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Evolution of Occupational Therapy Practice: Life History of Donna Costa

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Abstract

Objective: The purpose of study is 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 through the life history stories of occupational therapists who have held leadership roles at the national level and beyond. It is anticipated that the life history process will be a powerful way to gather this information.

Method: An in depth, semi-structured, 75-minute interview was conducted from the University of North Dakota School of Medicine and Health Sciences through Zoom. The interview was transcribed verbatim and coded. The codes were grouped into categories, then themes arose. A final assertion was then made.

Results: The predominant categories that represent the major element of Dr. Costa's success as a leader include her professional journey, personal/professional achievement, and occupational therapy (OT) education. The themes for the categories indicate that Dr. Costa has made a substantial impact in OT practice, has advocated strongly for the profession, and caring and serving her clients is of utmost importance.

Conclusion: Dr. Costa has been a dedicated leader and advocate for the continually changing profession of occupational therapy. Throughout her work, she has influenced many clients, coworkers, and other fellow therapists through her drive, passion, and love for the profession. She has maintained integrity and ethics by staying true to the core of occupational therapy.

Introduction

The purpose of this study was to gain insight into the life of Dr. Donna Costa through a semi-structured interview. This life history is one of 30 life history interviews which are a part of a larger project, *Life Histories of Individuals Who Have Been Influential in Developing Occupational Therapy (OT) in North Dakota and Wyoming*. The purpose of the project is to gather information about the history and 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 and how occupational therapy practice has evolved from its inception to current practice in North Dakota and Wyoming. We had the opportunity to interview Dr. Donna Costa at the University of North Dakota School of Medicine and Health Sciences. The interview was conducted via Zoom with Dr. Costa in her office at the University of Nevada, Las Vegas. Dr. Costa currently works at the University of Nevada, Las Vegas as the Founding Director and Associate Professor. The information provided shows just a glimpse into the life of Dr. Costa as well as the progression of OT.

Literature Review

Life history research is an approach that is centered to the person and is chronological in nature. It is used to assist therapists to better understand an individual's context, experiences, and the relationships within their lives. Life history research is helpful when learning about an individual's occupational experiences in life and how these experiences have affected them (Larson & Fanchiang, 1996). According to Frank (1995), life history research gives a comprehensive view of the person as well as sociocultural dynamics present within their life.

Occupational therapy is an ever-growing and ever-changing profession. During Dr. Costa's time as an occupational therapy student, a new occupational therapy graduate, and a seasoned occupational therapist, the profession went through shifts and changes. The profession of occupational therapy began focused on occupation and art, which was due to the Arts and Crafts Movement in the 1920's. While attending the State University of New York at Buffalo in 1970, occupational therapy was pushing towards the science and theory of the profession (Christiansen & Haertl, 2014). Although the profession was becoming focused on science and theory, Dr. Costa did mention that a lot of her schooling to become an occupational therapist focused on arts and crafts. This affected Dr. Costa, her professors, and classmates due to the former push of the profession being occupation and client based. Transitioning into the science-based change meant a shift in literature, education, and practice. During this time of shift and effort to emphasize science and theory, an increase in graduate education and theory development was seen, which led to the escalation of new theories, frame of references, and models for occupational therapy practice (Christiansen & Haertl, 2014). Dr. Costa can specifically remember the influence of this movement on the evidenced-based research that was being done; which she mentioned was a big step for the profession.

Occupational therapy services in the beginning of the professions time was primarily involved in mental health settings, which is much different than today (Gutman, 2011). Due to the World War I and World War II, the focus of the profession was with psychiatric disorders where occupational therapists would find meaningful occupations for their clients to engage their mind in attempt to calm anxiety and depression (Levine, 1987). During that time, the primary location of treatment for these individuals was in institutions, both state and private, that were very large, and where clients would stay for very long periods of time (Gutman, 2011). In 1963,

the Community Mental Health Act was passed by the Congress. This act stated that individuals with mental illnesses must be treated in the least restrictive environment (Gutman, 2011). This act sparked the ongoing deinstitutionalization movement. Dr. Costa mentioned this historical event during the interview because of its impact on her and the profession. When Dr. Costa began practicing, in 1973, the effects of the deinstitutionalization movement were still being seen. She stated the impact this movement had on individuals involved was both good and bad. It was beneficial due to individuals getting adequate care and services in the community and group homes, but was at times negative because the movement increased so rapidly that funding and development was not happening as quickly, leading to many individuals formerly in a large institution, becoming homeless (Gutman, 2011). Dr. Costa saw the effects of this movement first-hand as part of the new development of services for these individuals where she developed community residences and vocational programs.

To fast-forward a bit of time, in 2014 the American Occupational Therapy Association Board of Directors stated that there was positive movement towards the shift to a doctoral degree in occupational therapy versus the entry-level master's degree (Brown, Crabtree, Mu, & Wells, 2015). The statement put forth articulated that the view of this new doctoral program should be put into place by 2025. There are multiple reasons stated for this specific change, but a few include: confusion arises when there is both an entry-level master's degree and a doctoral degree, the profession is becoming more complex and rigorous thus needing graduates to exhibit higher levels of ability to research and implement this research as well as be better prepared to treat the future needs of society, which are becoming more complex (Brown et al., 2015). Dr. Costa mentioned the move to the doctoral degree and program multiple times through the interview. The majority of the people she has spoken to believe that this move is too soon and is not the

best decision. She believes that healthcare is much more complex than it used to be and that there is a lot more information needing to be added into curriculum each year to meet the needs of the ever-growing and changing society. Bringing the doctoral degree and program into effect could potentially put students into a problematic situation due to the increased time and money spent during their time in the program. With this change, the prevalence of occupational therapy assistants could also change due to the possible change of the baccalaureate requirement. Nonetheless, Brown et al. (2015) stated that the only way the demands of the occupational therapy profession can be met is with an increasing level of education and requirements within that education to develop higher competencies needed in the profession.

Interprofessional care is when individuals from different disciplines collaborate to improve health outcomes for clients. Implementing interprofessional care in practice has been shown to improve client satisfaction, their safety, and even has decreased the amount of time they stay in the hospital (Molitor, Naber, MacCabe, & Johnson, 2019). With interprofessional care comes teamwork skills that must be apparent between disciplines while working with clients. Dr. Costa believes that interprofessional care and teamwork within that care is important in any setting, but during her time of practice in the mental health setting, it was necessary and vital. She felt it was so important that she began running interdisciplinary teams within the facilities she worked at. Teams like these are now seen across all settings and all over the country. Dr. Costa believes interprofessional care and teamwork are two of the most important aspects of healthcare that should be implemented in any setting and across all disciplines.

Theory

The Life History project was guided by the Kawa Model due to the focus on Dr. Costa's personal and professional journey. The model uses different aspects of nature as metaphors for

viewing life circumstances, including river flow, riverbanks, rocks, driftwood, and spaces (Iwama, 2006). The river flow represents the individual's life flow and priorities (Teoh & Iwama, 2015). The riverbanks represent the physical and social environment of the individual. Rocks in the river represent obstacles and challenges that the person is experiencing. The driftwood includes personal resources, which can be either assets or liabilities, and the spaces are the opportunities to enhance the flow of his or her life, or river (Teoh & Iwama, 2015). Throughout the interview, the researchers asked the participant questions that were revised from the suggested guiding questions in Kawa model guide (Teoh & Iwama, 2015). The questions were directed at her life flow, challenges, experiences, and environments, which addressed the components of the Kawa Model.

Description of Participant

Dr. Costa was born and raised in Buffalo, NY. She graduated with a Bachelor of Science in Occupational Therapy and a Bachelor of Arts degree in 1973. In 1991, she obtained a Master of Science degree in Health Care Administration from the New School for Social Research in New York, NY. She attended Stony Brook University from 1999-2000 working towards a Ph.D. in Social Policy and Research. She then decided to get a DHS in Occupational Therapy and went to the University of Indianapolis from 2003-2007. She currently lives in Las Vegas and has 46 years of experience in diverse educational, clinical, and administrative positions. The strengths of her career include her strong clinical background in mental health practice, along with program development/administrative skills, and extensive teaching experience.

Dr. Costa was involved in American Occupational Therapy Association (AOTA), World Federation of Occupational Therapists (WFOT), Nevada Occupational Therapy Association (NOTA), Alpha Eta Health Professions National Honor Society, Association for Driving

Rehabilitation Specialists (DRS), and Society for the Study of Occupation. Donna Costa has been awarded and recognized multiple times including, but not limited to: awarded the AOTA Jeanette Bair Writer's Award in 2018, elected to Director position on the AOTA Board of Directions in 2017, received the AOTA Service Award for serving as the Chair of Special Interest Section Council from 2014 to 2017, and named a Paul Harris Fellow of the Rotary Foundation in 2012.

Dr. Costa has published many of her own journal articles as well as being coauthor of multiple publications. A few of her own publications include the following: Chapter 38, Management of Fieldwork Education from *The Occupational Manager* 6th ed., “Identifying and Preventing Burnout in Occupational Therapy Practice published in *OT Practice*”, and “Occupational Therapy’s Role in Counteracting Opioid Addiction published in *OT Practice*.” Dr. Costa is well-known for her multiple personal and group publications, which are used by a wide variety of students and practicing therapists.

Characteristics of Dr Costa’s work style include being highly goal-directed, results-oriented, and successful in guiding interdisciplinary teams by fostering group decision-making and creative problem solving. She is a very driven individual who has a true passion for the profession of occupational therapy as evidenced by the many awards, accomplishments, positions held, and career history.

Methodology

Study design

This was a qualitative study using a life history approach, which allowed the focus to be on Dr. Costa’s involvement in the evolution of occupational therapy practice. The design allowed the researchers to gain insight on the changes in the profession over the course of Dr.

Costa's career and the accomplishments she had that impacted her occupational therapy career as a whole.

Participant selection

The project directors identified potential participants through purposive sampling. The criteria for potential participants included being an influential occupational therapist. Dr. Costa was assigned to the researchers from the list of participants. Initial contact was made by the project directors with no gatekeeper issues. Informed consent was obtained from Dr. Costa prior to beginning the interview process.

Data Collection

The data collected for this study was gathered by interview through a recorded Zoom session with Dr. Costa and two University of North Dakota second-year OT students. The interview lasted approximately 75 minutes. The interview was arranged via email. Data was collected through the semi-structured interview and Dr. Costa's curriculum vitae (CV), which she sent to the researchers prior to the interview. The researchers prepared for the interview by reviewing Dr. Costa's CV and developing questions based on the information provided. The researchers used a semi-structured interview that was developed by the project directors and revised and added to by the researchers. By reviewing the CV, the researchers gained a better understanding of Dr. Costa's educational background, work experience, accomplishments, and involvement in organizations in order to develop probing and extra questions. The goal was to promote discussion with open-ended questions to contribute to the larger project. A professional photo was provided by Dr. Costa following the interview.

Trustworthiness

The researchers established trustworthiness through reflexive journals completed by both student researchers throughout the process. In the journals, the researchers reflected on the process of the study and any questions they had. The researchers also completed memoing on the transcription and thoroughly analyzed the data through extensive coding and taking notes. These procedures contributed to the study's validity and reliability because it allowed the researchers to identify any bias and subjective thoughts from the data as well as ensure the purpose of the study was obtained. By using these techniques, the results are more objective. The researchers were better able to comprehend what was being studied due to the in-depth research process and reflections that occurred.

Data Analysis

The interview with Dr. Costa was audiotaped and transcribed verbatim and the CV was reviewed. First, the researchers read through the transcription and wrote down possible codes that were found. The quotes for coding were eliminated if the participant asked the researchers questions or if the conversation did not pertain to the purpose of the study. After this process, the researchers cut out quotes from the transcription and wrote the correlating code on it, which resulted in 23 codes through open coding and were separated into categories. The categories included professional journey, personal/professional achievement, and OT education. Next, multiple themes were found within each category. A final assertion was developed based on the results from the data analysis process. The codes, categories, themes, and final assertion can be found on the visual data display in the appendix.

Results

Dr. Costa's life experiences and role as a leader within her life and the profession of occupational therapy has greatly impacted multiple people including coworkers, friends, clients, family, other therapists, and students. Through coding and the data analysis, three categories emerged, which included the following: professional journey, personal/professional achievement, and OT education. These categories are outlined in the themes that emerged, which encompass Dr. Costa's journey, achievements, and education within the profession. With all the data collected, short descriptions of each category describing turning points in her life and the profession are outlined. Information collected of Dr. Costa's personal and professional life was guided by the application of the Kawa model (Iwama et al., 2009).

Professional Journey

Theme 1

Dr. Costa came into the OT program with an interest in mental health due to family history. Dr. Costa believed that most individual's in healthcare go into the field because of personal connections. She was interested in mental health due to her own personal connection as well as the influence war had and was having during her high school and college years.

"It probably came about earlier in my childhood because there was mental illness within my family."

"My mother and then other people in my family had alcohol problems, so I kind of grew up with it and saw the impact that OT could have."

"Most people that you know, or in whatever area practice, they do have some kind of a personal connection"

Theme 2

Evidence-based practice was not as common when she started practicing. Dr. Costa stressed the importance of evidence-based practice and gave an example of an intervention she

and her daughter were going to do, but there wasn't evidence to support the intervention; therefore, they did not implement the intervention.

“Obviously there's much more research to back up what we're doing, and we didn't have that when I was in school. Now there's so much more emphasis on evidence-based practice. We can show the efficacy of our interventions.”

“Evidence based practice is more important now than it was say when I was in school because now there's actually evidence that you can look up.”

She expressed that evidence for interventions in the mental health setting is not as abundant as other fields. She believes this could be due to the shift in the profession from arts and crafts based to science and theory based. Although the mental health setting was where the majority of occupational therapy graduates went to work when Dr. Costa was practicing, the focus today is with pediatrics and geriatrics, which she believes could be a reason for the lack of research in the mental health settings.

“There's not as much evidence for our interventions in mental health. There hasn't been as much research as the other fields.”

Theme 3

Dr. Costa feels the presence of interprofessional healthcare leads to better patient care.

Dr. Costa has always worked in teams and hasn't seen a shift with this throughout her time as an occupational therapist. She has worked with psychiatrists, nurses, social workers, and physical therapists. She believes the only shift is that interprofessional healthcare is now stressed more in student education.

“Two heads are better than one, of course. Having different perspectives on the team is ultimately going to make for better patient care”

“I think the difference is we’re spending more time educating students on how to work within interprofessional teams where before we were kind of thrown into it. You just learned it by doing it as opposed to learning it by studying it.”

Personal/Professional Achievement

Theme 1

Dr. Costa was involved in leadership positions at the local, state, and national levels, and feels it is important for every OT to be involved. She believes that being involved and getting experience is important for every professional. She enjoys being involved, giving her input, and talking about her contributions.

“I did belong to my state association and my local chapter, but that was more OT stuff as opposed to more globally connected issues like we have today.”

“It wasn't really until '97 that I started getting involved with the national association. Up until then, it had pretty much just been the New York state OT association and the local chapter.”

“I started volunteering for national committees and really starting to have some input into policy decisions. I was on the commission of education. I was on the accreditation body for a while. I was regularly going to national OT conferences and presenting at national OT conferences. I started going to international conferences, getting very excited about that.”

Dr. Costa was always involved in leadership positions whether it was her daughter’s girl scouts leader, OT organizations, or the secretary and on the board for clubs at her 55+ community.

“When my kids were younger, I didn't have time for much else other than working and

taking care of them. I remember they both wanted to be girl Scouts and I got roped into being a girl scout leader.”

“I live in a 55 plus community and they have all these clubs that you can join. Suddenly I’m on the board and I’m the secretary.”

Theme 2

Dr. Costa has advocated for her clients by developing groups and being innovative. Dr. Costa was determined to provide clients with the best care, even if it meant more work for her. She expressed the importance and need for groups and the steps she went about to formulate these groups. She believes forming groups gives individuals and opportunity to not feel alone in what they are facing.

“I did some research and I wanted to develop a support group for people with depression, which I actually did. I looked into the theory behind support groups and found out there was a support group for just about everything on the planet, but not depression. I developed this group and I ran it every week for five years.”

“I’ve actually run a telehealth group in mindfulness for people with chronic pain who had spinal cord injuries.”

“We had a lot of people that were very chronically mentally ill, an awful lot of them living with families. I actually started a parent support group because the parents needed help coping with their son's and daughter's illness because mental illness comes on usually pretty suddenly”

OT Education

Theme 1

The experiences Dr. Costa had in college and OT school were different as compared to current OT students and their college experiences. She expressed that the admission process and classes she took were much different than they are today. She did not have to do an interview and the classes she took were more crafts based.

“I remember going to the OT department and it was like, fine, you can start tomorrow, here's the classes you'll take and that was it.”

“You took a semester of weaving, a semester of ceramics, a semester of woodworking, a semester of minor crafts”

Dr. Costa knew that her classes were much different; however, they were still difficult due to the assignments she had to complete.

“Now I don't want you to think these are easy peasy courses because for every project you made, like I make a pinch pot in ceramics today. Now I have to write an activity analysis paper on that.”

Theme 2

Dr. Costa believes that switching from a master's program to a doctoral program is a necessary change. She states that the profession is always changing, and society as a whole is becoming more complex, which means occupational therapists must be equipped to treat these individuals. She believes that the complexity of individuals and their diagnoses and needs are not going to change or lessen, so it is important that the education to treat these individuals also grows in complexity to meet those needs.

“The reality is healthcare is more complex than it used to be. There's a lot more, you have to know the accreditation standards increase every year. So, there's more and more that we have to put in a curriculum as you know, from all the courses you take.”

“I think personally the added education is needed. People who object to it say things like, students are going to have more debt. So, you want the debt now or you want the debt later because eventually you're going to go back to school for a doctorate.”

“We need more knowledge and skills to be able to effectively work in today's healthcare arena and tomorrow's healthcare arena. We're going get more complex, not less.”

Final Assertion:

1. Donna Costa believes that everything about her is related to occupational therapy, which has been impacted by her OT education, personal and professional achievement, and her professional journey. She believes in advocating for clients as well as working in interprofessional teams and feels that all OTs should be involved at the local, state, and national levels.

Discussion/Conclusion

As occupational therapy has changed and is continually changing, Dr. Costa has been a solid foundation full of passion for the profession. Her values and hard-work ethic have only increased with the changing and growing of occupational therapy. She has dedicated her life to the profession by giving her clients the best care, staying up to date on evidenced based research, maintaining relationships with her clients that are healthy and safe, continuing to learn about the profession through classes and workshops, holding multiple leadership roles, and upholding her values and beliefs throughout it all.

During Dr. Costa's time as a practicing therapist in her first few jobs, occupational therapy was shifting towards the more medical side that focused on science and theory rather than art and occupation based (Christiansen & Haertl, 2014). This had an impact on Dr. Costa during her education to become an occupational therapist and during her years of practicing,

until the 1990's when the profession moved back to an occupation-based focus. Dr. Costa mentions remembering her education being heavily arts and crafts based and during practice, there was an emphasis on research and theories. During World War I and World War II, the focus of occupational therapy was on psychiatric disorders due to the majority of individuals coming back from the war with mental illnesses (Gutman, 2011). Dr. Costa said her passion in mental health is due to personal experiences in her family as well as the affect the wars had on the individuals all over the world. Today, occupational therapists usually work in a pediatrics or geriatrics setting more so than mental health settings, which was opposite when Dr. Costa started practicing. The deinstitutionalization movement impacted Dr. Costa and the mental health setting greatly. Individuals with mental illnesses were being given the opportunity to seek treatment in the community or in group homes versus in an institution. Due to the effects of this movement being widely seen by Dr. Costa, she helped develop community residence's and vocational programs for individuals with mental illnesses. As Dr. Costa continued practicing and contributing greatly to the mental health setting, she had thoughts of becoming a professor and teaching students who also had a passion for occupational therapy. She started as a clinical assistant professor for Stony Brook University in 1997 and continued teaching from there. During her time in time at Touro University Nevada, Dr. Costa learned about the published statement from AOTA stating the shift to a doctoral degree in occupational therapy from the entry-level master's degree (Brown et al., 2015). This had an impact all over the country and the multiple occupational therapy programs. Dr. Costa believes the change is something needed due to the ever-growing complexity of the profession. Healthcare is much more complex than it used to be and will continue to grow in that direction, which means healthcare providers, specifically occupational therapists, to meet the needs of this more complex society, which in turn means a

higher level of schooling. With this change, Dr. Costa hopes that there will still be an emphasis on interprofessional care as she sees that this care is vital within the profession and across disciplines. Despite the multiple changes and shifts within occupational therapy, Dr. Costa has maintained her values, beliefs, and integrity. She continues to contribute to the profession by holding multiple leadership positions, teaching future therapists, and using her knowledge and experience to write articles and books. She has been a key part of the growth of occupational therapy, specifically in the mental health setting. She is an outstanding representation of occupational therapy and continues to advocate for the profession every day.

The Kawa Model was integrated throughout the life history project with the goal of capturing the participant's life flow (Iwama, 2006). The Kawa model was used as a guide to develop questions pertaining to Dr. Costa's life flow and priorities, obstacles and challenges, influencing factors, and environments (Teoh & Iwama, 2015). The model was also used when developing codes, patterns, and themes. The final assertion was made based upon the codes, categories, and themes to show the evolution and growth Dr. Costa experienced. The researchers felt that using the Kawa model would be the best approach to show how Dr. Costa's life experiences have shaped her career in occupational therapy.

This research project was part of a larger project and shows how occupational therapy has developed over time. The experiences Dr. Costa had throughout her life were influential in her career as an occupational therapist. The life history of Dr. Costa contributes to the evolution of occupational therapy practice because despite her experiences, either positive or negative, she continued to be client-centered and occupation-based and advocated for her clients every chance she could. Dr. Costa's personal and professional growth shows that going through hardships and pushing yourself as an individual can have a significant impact on your future. Her advice to

others is “Just take it all in and keep an open mind. Keep it open, try to experience as much as you can.” Dr. Costa valued her experiences and thought others should be open to new and challenging experiences too.

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Appendix

The Life History of Dr. Donna Costa, DHS, OTR/L, FAOTA Macie Romsdal, OTS; Taylor Anderson, OTS			
Codes	<ul style="list-style-type: none"> • Evidence-Based Practice • Community-Based Practice • OT Setting • Socioeconomics • Influences • OT/OTA Collaboration • Interprofessional Healthcare • OT Challenges • Personal Characteristics • Perspective • Excitement about OT 	<ul style="list-style-type: none"> • Accomplishments • Personal/Professional Growth • Leadership • Teaching • Career 	<ul style="list-style-type: none"> • Biomechanical Approach • Fieldwork • OT School • NBCOT Exam • OT Interview Process • Masters vs Doctorate • Models
Categories	Professional Journey	Personal/Professional Achievement	OT Education
Themes	<ol style="list-style-type: none"> 1. Dr. Costa came into the OT program with an interest in mental health due to family history. 2. Evidence-based practice was not as common when she started practicing. 3. Dr. Costa feels the presence of interprofessional healthcare leads to better patient care. 	<ol style="list-style-type: none"> 1. Dr. Costa was involved in leadership positions at the local, state, and national levels, and she feels it is important for every OT to be involved. 2. Dr. Costa has advocated for her clients by developing groups and being innovative. 	<ol style="list-style-type: none"> 1. The experiences Dr. Costa had in college and OT school were very different as compared to current OT students and their college experiences. 2. Dr. Costa believes that switching from a master's program to a doctoral program is a necessary change.
Assertion	Donna Costa believes that everything about her is related to occupational therapy, which has been impacted by her OT education, personal and professional achievement, and her professional journey. She believes in advocating for clients as well as working in interprofessional teams and feels that all OTs should be involved at the local, state, and national levels.		