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Evolution of Occupational Therapy Practice: Life History of Kathlyn L. Reed, Ph.D., OTR,

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Abstract

Objective. The purpose of the 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.

Method. This was a qualitative research study that used a life history approach which allowed the focus to be on the participant's involvement in the evolution of occupational therapy practice. The participant was selected from a participant list compiled through purposive sampling by the project directors. Informed consent was obtained prior to the interview and the project was reviewed by the UND Institutional Review Board and because of the study design, the formal IRB process was waived. The interview was recorded, transcribed, and an open coding process was used for data.

Results. Data analysis generated 18 codes. The codes were classified into three categories, including personality components, career development, and contributions to occupational therapy. Three corresponding themes emerged from each category. A single assertion was then developed to capture the essence of Dr. Reed's life history.

Conclusion. A combination of personality components, career development, and personal contributions to OT have been a personal motivator for Dr. Reed to continue to enhance the occupational therapy profession in any way she can.

Introduction

This life history is one of 30 life history interviews which are part of a larger project, *Histories of Individuals Who Have Been Influential in Developing Occupational Therapy (OT) at the National Level and Beyond*.

The purpose of the 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.

Timeline Literature Review

Dr. Reed's interest in the practice of occupational therapy started when her father first introduced her to the profession as a child. Dr. Reed's career within the field of occupational therapy began when she graduated from the University of Kansas with her Bachelor's Degree in occupational therapy, in 1964. Her commitment and passion for the field of occupational therapy were not just limited to this one success. Dr. Reed continued her education and received her Master's Degree in 1966, her Doctorate in 1973, and went back to school to receive another Master's Degree in Library and Information Studies in 1987. Throughout her time in the field of occupational therapy, the profession went through many changes/additions.

Just after she earned her Bachelor's Degree in 1964, the Social Security Amendment Act went into action in 1965. This act established Medicare and Medicaid and mentioned occupational therapy (Cohen & Ball, 1965). The law closed one of the major gaps in the economic security of the elderly by providing protection against the high costs of hospital and medical care (Cohen & Ball, 1965).

In 1970, the American Occupational Therapy Association established a Roster of Fellows, which recognizes occupational therapists who have made a significant contribution to the continuing education and professional development of members of the Association (American Journal of Occupational Therapy [AJOT], 2019). Dr. Reed was later recognized on the Roster of Fellows in 1975. Dr. Reed's contributions to continuing education and professional development were only getting started at this point.

In 1980, Dr. Reed co-published her first book Reed and Sanderson, *Concepts of Occupational Therapy*. This book is currently in its fourth edition. In 1984, Dr. Reed published another book titled *Models of Practice in Occupational Therapy*. During 1990, The Individuals with Disabilities Education Act (IDEA) was signed into law modernizing the Education of the Handicapped Act. Along with the signing of IDEA, the Americans with Disabilities Act (ADA) was also signed into law in 1990 (Kalscheur, 1991). ADA is a civil rights bill for persons with disabilities, including children and adolescents with disabilities and their families (Kalscheur, 1991). The ADA requires that standards be established to eliminate discrimination of persons with disabilities (Kalscheur, 1991).

In 1991, Dr. Reed published the first edition of her book, *Quick Reference to Occupational Therapy*. Her book is intended for occupational therapists or occupational therapy students to use as a quick and simple reference that essentially provides a library of information on commonly encountered disorders in the field of occupational therapy. With each disorder, a description is provided, intervention ideas, precautions, and prognosis (Reed, 1991). In 1997, The Balanced Budget Act made significant cuts to Medicare and caused massive disruptions to occupational therapy practice during the late 90's (Schneider, 1997).

In the year of 2006, Dr. Reed published *Occupational Therapy Values and Beliefs: The Formative Years: 1904-1929*. Within this article, Dr. Reed outlines the importance of looking back into the past of occupational therapy in order to continue forward (Reed, 2006).

Theory

The Kawa Model was utilized to guide the entirety of this life history research study. The Kawa Model is used as a metaphor to describe underlying life circumstances that may be helping or hindering a person's ability to participate in daily occupations. This model uses metaphors such as river flow for life flow and properties, river banks for environments/contexts, rocks for the obstacles and challenges, driftwood for the influencing factors, and spaces for the opportunities to enhance flow (Teah & Iwama, 2015). The reason for using the river metaphor is that the river source represents the beginning of life and where the mouth meets the sea represents the end (Teah & Iwama, 2015). This model takes into consideration a person's needs from the past, present, and future (Teah & Iwama, 2015). The Kawa model was utilized to guide this life history research study as we were able to develop an understanding of our participant's life-flow.

Description of Participant

Kathlyn L. Reed has made a significant impact on the profession of occupational therapy. Dr. Reed had earned her B.S. in Occupational Therapy at the University of Kansas in 1964, her M.A. in for Occupational Therapy at Western Michigan University in 1966, and her Ph.D. in Special Education at the University of Washington in 1973. Dr. Reed later returned to school and received her M.A. in Library & Information Studies at the University of Oklahoma in 1987. This information from this section was retained through the initial interview and after reviewing her curriculum vitae.

Dr. Reed has been contributing to the field of occupational therapy in many different ways including: teaching at universities, contributing to the occupational therapy literature, writing books, writing articles, and much more. Dr. Reed stated in her interview that “One of my long-standing interests had been in the history of OT, and when I was in OT school, my instructors kept saying no there isn't much written about occupational therapy. And I'd always been a bit of a history buff, even when I was in high school. So I actually read the chapter that was in what was then called the Willard and Spackman textbook, about our founders ... So it struck me as sort of odd that if they knew they were supposed to publicize it where was the literature that they supposedly did about it?” She continues to contribute to the field of occupational therapy by holding leadership positions and adding to OT literature.

Methodology

This was a qualitative research study that used a life history approach which allowed the focus to be on the participant’s involvement in the evolution of occupational therapy practice. The participant was selected from a participant list compiled through purposive sampling by the project directors. Informed consent was obtained prior to the interview and the project was reviewed by the UND Institutional Review Board and because of the study design, the formal IRB process was waived.

Interview Schedule

The semi-structured interview was guided by an interview schedule prepared by the project directors; the questions on the interview schedule were designed to be used with all the individuals interviewed as part of the larger project. The student researchers were allowed to modify or add interview questions as needed for each specific interview.

Data Collection

The interview was conducted in a small study room located in the library on the Casper College campus while the participant was in Houston Texas. The interview was conducted via telephone as the participant was experiencing technical difficulties when trying to use the Zoom Video Conferencing app. The interview then proceeded over the telephone. The entirety of the interview was audio recorded on three different devices to ensure the interview could be used for transcription and data analysis. The audio recording was then transcribed verbatim and used to develop codes, categories, and the corresponding themes. The total time it took to complete the semi-structured interview was 46-minutes. The total time for researching the participant and reading through her curriculum vitae was one-hour. The total time it took for the transcription of the semi-structured interview was six-hours. Coding the verbatim transcription took three-hours. Collapsing the codes to create categories and then collapsing categories to create themes took four-hours.

Trustworthiness

Trustworthiness was displayed in this life history study. The data was triangulated by the two researchers by communicating with the research supervisor about data results, reviewing jotted notes taken during the interview and transcription process, reflective journaling at every phase of the research process and analyzing the data. These processes together ensured a valid and reliable study.

Data Analysis

The verbatim transcription was coded and yielded eighteen codes. Codes were collapsed into three categories with corresponding themes. The three categories that emerged: Personality Components, Career Development, and Contributions to Occupational Therapy (OT). Under each category three themes emerged. The codes, categories, and themes were

then used to develop one final assertion statement. For a visual display of the data analysis process refer to the appendix.

The Kawa Model helped us to understand Dr. Reed's river flow of life and the specific properties or life events that shaped her river. Through the data analysis process, we were able to decipher her possible river banks of the environments/contexts, rocks that were potential obstacles and challenges, driftwood/influencing factors, and the spaces for the opportunities that allowed her to enhance her life-flow (Teah & Iwama, 2015).

Findings/Results

Personality Components

The codes that were used to help to develop the category of Personality Components are the attributes that made Dr. Reed the person that she is today. From the information gathered from Dr. Reed. We were able to develop three themes from this category. These themes were:

1) The essence of a personality is developed over time and is influenced by many intrinsic factors;

“ You know, being a leader is not about sitting around like a stall, you know, it's uh, you know, contributing and trying to help us advance knowledge and solve problems. And so if you, if you haven't, if you haven't gathered a few facts along the way, it seems to me you don't have a lot to contribute.”

2) Dr. Reed finds motivation in the history and development of OT literature;

“...So it struck me as sort of odd that if they knew they were supposed to publicize it, why, where was the literature that they supposedly did about it? You know, whether it was in journals or newspapers or wherever. So I became very curious about what happened.”

“...I do have a master’s in library science. So that I can find out what happened to all that OT literature that our founders supposedly did. You know, did they not do it or did it get lost? Well, the, the latter is what happened. So I found how to uncover it.”

3) Dr. Reed has gained knowledge from her years of experience and values sharing that wisdom for the development of OT.

“...It's sort of silly to reinvent the wheel as it has been pointed out numerous times.

But on the other hand, the wheels that work for other professions, are not the same as the way we use our wheels. And I think it's been important for us to develop that.”

“... It seemed to me they had the writing on the wall. And, you know, if you were half aware of what was going on in the world you would read what was on the wall.”

Career Development

The codes that were used to develop the category of Career Development were what the researchers thought were the stepping stones to Dr. Reed’s path of becoming an occupational therapist and her motives for being so successful. We were able to generate three themes based on the coded information:

1) Making the decision to change lead her to increase her opportunities in the field of occupational therapy

“When I needed resources, you know, as I looked at practice arenas and when I started the program in Oklahoma, I needed a lot of resources because of the state of Oklahoma there were like 33 practicing therapist for mine or for the program. And so, because of my involvement, I, you know, I had the points to reach out to, you know, so that was very positive.”

2) Dr. Reed believes that you can only get so far in your career if you are not willing to change.

“Okay, in certain leadership roles I did not get done with what I had hoped I would do, being able to do it. Um, so I switched gears and tried another approach as and moving from writing journal articles to, you know, writing textbooks.”

“Uh, so when I couldn't get it published in AJOT, I decided, okay, then the next approach is to do textbooks. So I, I think my, I think I'm probably best known because of my textbook.”

3) Over her years of practice, staying ahead in education has allowed her to hold more successful positions.

“So I went back to library school so that I could, so this is after I got my Doctorate Degree, I went back and got a second Master's Degree. And I kidded people that I was going to go back. So I got, I do have a master's in library science. So that I can find out what happened to all that OT literature that our founders supposedly did.”

“Um, well probably for me was getting my, my Doctorate Degree was really a major uh point because when I got my Doctorate Degree, there were less than 40 OTs in the whole country that had Doctor Degrees. And that really, you know, I said put me in a position frankly to leverage my education, hopefully to an advantage, uh, of the profession. So the Doctorate Degree was a, was a strong, was a strong step for me.”

Contributions to OT

The codes that were used to develop the category of Contributions to OT were ones that we thought gave Dr. Reed a sense of purpose in the OT world and were her way of improving the field of OT in any way possible. From the codes under the category that was created, we again created three themes. These three themes are:

1) Dr. Reed believes that you have to be willing to take different leadership positions to make a difference.

“I moved around a lot in leadership roles. Uh, and I guess I’m still sort of telling it, um, my leadership role in the state of Texas is I am the parliamentarian. And the reason I became the parliamentarian is because when I first started sitting in on the meetings, they went on and on and on and on, uh, I felt they were disorganized, I thought people were missing the points, I thought there’s got to be a better way.”

2) Dr. Reed believes that it is important to continue contributing to the profession of OT through teaching, contributing to leadership, and adding to the OT literature.

“So when I couldn't get it published in AJOT, I decided, okay, then the next approach is to do textbooks. So I, I think my, I think I'm probably best known because of my textbook.”

3) Dr. Reed’s roles in OT revolve around her values of increasing what the profession has to offer.

“... You see it provided me with an um, an opportunity not just to get a paycheck, but to participate in a meaningful way in society and hopefully contribute in a small way with whatever talents I have. Both to the profession and into society life.”

Final Assertion

From the rich information that she has provided us about her life history, we were able to synthesize this information and create a final assertion that is personal to Dr. Reed and her Life History. The codes, categories, and themes were all synthesized to create one final assertion statement: A combination of personality components, career development, and personal contributions to OT have been a personal motivator for Dr. Reed to continue to enhance the occupational therapy profession in any way she can.

Discussion/Conclusion

Throughout the entirety of Dr. Reed's career in occupational therapy, she has been witness to many turning points within the field. She was able to see the transition made when the Social Security Amendment Act went into action in 1965 which established Medicare and Medicaid and mentioned occupational therapy (Cohen & Ball, 1965). In 1970, Dr. Reed was also a witness to when the American Occupational Therapy Association established the Roster of Fellows. A few years after the initial launch of this new recognition program, Dr. Reed was recognized on the Roster of Fellows in 1975. During the year of 1990, Dr. Reed was able to experience the shift in services when IDEA and ADA being signed into law (Kalscheur, 1991). She was also able to experience disruption to occupational therapy practice as the Balanced Budget Act was signed into law (Schneider, 1997).

Even with these major events being potential boulder within her river and going into effect during her time practicing occupational therapy, they did not stop her from flowing and completing her true passion, contributing to the literature of occupational therapy. The lack of occupational therapy literature has been a prime motivator for Dr. Reed to continue to contribute to the profession and society. Through the development of literature, Dr. Reed has expanded the knowledge of occupational therapy for the use of future generations. Even though she was not practicing occupational therapy, she still contributed in any way possible. Dr. Reed's role in occupational therapy consisted of sharing her knowledge through teaching experiences, sharing wisdom, and being highly motivated in continuing to contribute to the professions' literature.

Through this Life History experience, Dr. Reed provided a rich description of the progression of the occupational therapy profession and her experiences throughout. She had a lot to share and has made many contributions to the field of occupational therapy.

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Appendix

Personality Components:

- Family
- Wisdom
- Humor
- Values
- Motivation

Career Development:

- Dilemmas
- Change
- OT Career
- Other People
- Education
- Major Decision
- OT History

Contributions to OT:

- Teaching
- Legislation
- Contribution
- Leadership
- Accomplishment
- Communication

Codes



Categories



Themes



Assertion



Personality Components

1. The essence of a personality is developed overtime and is influenced by many intrinsic factors.
2. Dr. Reed finds motivation in the development of OT literature.
3. Dr. Reed has gained knowledge from her years of experience and values sharing that wisdom for the development of OT.

Career Development

1. Making the decision to change lead her to increase her opportunities in the field of occupational therapy.
2. Dr. Reed believes that you can only get so far in your career if you are not willing to change.
3. Over her years of practice, staying ahead in education has allowed her to hold more successful positions.

Contributions to OT

1. Dr. Reed believes that you have to be willing to take different leadership positions to make a difference.
2. Dr. Reed believes that it is important to continue contribute to the profession of OT through teaching, contributing to leadership, and adding to the OT literature.
3. Dr. Reed's roles in OT revolve around her values of increasing what the profession has to offer.

A combination of personality components, career development, and personal contributions to OT have been a personal motivator for Dr. Reed to continue to enhance the occupational therapy profession in any way she can.