has been a highlight of her career, as well as a highlight of the lives of many community members. In addition to these achievements, Amanda believes she may one day continue her education and become a professor. If she works to achieve this goal, Amanda will have a much wider impact on the field of occupational therapy as she will be influencing the education of future practitioners. These students will have much to learn from Amanda as she demonstrated herself to be an energetic and independent therapist who is knowledgeable about many areas of practice.

Even though Amanda is young, her life history presents significant findings with regard to the history of occupational therapy practice. Amanda's case-study presents the image of a woman who re-shaped her career goals in light of her family, restructured the practice of a small rural clinic, and hopes to one day become a professor. These choices are representative of the time and context during which Amanda has worked and may differ from the choices of occupational therapists who have come before her. With regard to the Kawa metaphor, Amanda's river may not look the same as another therapist's. Yet each river, however different they may be, provides insight into the personalities and contextual factors that have shaped occupational therapy practice over the years. Amanda's life, therefore, provides valuable evidence to the evolution of occupational therapy practice in Minnesota.

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Appendix

Life History of: Amanda Wahlin, MOT, OTR/L

Summer Miller, MOTS, Ramsey Gehring, MOTS

1. Education

- Education
- Mentoring
- Doctorate of OT
- Demographics

2. Practicing as an Occupational Therapist

- Profession
- Rural Healthcare
- Insurance
- Areas of Practice
- Technology

3. Values

- Values
- Card Sort
- Rapport Building

- Continuing education is driven & limited by the needs of rural practice.
- Amanda is self-driven & hasn't placed a strong emphasis on mentorship.
- Education is valued both in practice & in professional development. However, Amanda is apprehensive about AOTA's move to the OTD.
- Rural practice has created many diverse opportunities for Amanda, yet billing for insurance impacts ability to treat or seek services.
- Evidence based practice is key to successful therapy.
- The difference between OT & PT is unclear among community members.
- Amanda values family relationships above professional goals.
- A priority is placed on helping others return to valued occupations via education & problem solving
- Amanda enjoys working in the community to better the well-being of community members.

Amanda has had many diverse opportunities while working in a rural community which has shaped her education & has enabled her to be an independent & driven occupational therapist. Throughout the opportunities she has had, she emphasizes family relationships & empowering community well-being.