

A Piece of the Evolution of Occupational Therapy: Life History of Neil Harvison PhD, OTR, FNAP, FAOTA

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Introduction

Purpose

- 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 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.

Description of Participant

- Dr. Neil Harvison graduated with first class honors at the University of Queensland, Australia with a bachelors degree in OT in 1983. He continued his education to receive his Master of Arts degree: OT Developmental Disabilities Studies in 1988 and Doctor of Philosophy: Steinhardt School of Education in 2005 both from New York University, New York, NY.
- He started his career practicing in Australia with early intervention before moving to New York to continue his education in 1986. After receiving his masters degree, he started working for the state of New York with children with developmental disabilities and individuals that were effected by the AIDs epidemic and the crack epidemic.
- He has since held many notable positions including: Associate Director of Rehabilitation Medicine, Hospital Director, Director of Accreditation and Academic Affairs, Chief Officer of Academic and Scientific Affairs, Chief Officer of Professional and Academic Affairs, and is currently serving as the Chief Staff Officer of the Knowledge Division.

Literature Review

- The Omnibus Budget Reconciliation Act of 1980 classifies OT as a qualifying service for home health benefits and identifies outpatient rehab facilities as providers under Medicare Part B (American Occupational Therapy Association [AOTA], 2017).
- The AOTA Manpower Study initiated in 1983 sets priorities in education, practice, and research (AOTA, 2017).
- The Education for the Handicapped Amendments of 1986 included pre-school special education and related services, and early intervention for infants and toddlers which OT is a primary service (AOTA, 2017).
- The Accreditation Council for Occupational Therapy Education is founded and recognized by the U.S. Department of Education in 1994 (AOTA, 2017).



Methodology

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. The project was reviewed by the UND Institutional Review Board and was exempted due to it being a life history.

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 modified questions for the participant.

Data Analysis

- A 50 minute interview was audio recorded, transcribed verbatim and coded with 24 codes.
- From the 24 codes, three categories with themes emerged.
- When splitting the information into codes and themes, the researchers used the Kawa Model as guidance. The researchers looked for major turning points in the participant's career as well as different aspects of his life including barriers and major events (Teah & Iwama, 2017).
- The researchers used multiple data collection sources.
- Triangulation involved the use of member checking to clarify and confirm the information included in the transcription was an accurate reflection of his career history.
- Though the data analysis process, the researchers established trustworthiness by reflecting on their experiences as researchers and documented their biases to the study in order to increase the reliability and validity.

Findings

Academics

- Dr. Harvison is an advocate for occupational therapy education; he recognizes the complexity of changing entry level practice and how it involves other health care professions and market demands.
- He advocates for the advancement of academic programs and is vigilant in tracking educational developments, regulations and policies at the state, regional, and federal levels.

OT Journey

- The changes and impact he witnessed while working with high risk populations led him to fall in love with the OT profession and become an advocate for clients.
- Dr. Harvison feels that his interprofessional meetings are an opportunity to advocate for the OT profession and help others understand the roles we have in the healthcare field.

Findings Continued

Challenges to the Profession

- Dr. Harvison cares about the challenges that the OT profession faces by emphasizing the importance of the advocating role that all occupational therapists have in facing the barriers.
- He believes the more we advocate for the profession, the more people will understand what we do, and enable the profession to move towards more of a preventative approach in healthcare for the epidemics the world is currently facing.

Discussion and Conclusions

Final Assertion

- Dr. Harvison has the unique perspective of viewing the profession from a birds eye view to be able to advocate for OT in the academic and interprofessional settings to keep the profession moving forward in the U.S.

Conclusion

- The historical events happening in the OT world during the 1980's-1990's led him to begin working with at risk populations and allowed him to take on leadership opportunities at the national level.
- The interview with Neil Harvison allowed us to acquire a deeper understanding of the major turning points throughout his OT career. We were able to gain a perspective on barriers that the profession has faced and is currently facing as well as where the future of OT is leading towards.

Acknowledgements

- The authors would like to thank Dr. Neil Harvison for his willingness and time to participate in this project. His participation is a valuable piece in understanding the development of the OT profession.

References

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