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Evolution of Occupational Therapy Practice: Life History of Paula Kramer, PhD, OTR/L, FAOTA

Shelby Wittenberg

Lexie Coalwell

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Evolution of Occupational Therapy Practice:

Life History of Paula Kramer, PhD, OTR/L, FAOTA

Shelby Wittenberg, MOTS & Lexie Coalwell, MOTS

University of North Dakota School of Medicine and Health Science

Table of Contents

Abstract	3
Introduction	4
Literature Review	4
Theoretical Perspective	6
Description of Participant	7
Methodology	8
Data Analysis	9
Findings/Results	10
Discussion/Conclusion	14
Acknowledgements	15
References	16
Appendix	18

Abstract

Objective: The purpose of this 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: A life history qualitative approach was used by conducting two, 60-minute semi-structured interviews at the University of North Dakota's School of Medicine and Health Sciences. The interviews were transcribed verbatim and coded to discover emergent themes.

Results: A total of three categories emerged from the data analysis, including: personal journey, professional journey and education/advocacy. Two themes arose from each category, including topics of personal experience with occupational therapy, occupational balance, mentorship, teaching, theory, evidence-based practice, and advanced educational requirements.

Conclusion: Dr. Paula Kramer credits her support systems and occupational balance for allowing her to remain passionate about occupational therapy, which has led her to fulfill a variety of roles throughout her time as a practitioner and educator, and has inspired her to continue advocating for theory and evidence-based services.

Introduction

The purpose of the life history of Dr. Paula Kramer is to gain an understanding of her perspective of the profession of OT and how it has evolved over the course of her career. The life history interview was conducted via a video conferencing platform on two separate occasions. Both interviews were audio and video recorded for data collection purposes. The first interview occurred on Sunday, October 13, 2019, from 3:30-4:30 pm. During this interview, student researchers were located in a private study room at the University of North Dakota's School of Medicine and Health Sciences, while Dr. Paula Kramer was located in her home in Newport, Rhode Island. The second interview occurred on Thursday, October 24, 2019, from 12:00-1:00 pm. During this interview, student researchers were again located in a private study room at the University of North Dakota's School of Medicine and Health Sciences, while Dr. Paula Kramer was located in her home in Pennsylvania.

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 this 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.

Literature Review

A life history is used to gather knowledge of the chronological development of an individual's life (Wicks & Whiteford, 2006). In addition, the approach is used to gain a holistic view of an individual's life experiences as well as how the individual assembles the various

aspects of his/her life (Wicks & Whiteford, 2006). A life history utilizes a narrative approach to gather an understanding of an individual's occupational experience, making it an important approach used in OT research (Wicks & Whiteford, 2006).

In the 1960s, the profession of OT greatly evolved as Mary Reilly encouraged OT to become a science-based profession (Reed & Peters, 2007). This movement led the American Occupational Therapy Association (AOTA; 1969) to adopt the formal definition of occupational therapy as, "the art and science of directing man's response to selected activity to promote and maintain health, to prevent disability, to evaluate behavior and to treat or train patients with physical or psychosocial dysfunction" (p. 185). AOTA began to provide additional support and guidance towards developing and publishing research within the profession, which continued into the 1970s and beyond (Reed & Peters, 2007).

In 1975, Congress passed the Education for all Handicapped Children Act, later named the Individuals with Disabilities Education Act (IDEA) in 1990, which provided an entrance for OT into the school-based setting as a related service (Reed & Peters, 2008). This was an important acknowledgment of the profession as it was the first piece of legislation that mentioned OT as a rehabilitation service. Later in 1979, efforts to improve engagement in research within the profession were taken by the American Occupational Therapy Foundation (AOTF) by awarding grants to AOTA members to conduct research (Reed & Peters, 2008). This aided in the development of the profession as it emphasized the importance of research development and integration of research into practice (Reed & Peters, 2008).

In 1980, OT was defined as a qualifying service for home health and extended care services under the Social Security Amendment Act, which meant that OT could be offered as a single service (Reed & Peters, 2008). This was an upgrade in status from the Social Security

Amendment Act of 1965, where OT was defined as a ‘general inpatient service’ (Reed & Peters, 2008). In 1986, certification to practice as an occupational therapist was officially separated from an AOTA membership following the creation of the American Occupational Therapy Certification Board, later named the National Board of Certification in Occupational Therapy (NBCOT) in 1996 (Reed & Peter, 2010). This was important to the profession as OT practitioners were no longer required to be an AOTA member in order to maintain their certification to practice (Reed & Peters, 2010).

In 1992, the Accreditation Council of Occupational Therapy Education (ACOTE) was developed to attend to membership, credentialing, and accreditation standards of OT programs nationwide, which is important as it ensures graduates are considered qualified to practice as an occupational therapist (Reed & Peters, 2010). Finally, it was first recommended in 2013 by ACOTE that a Doctoral degree be the single point of entry to become an occupational therapist (ACOTE, 2018), which is still up for discussion as this document is written in 2019.

Theoretical Perspective

The Kawa model was used to guide this study as it takes a metaphorical approach to gather an understanding of a person’s life journey. The model takes into consideration the impact the person’s characteristics/traits, experiences, and surrounding context has on his/her journey (Turpin & Iwama, 2011). ‘Kawa’ is the Japanese word for ‘river,’ which is used to represent the person’s life journey (Turpin & Iwama, 2011). The Kawa model uses the term ‘rock’ to represent obstacles that the person views as troublesome or problematic aspects of their life journey (Turpin & Iwama, 2011). ‘Driftwood’ is another term used which represents the characteristics, attributes or resources processed by the person (Turpin & Iwama, 2011). Finally, the Kawa model uses the terms ‘river walls’ and ‘river floor’ to represent the person’s surrounding

environment (Turpin & Iwama, 2011). The researchers took into consideration the concepts of the Kawa model throughout the research process by incorporating questions based on the model into the interview schedule and development of categories and themes.

Description of Participant

Information was gathered from Paula throughout the interview process, her curriculum vitae (CV), and an online search. Paula was born and raised in New York City, New York. Paula attended the University of Science, located in New York, where she earned her Bachelor's (1973) and Advanced Master's (1977) in OT. She later earned her Doctorate of Philosophy (PhD; 1993) in OT from the same university. Paula attended Harvard for the Macy Scholar for Leadership Program in 2011.

In 1973, Paula began her career as an occupational therapist as a school-based therapist for the N.Y.C. Bureau for Handicapped Children. In 1975, she took a new position at St. Vincent's Hospital & Medical Center, where she was employed until 1981. In 1976, she started a second position working in private practice where she primarily worked with children and adolescents, where she was employed until 1996. Paula transitioned to the role of an educator in 1977, where she held various positions at several universities. She was named Professor Emerita in 2017, following her retirement from the University of Science in Philadelphia.

She has been involved in several published works, including research articles and textbooks. She has also participated in many grant-funded projects, with grants totaling more than \$600,000. Paula was a member of the New York State Occupational Therapy Association (NYSOTA), New Jersey Occupational Therapy Association (NJOTA) and held a Chair position within the Accreditation Council of Occupational Therapy (ACOTE). Paula has received several awards including: A. Jean Ayres Award in 2005, several American Occupational Therapy

Association Service Award and the American Occupational Therapy Association Award of Merit in 2012, which is the highest Association award given for global contribution to the profession. In addition, she was honored with the title of Fellow of the American Occupational Therapy Association (FAOTA) in 1985 for her contribution to the profession at the national level. Paula was named one of the 100 Influential People in the profession of Occupational Therapy in 2017.

Methodology

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. These interviews were audio-recorded with the participant's consent to allow for thorough and accurate data analysis.

Study design

A qualitative study was conducted using a life history approach. This approach utilizes a narrative approach to gain a holistic view of an individual's life experiences (Wicks & Whiteford, 2006). It also allows knowledge to be gathered and organized in a chronological pattern, which it makes it an appropriate method to use for this particular study (Wicks & Whiteford, 2006).

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. Due to the research design, the formal IRB process was waived.

Data collection.

Data were collected through document review of CV, published articles, and background information from online search prior to interviews. Following the completion of interviews, the audio recordings were transcribed verbatim. The researchers then analyzed content from the transcription to generate codes, categories, themes, and an assertion statement.

Trustworthiness.

The researchers took several measures to ensure trustworthiness throughout the duration of the study. Researchers kept reflexive journals and completed initial reflexive memoing on interview transcriptions to document personal biases. Both researchers assisted with the transcription of recordings, which increased the confirmability of the study. Information obtained prior to the interview through document review and research was fact-checked with the participant during interviews, which increased the credibility of the study. Transcription and completed data documents were also reviewed by an advisor for completeness and authenticity.

Data Analysis

As previously stated, audio recordings of interviews were transcribed verbatim to ensure that all-important information was included and available for data collection and analysis. During this transcription process, researchers began initial reflexive memoing to reduce the influences of personal biases on data. Following transcription, researchers began to generate codes from data by separating quotes onto notecards to create a clear visual representation of data. Key phrases and words that appeared consistently throughout the interview and appeared to spark emotion within the participant were included in the coding process, while phrases and words that did not appear consistently or appear to hold particular meaning to the participant were excluded. A total of 23 codes were yielded (see appendix), which were then collapsed into three overarching categories. From these three categories, six total themes emerged. These

themes described important factors in Paula's personal and professional life that influenced her involvement in the profession of OT. These codes, categories, and themes helped the researchers to develop one main assertion statement that reflected Paula's experience and influence within OT. The codes, categories, and themes can all be found in the visual data display attached in the appendix.

Findings/Results

Following transcription and coding of audio-recorded interviews, three categories emerged from the data: a personal journey, professional journey, and education/advocacy. Two themes were generated from each category. The identified categories and themes outlined an understanding of Paula's life experiences and perspectives of the profession of OT as guided by the Kawa model.

Personal Journey

Paula's personal experience with OT resulted in her desire to pursue a career in the field. Throughout her career, Paula has remained dedicated to the profession, placing a high value on education and scholarship, but was also able to remain active in her personal life through involvement with family, friends, and leisure activities. By establishing a well-rounded balance within her life, she was able to continue to be highly involved in both personal and professional activities. Codes in this category included: scoliosis, identity, balance, passion, self-care, family, and hobbies.

Theme One: Paula's positive personal experience with an occupational therapist following scoliosis treatment influenced her to learn about and later become a part of the profession of occupational therapy.

During the interview, Paula spoke about her personal experiences that led her to becoming an occupational therapist. She stated that her first experience with an occupational therapist occurred when she was receiving OT intervention following surgical treatment for scoliosis. Due to the extensive recovery time of the surgery, Paula's physician referred her for OT services. Paula had this to say about her experience in OT:

So she [OT] changed me from being this lump lying in bed watching t.v. and reading books, to being very functional. I thought that was the best thing in the world. I decided then that I wanted to do that for other children with handicapping conditions.

Theme Two: Paula has maintained a well-rounded balance within her life by spending time with family and engaging in several hobbies, which has allowed her to maintain a positive attitude within her professional career.

When asked, Paula discussed the important role that personal and professional balance plays in preventing burn-out: "You're going to have [job] stress. If anybody tells you there is any job, no matter how much you love it, that it doesn't have stress, they're lying. I think you need two things... First of all, you have to have a personal life... and you've got to have an occupational balance within your personal life". Paula mentioned several hobbies that she has enjoyed and have provided her with occupational balance throughout her life. She stated: "I love the movies. I love theater. I love going out with my friends. I love everything Disney."

Professional Journey

Paula has had a successful and prolific career in OT. She has been involved in various practice areas and roles within the profession on local and national levels. With each new adventure, Paula experienced doubts and anxiety about potential performance; however, she was surrounded by individuals who supported her and helped her reach her dreams. After a

successful career, she began teaching OT students to share her wisdom and ensure continued high-quality care to future clients. Codes in this category included: passion, teaching, practice, success, faux pas, self-confidence, mentors, and growth.

Theme One: Paula credits her mentors for pushing her to embrace new opportunities, which in turn led to higher perceived self-confidence of abilities.

Throughout the interview, Paula discussed how she had several instances of self-doubt throughout her career. She explained how her mentors encouraged her to go outside of her comfort zone and take up new roles and opportunities. This encouragement, in turn, led to increase self-esteem and confidence, as she was successful in these new roles and opportunities. She describes their influence as follows:

I would say, ‘No, I can’t do this,’ and they would say ‘Here, give it a try.’ People taught me how to do it. It was their support, mentorship and belief in me that took me to different places. I was around people who enriched me.

Theme Two: Following a successful career as a clinician in a variety of settings, Paula began her career as an educator to inspire occupational therapy students to provide high-quality care to their future clients that reflect the core values of occupational therapy.

After working in pediatric and adolescent private practice for many years, Paula was again encouraged by her mentors to begin teaching. She did not initially feel that she had the skill set required to teach adults, as she preferred working with kids. She described her initial hesitation in teaching as follows:

He [Dr. Sean O’Brien] said, ‘Look at it this way. You were a great OT, and you can only handle so many clients a week. But if you start teaching OT students, you can have 30 people becoming great OTs.’ I told him he was dreaming and all that. Then, Anne Mosey

asked me if I would come to teach at night because she was short adjunct faculty, and you did not say no to her.

Education/Advocacy

Paula is a strong advocate for the profession of OT and is passionate about ensuring the inclusion of the profession in multiple practice areas. She believes that OT has unique and distinct services to offer the healthcare field, but acknowledges that the profession does not currently have a strong presence. She believes that by moving the profession to a single entry point of a clinical doctoral degree and encouraging an increase in OT specific research to support services, the profession will gain a strong and prominent position within healthcare. Codes in this category included: OTD mandate, advocacy, education, ethics, writing, theory, research, and leadership.

Theme One: Paula believes that occupational therapy services need to be grounded in evidence and theory in order to demonstrate the benefits and importance of our skilled services.

Paula discussed her belief in the importance of ensuring that all OT services are supported by valid research. She mentioned how the profession needs to continue to produce research in order to provide reasonings for therapists to support their clinical decision-making processes.

At NYU, Anne Mosley taught many of the courses and was very heavily laden with theory. I still believe that if you can't describe why you're doing and what you're doing, you're nowhere.

Theme Two: Paula is a strong advocate for the OTD Mandate, as she believes that it will allow occupational therapy to become a prominent profession within healthcare.

Paula strongly advocated for the transition of the entry-level degree to a mandated clinical doctorate or OTD. She believes that in order to obtain an important place and mutual respect among other healthcare professions, we must increase the education standards to rise to where other professions currently are. She explains her support for the OTD Mandate as follows:

The WHO [World Health Organization] put out a study on interprofessional healthcare, and we were not included. Their rationale was that they only put doctorate level professions at the table. If we can't be at the table for important discussions, we will never elevate our practice. I want us to always be at the table. We have a huge amount that we can contribute, I mean it's amazing when you think about it. So that's why I think the way I do about it [OTD Mandate], I want us to be there. I want us to be a part of everything.

After analysis of the codes, categories, and themes, one final assertion was created: Paula Kramer credits her support systems and occupational balance for allowing her to remain passionate about OT, which has led her to fulfill a variety of roles throughout her time as a practitioner and educator and has inspired her to continue advocating for theory and evidence-based services.

Discussion/Conclusion

As OT has evolved, Paula has remained true to the core values of OT by consistently incorporating the use of occupation, theory, and evidence-based interventions into her practice. She has greatly contributed to the profession through the publication of several works regarding theory, occupation and evidence-based practice as she feels it is these concepts that will drive the profession forward. In addition, Paula expressed her belief that the OTD mandate is an essential step towards becoming a prominent profession in the healthcare system. Paula credited a well-

rounded balance between her personal and professional life as a key determinant to remain passionate in both areas.

The KAWA model was used throughout this study to relate the various aspects of Paula's life, including her barriers, supports, and personal assets, as well as internal and external contexts that influenced both her personal and professional life. External influences of legislation and professional organization changes provided new and varied opportunities for Paula to learn and grow from. Paula cited her self-doubt and lack of confidence as one of her most prominent barriers; however, support from mentors and family allowed her to overcome this personal trait and contribute at local and national levels.

Paula remains passionate about the profession of OT, which she credits to a well-rounded life balance and endless support from those around her. In addition, she was able to fulfill a variety of roles during her time as a practitioner and educator, which has inspired her to continue advocating for theory-driven and evidence-based services. Paula has been and continues to be dedicated to the profession, which was evident throughout the research study. She remains excited about scholarship in OT and looks forward to seeing where the profession progresses in the future.

Acknowledgements

We would like to give a special thanks to Dr. Paula Kramer for her willingness and flexibility throughout the process of this life history study. She provided valuable insight into the profession of OT and has influenced practice both nationally and globally through her contributions.

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Appendix

Visual Data Display

Data Analysis: Evolution of Occupational Therapy: Life History of Paula Kramer PhD, OTR/L, FAOTA
Lexie Coalwell, OTS & Shelby Wittenberg, OTS

Categories derived from codes:

<u>Personal Journey</u>	<u>Professional Journey</u>	<u>Education/Advocacy</u>
Scoliosis	Passion	OTD Mandate
Identity	Teaching	Advocacy
Balance	Practice	Education
Passion	Success	Ethics
Self-Care	Faux Pas	Writing
Family	Self-Confidence	Theory
Hobbies	Mentors	Research
	Growth	Leadership

Themes:

Personal Journey:

- Paula's positive personal experience with an occupational therapist following scoliosis treatment influenced her to learn about and later become a part of the profession of occupational therapy.
- Paula has maintained a well-rounded balance within her life by spending time with family and engaging in several hobbies, which has allowed her to maintain a positive attitude within her professional career.

Professional Journey:

- Paula credits her mentors for pushing her to embrace new opportunities, which in turn led to higher perceived self-confidence of abilities.
- Following a successful career as a clinician in a variety of settings, Paula began her career as an educator to inspire occupational therapy students to provide high quality care to their future clients that reflects the core values of occupational therapy.

Education/Advocacy:

- Paula believes that occupational therapy services need to be grounded in evidence and theory in order to demonstrate the benefits and importance of our skilled services.
- Paula is a strong advocate for the OTD Mandate, as she believes that it will allow occupational therapy to become a prominent profession within healthcare.

Assertion:

Paula Kramer credits her support systems and occupational balance for allowing her to remain passionate about occupational therapy, which has led her to fulfill a variety of roles throughout her time as a practitioner and educator, and has inspired her to continue advocating for theory and evidence based services.