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## Evolution of Occupational Therapy Practice: Life History of Patricia Scott PhD, MPH, OT, FAOTA

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Evolution of Occupational Therapy Practice:

Life History of Patricia Scott PhD, MPH, OT, FAOTA

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### **Abstract**

**Purpose:** 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.

**Methods:** Data was collected from one semi-structured interview with Dr. Scott. The interview was conducted via teleconference through the program Zoom and lasted approximately two hours. The questions asked during the interview were formatted from an interview schedule. The interview was transcribed verbatim by the student researchers. From the transcription, data was then coded into categories with corresponding themes.

Students used the Kawa model to gain an understanding of factors that influence an individual's life history (Turpin & Iwama, 2011). The use of this model allowed students to explore the life events that have influenced Dr. Scott's contribution to the profession of OT. Findings: During data analysis, 11 themes emerged within the categories of OT practice journey, educational journey, personal and career accomplishments. Collapsing the codes, categories, and themes, the final assertion emerged. This final assertion is that Dr. Scott has been a main contributor to OT practice through her extensive practice journey, including her role as a professor, her knowledge and experience in the mental health setting, her numerous career achievements, including her work with the Role Checklist, and her involvement in AOTA.

## **Introduction**

Dr. Scott's interview and contribution towards this study are 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 OT 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 in North Dakota and Wyoming. The interview took place on October 9th, 2019 at 3:30 pm CST between the students on the UND campus, and with the interviewee in her home at 4:30 pm EST in Indiana via teleconference. The student researchers conducted the interview while on the UND campus at the School of Medicine and Health Sciences in a small, quiet, private conference room with the door shut and free of distractions.

## **Timeline Literature Review**

A life history approach was used for this research project to capture the thoughts, perceptions, and feelings of the participants. This ethnographic approach was chosen to allow occupational therapists, students, and other individuals to understand the perceptions of Dr. Scott in her extensive roles and participation as an educator, OT, and advocate for mental health in OT practice.

Changes in society, provision of health services, politics, and a drastic increase of diagnoses and conditions all have impacted OT. In order to survive as a profession, OT has had to adapt to maintain a prominent profession in the healthcare system and provide individuals with the care they deserve. As OT became more complex as a profession, the need for increased

education occurred (Reed, 2007). The profession was impacted by advancements in technology and medicine which required a need for more research to better prepare OTs in numerous specialty areas (Reed, 2007). As the profession previously required a baccalaureate degree, higher educational standards emerged and the shift of educational requirements for the profession began. By 1964, the first master's level entry program was submitted and discussed in the council (Reed, 2007). Along with this shift, there was a lack of certified OTs in which a new need emerged and resulted in the development of a certified occupational therapy assistant (COTA) programs (Reed, 2007). This large demand for COTA's was in action back in 1958 when AOTA had recognized a responsibility for COTA education and programs which was based on the essentials required in the baccalaureate programs (AOTA, 2019). By 1990, AOTA had petitioned the Committee on Allied Health Education and Accreditation to include the accreditation of COTA's, and one year later, COTA programs gained the approval to become accredited (AOTA, 2019). Dr. Scott has experienced these educational shifts as an OT and has furthered her knowledge to continue practicing. In practice, Dr. Scott has collaborated with numerous COTA's and appreciates and values their contribution to the profession.

Dr. Scott strongly advocates for mental health and has had years of experience in this context with the profession. Prior to WWII, when OT first emerged as a profession, the majority of OTs worked in a mental health setting and provided numerous interventions to clients, including arts and crafts (Paul, 1996). After the war ended, there was a decline in the number of OTs working in this area of practice. Due to this decline, students and practitioners who had an interest in mental health were encouraged to work in this setting (Paul, 1996). The services provided by OTs have changed throughout the years. There has been a shift from only providing services for those with mental illness in hospital settings to now also providing services in the

community (Castaneda, Olson, & Cargill Radley, 2019). There has also been a change in the model used to guide the services provided by OTs in mental health settings (Castaneda et al., 2019). Previously, the medical model was used as a guide, but this has now changed and the focus has become on the use of the recovery model (Castaneda et al., 2019). The recovery model views recovery as a long-term process and believes that the goal for most clients is to return to their environments with as much independence in occupations as possible leading to a high quality of life (Castaneda et al., 2019). The occupations focused on during OT services may include obtaining and maintaining employment, going to school, and living independently, socializing, and engaging in leisure (Castaneda et al., 2019). This shift in models has been positive because as it has allowed for more focus on successful return to one's environment or community, independence, and engagement in meaningful occupations (Castaneda et al., 2019). This increased focus on independence and ability to perform meaningful occupations has impacted Dr. Scott and her work with the Role Checklist. The Role Checklist addresses the roles that clients perform and the value they place on these roles. The increased desire for clients to recover and return to their environments has led to the increasing importance of the roles that they perform. It is necessary to look at what roles are meaningful to clients and find ways for them to continue to successfully engage in them. Dr. Scott's work on the Role Checklist has been very beneficial as it provides a way to assess the roles that clients perform and value.

Another important shift that impacted Dr. Scott was the introduction to transplantation. The first liver transplant was done in 1963 and remained experimental for many years. The advent of this procedure was significant because it prolonged the lives of those whose livers were no longer functioning properly (Starzl, Putnam, & Koep, 1977). With interest in the quality of life for individuals who had received an organ transplant, Dr. Scott developed versions of the

Role Checklist to help identify individuals' roles after transplant. The first version of the Role Checklist was developed in 1981 and concepts were consistent with the Model of Human Occupation (MOHO) (Scott, McKinney, Perron, Ruff, & Smiley, 2019). The Role Checklist was intended to measure role performance but has undergone multiple revisions, most recently Version 3 which is now available and being used internationally (Scott et al., 2019).

### **Theory**

Throughout the research process, the Kawa Model was used as a guide. This model is based upon the metaphor of a river (Turpin & Iwama, 2011). The river represents a person's life history, with the water representing one's life force while the river elements represent various aspects of the person and their life circumstances (Turpin & Iwama, 2011). The elements of the river included in this model are the river floor and walls, rocks, driftwood, and the spaces between these (Turpin & Iwama, 2011). The floor and walls represent the context, rocks represent problematic life circumstances, driftwood represents personal attributes and resources, and the open spaces where the life force still flows representing the promise of OT (Turpin & Iwama, 2011). As the river flows, representing one moving through their life, the life circumstances, personal attributes, and context impact this flow (Turpin & Iwama, 2011). This model was used to understand Dr. Patricia Scott's life history and the factors within her life that have impacted this. This model was incorporated into the interview by asking questions regarding context, challenges she faced, her strengths and accomplishments. Asking these questions provided information about how contexts, life circumstances, and personal attributes influenced her life and experiences as an OT.

### **Description of the Participant**

Information gathered about Dr. Patricia Scott was gathered through multiple methods. She provided a copy of her curriculum vitae (CV), which included much of the information. Along with this, information was gathered through questions asked during the interview and through online searches.

### **Education**

Dr. Scott's education in OT has taken place in multiple states and has encountered many transition periods in the profession. Dr. Scott earned a Bachelor of Science in Occupational Therapy from the University of New Hampshire 1975, then she continued her education and obtained her Master's in Public Health in 1983 from the University of Oklahoma, and her Doctor of Philosophy in Public Administration from the Florida International University in 1997.

### **Membership Within Professional Organizations**

Dr. Scott's participation in organizations includes the American Society for Transplantation from 2011-present, participation in multiple state OT associations including Florida, Indiana, Florida, and Oklahoma over the last 30 years and participation in the American Occupational Therapy Association from 1976-present. Her membership in professional organizations also includes the American Public Health Association from 1984-1998, the Transplant Foundation INC from 1998-present, and the World Federation of Occupational Therapy from 1985-present.

### **Work Experience**

Dr. Scott's work experience in OT is extensive and remarkable. Her experience has occurred within many contexts, including Florida, Oklahoma, Canada, and Indiana. Her work experience includes associate professor and chair positions, assistant professor, research associate, board member and patient education coordinator in transplantation foundation,



program director and VA director in psychiatric hospitals, and therapy experience in the prison system and Cerebral Palsy Training Center. Currently, Dr. Scott resides in Indiana, where she recently retired from some of her roles including research facilitation lab director and both university director and chair member at Indiana University.

Although Dr. Scott is retired, she continues to work with her modified versions of the Role Checklist, including the most recent version, which is now available on the MOHO Clearinghouse website. Dr. Scott is also continuing to work on the Role Checklist with international colleagues from Sweden, Norway, Japan, Saudi Arabia, Morocco, Iceland, and China.

## **Methodology**

### **Study Design**

The qualitative study design used was a life history approach, which allows focussing on the participant's involvement in the evolution of OT practice. The student researchers conducted a two-hour interview with Dr. Scott to capture her thoughts and perceptions about shifts in OT practice, within the legislation, and in education.

### **Participant Selection**

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. Because of the study design, the formal IRB process was waived.

### **Interview**

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**

Data was gathered during an interview lasting approximately two hours. The interview was conducted via teleconferencing between the two student researchers who were in a study room located in the School of Medicine and Health Sciences at the University of North Dakota campus and Dr. Scott who was at her home in Indiana. Prior to the interview, the student researchers had emailed Dr. Scott and provided the link to the Zoom application which the interview would be conducted through. During the semi-structured interview, the interview schedule was used as a guide. This interview schedule included questions prepared by the project directors and questions added by the student researchers that were relevant to Dr. Patricia Scott's experiences. After the interview, the student researchers transcribed the data verbatim which then was collapsed into individual codes, categories, themes, and an overall assertion. The process of transcribing the data and coding and data was a collaborative process between the researchers. The data collection process took approximately 10 hours.

### **Trustworthiness**

Trustworthiness was established through the use of many different strategies. The interview was transcribed verbatim, and both researchers reviewed the transcription multiple times to make notes, analyze information and find potential codes. Potential biases were limited because the researchers had little knowledge or beliefs regarding the participant prior to completing the interview. The researchers also minimized bias through the use of reflective journals. Multiple reflexive journals were completed throughout the process of data collection and analysis to track assumptions and become aware of any potential biases. Member checking

was also used to establish trustworthiness. The researchers sent final copies of the transcription and poster to the participant for her to verify that the content was accurate. Changes were made based on suggestions made by the participant before submitting the final documents.

Triangulation was used by incorporating data from both the interview and literature and by using multiple researchers to collect and verify data. Triangulation was also used through the researchers' consultations with a research advisor throughout the process of data collection, data analysis, and creation of both the visual data display and poster. Using these triangulation strategies ensured high levels of validity and reliability. Reviewing the data with other researchers and the participant-led to an increased understanding of the study and the information that was covered during the interview.

### **Data Analysis**

#### **Process**

A life history study design was used to conduct research. The interview was transcribed verbatim. After the transcription was complete, data analysis occurred through a coding process. Triangulation was used by having both student researchers individually reviewed the transcriptions looking for key phrases, sentences, and statements. If these phrases, sentences, and statements were found by both student researchers, they were recorded and organized into codes. See appendix for visual data display containing data analysis of codes, categories, themes, and final assertion.

The Kawa Model was also used to guide the process of data analysis. The themes that emerged from the data represented the elements of the river as they were related to life circumstances, personal attributes and resources, and contexts. The spaces between these elements were also evident through the themes that emerged. Despite facing many negative life

circumstances, such as health problems, she was able to use her personal attributes and resources to keep her life force flowing. The elements of the river were not able to stop her from continuing her flow of life or from reaching her potential, achieving her goals, and making significant contributions to the practice of OT.

### **Codes/Categories/Themes**

The student researchers identified 17 codes that arose from reviewing the transcription. The inclusion criteria for the codes consisted of both student researchers identifying the same code. Inclusion criteria for the codes were also based off of member checking with the participant to ensure all of the codes were appropriate, resulting in the formation of 17 codes. If the participant decided that a code was not appropriate, the code was excluded from the study. These codes were then distributed into three categories. Codes that were similar were grouped together and combined to create three encompassing categories. The categories that resulted from this process were: *occupational therapy practice journey*, *educational journey*, and *personal and career accomplishments*. From the categories, 11 themes emerged that represented to information obtained through the interview and the codes identified.

## **Findings**

### **OT Practice Journey**

*Theme 1: Dr. Scott has a vast majority of practice experience.*

Dr. Scott's work experience is extensive and remarkable in OT. Her experience has occurred within many contexts, including Florida, Oklahoma, Canada, and Indiana. Her work experience includes associate professor and chair positions, assistant professor, research associate, board member and patient education coordinator in transplantation foundation, program director and VA director in psychiatric hospitals, and therapy experience in the prison

system and Cerebral Palsy training center. Currently, Dr. Scott resides in Indiana, where she recently retired from roles including research facilitation lab director and both university director and chair member at Indiana University. Although Dr. Scott is retired, she continues to work with her modified versions of the Role Checklist including working with an international team to translate it and ensure cross-cultural validity. Her variety of practice experience has made her very knowledgeable in OT overall. Through her experiences, she has learned the importance of cultural competency, therapeutic use of self, and client-centeredness. Her experiences have also led her to better understand various client populations and recognize their needs. Additionally, her practice experiences have resulted in her writing many scholarly articles that have contributed to the further understanding of concepts and phenomena and have led to further education of OT students and practitioners.

“So, I first worked in Virginia Beach and worked at the Cerebral Palsy Training Center for about six months, and then a position came open at a private psychiatric hospital. So I worked there for another nine months and then moved to Sarnia, Ontario [...] I went to Oklahoma City where I worked at a psychiatric hospital.”

*Theme 2: Throughout her early years of practice, Dr. Scott was able to understand the true meaning and value of OT.*

As a result of her own personal experiences and witnessing the impact that OT can have for clients, she gained a strong understanding of both the purpose and value of OT. She articulated how difficult it can be for clients experiencing physical or mental health issues can be, but that OT gives them hope and addresses these difficulties to give them a higher quality of life.

“I really think the importance of OT to people's lives is not to fix them but to help them to be able to be what they want to be and do what they want to do. We have so much capacity to just really listen to somebody and then come up with solutions. I really think that the reason that people have a difficult time with what we do is because some people do it well automatically and when people reach the end of their rope because so many things have gone on, and have been so many challenges you can't even imagine yourself being back to where you were but all of those kinds of challenges are just temporary.”

*Theme 3: Dr. Scott has personal experience with health issues, which have impacted her practice journey.*

Dr. Scott's experience with health issues led to a deeper understanding of what clients experience pre- and post-transplant. She became aware of the areas that needed to be further addressed to improve outcomes and quality of life. Because she was aware of the experiences and needs of this population, she began her work on the Role Checklist. This personal experience also spurred her interest in working with clients who had experienced transplants and working with the transplantation foundation.

“Having been faced with having a liver transplant, I have autoimmune diseases, but Hepatitis is one of them. I looked everywhere to find out what my life would be like after transplant, and I couldn't find anything. I could find all of these things about how many people got depressed, how many people going back to work, how many people were able to do things. But never about what people were able to do as opposed to people who weren't. So back in 2002, I really put my efforts into understanding recovery post-transplant and return to productive roles. That's what got me into the role checklist work.”

*Theme 4: Advocating for her clients and for the profession was a common theme with Dr. Scott.*

Throughout the interview, Dr. Scott discussed the importance of being able to advocate for clients, as well as working with them to advocate for themselves. She believes in advocating for those who have physical disabilities but emphasized the importance of advocating for those with mental illnesses. She indicated that it can be challenging to advocate for those with mental illness because of the stigmas around it and because it is not something that others can physically see. She gave multiple examples of advocating for clients with mental illnesses and also addressed the importance of reducing stigmas and personal biases when working with clients in a mental health setting. To illustrate this, she gave an example of a client who she worked within the prison. The client was a man with schizophrenia who had committed murder. Dr. Scott acknowledged that the crime he committed was very bad, but she had to put this knowledge and potential bias aside and not let this influence the way she provided OT services to him.

### **Educational Journey**

*Theme 1: Dr. Scott greatly values working with her students as a professor.*

Dr. Scott has stated that she greatly values the experience of working with students. She has worked with students for many years and continues to do so through her work on the Role Checklist. She acknowledged the many contributions students have made on the many research articles and studies she has worked with them to write. She also stated that she had personally received OT services from previous students and has been very impressed and appreciative of the work that they have done.

“We had to do all those studies before we were ready to publish it and get it out there.

And it took a long time. Mostly because my graduate students and I were the ones who

were doing most of the work. They published papers, they presented at AOTA several times, and they're awesome.”

*Theme 2: Dr. Scott believes models and frames of reference are an important part of practice and should be taught within OT programs.*

Dr. Scott discussed the importance of using frames of reference and models when practicing as an OT as these guide one’s thinking. She mentioned how much models and frames of reference have evolved since she was a student and addressed those that are commonly used in practice. She also explained how her work with Gary Kielhofner influenced her understanding and use of models, particularly the MOHO.

“The models and frames of reference are really helpful in terms of helping us think through the reasons why things may not be working for somebody [...] So theories and frames of references; they're what makes us think like OTs. I think that's really important, so I think they're invaluable.”

*Theme 3: Dr. Scott has valued her experiences as a student and the impact that it has had on her practice as an OT.*

She had a wide variety of experiences as a student, which has impacted her practice as an OT. She completed her Bachelor’s, Master’s, and Doctorate degrees all in different locations throughout the United States. This led to an increased cultural competency as she was exposed to many diverse cultures and became more aware of how people differed. She also received three different degrees throughout her time as a student. These degrees have provided her with a larger knowledge and skill base which she has used to further her contributions to OT.

*Theme 4: Dr. Scott has experienced the shift in OT programs from bachelorette to masters, and now to doctorate.*



Dr. Scott has experienced a shift in education from a bachelor's degree to a master's degree while she was practicing as an OT. She has also experienced the shift from a master's degree to a doctorate degree while at Indiana University. She stated that she thinks that these shifts in education have been positive because she believes that OT programs have been over credited for many years.

“We have a 96-credit master's program, we are now moving to the OTD and fortunately we did it before they mandated so that we got in early, we are having our site visit this earlier this year. It's 104 credits which is not that many more than that umm 96; however, instead of keeping the same curriculum and adding one class, which I truly disagree with, we re-conceptualized the entire program.”

### **Personal and Career Accomplishments**

*Theme 1: Dr. Scott has extensive work and experience as a leadership member in AOTA.*

She has been a member of AOTA since 1976 and has made contributions in various ways throughout her years as a member. Dr. Scott was also recognized as a Fellow (FAOTA) by AOTA in 2002 for “Excellence in Teaching and Innovation in Practice.”

*Theme 2: Dr. Scott has used her clinical experience to improve the Role Checklist.*

During the interview, Dr. Scott discussed her experiences with many different cultures and the importance of cultural competency. She discussed learning experiences while practicing as a clinician that made her more aware of different cultures and the beliefs and values within them. This has influenced her work with the Role Checklist as she is now working with an international team to translate it and ensure cross-cultural validity.

“I used to present on MOHO in institutes at International Conference. People were really

interested in it internationally so now we have it translated into eight languages with 12 more in progress. We have an international working group that has published a ton of papers and is working internationally. A reason I retired was so that I could continue working with that group and put the material we gathered into a manual so therapists could use it [...] This international group that I've been working within development and cross-cultural validity of the role checklist [...] I was very naive in the ways of people of different cultures and different religions [...] we're much more culturally sensitive and culturally aware.”

*Theme 3: Dr. Scott practiced under Gary Kielhofner and incorporated MOHO into her practice, which lead her to the Role Checklist.*

Dr. Scott's experience working with Gary Kielhofner has greatly impacted her practice and the contributions she has made to OT. Working with him, she learned more about MOHO and began to greatly value the use of it. This understanding of MOHO led to an increased ability to work on the Role Checklist as MOHO is the model used to guide this tool. She also indicated that she learned more about OT, its value, and both the process and outcome of OT.

“Gary Kielhofner was someone I spent my time with, and that's why I became involved with MOHO. He was somebody who taught me how to appreciate OT as an outcome, not as a process.”

### **Assertion**

From these themes, one assertion statement was formulated: *Dr. Scott has been a main contributor to OT practice through her extensive practice journey, including her role as a professor, her knowledge and experience in the mental health setting, her numerous career achievements, including her work with the Role Checklist, and her involvement in AOTA.*

### **Discussion**

Dr. Scott began her OT journey in 1975 as she graduated from the University of New Hampshire with a bachelor's degree, now almost a decade later she is retired but continues to work on her most recent modified version of the Role Checklist. Dr. Scott has experienced personal health concerns that have impacted her role as an OT and lead her to a personal interest in the Role Checklist which developed with her work in the Transplant Foundation.

Despite changes in society as Dr. Scott was practicing, she stated these changes did not directly impact her practice, but the shifts in educational demands for the profession played a large role in her continuation of education. As the profession became more complex along with the increase in use and advancements in technology, OT was required to evolve and adapt to ensure appropriate therapy services were provided to clients (Reed, 2007). Dr. Scott has continued her education on three separate occasions. She began by pursuing a bachelor's degree in OT but has since furthered her education, receiving both a master's degree and a doctorate degree. Personal health concerns and her own practice experiences in mental health have also impacted Dr. Scott's personal and professional journey. Dr. Scott has directly worked with COTAs through her years of practice as an OT and truly values their work in the profession and appreciates the care they provide to clients. Once there was a drastic demand for COTAs, AOTA recognized the need and began to develop educational standards and accreditation for COTA programs (AOTA, 2019). The shift from the medical model to the recovery model and change to provisions of OT services in various mental health settings impacted the work Dr. Scott did in mental health (Castaneda, Olson, & Cargill Radley, 2019). The focus on the recovery model increased the need for the Role Checklist, as the roles performed by clients are an important factor in successfully recovering, returning to their environment and engaging in meaningful

occupations (Castaneda et al., 2019). The shift in settings in which OT mental health services are provided impacted Dr. Scott's practice experiences as it provided her with the opportunity to work with clients experiencing mental illness within a prison.

The Kawa model is based on the metaphor of a river and consists of various elements and their impact on the person's life and state of flow (Turpin & Iwama, 2011). The Kawa model was used to guide this life history to capture the individual's perceptions of life events that have impacted their state of flow. Dr. Scott has experienced various life events that have impacted her practice as an OT and the life decisions she has chosen during her career including education continuation, OT certification within many states, and her extensive professional achievements including board positions and her work with the Role Checklist. The river represents a person's life history, with the water representing one's life force while the river elements represent various aspects of the person and their life circumstances (Turpin & Iwama, 2011). The elements of the river included in this model are the river floor and walls, rocks, driftwood, and the spaces between these (Turpin & Iwama, 2011). The river floor represented various contexts in Dr. Scott's OT journey including the areas she attended school and lived such as Miami, Oklahoma, and New Hampshire which has allowed her to achieve cultural awareness. The rocks represent the negative life circumstances that have occurred throughout her life including her health issues which forced her to take a break from her practice as an OT. Her education, practice experience, and passion for OT acted as driftwood that enabled her to overcome her difficulties. Despite her negative life circumstances, Dr. Scott's life was able to flow through the open spaces. She used these circumstances as a learning experience which led to her involvement in transplantation research and in the Role Checklist. As her life continued to flow, she was able to find success, achieve her goals and make significant contributions to OT practice.

### **Conclusion**

There have been many impacts on the profession including policy changes, changes in legislation, and political influences; still the profession has maintained its core focus, the power of occupation. Dr. Scott has work experience in numerous contexts and has experienced many of these shifts in practice, education, and legislation. Overall, the perceptions and years of experience Dr. Scott has shared have expanded the professional body of knowledge while examining the history of OT. Patricia J Scott has been a main contributor to OT practice through her extensive practice journey, including her role as a professor, knowledge and experience in the mental health setting, numerous career achievements, including her work with the Role Checklist, and her involvement in AOTA.

Through the information that Dr. Patricia Scott has contributed during her participation in this study, she has provided insight into OT experiences in the mental health setting, various leadership and educator positions as well as her experience in transplantation research. Through her research, she has also contributed to OT by creating the Role Checklist versions 2 and 3. Along with this, she has written many research articles that have provided further information regarding many areas of OT practice. The Kawa model emphasizes the effects of life events and how they directly impact the flow of one's life force and the experiences of that individual. Dr. Scott provided numerous examples of how changes in society have impacted OT practice. These changes included advancements in treatment and services provided to mental health populations, an increase of advocacy for individuals receiving skilled services, and shifts in both legislation and educational requirements for the profession.

Dr. Scott has had many personal and professional accomplishments throughout her life. Because of her work and accomplishments, current and future OT practitioners have a larger

knowledge base, which will assist them in providing the best care and services to their clients.

Although she has retired, she works on the Role Checklist with other professionals and it is expected that she will continue to make great contributions to OT through this work.

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**Appendix**

The Life History of Patricia Scott DOTR/L			
Codes	<ul style="list-style-type: none"> <li>-Practice Experience</li> <li>- Value and meaning of OT</li> <li>- Health issues</li> <li>- Advocacy</li> <li>- Shifts in Practice</li> <li>- COTAs</li> <li>- Legislation</li> <li>- Cultural Awareness</li> </ul>	<ul style="list-style-type: none"> <li>- Students</li> <li>- Models and Frames of reference</li> <li>- Student experience</li> <li>- Shifts in Education</li> </ul>	<ul style="list-style-type: none"> <li>- AOTA</li> <li>- Role Checklist</li> <li>- MOHO</li> <li>- Mental Health</li> <li>- Diverse Practice</li> </ul>
Categories	OT Practice Journey	Educational Journey	Personal and Career Accomplishments
Themes	<ul style="list-style-type: none"> <li>- Dr. Scott has a vast majority of practice experience.</li> <li>-Throughout her early years of practice, Dr. Scott was able to understand the true meaning and value of OT.</li> <li>-Dr. Scott has personal experience with health issues which have impacted her practice journey.</li> <li>- Advocating for her clients and for the profession was a common theme with Dr. Scott.</li> </ul>	<ul style="list-style-type: none"> <li>-Dr. Scott greatly values working with her students as a professor.</li> <li>-Dr. Scott believes models and frames of reference are an important part of practice and should be taught within OT programs.</li> <li>-Dr. Scott has valued her experiences as a student and the impact that it has had on her practice as an OT.</li> <li>-Dr. Scott has experienced the shift in OT programs from bachelorette to masters, and now to doctorate.</li> </ul>	<ul style="list-style-type: none"> <li>-Dr. Scott has extensive work and experience as a leadership member in AOTA.</li> <li>-Dr. Scott has used her clinical experience to improve the Role Checklist.</li> <li>-Dr. Scott practiced under Gary Kielhofner and incorporated MOHO into her practice which lead her to the Role Checklist.</li> </ul>
<p>Assertion: Dr. Scott has been a main contributor to OT practice through her extensive practice journey, including her role as a professor, her knowledge and experience in the mental health setting, her numerous career achievements, including her work with the Role Checklist, and her involvement in AOTA.</p>			