

# Evolution of Occupational Therapy Practice: Life History of

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## 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*.
- **Purpose Statement:** 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.



## Literature Review

- In 1986, the AOTA Representative Assembly adopted a motion to create an autonomous certification board (AOTCB)(Reed & Peters, 2010).
- In 1986, the OT labor force was under-represented and maldistributed across the United States. This led to recruitment of students from diverse backgrounds (Reed & Peters, 2010).
- In 1996 AOTCB became the National Board for Certification in Occupational Therapy (NBCOT), thus OT practitioners were no longer required to belong to AOTA (Reed & Peters, 2010).
- In 1996 the argument of the use of exclusively occupation for intervention, rather than the use of activities and tasks was continued for the profession (Reed & Peters, 2010).

## 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 and the project was approved 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 Analysis and Findings

### Data Analysis:

- A one-hour interview was audio recorded and then transcribed verbatim and coded ending with 15 codes.
- Three themed categories emerged from these 15 codes.
- When coding the transcription, the researchers used the Kawa Model. The focus was on turning points in the career of Yvonne Randall and parts of her life that were perceived as significant (Teah & Iwama, 2015).
- Multiple data collection sources were used by the researchers.
- Member checking was completed to confirm the information, as well as researcher triangulation through review with project advisors.
- Throughout this project the researchers established trustworthiness by completing reflexive journaling of experiences and documenting their biases to increase validity and reliability.

### Findings:

#### Personality-

- Dr. Randall's use of humor enhances her ability to work with individuals of all backgrounds.
- Dr. Randall's passion for occupational therapy grew through her professional experiences.

#### Values-

- Dr. Randall's strong values have guided her personal and professional life.
- Dr. Randall believes advocacy is an important part of client-centered practice.

#### Experiences-

- Dr. Randall's commitment to leadership is evidenced through her participation in many local and national groups.
- Dr. Randall's work with dementia care is meaningful on her personal and professional life.

## Assertion/Conclusion

- **Assertion:** Dr. Randall's values and passion in her personal and professional life have guided her commitment to advocating for clients and the profession of occupational therapy.
- As the course of OT is continuously evolving, Dr. Randall has had an influential role in the profession at a national level by putting emphasis on her values and upholding her relationships during her career.
- Dr. Randall's passion for OT was significant, as evidenced by the tone of voice in her responses to questions, her body language, and her facial expressions. She values the impact that OT and always put her positions as an OT first.
- Dr. Randall has been a leader at the national level through her various roles in AOTA, as well as the way in which she advocates for the profession and the impact that has on OT.

## Special Thank you

Special thanks to Yvonne Randall for her willingness to participate in this project. Her participation is valuable. Her contributions has greatly influenced the development of occupational therapy.

## References

- Reed, K.L. & Peters, C. (April 5, 2010). Occupational therapy values and beliefs, Part V: A time of professional identity, 1985 – 2000: is this really occupational therapy? *Would the real therapist please stand up? OT practice*, 15-18.
- Teah, J.Y. & Iwama, M.K.(2015). *The Kawa model made easy: A guide to applying the Kawa model in occupational therapy practice* (2<sup>nd</sup> ed.). Retrieved from [www.kawamodel.com](http://www.kawamodel.com).