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Evolution of Occupational Therapy Practice: Life History of Dr. Julie Grabanski, PhD, OTR/L

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### Abstract

This qualitative study was completed in order to gather information about the history of the occupational therapy practice. The process was guided by the Kawa Model and life histories of influencers in North Dakota and Wyoming were collected. A face-to-face interview was conducted at the University of North Dakota with Dr. Julie Grabanski in order to collect this needed information. After the transcription and data analysis were complete, the student researchers discovered that Dr. Julie Grabanski has applied what she has learned from her occupational therapy education to her everyday life. It was also found that she embraces an occupational therapy lens in her work, relationships, and how she approaches every life situation.

Evolution of Occupational Therapy Practice: Life History of Dr. Julie Grabanski, PhD, OTR/L

This life history is one of 31 life history interviews which are a part of the larger project titled *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 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 and how occupational therapy practice has evolved from its inception to current practice in North Dakota and Wyoming. Dr. Julie Grabanski is currently an occupational therapist educator at the University of North Dakota. She has held a variety of positions on several committees and has worked in many practice areas across four different states. The research was collected as a qualitative study using a life history approach. The interview was conducted in Dr. Julie Grabanski's office in the occupational therapy department at the University of North Dakota campus in Grand Forks.

### **Timeline Literature Review**

In 1992, Dr. Julie Grabanski graduated with a Bachelor of Science in Occupational Therapy from the University of North Dakota. She elected not to enroll in the transitional master's program that was offered at the time and instead began working at Fort Worth Rehabilitation Hospital in Texas.

In 1993, Bill Clinton was serving in the presidential office and occupational therapy models were beginning to emerge. Dr. Julie Grabanski remembered that the Occupational Adaptation Model (OA) was being developed and she witnessed a presentation by Janette

Schkade and Sally Schultz on OA at Texas Women's University. At the same conference, Lela Llorens was also presenting on the Developmental Model. Other models such as the CMOP, PEO, PEOP were beginning to be utilized in the late nineties.

In 1995, managed care in Texas was emerging. Deusen (1995), thought managed care should be embraced by occupational therapists because it enforced clients to receive services that were more generalized and holistic. In 1997, the Balanced Budget Act began to influence practice. The Balanced Budget Act greatly impacted the occupational therapy profession because clients were limited to the amount of outpatient occupational therapy they could receive per year (American Occupational Therapy Association (AOTA), 2013). In addition to the Balanced Budget Act in 1997, there was also a catastrophic flood in Grand Forks, North Dakota where Julie was living at the time. The people who experienced the flood, referred to it as The Flood of '97.

In 2002, the *Occupational Therapy Practice Framework: Domain and Process* replaced Uniform Terminology, which is what occupational therapists used as their guide for having a common language between occupational therapists (AOTA, 2017). Julie graduated from Central Michigan University in 2003 with her Master of Science in Administration with a concentration in Health Administration. Within that same year, she held four different job positions. She was an occupational therapy assistant (OTA) instructor and fieldwork coordinator at Northwest Technical College and Northland Community & Technical College. Julie held her position at Northland Community & Technical College until 2012 when she became an assistant professor at the University of North Dakota. She also served as a course developer and online instructor for Park University and was with this school until 2008. Additionally, she was an instructor for Park University's outreach program by teaching classes at the Grand Forks Air

Force Base. In 2014, she received her Doctor of Philosophy in Occupational and Adult Education from North Dakota State University as she continued to teach at the University of North Dakota. Currently, Julie teaches at the University of North Dakota in the occupational therapy department.

### **Theory**

The Kawa Model was used to guide the data collection process and the implemented questions in the interview that reflected the model. The Kawa Model was designed for cultures who value a collectivist mindset (Iwama, 2006). The Kawa Model uses the components that makeup a riverbed as a metaphor to describe one's life (Iwama, 2006). The water in the riverbed represents a person's life flow and the walls and bottom of the river represent the person's environment (Iwama, 2006; Boyt, Gillen, & Scaffa, 2014). The rocks in the riverbed represent one's problematic life circumstances that are difficult to resolve and disrupt their life flow (Iwama, 2006; Boyt, Gillen, & Scaffa, 2014). The pieces of driftwood illustrate a person's personal attributes, assets, liabilities, and values that impact their life flow (Iwama, 2006; Boyt, Gillen, & Scaffa, 2014).

### **Description of Participant**

Dr. Julie Grabanski is an occupational therapy professor at the University of North Dakota (UND) (University of North Dakota, 2018). She describes herself as a positive and fun-loving individual. She plays the piano and guitar, which were stress relievers while she was writing her dissertation. She also taught her son how to play guitar and enjoyed spending that time together with him. She has four adult children and one grandchild. Currently, she is "all about grandparenting." Julie values spending time with her family, which was evident throughout her interview as she connected her job experiences with her family timeframe. Julie

and her husband enjoy attending Vikings football games, going on bike rides, and writing professional literature together. Dr. Julie Grabanski has five brothers and one sister. Her sister, Dr. Debra Hanson, also works in the occupational therapy department at UND.

Dr. Julie Grabanski has practiced in acute care, long term, home health, outpatient pediatrics, and inpatient and outpatient rehabilitation (J. Grabanski, personal communication, October 9, 2018). She has served as a fieldwork supervisor, coordinator, and has held an additional teaching position at Northland Technical College. She held these positions amongst eight different facilities across four different states including Texas, Arizona, Minnesota, and North Dakota (J. Grabanski, personal communication, October 9, 2018).

Her achievements include holding three professional degrees, being the treasurer for NDOTA in 2015-2016, and earning an award for Allied Health Teacher of the Year in 2005. She earned first place on Frank Low Research Day in 2017, the Alice Clark New Faculty Program award in 2012-2013, and the Alice Clark Second Year Faculty Program award in 2013 (J. Grabanski, personal communication, October 9, 2018). She also has held and currently holds a variety of positions on several committees. Currently she is on ten different committees that are either departmental, affiliated with the university, national, or community-based. At the national level, Dr. Julie Grabanski is a representative for the North Dakota Representative Assembly for AOTA (J. Grabanski, personal communication, October 9, 2018).

### **Methodology**

#### **Study Design.**

The researchers' approach to the study was a life history. In a life history approach, researchers gather data by interviewing a person who describes the turning points in his/her life (Lune & Berg, 2017). The data collected was in qualitative form. This approach and data

collection were chosen because it allowed the focus to be on the participant's involvement in the evolution of the occupational therapy practice.

### **Participant Selection.**

The participant was assigned from a list developed by the project directors through purposive sampling. The project directors made initial contact and obtained informed consent prior to the interview so the researchers did not experience any gatekeeper issues.

### **Data Collection.**

The semi-structured interview was guided by an interview schedule that was prepared by the project directors; the questions on the interview schedule were designed to be used with all individuals who were interviewed as a part of the larger project. The research students modified and added to the interview questions as needed for Dr. Julie Grabanski's specific interview. Data was collected through a 90-minute, face-to-face interview and was audio recorded on two different devices. Background data collection took an additional two hours. The interview took place in Julie's office at the University of North Dakota.

### **Trustworthiness.**

The researchers established trustworthiness by reflective journaling, memoing transcription notes, and debriefing. By reflective journaling the research students were establishing credibility and validity because the journaling depicted the researcher's thoughts while engaging in the data collection. This also helped the researchers to understand what they were studying. By memoing transcription notes and recording on two different devices, the researchers established reliability because the process of creating the data collection trail showed how the codes, categories, and themes derived from the interviewee's responses. The debriefing process and the interview questions established confirmability because the researchers informed

the interviewee that her participation was voluntary and that she did not have to answer any questions that she did not feel comfortable answering. The interview questions were also written in a way so that research bias would not skew the interviewee's answers.

### **Data Analysis**

When analyzing the data, the researchers first transcribed the audio recording. After the transcription was complete, memoing was added to the transcription to begin developing codes. The codes used were: Job Changes, North Dakota, Texas, Life Events, Family, Context of Practice, Theory Development, Things Learned in Practice, Client-Centered, Occupation-Based, OTA Program, UND Program, Undergraduate, and Education. During the coding process, the transcription was gone through line by line and sentences were split up into the various codes. Coding inclusion criteria for each statement was based on what meaning, topic, or idea the statement portrayed. The statement had to relate to the coding topic in order to be included, otherwise it was given a new code or assigned to a different existing code. The codes were used to create the themes and the themes were used to create the categories. The researchers established four categories and had themes and codes aligned with each.

The Kawa Model was used in the data analysis process to influence the creation of categories. *Work* represented driftwood because job changes and moving were liabilities and assets to her water flow. *Life Events* were represented by the river walls and bottom because they involved people in her environment. Lastly, the categories of *OT Practice* and *Education* both represented a mixture of driftwood, river walls, and river bottom because the influence of context and environment on Dr. Julie Grabinski's life were discussed in these categories.

### **Findings & Results**

The Kawa Model was used to influence questions written for the interview schedule. Additionally, the timeline literature review represented events and turning points that occurred throughout Dr. Julie Grabanskis career. Both of these influenced her answers and therefore influenced the data analysis process.

There were four categories developed. The process used to substantiate the findings was done by analyzing the codes for similarities and placing them into groups. After the codes were placed into groups that had similar topics, the groups were given category labels that stated the similarity between the codes. The findings were further substantiated when the visual data display (see appendix) was created to portray the categories, themes, and codes according to which section they stemmed from.

The first category was *Work*. There were two themes that were describing *Work*. The first them was, she has experience working in a variety of settings across four states. A quote that supports this was, “And I was like, ‘I’m from North Dakota, I want to contribute to North Dakota.’ But ultimately, I had a lot of my clinical experiences in other states... I guess I’m still a North Dakota lifer.” The second them supporting *Work* was, there were many experiences throughout her career that she found rewarding. A quote that supports this was, “It was a great learning experience, but it was both a great learning experience & rewarding at the end.”

*Life Events* was the second category. There were two themes for this category. The first theme was, she thought having a mentor was extremely helpful and her mentor both inspired and supported her. A quote from Julie that resonates with this was, “I think that speaks volumes that we are still in contact with each other.” When she says “we” she is talking about her mentor and herself. The second theme was, discussion of her family was intertwined throughout the interview. There were many examples throughout the interview but one was, “I think I was a

single mom, divorced single mom, with three kids at that time. So I saw education as a way to move forward.”

*OT practice* was the third category. Due to this section having been discussed the most there are also more themes compared to the other categories. The first theme was, being an occupational therapist is intertwined into her everyday life. There were two quotes that demonstrated this. The first quote was, “I think like an OT, I do things like an OT, and when I’m not doing things like an OT, I’m like, you’re not thinking straight.” She also said, “So I think it’s so much a part of me that if anything it taught me to be open minded, forward thinking, and that relationships are very important and how a person approaches the relationship and occupation are important.” The second theme was, she believes it is important to recognize other’s abilities and know your own limitations. This is supported by her saying, “Kind of recognizing your own and other people's abilities and knowing your own limitations, of what would be satisfying to you and what wouldn't be. So, thinking about personal and professional growth.” The last theme developed for this category was, her professional development and continuing education were driven by events that occurred in practice that intrigued her. Julie’s quote that supports this was, “I always set up continuing education things and it was usually driven by something that was happening in clinical practice that I didn't know how to deal with. I looked at my textbooks and was trying to figure it out so I wanted to go and get more continuing ed.”

The fourth and final category was *Education*. A theme developed from this was, working in rural healthcare influences the need for one to be competent in a variety of areas. The other theme created for this category was, she supports the collaborative process between OT and OTA programs to benefit clients. The quote that embodied this was, “Some of the collaborative projects that OT/OTA programs do together help... them understand that whole team concept

and who... does what and how it works together and how it actually is beneficial to your... clients.”

After the visual data display was created (see appendix), the final assertion was made: Dr. Julie Grabanski has applied what she has learned from her occupational therapy education to her everyday life. She embraces an occupational therapy lens in her work, relationships, and how she approaches all situations. “If I am not thinking like an OT, then I am not thinking straight.”

### **Discussion & Conclusion**

The literature review portrays the context of major events that were happening in the world during Dr. Julie Grabanski’s career. Due to models being developed while Julie started practicing as an OT, it influenced her decision to learn about the models by going to the presentation by Janette Schkade and Sally Schultz on OA and Lela Llorens presenting on the Developmental Model. During 1997, when the Balanced Budget Act was implemented and the Grand Forks flood occurred, it influenced where Julie could practice. The act and flood limited Julie’s client case load while working for Health Dimensions Rehabilitation. Due to her limited case load, she had to travel within North Dakota and Minnesota to reach more clients. In 2002 when Uniform Terminology was changed to using the *Occupational Therapy Practice Framework: Domain and Process*, it impacted Julie because she had to relearn what language to use when documenting and teaching.

Events in Dr. Julie Grabanski’s life influenced her career. These events can be represented by the Kawa Model (Iwama, 2006). The driftwood pieces in her life are represented by uniform terminology, core models emerging, the Balanced Budget Act, and the influence of working in different states. Examples of rocks during her career would include the Flood of ’97

and its aftermath. The destructive flood caused Julie to travel to small towns in both Minnesota and North Dakota to continue working with clients. The river's walls and bottom represent her family members, coworkers, and the different practice facility settings that she worked in. Lastly, the above elements of the river bed influence the water flow, which are her life experiences and practice as an occupational therapist (Iwama, 2006).

This project added to the professional body of knowledge that is useful for examining the history of the occupational therapy practice. Dr. Julie Grabanski's life history interview was relevant to the study because it added her personal experiences of being an occupational therapist and working in North Dakota to the larger collection of data. Dr. Julie Grabanski has experience working in both academic and clinical OT settings which provides valuable insight to the development of the OT practice.

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Appendix

The Life History of Dr. Julie Grabanski, Ph.D., OTR/L  
 By: Sydney Gayton, MOTS and Madisyn Rick, MOTS

Categories: Work	Categories: Life Events	Categories: OT Practice	Categories: Education
<b>Codes:</b> <ul style="list-style-type: none"> <li>• Job changes</li> <li>• North Dakota</li> <li>• Texas</li> </ul>	<b>Codes:</b> <ul style="list-style-type: none"> <li>• Life events</li> <li>• Family</li> </ul>	<b>Codes:</b> <ul style="list-style-type: none"> <li>• Context of practice</li> <li>• Theory Development</li> <li>• Things learned in practice</li> <li>• Client-centered</li> <li>• Occupation-based</li> </ul>	<b>Codes:</b> <ul style="list-style-type: none"> <li>• OTA program</li> <li>• UND program</li> <li>• Undergraduate</li> <li>• Education</li> </ul>
<b>Themes:</b> Julie has had unique experiences as a practicing occupational therapist due to the multitude of settings she has worked in from living in four different states.	<b>Themes:</b> Julie valued the connection she made with her mentor and still values it today by staying in contact with her.	<b>Themes:</b> Being an occupational therapist is intertwined into her everyday life by always operating with an occupational therapy lens.	<b>Themes:</b> Julie had first-hand experience of rural healthcare providers needing to be competent in a variety of areas.
Julie found deep reward in seeing the progress her clients made and the client-therapist relationships that developed.	Julie's appreciation of her family is evident throughout the interview as she connects her job experiences back to her family experiences during that time.	She believes it is important to recognize others' abilities and know her own limitations.	She supports the collaborative process between OT and OTA programs to benefit clients and has aided in the process by teaching at both programs.
		Her professional development and continuing education were driven by events that occurred in practice that intrigued her.	

**Assertion:** Dr. Julie Grabanski has applied what she has learned from her occupational therapy education to her everyday life. She embraces the occupational therapy lens in her work, relationships, and how she approaches all situations. "If I am not thinking like an OT, then I am not thinking straight."