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Evolution of Occupational Therapy Practice: Life History of Diane McCormack

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Abstract

The purpose of this study was to examine the life and legacy of occupational therapist Diane McCormack. The participant was selected through purposive sampling and was interviewed for an hour and a half via a semi-structured interview. Data was collected via a participant interview and document review. Data was analyzed via coding of the interview transcription. Interview questions were pre-formatted by the project directors. The student researchers had the freedom to edit or add interview questions as deemed necessary after gaining approval from the project directors. Through transcription coding, four categories emerged from initial codes: education, experiences, relationships, and career. The findings of the study were that Diane is an ambitious person who shows intentionality and adaptability in the way she problem-solves. Her close family and community ties have supported her dedication to pediatric occupational therapy (OT) practice, willingness to take risks for what is important to her, and the pursuit of professional opportunities despite limitations from rural practice.

This life history is one of 31 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 evolution of occupational therapy (OT) practice in North Dakota and Wyoming through life histories of individuals who have been 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 of OT practice and how it has evolved from its inception to current practice in North Dakota and Wyoming.

This particular project aimed to examine the life and legacy of occupational therapist Diane McCormack. Diane has been practicing OT for 39 years and has spent all these years in pediatric practice. She graduated from the University of North Dakota (UND) OT program in 1979 and went on to receive a master's degree in special education. After graduation, she worked as an occupational therapist in Australia for one year. She currently resides and works in her hometown of Detroit Lakes, MN, at Essentia Health St. Mary's. The interview lasted approximately one and a half hours and was conducted in a private classroom in the OT department of the UND School of Medicine and Health Sciences.

Timeline Literature Review

During the 1980s, the American Occupational Therapy Association (AOTA) was focusing on gaining coverage for Medicare Part B. This was taking place as Diane was beginning her practice and lead to further opportunities for OT in additional outpatient settings such as long-term care (Metzler, 2017). In 1981, the American Occupational Therapy Foundation (AOTF) began publishing the *Occupational Therapy Journal of Research* (American

Occupational Therapy Association, Inc. [AOTA, Inc.], 2017). In 1983, four years after Diane graduated from OT school, the North Dakota State Board of Occupational Therapy Practice was established. This same year, the legislative assembly passed the legislation that began the licensing of occupational therapy practice (Board of Occupational Therapy Practice, 2017). Also, in 1983, AOTF established the Academy of Research to acknowledge occupational therapists that demonstrated exemplary contributions to advance knowledge in the profession through research (AOTA, Inc., 2017).

In 1986 the Education for the Handicapped Amendments of 1986 introduced two new programs: preschool special education and related services. These related services include occupational therapy services for ages three to five and early intervention for infants and toddlers from birth to three (AOTA, Inc., 2017). In this same year, the American Occupational Therapy Certification Board (AOTCB) was created to separate AOTA memberships from certification. Through this transition, OTR and COTA certification-related activities became the responsibility of the AOTCB (AOTA, Inc., 2017).

In 1990 the Individuals with Disabilities Education Act (IDEA) was signed into law, which leads the way in initiating providing the least restrictive environments for individuals with disabilities, as well as continuing coverage of OT as a related service and in early intervention, a primary service (AOTA, Inc., 2017). Following suit, the Americans with Disabilities Act was passed, opening new areas of practice to occupational therapists, such as work accommodations and environmental accessibility for individuals (AOTA, Inc., 2017). In 1993, the AOTA Standards and Ethics Commission published the Core Values of Occupational Therapy and American Occupational Therapy Political Action Committee (AOTPAC) held its first legislative conference, which is now deemed “Hill Day” (AOTA, Inc., 2017). In 1994, the Accreditation

Council for Occupational Therapy Education (ACOTE) was founded as an accrediting agency for occupational therapy education (AOTA, 2017). In 1995, AOTA began publishing the magazine *OT Practice* (AOTA, Inc., 2017).

Within the 2000s, AOTA adopted the Centennial Vision which envisioned OT as a powerful, widely recognized, science-driven, evidence-based profession that meets society's occupational needs (AOTA, 2014). During this same time, AOTA adopted the Occupational Therapy Practice Framework, 2nd Edition (AOTA, Inc., 2017). Then, in the 2010s AOTA updated the Occupational Therapy Practice Framework to the 3rd edition. This update incorporated the reflection of internal and external changes to OT practice, emerging concepts, and other advances in the field (American Journal of Occupational Therapy, 2014). In 2014, changes were made to the supervision standards for OT assistants.

Both the participant interview and subsequent archival searches revealed that Diane is a published researcher and author. One of her works is an article that appeared in the 1990 American Journal of Occupational Therapy about the use of specific equipment and strategies to enhance typing speed and accuracy in a child with cerebral palsy (McCormack, 1990). Diane has also written an online article reviewing Rifton anchors, which aim to increase the stability of proximal muscle groups (McCormack, 2013). When she came on staff at her current workplace (Essentia Health St. Mary's), the local newspaper published an article about her arrival (DL News Staff, 2007).

Theory

For this study, the Kawa Model was used as the foundational theory to guide the research process. The Kawa model was developed in Japan and based on a collectivist, rather than individualist or Western, culture (Turpin & Iwama, 2011). Kawa is a Japanese word for river,

and this river represents “life energy” or “life flow” (Turpin & Iwama, 2011). Through this model, an occupational therapist’s role is to facilitate this life flow/energy in a context of harmonious balance in all aspects of the river flow (Turpin & Iwama, 2011). While processing the participant’s life history, changes related to environmental surroundings can cause changes to his or her life flow. The elements in this model are broken into various elements, including water, rocks, driftwood, and the river floor and walls (Turpin & Iwama, 2011). This model allows occupational therapists to use their creativity to work with their clients and them to find channels to increase the flow of life (Turpin & Iwama, 2011). The model was evident in the interview schedule because of the questions that focused on changes in life circumstances, evolution over time, larger contexts in Diane’s OT practice, and reflection on her past challenges and accomplishments. The Kawa model provides a unique way to understand the client’s circumstances and needs through analyzing the individual’s life flow (Turpin & Iwama, 2011).

Description of the Participant

Information about the participant was obtained from the participant interview and supplemental documents. Diane graduated from high school in 1975. After a short time at Minnesota State University Moorhead, she took a career planning course and scored high in OT. She was unfamiliar with the profession but was able to job shadow an occupational therapist who worked with children. After this experience, she transferred and applied to the occupational therapy program at UND. She graduated from OT school in 1979 and later received a Master of Science in Special Education from the UND.

Diane has been practicing OT for 39 years. Besides a two-week stint covering for a colleague in geriatrics, she has practiced in pediatrics for all 39 years. Most of these years have been in her hometown of Detroit Lakes, MN, where she currently resides and works at Essentia

Health St. Mary's and the Detroit Lakes Therapy Center. Diane had always been interested in traveling overseas and went to Australia for one year to practice OT immediately after graduation. Shortly after this, she worked for the child development and evaluation program in the rehabilitation department of Altru Hospital in Grand Forks, ND. During her time at Altru, she gained experience working on Native American reservations with children with Fetal Alcohol Spectrum Disorder (FASD). She was also awarded a grant from AOTA's Scholar in Residence program that helped her obtain her master's degree while co-teaching pediatrics courses for the UND OT program. During this time, she obtained a position in pediatrics while staying on as an assistant professor at UND for three years.

Because Diane works in a rural area, her expertise in pediatrics extends to several settings such as home health, private practice, and school systems. Her accomplishments include publishing an article in the American Journal of Occupational Therapy, publishing an online equipment review, co-authoring a book with Kathy Riske Perrin, and receiving AOTA's Scholar in Residence program. She was nominated for and received a communication award through the Minnesota OT Association. When the OT department at the Detroit Lakes hospital was undergoing changes, Diane stepped in and helped develop the department and build it into what it is today.

Due to recent family losses, Diane has gained a greater understanding of health care from a consumer's perspective. Prior to her family losses, Diane was the medical liaison for them and oversaw getting them into the appropriate programs they needed. She mentioned that it takes a lot of time for a person to get into these programs. During the evaluation process into these programs, Diane mentioned that it takes a lot of time to fill out all the paperwork and there are a lot of questions to be answered. She realized that when parents come in for an evaluation of their

children, the many forms they are required to fill out can be overwhelming for parents. This realization gave her a new perspective of what it was like to be a consumer of these programs and gain a greater understanding of how overwhelming evaluation information can be.

Methodology

This was a qualitative study using a life history approach. The participant was assigned to the two student researchers by the project directors. The project directors used purposive sampling to select the participant. No specific gatekeeper issues were present in the study. Initial contact with the participant was made by the project directors, and informed consent was obtained prior to contact with the student researchers.

Data collection occurred during a single participant interview that lasted approximately one and a half hours. Both students were present for the interview and contributed to the interview process. A semi-structured approach was used for the interview schedule, which was prepared by the project directors and designed to be used for all participants in the life history project collection. After approval from the project directors, the student researchers were able to edit or add interview questions as were necessary and relevant to each participant. The interview took place in a closed classroom in the OT department at the UND School of Medicine and Health Sciences. The interview was recorded on three separate devices and transcribed verbatim by the students. Initial codes were gathered from the interview transcription, and themes, categories, and overarching assertions were obtained from information contained in the initial codes. Additional data was gathered from a review of two articles published by the participant, as well as a newspaper article outlining her practice. Trustworthiness was established by having multiple researchers, three copies of the audio recording, transcribing the interview verbatim, and annotating the interview transcription. Both students kept a reflexive journal throughout the

interview and transcription process to record their perceptions, biases, and thoughts regarding the project.

Data Analysis

Data was initially analyzed through verbatim transcription of the participant interview. The interview transcription was also memoed to identify emerging meanings behind the data and to guide the researchers in analyzing the data. Both researchers transcribed the interview, then collaborated to determine 15 initial codes relevant to the participant's responses during the interview. First, the researchers brainstormed to decide on preliminary codes based on common responses from the participant. Codes were not considered further if they were not notably present during the interview. From the brainstorming process, 11 codes were established and agreed upon by the researchers. These 11 codes were as follows: family, education, awareness, occupational therapy assistant (OTA), continuing education, technology, pediatrics, evidence-based practice, advocacy, international OT, and accomplishments. After these codes were established, the researchers evaluated the transcription and separated the participant's responses into one of the 11 codes. During this process, the researchers discussed and approved four additional emerging codes: interprofessional, clients, challenges, and change. The researchers saw a need for these additional codes to coincide with the interview data. Several pieces of the data corresponded to multiple codes and were then assigned to multiple codes. A miscellaneous code was also added for data that did not fit under one of the 15 codes. The researchers consulted one another when determining if a piece of data should be added to the miscellaneous code and when considering multiple codes for a piece of data.

Findings/Results

Together, the researchers divided the initial codes into four broad categories: education, experiences, relationships, and career. Under education, the codes were education, awareness, evidence-based practice, continuing education, and advocacy. The codes under the experience's category were accomplishments, challenges, and international OT. Initial codes of family and interprofessional were placed under the relationship's category, and the career category included change, occupational therapy assistant, technology, pediatrics, and clients. Each one of the four categories were described by themes based on what Diane had expressed as important in her responses to interview questions.

This process was guided in by the Kawa model and significant events in OT practice and Diane's life. Use of the Kawa model impacted the choice of questions regarding barriers and assets throughout the participant's personal and professional life and how these factors influenced overall life flow over time with regards to OT practice. The process of forming codes, categories, and themes took into consideration the impact of outside factors on Diane's life as an occupational therapist. The students took timeline information that was relevant to Diane and considered how it may have affected her practice decisions.

Themes from Education

Themes from the education category were: 1) education is crucial and taking opportunities like continuing education and extra experiences are valued; 2) Diane thrives on being a lifelong learner; 3) the rural setting in which Diane works limits her ability to participate in continuing education. Diane has had many experiences that demonstrate her desire to learn, including an extra fieldwork working with pediatric clients.

“You also know that, my feelings on continuing education. I think that's key. If you don't, if you stop learning, you might as well forget.”

Diane is an extremely seasoned practitioner. She stated: “I was kind of shocked when I figured out that it's been 39 years and will be 40 years in May that I'll be an occupational therapist.” Working in pediatrics throughout her career has made her very knowledgeable and has grown her expertise in working with her clients. The many years she has spent in pediatrics also speaks to her fondness for working with children. Still, despite having been in practice this long, Diane humbly recognizes that mistakes are a necessary component of everyone's practice and that there are always more things to discover:

“And I always couldn't wait until I had five years under my belt because I figure I knew it all after five years, and then I would say 10 years and 20 and there's, you can never know it all.”

“...the benefit of being in the practice for 40 years, you can realize how many mistakes you've made, [laughter] and you can come up with a lot of better options.”

It was also evident throughout the interview that Diane enjoys living in her hometown of Detroit Lakes, MN near her family. However, Diane expressed that her rural area also presents barriers to her participation in continuing education courses or possibly furthering her degree:

“...for me to go and get the certification, it's cost prohibitive... it's like, if I was in the cities, it would be beneficial for me to do it because I'd be competing against other therapists for a job.”

“...for me to go on and get a master's or Doctorate in OT right now and still be in this small town, it's cost prohibitive again, even though I'd love to learn it and have that degree.”

These responses iterate that Diane is both devoted to learning and aware of the practical and logistical issues of her region. Because therapists and other healthcare professionals are scarce in rural areas, they must be competent with a large variety of difficulties their patients and

clients present with. This is what makes obtaining specialty certifications cost-prohibitive in small towns; there will likely not be a high enough demand for the certifications, which would make spending time and money on another degree or certification less practical.

Themes from Experiences

Three themes emerged from this category: Diane takes initiative for what she is passionate about; she demonstrates adaptability and a consistent ability to problem-solve through a variety of situations, and she is willing to take risks for what she feels is important. After graduating from OT school, her interests lead her to go against the norm and began her career overseas:

And I really wanted to travel overseas for a year. And so, I did something really unusual and something they didn't recommend. They usually recommend that you work for two or three years at home before you go overseas. And I just jumped in and I went to Australia for a year.

And so, one of the things that I think I've always tried to do in my profession is take every opportunity that I could do even though it was scary, and it was maybe overwhelming.

Again, these quotes speak to Diane's sense of initiative and diligence in pursuing her goals. She learned many things through her experience in Australia and is thankful that she now has a better understanding of the structure of different cultures as well as difficulties individuals from other cultures might face:

"I saw something different in that I became aware as a culture, American culture, how proud we were and how optimistic. . ."

". . .in the Australian culture... they didn't stay so clearly what's really good about them, they were more laid-back kind of, oh, you Americans, you think you're the best type of thing."

Diane outlined some of her own assumptions about Australian culture and how those assumptions were challenged by her time there:

It helped me realize being overseas myself how hard it is and how difficult it is to fit into a culture. Even though you would think Australia wouldn't be that difficult of a culture to fit into, there was a lot of hidden rules or things and perceptions.

Aside from these aspects, she mentioned that being in Australia made her "a real advocate for our political action committee in AOTA", and that "it's very important for us to remember to support that aspect. Otherwise, it's very easy for us to lose our livelihood or. . . [ability] to provide services to families." Many practitioners do not have the overseas experience that Diane does, which has given her a unique and knowledgeable perspective.

Diane's responses also highlighted several accomplishments and experiences that speak to her ambitious nature. One of these experiences was an assistant professorship for pediatrics courses in the UND OT program:

So, I got half of my master's completed and then I was given a grant from the AOTA Association because they were looking for more people teaching, and you needed a master's level then. So, I was one of the first recipients of scholars in residence where they helped fund my second year of my masters. And so, I was able to co-teach and take my master's course.

Her demeanor is generally humble, but she also allows herself to be proud of herself and congratulate herself for significant contributions and achievements:

"One thing that I do feel proud about is I was nominated for a communication award for MOTA, Minnesota OT association, and I received the award"

Another achievement of Diane's was leading the advancement of a local pediatrics program at a hospital:

Where I went from there is that the OT that was working pediatrics at the hospital was being pulled away into other programs. So, then I came in and helped develop the pediatric program. . . And we have a wonderful facility. But we had to start out very small when we first started.

She also published a case study for her master's work on a boy who had cerebral palsy in the *American Journal of Occupational Therapy*, and co-wrote a book with a UND professor:

. . .we were approached, Kathy Riske Perrin and I who was also a professor at, at UND to write a book by therapy skill builders... and that's how we ended up writing a, co-writing a book together.

Overall, Diane has an impressive array of experiences that highlight the well-rounded nature of her character and career in OT. Her writings have been beneficial to the knowledge of many people, as well as to her professional image.

Themes from Relationships

Themes under the relationship's category were that Diane has much family support and deep community ties and that she values thorough and honest communication in the workplace. Diane grew up in the Detroit Lakes area and continues to reside and practice there. Many of her family members live within a half mile of her and offered encouragement to her as she pursued independence and a variety of opportunities in her professional and personal life. She values the support that her family has provided over the years and cherishes the connection she has with them:

. . .it was a very supportive family and my parents lived right next door, so they were able to help. Which a lot of families don't have that support, a family really close, and I think with a lot of the families I work with that they don't have a backup. So, I was very grateful to have that, so I could do things and pursue those things such as writing and being an author . . .

Two of Diane's priorities that emerged were effective communication in the workplace and self-awareness, expressing the importance of "learning about your own personality and how you communicate." She also articulated an example of how she adapted her communication style to work better with a colleague:

And I realized that when I come into her classroom she's holding herself very stiff and I'm giving her these great ideas like all over the place and so the next time what I did is I emailed her and I said "when would be a good time for me to come in" because I realized it was being disrespectful to her by just popping in and making her stressed. . . And I think she felt that I was being more respectful for her. But again, it's so easy to miscommunicate.

She talked about addressing difficult situations that arise in the workplace and incorporated the process of seeking and maintaining professional relationships to help alleviate those situations:

. . .how do you address those things? How do you talk to your team? How do you talk to your supervisor? So, I always found that when I was going to go consulting that I always wanted to make sure I had a good relationship with whoever was the supervisor.

Also relating to her professional relationships, Diane indicated that she values teamwork. This was evident throughout the interview, and she stated: "What I really love about my job now

is that we have a very solid team." One experience she spoke highly of was attending training on Fetal Alcohol Spectrum Disorder (FASD) with other healthcare professionals:

What a wonderful experience of doing things together, training together. And so, when we came back, like six times a year, we were a solid team. And so, I thought that was a wonderful experience in a way to kind of build professional skills but also build personal relationships.

It is clear that Diane values relationships both personally and professionally. She recognizes the positive impact that honest communication has on forming relationships and how that translates into providing the best care to clients.

Themes from Career

Finally, themes from the career category were: 1) Diane's passion is with pediatrics; 2) She is dedicated and committed to occupational therapy; 3) She values the variety that the OT profession gives her. Despite hectic work schedules and long days, Diane remains dedicated to her practice in pediatric OT, and provides services to a large assortment of clients on any given day:

But for example, tomorrow I have a head trauma, autism, a child with cyclic vomiting that also has a high-level autism. I have a microcephalic little girl, coordination, ADHD, and Fetal Alcohol, and some rare genetic [disorders]. . .

Diane demonstrates a commitment to her practice and highly enjoys what she does. She especially the variety and seemingly endless opportunities that the profession gives her, stating that "there's so much potential within the occupation" and "there were so many options...for career choices." It is clear that OT is an excellent fit for Diane's interests, priorities, and personality style:

“I would say that the reason I love OT is there's so many, so much variety and that's what really appealed to me.”

She spoke of taking advantage of professional growth opportunities and is also dedicated to growing the OT profession as a whole. One aspiration that illustrates this well is her statement that “my goal is that someday when you say I'm OT, that they'll say I've always wanted to be an OT”.

And so, I think if we're going to keep up as a profession, we have to keep up with our research... to get the Political Action Fund to make sure that we get reimbursement, so we can continue to grow as a profession.

I was able to speak... my topic was that I love OT. And.. . the variety the, just having the joy of being an occupational therapist... But you know, it's a wonderful profession and I think we need to publicize it more and really get out there and talk about it more.

Throughout the interview, Diane spoke of some limitations of her rural practice setting. One aspect she mentioned was that Essentia hospital is separating into regions, with the central region as the “mothership” that gets first access to resources. This means that outlying regions, such as where Diane works “might not get and be able to access certain things”. She outlined the difficulties of working in a rural area regarding pediatrics:

The rural system too, again for a while we didn't have a pediatrician in our area and it seems like we just get our practice up and going and we get a good program going. And then our pediatrician leaves. And so, I think the whole health care system of having enough physicians is difficult.

Although practicing in a rural area comes with its share of difficulties, Diane showed that she makes the most of every asset she has access to. Her optimistic attitude demonstrates that she is resourceful and does her best to work with what she has.

A final assertion was then developed as an overall representation of Diane's influence and practice in OT. Our findings were that Diane is an ambitious person who shows intentionality and adaptability in the way she problem-solves. Her close family and community ties have supported her dedication to pediatric OT practice, willingness to take risks for what is important to her, and the pursuit of professional opportunities despite limitations from rural practice.

Discussion/Conclusion

During the start of Diane's career, changes were taking place in OT in the realms of publications, increased insurance coverage, the licensing of occupational therapists, and the advent of the North Dakota State Board of Occupational Therapy Practice. Within a decade after Diane began her career, legislations were made to introduce special education and related programs, which would have impacted Diane's practice in pediatric OT. IDEA was enacted in 1990, which also influenced Diane's career with the introduction of the least restrictive environment for students with disabilities.

The theoretical framework used for this study was the Kawa model. This model was evident throughout the study and presented using context-related interview questions and consideration for environmental changes, constraints or barriers, and accomplishments. This model allowed the researchers to take on a broad perspective and understand the driving aspects of Diane's life flow.

This life history will be for examining the history of OT practice in the North Dakota/Minnesota area because it investigated Diane's contributions and professional influence in OT. Diane's ambition, intentionality, and adaptability with problem-solving were evident throughout the interview. One of the ways in which she influenced OT practice was by setting an example for others in her determined pursuit to better herself and the OT profession. Diane did this through making the most of the opportunities that were presented to her, striving for trustworthiness and honest communication, and framing her practice around her commitment to her clients. Her roles as an author and professor have contributed to the education of other occupational therapists and professionals alike. Overall, Diane remains strong in what is important to her and seeks what is best for her clients.

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Appendix

**Evolution of Occupational Therapy Practice: Life History of Diane McCormack, MS, OTR/L
Karen Jaspers, MOTS & Alyssa Turner-Strong, MOTS**

Categories	Codes	Themes
Education	Education Awareness Evidence-based practice Continuing Education Advocacy	<ul style="list-style-type: none"> • Education is important and taking opportunities like continuing ed and extra experiences is valued. • Diane thrives on being a lifelong learner. • The rural setting in which Diane works limits her participation in continuing ed.
Experiences	Accomplishments Challenges International OT	<ul style="list-style-type: none"> • Diane takes initiative for what she is passionate about. • She demonstrates adaptability and a consistent ability to problem-solve through a variety of situations. • Diane is willing to take risks.
Relationships	Family Interprofessional	<ul style="list-style-type: none"> • Diane has much support from her family and deep ties to her community. • She values thorough and honest communication in the workplace.
Career	Change OTA Technology Pediatrics Clients/Schedule	<ul style="list-style-type: none"> • Diane's passion is with pediatrics. • She is dedicated and committed to OT. • She values the variety that the OT profession gives her.

Assertion: Diane is an ambitious person who shows intentionality and adaptability in the way she problem-solves. Her close family and community ties have supported her dedication to pediatric OT practice, willingness to take risks for what is important to her, and pursuit of professional opportunities despite limitations from rural practice.