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Interview Transcription

The interview was conducted in SN's home on Tuesday, October 17, 2017 at 7 pm. It was completed in SN's dining room at a large table right off of her kitchen. The environment was quiet and there were no distractions throughout the entirety of the interview.

SS: Thank you for being willing to participate in the interview today. Please remember that you are not required to answer any question that you are uncomfortable with. The purpose of this project is to gather information about the history and evolution of occupational therapy practice in ND through life histories of individuals who have been influential in developing OT in these two states and or at the national level. Do you have any questions before we begin?

SN: No

SS: Okay, so we have a few of your demographics that we already looked over from your CV, and your degrees, and your professional organizations. So, we just want to start with the big picture, what has being an OT meant to you?

SN: What has a, okay, well I think for me it has been a part of my mission, which is to help people, like that's something I knew I wanted to do. So, I think for me it probably is my main mission. It's what I like to do. Help people, whether it was in the clinic or teaching. It's also meant the opportunity to meet lots of people and really fantastic individuals that maybe have life struggles but seem to overcome them and become very successful.

SS**:** So, when did you decide to be an OT then?

SN: I decided to be an OT when I was a junior in high school. I decided that I figured that's what I wanted to do. I took a career inventory and they said it said OT or industrial psychology and I didn't understand what industrial psychology was. **(laughter)** I think I would have liked it though, now that I understand. But, uh, so then I basically went and volunteered between my, little bit to learn about it, between my junior and senior year. And then my senior year I lived in a rural town so we didn't have an OT. Then I just came to school here and um I was a CNA back at my home town nursing home so they um arranged for me to always be with the OT when she was there and I liked it. And then I just applied to OT. But I really didn't get into OT right away, ya know. I know that sort of kills people.

AY: I did not know that.

SS**:** You didn't?

SN: I did not. I mean I had good grades and all that but when I applied there were a lot of people that applied and I was third on the waiting list and I had applied to University of Mary and also got in there. I got in there, and I chose to wait a year here and reapply.

AY: What was your reasoning to wanting to stay at UND?

SN: Well sorta practical. At the time, the University of Mary program was pretty new, and it was practical level at that time, we had regular priced tuition at OT school. So, it would have cost more money to go to University of Mary than wait a year here and get back in the program. And I was in hopes that I would just get in at the last minute because I was on the waiting list. But I didn't, so I had to spend another year in college, which turned out to be a good thing. I mean, I worked on some minors and I was becoming more confident because the area I didn't score very well on my interview, because at that time the interview was in front of a panel of 3 people. And I was so nervous I just didn't really say anything

AY: Mhm.

SS: Oh, that's very nerve racking.

SN: Yeah it was nerve racking. So yeah.

SS: How did you find out about the profession? You said it was from that class you took?

SN: Yeah, from some kind of survey we took. And I thought it was interesting. And then there was also a gal and she was a student in the program here at UND and she was, my mom knew about she was in the program. So, when she came home from Christmas I went to meet with her to talk about what it was about and what she liked about the program. And yeah so then I just really didn't know anything else about it other than those, that exposure. And I was never like, debating between PT and OT. Never ever once debated that. *(laughter)* Which is sort of odd, because people would of thought I would be a PT. People also thought that I was going to be a hand therapist and so did I.

AY: Why did people think that you would be a PT?

SN: Ah, because I probably really liked at that time protocols and facts and things like that. And I was a rehab aid at the nursing home once I was looking at OT they made sure I got a position as rehab aid which is much more like PT than OT so yeah. And then I was very interested in anatomy and uh I was an anatomy TA so I just figured I would work in hand therapy. That was my plan. Or with old people, so.

AY: How did that change?

SN: Well, I graduated when there weren't a whole lot of jobs in OT. And so ya know when I'm like always on your guys' case about, you should really be monitoring what's happening in the world, because you never like what's gunna happen and we graduated and it was hard to find a job. And I ended up taking a job in Minot and that job, they made a part time job in mental health and a part job in phys dys. So, I worked a little bit of outpatient clinic and a little bit of rehab and I worked psych. And it was the best first job ever. And then I think because I worked as a rehab aid for a long time, I didn't really want to work the kind of rehab they had there. It was too monotonous for me. And it wasn't a change. And being in two positions I ended up finding I really liked the mental health, the child adolescent mental health and they decided to make it a full-time position so then I took the full-time position there and stuck with it and I liked it so it's kinda not what I planned on doing.

AY: But it worked out.

(laughter)

SN: It worked out.

SS: Were there any other factors that influenced your decision to become an OT?

SN: Um, I don't know if there's any other factors. Um, I knew I kinda knew I wanted to work something medical, but yet again I worked as a CNA and I was like ah I don't really think I want to do nursing. And um I think the only factor maybe was I volunteered in Williston at Mercy Medical Center, which is very rural practice. And the therapist there um one of the PTs is actually a faculty now at UND. They just were super wonderful there. And they did every area of practice and they were so compassionate and kind and I would go once a week and spend an entire day with them. And I even, when I didn't get in the program I did that again and I did community experience there on dysphagia with them because they did dysphagia care and um, but Suzie Trepto and Doug Sala, Doug Sala is probably someone that could have been interviewed for this actually, um he just took you to do everything. And the first summer I was there I fainted in a guy's bed and then as an OT I always say that

SS: You fainted?

SN: Yes, I fainted

(laughter)

SS: In a guy's bed?

(laughter)

SN: Yes, it was embarrassing yes. Um it was I had driven there early in the morning, which I always did to Williston. I don't think I had eaten enough and it was really hot in this guy's room. And they had the curtain closed and were doing dressing and he was getting dressing training and I was like I don't feel good. Any way I fainted in the guys bed. Which the client had so much fun teasing me about that forever and he would tease me like your still here *(laughter)* and then two weeks later somebody died when we were with them. And they're like, it was probably a sign I shouldn't be an OT.

AY: Oh my gosh.

SN: But Doug and Susie were so kind to me and I just kept coming back so I spent a lot of time with them. And I think they really had an influence on me because they really showed me the versatility, the ability OT practice in so many areas. Because they did. they had substance abuse groups in the substance abuse unit, they saw pedes clients, they saw adults that had a stroke, they saw hand therapy. They saw, they did it all. And I just, I think it just I was just like that is so awesome to have a job where you can have such a variety that, that you're not gunna get bored. And at that time, I don't think people specialized. I mean it's hard for me to say that. I don't think, at least not in ND, people didn't specialize. You were really a generalist. You're not gunna go. That's the way it was. And I mean at that time there were a few clinics in South Dakota hospitals where the OTs rotated every three months. The gal that I had originally talked to in my home town, she took this job in South Dakota. So, three months in psych and three months in phys dys rehab. And then they one other place and you would rotate every three months. So, at one time the profession really was extremely committed to generalists OTs do the same thing in all practice areas. But we didn't have as much research, specific research really, at that time. I mean I'm not that old. I've been practicing 17 years, so really not that. But that's the way the landscape was at that time. So, people were just prepared to be generalists. And that really appealed to me. I always knew that I could not be in a job that I didn't wake up and get excited to go to. So that was sort of something that I knew and I thought that this was a good fit because I thought that I could change it up. I didn't really anticipate that I would work in mental health for 11 years and then come to academia. I didn't think that I would do that. I thought for sure I would switch practice areas though. But I had a piece of paper that I wrote I would know when it was time to leave.

(laughter)

SS: You wrote it down?

SN: Yes! I wrote it down. Like okay when you don't want to get up and go to work as much that I would leave. It just so happened that when it came time for me to make the decision to come here, I wouldn't say that I was quite at that point, but I kind of knew that I was looking for some variation and another challenge. So, it made the decision a little bit easier. But I love, ya know I loved where I work too, so.

SS: Have you seen the profession evolve over the time of your practice?

SN: Ya so one of the things I just mentioned where I really think, especially here was very generalist. And even know ya know, OTs work on a unit, and they really work on a unit and they don't want to work on other units. And they get very specialized and I actually think there is pros to that because maybe they can be more up on the very specific evidence on that area and they can provide better care, but I also think there's cons because I think that influences. Uh, I mean we are OTs and our practice should look very similar in every setting. So that's sort of why we should have occupation as our focus because we may go about it in different ways in different settings but to make sure we have a common, um, ya know what is an OT. Ya know part of the reason people can't describe that because in hand therapy they're working on very specific little things in the hand and then you go over to mental health and we're teaching a very specific little skill we're ya know relaxation group, but we're really not talking about occupation. So, I sort of think, um, that's a con. I mean if we were doing these specialized things and always connecting them to occupation I think that would be better. And what was the original question?

SS: How have you seen it evolve over practice?

SN: Oh, okay so I've seen that evolve. Um, I think well we are seeing lots evolving nature of OT education. I graduated with a bachelor's degree, that was the required degree at the time. And then we went to master's degree and in that time, span we are now going to entry level OTD so I've see that process evolve. Um I've seen the way that I was involved in state licensure and how we supervise the OTAs, the process of that has evolved. Um I think the degree to which we advocate the profession has grown significantly both nationally and at the state association, especially with healthcare reform. Um, I think our practice has kind of gotten kind of cyclical in terms of ya know, when communities where we started, then we went medical model, and there's been more a drive to go back to communities so I think we are seeing that cycle, less of a medical model. Um, well unfortunately I think practice has evolved to making money when it wasn't probably that way, especially when I started practicing. We had to see so many people, but that wasn't an issue. It was about providing people with good care. Practice was a lot slower paced. And the amount of time you got to spend with people was significantly longer than now. Even the time I worked in the partial program we would usually see kids between 30 and 35 days and by the time I left we could see them 20. So, in the 11-year span that's 35 days verses 20 days. And the kids didn't get any less ill, they got more ill. They got more complex. And I suspect that's what we're seeing in phys dys too. I don't work in phys dys but because people with chronic illnesses I'm guessing the care is getting more and more complex. So, I think that, that sort of changes the dynamic.

AY: What do you think the reasoning is for that?

SN: Um, the lessening of time?

AY: Yeah.

SN: Part of that has to do with about the time I graduated in 2000, when they didn't, when there was all these Medicare shifts because OTs, PTs, speech they were kind of, um, well taking advantage of the system. They were billing more than they needed to bill perhaps. So, some of that put in line, ok ya know we really only need to see them for this many sessions. But truthfully, none of that was about research they just said oh no we're not gunna pay for this many days now we're gunna pay for this many days.

SS: Oh, like you said in class the other day, the pedes.

SN: Ya right, right. There's really not any evidence and in the pediatric practice what blue cross does is they just reviewed the average amount of numbers of sessions that people use. And like if Ashley happens to see 45 sessions, but everybody else sees 30, they're gunna flag her chart. They're gunna flag that one and review it and see if the care she's providing is correct or not. and then they will deny the care if they don't think it is. So, some of that was because of misuse. It very, um workman's comp was another one. Big abuse of workman's comp and big abuse of the sessions and the amount of reimbursement you could get. So, the complexity of care has to do with a lot of other bigger social, social issues. But definitely the clients we see are more complex.

SS: So how do you see the profession now? If you were to describe it.

SN: Ya so I actually think the profession is in a really good spot. And I might be the only person that, I think we have the opportunity and its whether or not we are going to capitalize on that opportunity. So, I think we have an opportunity with the way healthcare reform and reimbursement is going to say no, we do function and that's what we do. We do engagement in occupation, that's what they're gunna pay for. We know how to document it, we know how to talk about it, we know how to make recommendations. So, I think if we're willing to make the shift, I think we're in a really good position. We see lots more research coming out and most of that research in phys dys seems to be lining up with enabling clients to make their own decisions, to make their own plans, to problem solve engagement, and occupation and that's what we're supposed to be doing. So, I actually think ya know that really holds promise. If we can convince therapists to not get sucked into reiki, that's the newest one. Like modalities and specific techniques

SS: Reiki?

SN: Ya it's that ray-ki ri-ki technique, I don't know, you guys will learn about it. Someone told me the other day they would like to get certified in it and I'm like oh.

AY: Oh yeah.

SS: Oh, is that the one that's kind of like taekwondo or something but you do weird things with your body.

SN: I think so. I mean it's not, it's just, I'm not saying there's anything wrong with modalities but it doesn't, unless you're directly tying it to performance it really shouldn't be occupational therapy because we need to look at how we are unique. And we shouldn't discount that I know people think oh its common sense, OTs common sense. And brushing your teeth, that's not that big of a deal. But those are big deals and we just sort of minimize it. Ya know, I remember I had a girl in the clinic once and she was on the spectrum and everyone said oh she won't brush her teeth, she won't brush her teeth, and its disgusting and everything and anyways so. But no body every bothered, it was very simple, the intervention took like ten minutes. I'm like, so show me how you brush your teeth. Well somebody gave her an electric toothbrush, for somebody that has sensory sensitivity, and then she would put it in her mouth and she would turn it on and then she would scrub. So, think about the oral sensation. And then I just explained to her oh well, this that's probably why you're not liking brushing your teeth and how about we do this and then it was done. And part of me was like oh it wasn't that big of a deal, but really that is a big deal. Like, that we can look at somebody and how they perform and say I mean that doesn't require 25 sessions, and that's okay. Our intervention doesn't need to require many sessions. But that's why she wasn't brushing her teeth. Because she couldn't tolerate.

AY: Mhm.

SN: So ya know we take for granted that other people don't think that way. And the staff that I worked with they were like oh, like they actually were like that's really awesome how did you figure that out and I thought, not too hard. Well not too hard, but for them, they didn't know that.

AY: So, we want to look at the context of practice when you graduated. What was happening in the world at that time?

SS: Yeah, so there was significant Medicare reform and workman's compensation reform in 2000. And um, well I gotta think. So that was happening, and that was secondary to overbilling. That's why that was happening. So, people, there weren't a lot of jobs. It was sort of a depression. And there would be a downturn. And I'm trying to think of, if that's when Bill Clinton got elected. Yeah, I think he got elected maybe in the fall of 2000. Pretty sure. And that actually sort of in the end was turned things around for us around a little bit in other ways because it meant expansion of democratic based programs where people were actually given services in other ways other than Medicare. And that kind of thing. And that was right before 9/11. And in our state, yeah, I mean, there weren't, there just weren't jobs. So, people in my class had to be real entrepreneurs. And I only applied for one job because this job came up and it was half time and I told the person that I couldn't take a part time job, I needed a full-time job. So, they searched around the hospital with another department and found something where I could, where I could have a full-time job. But there were people in my class that had to make jobs or take other positions like case managers and things like that. And that was like a really quick, because we started the program in 1998 and that time there were jobs everywhere, and then all of a sudden in 1999 it just sort of plummeted.

SS: Within one year?

SS: Yeah, yeah it was pretty fast. And then because like when I applied to the program there'd be like 170 to 180 applicants. And they would take 46 and I mean it was a hot job. And then after that the amount of students enrolling in the program went down because the job wasn't, the market wasn't as good. So, when I first started teaching for UND adjunct in 2007 I think there were only like 22 people in my class that I taught.

AY: Wow.

SN: It's very good, yeah, it's very different the progression now. So, what is happening in the world? Economically? Yeah what else you got under there?

AY: Education.

SN: Oh well that was the up ticking, you better get an advanced degree. That became like really big right around that time too. And I think part of that was because the OT program was transitioning to the master's program. I can't remember I think that was 2002 maybe when they did that. I can't remember. So then, everyone was getting advanced degrees. So, in 2001, I think it was in 2000. I don't remember. but shortly after I started working I enrolled in a master's degree program for healthcare uh management administration. So that was kind of the push at that time for education. And for me my family was, they all lived out in that area. And they lived 2 hours northwest of where I took my first job.

SS: In Minot?

SN: Mhm, yeah. So, and that was kinda nice. I'm looking at your other things. Well, socially. Oh yeah okay I'll tell you a big thing. We all got cell phones. **(laughter)** That's like I got my first job.

AY: That is a big deal!

SN: That's a big deal. I'm trying to think I got my cellphone shortly before I went to my friend Sarah's, there were three Sarahs in my OT class, but my friend Sarah was getting married and I got a cell phone. And I think she got married in 2001. So, we were just getting cell phones and the big deal was I got a job and had a Corsica and I traded up for a jeep. And I got auto start because I said if I was gunna live in North Dakota I was gunna get auto start. I do remember that, I do remember that. That's kinda goofy

AY: That's a big deal.

SN: That was a big deal. And I was afraid to live in Minot and there was a lot of hills and I was afraid of driving them on the ice. I do remember that. But it turned out it was fine.

SS: So, did you get snow tires for your jeep?

SN: I didn't. I just had regular tires. But I made sure to live on the part of town where I didn't have to drive on hills.

(laughter)

AY: Did you grow up in ND?

SN: I did, but western ND there's like, its flatter than flat. Minot is in the valley red river valley, so then that has hills. So that's kinda the exception.

SS: Where did you grow up?

SN: Crosby.

SS: Oh okay.

SN: Yup.

AY: So how did the context shift across the time of your practice?

SN: The context? You mean what did the clinic look like? Or the context meaning political social?

AY: Legislation, political, war, economic.

SN: Okay, well so um, legislatively across time I would say like federally, um shortly after probably I would have to check, probably 2003 or so, there were cap, I mean there were um, Medicare caps that were set but they were victories because they were expansion of services again. So, we saw more expansion of OT services. More of, um, more people being hired again. So, we saw the trend going the other way. and then of course more recently of course in the last 5,6,7 years we had significant legislative um, healthcare reform initiatives. And so that was kind of interesting um because again uh for OT there was a lot of work done on advocating for us to be rehabilitative providers and rehabilitative providers under the different categories and the purple care act. And um, a lot of that OT is written right into the language because of our OT association so and then also legislatively um, in the last 5 years services for ASD, there's every state was required to have programs for people with ASD. So, um, and usually they're called waivers so we have waiver programs, which is also expansion for OT. In our state, legislatively two sessions ago we were involved in advocating for increased Medicare, Medicaid reimbursement rates, we were involved in telehealth and being a qualified telehealth provider. Um like rules and regulations wise, uh, we saw significant shift um, in our rules language for our practice. Right now, I'm on state board for OT practice, but at that time I was probably, it would have been, I think we did that work 2012 probably to 2013. I was the vice president of legislation and practice and for the um, OT association, which their mission is to promote OT and then now I'm on the state board for OT practice which their mission is to protect the consumer. So those two groups came together and they rewrote the rules. And I got to work with Carol Berg from University of Mary and Martia Wane here in Grand Forks and we were able to research and draft the language that impacts our everyday practice and how we do that. So that is significant changes of that. Um, we saw shifts in what insurance providers would cover and we were successful in ND for um, keeping certain codes a sensory integration code. So I saw that. I haven't seen a lot of private pay. I'm waiting for that one. I think it's kind of interesting that nobody's really gone. At least it's not highly advertised. I mean there are a lot of PTs that do private pay, but we haven't seen that shift in the context for OT. So, I don't know why. Apparently because we think our services are common sense.

SS: Do you think you will see that shift?

SN: I think we're gunna have to see that shift. I think it's sorta unfortunate. Cause that would mean people with money would get access to services and people that don't, ya know don't. So, I think there's a little bit of both. I think an example, a simple example, is my nephew he has some fine motor difficulties but not enough, he doesn't qualify for services at school. And he probably wouldn't qualify for services um, after an eval, because it would primarily relate to handwriting which would not be a medical necessity. But I'm pretty sure my sister would pay cash. But I think sometimes OTs don't know how to navigate that. And then there's the ethical, ya know. I mean you could set a cash rate, like a chiropractor sets a cash rate lower than insurance

rate. That's what they do. And part of that is because when you file insurance that cost a lot of money. Because there are people that are coding and submitting, like right, but if you come and get a service from me and I charge you, you sign up for handwriting program and I charge you 300 dollars for the summer and your child comes, well maybe once a week for 8 weeks, for an hour. you'd have to figure out if it was a group, and you had four students, you'd probably more than cover your costs. And they'd just pay the fee. And we don't see a lot of that.

AY: Interesting, so think back on your career and describe your personal growth and professional development.

SN: My professional growth? Okay, this seems more like the interview I had earlier today.

(laughter)

SS: Deeper questions

SN: So, I do know that I was not very confident when I went into practice. And I think I, I mean I understood what OT was about but I just was, at that time I was probably really anxious and I was thinking I didn't know what I was gunna do. And I remember my first job, I think I probably told you guys that, I mean I cried every day. Because I didn't, the woman that was working there said to me it's either sink or swim, that's what she said. And I was like, what did I get myself into. But I needed a job and there weren't jobs so it's not like I was gunna walk out of this job, so in the end I was kinda thankful cause it sorta pushed me to say no you can do this, and at the time they had all these kids that sat in a circle and talked. It was totally not occupation. And there were no occupational therapists there, it was a bunch of social workers and they'd have age 5 to 17 which is totally inappropriate. So, it sorta pushed me to be an advocate right away. I mean I didn't right away, I kinda cried right away, some things were unethical, you would chart on the same kid every day, even if you weren't there. everybody was assigned two charts and that was who they would document on. And I was like this is not ethical, so I always think sometimes you're put in a position, and I mean I could have just quit. but I just stayed there because I needed a job and I think, ya know, the longer I was there, I'd say can I do a group? Can we split the groups up? And they'd try it, and they were okay with that. And I'm like ya know, maybe we could document the people that we see in our group. Ya know, which also was a change of pace. But I had come from a fieldwork that was an excellent partial program. So, it's not like, well I understood what partial is supposed to look like. I just didn't know how to go about navigating being a new practitioner in a place where you know that they're not doing what needs to be done. So, on the other hand, they didn't have an OT before, so they just had social work, so that's what they knew. And those colleagues ended up being fabulous colleagues and they were super supportive. I remember when the adolescent adult profile came out, the sensory profile, they were so good, cause they, I would say, could I, could I do a profile on each of you and write a report so I could have a practice at it? And they were like yup and they loved it. But I also found out that they wanted it ordered on kids, because they saw the difference on them. So, if you really want people to refer to you, you might want to provide them the service themselves, I mean I didn't intend to that, I just wanted practice. and they were spectacular letting me do that. And I've forgot that question sorry, um.

AY: Just describe your personal growth and professional development.

SN: Oh yeah and then also because I was in Minot and there were like 8 OTs and they were, I was the only one in my unit, in mental health. But then there would be, there might be somebody over on the inpatient adult unit and then there was people in phys dys so there were like 7 people, and we were the north-west pioneers of the NDOTA. And I was a member of NDOTA when I was a student and I went to conferences and they were like oh yeah, it's just an expectation right, they're like okay well we're having our first NDOTA meeting. It was probably over the lunch hour at the facility because there were only 7 people. *(laughter)* And they're like okay, so, you're the district chair. you're turn. Well, I just got there so I mean I've been there like 6 months and they're like you're gunna be the district chair. I think luckily, I was feeling so isolated, like, in my little unit and so overloaded, I was like okay, I'll be the district chair. And I think for my professional growth and development, that ended up being the best thing for me. Because I was the district chair, then I was the secretary, then I took a little break, and then I was the vice president of legislation of practice and it really, that I think, got me to be much more confident in my communication and much more assertive and better able to advocate for our profession. Ya know, I really got a sense of understanding of what opportunities are out there that maybe we don't all know. And I got an understanding who are all the therapists in the state were, so if I needed something or somebody needed something, I probably knew who they, I could figure out who they were pretty quick. And um, and then from that, ya know, I got enough confidence that I decided that I would, um, well I had gone back to school in the middle of that too. But then professionally, I just decided I wanted, I loved fieldwork students. I would have fieldwork students and honestly when you work in mental health you kinda have to have a variety of things going on or you just won't make it. Because it's a very demanding, emotionally demanding, and can be a little bit difficult on you. Like on your emotional health. So, I had a boss that was super supportive and she knew I worked hard and she, I would say, well ya know I had this opportunity to have fieldwork students. And she'd be like great, and we'd have fieldwork students, well all the

time. Probably like 3 weeks of the year I didn't have fieldwork students. And I'd have students from Mary, Grand Forks, Northland, and Wahpeton. And that was great, because then you're not just treating clients, you're teaching students how. And that sort of helped me. And I think that therapists don't recognize always that having students is a really good way not to burn out. Because they're bringing you information all the time, you're teaching them, you're collaborating, you're getting new students all the time. So, I think that was good. and then um, I decided I really liked fieldwork education and then I, Dr. Zimmerman had asked me to do guest lecture down, I started that in 2002. I would come down um, once a year and do a guest lecture and I really liked that and she was gunna take leave to work on her dissertation, and they needed somebody to cover. And um, one day Dr. Jedlicka called and said would you teach child adolescent mental health from Minot to grand forks, via video conferencing. And I was like okay, sure, sure I would do that. Well, first I had to ask my boss. But my boss is like, yes, as long as it's between, I taught 3 to 5 Mondays and Wednesdays, and I taught Friday mornings 8 to 10, because I didn't have group then. I mean I wasn't responsible for being in the clinic then. And she did that because I think she understood that is important for me to have a balance. And so, then I started teaching and then I was teaching, and then I got I enrolled in my own PHD program and then I taught online, I taught OT 200 online, and then I taught 430. And um, then yeah then I was in class about institutional analysis and I interviewed somebody in accreditation and I started being accreditor. So, I think that was sort of the next journey. Then I graduated in 2011 with my PHD, and I didn't, I wasn't really anticipating coming to work here that quickly. but I started December 2011. I graduated in May and I moved here full-time then. So, sort of bittersweet. It was hard to leave the clinic. But, it was, well what I was gunna do next. And I think other than that, like, professional I got a PHD because I wanted to do research and I wanted to guide students in doing research so that's what I tried to do since I got here. Professionally and I think I'm still developing that.

AY: So how has the OT profession been impacted through your own personal accomplishments?

SN: How was the OT profession been impacted through my own personal accomplishments? Ah, I don't know. My own personal

AY: Or professional accomplishments, what have you done to better

SN: What have I done to better

AY: The OT profession

SN: Um, well I think a lot of the work I did in NDOTA, the North Dakota OT Association, I don't know if it bettered the profession or not, but I think um, I mean especially when I was the vice president of legislation and practice. We did lots of advocacy and ya know we bettered our state by, um, ya know keeping the sensory integration code, we bettered our state by uh, getting securing OT as a telehealth provider, um, we bettered our practice, our situation, by changing our rules, um, so those things I was proud of. Well during that time, I had NDOTA tip of the month, which sounds really funny. So, I made different people write little practice tips, I loved that.

(laughter)

AY: I was wondering what that was, what is it all about?

SN: It was when I was legislation and practice I wanted stuff that was legislation, which we did a lot of. I hired a lobbyist, figured out how to hire a lobbyist. Um I wrote testimony for people, all the time, cause I was here and they were in Bismarck. So, I would write testimony and somebody would go testify for us. Um, but a lot of something that was practiced oriented, so I got different therapists in the state every month to write a little tip of the month. It was supposed to be one page, and it went out through email. And it was just, and it doesn't happen now, and I know why it doesn't happen, cause it's a lot of work. But I just felt like it was a really practical way to reach therapists in the state. And show them that, a member benefit. Because I don't think therapists in the state, if you've never been on the board of practice, you've never held a position, I don't think you understand how much the viability of OT in ND depends on volunteers and the OT association and their lobbyist, which is primarily what our dues are paying for. But I don't think that people understand that. So, it was really important to me to try to at least have people that were members understand that we are always doing something, you may not see it. So, I just felt like the tip of the month was the way, and um they varied so sometimes it would be like legislative, or how to advocate. Sometimes it would be somebody, they took a class and they'd share a little snippet of something. Sometimes it'd be a student research project they would share. I mean we tried to really vary it up. But, it's a little bit of work. Because you gotta edit it. That part wasn't, it was more getting commit from people to write. Because people are very shy about wanting to do those things I think. And I'm hoping I'm contributing to OT education right now. Uh, ya know, I'm just, we're, I'm the chair of my OTD committee so I think I'll contribute to our department, and the future of our department, so I'm hoping that turns out

okay. *(laughter)* But, and I'm very active in, right now, national education and standards. Ya know, I sent out a letter to you guys, read these standards. But I've been crafting a letter and getting ready to testify for that. And, um, I don't know if there's any other way that the profession is better but.

AY: So, what is one of your best memories of being an OT?

SN: Oh man

AY: If you had to choose one.

SN: Well I think, uh, can I choose two?

AY: Oh okay.

(laughter)

SN: Okay, you will let me do that. As a clinician, my, probably my favorite memory was when I was actually here. And I got a call from a person I worked with, and it was, they had a person on the phone, and it was a kid a worked with over those 11 years. Which at many different developmental points I worked with him. And they were graduating from high school and they wanted me to come. And it was so thoughtful because they wanted to tell me how helpful it had been to work with me. And I wasn't able to go, so I felt really bad. And I think that was, cause over the years there were other times that people would stop in and tell you, ya know or bring in a friend they'd meet cause maybe we were working on making friends. Which I wanted to say, don't bring your friends to your OT session. *(laughter)* But, at the same time, it was like really touching. Because, so that one I think stuck out to me because you really do touch people even though you don't necessarily know. I think a ton of things like that were just really touching, ya know. And parents, ya know I think you realize, oh my gosh, what would it be like to be a parent, having to navigate working with your child who is difficult. Ya know, you can't keep a job, all those things that were. And I think the other one was, related to my other part of my passion, which is advocacy for OT. When my colleagues recognized me for that. The state association recognized me for the work I had done. Maybe those are two things that stuck out to me.

AY: Okay, now could you describe one of the most challenging experiences you have had as an OT?

SN: Well probably at the beginning of my practice would definitely be the most challenging, because I saw so many ethical dilemmas, and such not good practice. And, ya know, like I said I could have just walked out. And I would have left, had I, if it hadn't started sort of turning around. But I just think about how much, even though it wasn't a good situation to start with, it ended up being a fabulous situation. How much I admired and how much that contributed to my development, having to navigate that experience. Um, and without other OT colleagues to kind of problem solve with. That probably wouldn't have turned out so well, but definitely probably was the most challenging time for me.

SS: So, do you think that facility has improved over time, since you started there?

SN: I think from the time that I started there, ya know I could probably speak to the time I started there from the time I left, and I think um, I think, um, I contributed to them understanding the significance that OT can play on a team. And the unique nature compared to social work and how we can collaborate. So, I know in that program, I know that I provided them with structure. Like, how do you structure a treatment program. Um, what, how do we do something that allows. So, in our instance it was decided that OTs would primarily do skills training, and the social work, the counselors, would do the talk groups but we collaborated so that whatever we were doing in the skills group they were applying in their discussion group. So, I could do more occupation based and they could do more talking about it. And um, I know we were successful at that because we did a lot of consulting around the state with programs, and people that were starting partial programs. And, um, I know they never had OT evaluation. We started OT evaluation, we had lots of evaluation. And I also was responsible for kids transitioning back to school, which was a new role. So, we had developed that. I probably really understood, I don't know why, but I read something on self-advocacy in children, self-determination. So, and people thought I was nuts, but when they would meet with their schools about returning, I, the child ran the meeting. And, so, I would be there, and the child would come and they would explain the things they learned and what they were most worried about. And we would make a plan for return to school, and it was, my boss would say, ya know, that takes a lot of time. Because it did take a lot of time. But I would say, yeah it does, but I think it results in a better result for the child, going back to school. And she was pretty, ya know, she was supportive of that, but, um. And I really learned the art of negotiation, because you had to negotiate between the family and the school. You really couldn't say, no, school you have to do it this way and no, parent you have to do, you have to sort of be

in the middle and negotiate what was going to be the best for the child, and that was sort of my job. Like what's going to be best? Was it really going to be best for the child to go back to the regular classroom and fail? Because what happens with the child? In some instances that wasn't the best. It was better for them to go back to a smaller classroom that was self-contained, be there, be successful, and then slowly integrate. And sometimes that's what the school wanted and sometimes that's not what they wanted, and same for the parent. Like, you know, but. That was sort of, you have to talk about the pros and cons and go through that.

AY: Can you describe a day in the life of your current professional position?

SN: Oh, okay, well, no, no. A day in the life of a critical provider was a lot simpler I would tell you that. *_(laughter)_* Um, yeah, so I didn't really talk about being in the academic much in the other part of the world, but, now I am a full-time academic and, uh, we actually have contracts that are a little bit different than the clinics. So we have a contract that, my contract is, has four things that I do. Administration, which is developing the OTD, and so I work on that. And then I have teaching and I teach, right now I teach three classes. And I have scholarship with my research and publication writing. And then I have service, and I serve, right now I serve AOTA and habilitation, and um, I'm on the roster for accreditation evaluators. And then, I serve our department as the curriculum committee chair, um, sometimes I am doing job search, or um, faculty searches. And then, I serve, uh, at the school of medicine and health sciences, I serve on their larger curriculum committee. And then I serve on the university committee. I, um, am on the faculty handbook. Don't ever get into that committee. *_(laughter)_* So, the day in the life, I say that because it's not like the clinic. It's not like very organized. So, like, tomorrow is Wednesday, so tomorrow, every day is different, so tomorrow it's pretty much a teaching day. I usually teach 8-noon, have lunch, usually with a student because I have to fit in a student appointment *_(laughter)_*, and then 1-3, uh, I have class, and then at 3 o'clock I do like prepping for whatever is going to happen the next week, in, uh, management and my classes the next week. So if there is any, so I know what I've got to prep for for the next week, uh, for the class that I'm teaching. So that's a simpler day, but other days, it's, and then I, because I advise scholarly projects, I have two scholarly project groups going right now. And then somehow you have to fit in grading papers. So, I would tell you that academics is fun because I like the versatility. It is a little overwhelming at times, it's a little bit more flexible than the clinic, but, but, um, your work never leaves you either because it's, like, always there. So at the clinic, when you are a new practitioner, it doesn't leave because you go home and you're constantly thinking about it because, you know, it's just new. It's fascinating. You're, but at the clinic, it was probably easier to, like, you know after I was a novice therapist, it was easier to, like, leave.

AY: Mhm

SN: And be done. Because nothing went home. I, don't think peds therapists are telling me it's like that, but, that's the way it was. So. I don't know. That's the day in the life. Today it was, what did I do? Oh, I had meetings at 9 and 9:30. A lot of meetings.

AY: Exciting

SN: Ya! Right! *_(laughter)_*

AY: And now you have us here *_(laughter)_*

SN: Ya! You're right!

*_(laughter)_*

AY: No time for yourself.

SN: Ya

AY: So what attributes or special skills do you have that are influential in your practice or in this situation . . .

SN: Ya. I don't know. I hope I'm compassionate. *_(laughter)_* I think my attributes are that I am compassionate, and I think I, I do truly believe, and I, I think this comes from my memo how, experience, I truly believe that everybody, everybody has something to contribute and we're not all the same and that's a good thing. And I think we can navigate differences and collaborate, I don't know that I probably thought that when I went to practice. Um, other attributes, well I am organized, sort of. But, that helps me in this kinda job because if you can't organize and structure yourself, you would be done in academics *_(laughter)_* and I think in the clinic too, but, there is a little bit more structure to the clinic. Um, persistent. I am super

persistent. I don't give up when things, and if I don't like something, I don't give up on it, and I think that's been my entire career. If I am just not satisfied, that something's not right, I probably go to my boss once, but I'll, and if they say no, I'll be going again *(laughter)* until I get my way. Not, if I'm super passionate about it.

AY: Mhm

SN: I think passion is an attribute that contributes well to my, um, sometimes it's probably a detriment because I am too passionate about things, but. Uh, I don't know. I think that's probably *(pause)*

AY: Wise?

SN: Ya! Apparently I'm wise!

(laughter)

AY: People were saying that she's wise a lot and it makes her feel old.

(laughter)

SS: Who's saying that?

SN: Everybody! It seems to be the theme.

SS: We were just saying that about you the other day, we were.

(laughter)

SN: I think, honestly, OK, I get that it's supposed to be maybe a compliment, but I honestly think that my experiences have contributed to that. I have gotten pushed to do things that I wouldn't have normally done, and, so I have a lot of insight because I've had to do things that I just didn't feel, I think I can relate. Like, I didn't feel, uh, super, like I didn't say, oh, I'm going to take this job, I'm going to be great at it. I didn't feel that way. So I had to navigate that. And I think I'm wise because I had to navigate a lot of things that I think students navigate. And, I, but I'm a little honest about it maybe. I mean I talk about it. I'll say well, you know, I laughed in my first *(laughter)* fieldwork. And I thought I was going to fail. And it's not like I was a terrible student, it wasn't that at all. It's just, there are mistakes that I've made and I, I, learn from them. So. But, and then, I, I don't know. That must be where the wiseness comes from. I have no idea.

(laughter)

SN: I'm surprised that people don't say that I'm just a smart alec, but, I don't know. Apparently I'm wise. And I guess that's a compliment.

AY: It is a compliment!

SS: It is. Wise beyond your years!

SN: Ya! I mean, I'm also not married.

(laughter)

AY: Norris.

SN: Ya!

AY: That's another story. *(laughter)*

SN: Apparently that's wise though because I'll keep getting gifts.

AY: Ya!

(laughter)

SS: I'm glad Norris informed you.

SN: Ya!

(laughter)

SS: OK. We want to get an understanding of what your educational experiences were like. Describe your education, such as your class size, theoretical models, and faculty.

SN: OK, well, the class size, there were 48 people in my class. And I think I maybe mentioned to somebody, I don't remember who, but, back then, we had regular tuition. So, OT education was dirt cheap. And I was the last class of that. Actually, that might have been my first advocacy every because they raised the tuition on us when we were going on fieldwork, and they never told us. And we wrote all these letters and complained and said no. Because you know, they taught us to be advocates, right? So, so we wrote these letters and, um, it, it was ruled sort of in the favor of both parties. We still had a tuition increase but it was only like half of what it was going to be increased. Because none of us had financial aid to cover this, or anything. And, um, Sue McEntire ??, the chair at the time, hated us. In fact, we came back, we graduated in December, and they didn't even hold a reception because they hated us.

SS: Are you serious?

SN: Yes! Because it was a financial hardship for the program because we didn't pay our tuition, you know, we didn't pay the tuition. On the other hand, we did exactly what they taught us to do . . .

AY: Mhm

SN: . . . you know, and we were wronged. And so, the Dean of the Med school found, and, found in both parties favor and basically said we are only going to increase the tuition by half. So, but you could imagine getting a bill in the mail . . .

AY: Mhm

SN: . . . for tuition change. There is now a standard that says students must be notified of, like, X amount of times in advance. There is a rule about that. So, uh, but, um, and then the cla-, so it was a bachelor's program. So we actually went 2 years and we had the summer off between, I think. Trying to think back. But, we actually took anatomy, in the fall semester we took anatomy, peds, theory, and a group class like your, what they have here in the summer, professional development group class. Something like that I think. And then maybe one other class that I have, like, forgotten. Maybe your research or something. There wasn't much for research though. And, so we had fall, spring, and then I think we had summer off, and then we did fall, spring, and then you went and did fieldwork in the summer and fieldwork in the fall and graduated in December. So can you imagine taking anatomy . . .

SS: No.

SN: . . . like we did?

AY: That's what I was thinking the entire time.

SN: We were the first class to have neuroscience. Dr. A taught it. And it was in the spring and I was terrible at it, I bombed every test. Um, because partly, Dr. A taught neuroscience to dentists. Not to OT's. So, you know, he didn't know how to dumb it down to our level I guess you might say, *(laughter)* but I don't know. I'm working with, uh, Dr. Meyer on that right now. Occupations that are for neuroscience. That is a class we are working on developing. Uh, and, my instructors. Well, you know most of them. Dr. Fox was my instructor, she was my group instructor. Uh, Dr. Zimmerman, Dr. Hanson, Dr. Stube, most of them did not had Ph.Ds and we called them by their first names. Um, who, Dr. A, who is not here anymore. Um, those were our instructors. And Dr. Bass. Those were my instructors.

AY: How was that working with them after they were already your instructors?

SN: Well, it's pretty good. I mean, generally it was good because they were very supportive like my whole journey you know. Dr. Z, she sort of, like, I will always be her student.

(laughter)

SN: So we collaborate, but like, anything I do, she critiques. She fixes it.

SS: And your outfits?

SN: Oh ya!

(laughter)

SN: For sure! But, Dr. Z actually, when I was getting ready to graduate, she came and said to me, I was very quiet. I know you'd be surprised that I was really quiet in OT school, and she came and said, um, oh! Myself and my friend started the PTE journal club. It was called journal club. It's now called roundtable, which is more sophisticated . . .

AY: Ooo!

SN: . . . but we started that, we, we're very proud of that. Anyway, um, it was probably one journal a time or something but. Anyway, um, she said, now you can practice for 5 years and then you need to be in academics. That's what she told me. And I was like ehh whatever.

(laughter)

SN: But every time I see her she was just like, no, no, when are you going to do this? When are you going to do this? And then, um, pretty soon I, well I waiting, I think I started in 2007. So, but yeah, and the comradery I think between students was very similar, you know, we did get together. Although we had real Halloween parties.

(laughter)

SN: And, um, and 15 of my classmates were Mormon. So, that was sort of interesting.

SS: Oh wow.

SN: Yep! So, because we had witchy, like withchy, is out of states that did not have OT schools and they paid extra tuition to the, the student didn't, but the states did so that the student could come here. And it was a way for the program to not raise tuition for every student, basically, at that time. So, anything else about my schooling experience that I missed in OT school?

SS: What stands out to you about your learning?

SN: Ok, you know what really stands out about my whole college learning, isn't necessarily the OT program. It's something that, when you had the opportunity to do, look at your New Americans . . .

SS: Mhm

SN: . . . for your fieldwork replacement? I was like, yep, I'm going with it based on my own experience. When I took another year to do nothing . . .

AY: Mhm

SN: . . . before I got into OT school, um, I enrolled in a class, it was in a rec and leisure class and you were partnered with a person from, um, **inaudible**, someone with a disability and you spent the entire semester with them. Like a few hours a week. And you were, you know, I sort of naturally did OT things. We would cook, we would go in the community, we would go play bingo and things like that. Well, I learned so much from this woman. She had been in Grafton and she told about not being allowed to get letters from her mother. She told me about basically being put on a float and driven down the street in Grafton. I found out when we went to the bingo parlor and she won, that she didn't know how to spell her last name, but she had the intellectual ability to learn that, she just never did. And, um, you know, like, I took her and learned about typical, she

had *_inaudible_* syndrome. She had difficulty with grocery shopping and things like that. And whenever we were in the community, and it meant so mu-, it taught me, um, I think compassion, but it really taught me about the person and what, what is their experience like. Like we will generally have, have led relatively, you know, I wouldn't say privileged, but we've probably had everything that we, you know, we've had the basics of what we need. And to, to actually work with somebody who does not have, has not always experienced being treated with dignity, um, and compassion, not been able to engage in life fully was the most meaningful learning experience to me ever because it helped me to really understa-, even though it wasn't even an OT course, I'm like, I really had an understanding for what does it mean to live in a society where you have a disability, or you have a different sense than somebody else and making sure that it's accessible. Um, anyway, that's what sticks out to me my entire college career as the most beneficial learning experience. And I don't think I realized that 'til later, but it did influence the way that I approach people and I always, I hope your New Americans, yes you're following the OT process, and you're doing all that, but it should be making you understand engagement and what's it like not to be engaged and, um, what's it like to, ta, have to fight for people that don't get, who aren't treated well. So, and I think that the research shows, that was part of my dissertation research, is it doesn't matter if the person has a mental illness, a physical disability, um, or their a refugee, it will provide the same experience to the student. So, that, that's sort of something that sticks out. In the OT program, dreaming anatomy is what sticks out. Like that anxiety of anatomy and, like, the number of years it took to not wake up dreaming about origins and insertions. Are you guys past that yet?

AY: I'm past that. *_(laughter)_*

SN: But that was . . .

AY: Ya. When you would wake up in the middle of the night *_(sigh)_* . . .

SN: . . .ya, ya. Like do you guys have it down, do you know it?

AY: Mhm

SN: And I think OT school is stressful no doubt, but it was, but it was fun.

AY/SS: Mhm

SS: Educational demands have shifted across time, what do you seen as an impact of these: development of OTA programs, ya we'll just do the first.

SN: Hm. So what do I see as the impact of these?

SS: Ya.

SN: OK.

SS: Development of OT pro-, OTA programs.

SN: So, the impact of OT assistant programs, like, I think OT assistants have a good contribution to our profession cause I just think logistically, OTs are really expensive and not, not all people provide care at the level of an OT. And I don't, I, I truly don't believe there are people in our state that believe that, um, that people quit hiring OTs. I don't think that's the case. I think more people will get access to OT because OT assistants are, um, cheaper. I mean they, they cost less money. So, I think, um, DBGR in, in a Fargo is a good example. They hired an OT full-time and then hired two COTAs. Well they weren't even gunna hire an OT to start with and now they, you know. So there's an example of, it didn't cost an OT position, but it expanded services and they would've never hired three OTs. They couldn't do it. So, I think in certain areas of the country there are too many OT assistant programs and it's getting saturated, but in our state that's not really an issue. Um, OT education, OTA education is not the problem, it's probably right now the number of credits. And today, we got an email that said they've reversed their decision on making it a bachelor's level requirement. They said they were gunna require a bachelor's degree, but I do know, that for OT assistant programs, just like master's programs, the amount of standards and content that we have to cover is out of control. Um, because every specialist wants everybody trained in that specialty and I, I firmly believe that we have to have a commitment to generalist education because otherwise what we do, is, what we're doing right now, we give you so much content that you don't have clue. I mean don't get me wrong, you have a clue, but you know, you're so swamped in content that you really can't make sense of it all. So.

SS: What do you see as an impact of the movement to that master's degree of OT?

SN: What did I see as the impact of that? I think scholarship and research. That was the primary difference. There was increased emphasis on students and expanding their research. And I do think that that was an initial push in shift to push the profession towards research.

SS: And how 'bout development of OT models and frames of reference?

SN: Ya, so when I was in school we learned MOHO and the Canadian Model, and very little. We mostly learned frames of reference. I think that development of models should help us stay in our professional identity. I'm sort of a believer that less is more because we want people to use models, so it would be better that, um, we pick a couple and use them. And we use them, you know, like we did last year. Well obviously I'm a believer in 430. I'm like no, you're using PEO, you're doing transactions, this should help you be thinking like an OT, or try because that's what models are far. How we gather information, how we think about the outcome. They're not sufficient, we gotta have theories because, frames of reference, because there's probably more research in the frames of reference, but a model really helps up stay true to what we're supposed to do. And because we didn't have, that was not a push when I was a student, but I think the result is a lot of reductionistic care where we talk people's skills, and look at client factors from performance skills and that was it. So, so I think you're a benefit.

SS: The emphasis on the OT/OTA collaboration, what has been the impact of that?

SN: Well I can tell you *(laughter)* the impact in our state is sort of funny, um, so there was really not an emphasis on OT/OTA collaboration until we changed rules and the emphasis was on, an, uh, an OT being present for so many hours. So, so if you were a COTA and you were 0-3 years of practice, you had to be supervised, I don't know, I can't even remember now. Must have been like, it was more than a level 2 fieldwork students let's just say. That was ridiculous. K? So they had to have all this supervision. And then once you did, whatever, 5 years, then you got less supervision and then after a while you got even less. So, but it, the emphasis was not on collaboration, it was on supervising. But, COTA's are actually, they're not trained like, PT, PT assistants, they're not trained to go do exactly what they were told. They're trained to plan intervention. And they should be better at it than an OT because that's what their schooling is. You're schooling should be more emphasis on evaluation and um, consultation, and those kinds of things. Um, I don't know that it always is, but anyway, now the emphasis is on collaboration and everyone is throwing a fit because now they have to document it, plans, collaboration plans, and how they're gunna collaborate.

SS: Hm

SN: So they don't like that.

SS: I didn't know that.

AY: I didn't either.

SN: Ya. But, it's meant to be like, so the COTA has a plan, um, which is all the things they're gunna demonstrate competency in and then the OT signs off that they've demonstrated competency. And then the idea is somethings you have to review competency, some you don't, but the idea is shouldn't the person be looking for ongoing things to be competent in? So they would add another thing, maybe that they're working on and then it was, it was really meant because what we found happen was, um, that OTs didn't hold up on their end of the deal providing supervision and guidance to the COTA. And the COTA was sorta always in a lower position and they felt bad about asking for assistance and things like that. So it was meant to be really raising it to collaborative engagement in practice. And you will definitely find in practice that sometimes COTAs know more than you and they should, in certain areas! And a COTA that's practiced 40 years, probably knows way more than a new grad OT.

AY: Mhm

SN: So.

SS: What do you see as the impact of the importance of interprofessional education?

SN: Well I, I think interprofessional education is very important. I think, though, every group is under strict accreditation rules, and they separate curriculums and it makes it difficult to get more interprofessional health care experiences. But, today I was

driving in the car and I heard something. I don't remember what it was. And I thought, hey! Oh, I know! They asked if I would do a lecture on development, psychosocial development in infants and children in the med school. And I thought, huh, what don't they pair our med school with, a med student, with an OT/OTA in a baby lab? cause a pediatrician, they do the same thing. You know? They look at reflexes. It would be sort of interesting to get them together in that context. And I know at the med school they have this program called ICLE?? and it's meant for people that are out in residency where you can connect certain learning activities. So, so that would be, well they're on campus, but I would really like to see, um, maybe therapy opportunities, or, oh OT students could sign up, like there'd be a variety of opportunities that might be extra learning. And maybe during your time, other than going to IPHC, maybe during your time on campus, um, you could pick a few of those and do them. It could be like a student choice. So, I think it's important. I think we, we are now in a building that might facilitate that better, but I think that we've still got a ways to go.

SS: ACOTE has indicated that by 2027, entry level practice will be at the doctoral level for the OT and the bachelor's degree for the OTA. As you think about your practice, what do you see as the positives about this move? And what do you also see as the drawbacks?

SN: Well they postponed now today, the, I think the bachelor's level for the OTA is, I personally think it could be the demise of that degree because a person going to get a technical degree is not going to get a 4 year degree and that is what they're going to be required to do. And they're going because they only have that much money, or maybe they're not, they don't have the academic capacity to get through the other, but they'd still be a good practitioner, you know? Um, so I think that the downfall. And it also means they can't be housed in technical colleges. So, anyway I think that's difficult. I think the OTD, I personally was, um, OK with the move in that, um, if you're in an agency where everyone has an entry level doctorate and you don't, you will be, you will probably be limited on some things that you can do. So maybe you can't be contributing to clinical research. Maybe you can't make independent decisions. So I think in terms of, um, uh, being recognized as an equal provider, I think it's important. Um, I think the downfall is that they're entry level clinical doctorates and people don't recognize them for that. An entry level clinical doctorate is very different from a professional doctorate, it's way different than a Ph.D. Um, so, it really just means that you are a generalist. That we are still preparing you for general's practice and you have one area of that skill. So I think that's the frustrating part for me, is that if we aren't committed to generalist preparation, that's a problem because we, in rural practice, we don't know where you're gunna go practice. And we need to make sure that you're prepared for generalist practice, you can't just produce people that are ready for only advanced practice in a certain area. So, and I think the other implication will have to do with what happens, right now the standards are under review and there are a few standards that could make it next to impossible for programs to offer an OTD degree. So, one of them is that 50% of your faculty have to have a scholarly agenda, which includes either first author publication and securing grants, and some institutions are not, that's not their mission. They're not doing, I mean they're not, they teach and that's what they do. So, so those school would never be able to meet those demands 'cuz they don't have the support to do that. Even our school, our scholarship is the very small part of our contract. And our scholarship really usually is aligned with teaching. So, we'll see.

SS: So the bachelor's for the OTA was just changed today?

SN: Today we got an email! They used a fancy word that I can't remember, but, but basically what happened is that a group complained and said that they did not follow their protocol, which was for public comment. They just made the decision behind closed doors. The council did. They didn't seek feedback. Like right now, you're getting the opportunity to comment on standards. They just voted and made the move and it was against the recommendation of another governing body at AOTA, which is, um, oh my gosh, representative assembly. The representative assembly. The recommendation was that they offer both. That they offer it at the bachelor's and the, um, associate. The real problem there though, why some schools wanted to go to the bachelor's is because our content standards were so many, OT assistant programs had to up their credit hours and at a technical college, like, they, these students have 105 credits, while 120 gets you a bachelor's degree. So at a technical college they're like that's too many credits. So that's sort of why it started. So.

AY: Hm

SN: It's really complex, but that's the gist of it.

SS: OK, so we have a card sort. And in this class we reviewed a series of articles that looked at the values and beliefs across time. Some of the key things articulated in these articles were ten items including: licensure, legislation, arts & crafts, occupation, technology, specialty certification, continuing education, activity analysis, adaptive equipment, and health care team. How would you prioritize these in terms of enhancing your professional practice and development? So we have them all written here on each card.

SN: OK, what am I supposed to do with them? Sorry.

SS: So, we would like you to prioritize these ten items of, of the values and beliefs of OT across time and prioritize them in terms of enhancing your professional practice and development.

SN: OK, in order.

SS: Mhm
SN: OK. I can do that.

(pause)

SN: It's like a quiz.

(laughter) *(pause)*

SN: OK, there.

SS: OK, and so what was your thinking as you prioritized each of these?

SN: As I prioritized them?

SS: Ya

SN: I, to me, like what are the most essential things to practice? So, occupation and analysis is sorta what makes an OT. Is that what you wanna know?

AY: Mhm!

SS: Ya!

SN: Ya? OK. And legislation, well it's what influences us being able to practice where we are, I mean today. If it wasn't for, unfortunately for wars, and legislation, we wouldn't have OT. So, uh, the health care team, I think that's pretty important because people have to know who we are and our contribution, and our unique contribution. And licensure, I think is important cause that says we can practice and it also protects the consumer. I think we forget about the consumer. And continuing education makes a good provider. I think technology enhances who we can provide services to. I suppose it also enhances our, the people that we serve, and those who can use the technology. Uh, arts and crafts. I think arts and crafts kinda get the raw end of the deal, and we shouldn't just do arts and crafts, but I do think it reminds us that doing is important to the profession versus just talking. And, adaptive equipment sure helps a lot of people. I don't know. I put that there. Specialty certification, I was of course one of those that was going to get specialty certification at one time, but now I'm, um, it's OK but I don't think it's like super important to the profession.

SS: So that's why that's number ten.

SN: Yep!

(laughter)

SS: You prioritized those very quickly.

SN: Ya!

AY: That was pretty impressive. OK. ND is considered to be a rural state. How did this influence your practice decisions?

SN: Uh, well I think my practice decisions. It's tricky. In the classroom, it influences my practice decisions about what I choose to teach because I have to think very carefully about, they won't be specializing in rural practice so I need to make sure I prepare them generally and I need to prepare them to problem-solve and think more than I need to give them every bit of

factual information. And so, uh, in our new curriculum, in our new of planning that's sort of what's driving that. In my own practice, repeat the questions again. Sorry.

AY: ND is considered to be a rural state. How did this influence your practice decisions?

SN: Ya. In the practice decisions, I think what that influenced, how that influenced me most was understanding what consumers had access to. Like what was really capable, what we're capable of providing as resources and um, sometimes we couldn't be experts in everything and we had to recognize that and refer them to other clinics because we just, we couldn't do that.
AY: So how does it influence, or not influence, um, how does it influence *(laughter)*, or not, the care you are able to provide?

SN: Oh! OK! I have an example of that, like, so I was in my, it was a partial program. The only program probably on the western side of the state in that time. But, if a child had no place to stay, they couldn't get services. So, we'd have to come up with creative ways, like finding a foster care home that would house this child.

AY: Hm

SN: Um, because they couldn't because you would get that child there for the day, and if the family lived two hours away, they couldn't get access to services. That happened all the time. So, and then when you discharge the person back to that community and they needed follow-up care and there was nobody. That was always a problem. Which is why telehealth would help.

AY: Um, how did it influence your involvement in professional organizations, continuing ed. opportunities, etc.? It well, it caused me to become an active member of my association because I wanted to stay connected to the rural nature. Continuing ed., well even back when I started practicing, everybody did their continuing ed. by going to an *(inaudible)* kind of learning, right? Um, today, in a rural state where it can be expensive to get out of here and go places, I, I find that I use more variety of continuing ed. So I'll do self-study, I'll do, I'm actually registering for a workshop on executive functioning. That's a webinar. So I'm going to try that in December. Um, never done a full day of webinar before but I'm gunna try it. Uh, but, that also *(inaudible)* to a rural provider because all of sudden if I have all of these people on my caseload, I can connect through webinar and get better at least what I have to cover for this time. So.

AY: What did you enjoy the most when practicing in the mental health setting, and why did you enjoy it?

SN: Well I just enjoyed the kids because they were, they were fun! I mean, I, I enjoyed that, I got to do whatever I wanted to do. I got to develop my own programing, um, I got ta make sure, as time went on I really saw the value of occupation-centered, so sometimes, you know, we would have ten minutes of skills and now we are gunna do it in this, in this occupation, and we are gunna actually develop there and do things. And I enjoyed that opportunity to, to develop and refined, and, uh, make the programming better.

AY: What was the hardest part about working in this setting, and what made it so difficult?

SN: Getting spit, spit on, getting kick-, the biting . . .

SS: Oh my gosh

SN: . . . those kinds of things was the toughest. And I think that, that wore on me after a while. And it didn't happen all the time, but there were times that you would have that were very physical aggressive and that was probably the worst part. That and probably even worse than that was those kids that, um, like would find out when they were with us that they weren't gunna be able to return home because the parental rights were terminated and they didn't know where they were gunna go, and that was very hard. Probably, that was probably worse than getting hit, but luckily the termination issue didn't happen that often.

AY: Can you describe this setting in which you worked in a little bit?

SN: Mhm. So it was, um, a partial program, which basically meant it was separate from a hospital. And, um, like physically, the program was, it was in two different locations when I was there, but, um, it was set up that there were group rooms and there were commons rooms, there was common space, and then we had, um, kitchen, and we had relaxation room, and our offices, and then the programming itself. The kids would come originally around 30-35 days, and then typically down to 20 when they

left. And the kids would come from 8-3:30 and they would, in the morning, they had treatment, so they would have, they would, we had an adolescent track and a child track. So they adolescence, they would come everybody did the check-in group at 8-8:30, at 8:30 they usually went to skills group or they went to process group, what they called problem-solving group. And then, then it was 90 min group, which was sort of a challenge when you're working with kids so I learned how ta, how to have 3 groups within one group basically is what we did. And, then we would just flip, so like we would have a break, a snack break. And then we would flip. I would take the children and then the social worker would take the others. And then, then they would have school, well they'd have lunch and then they'd, I'd have lunch duty, and then they would have school. And then you'd have school duty or you would be doing, like, evaluations, or documentation, or a transitioning back to school. Sometimes I took kids to school. I did the transitioning, uh, I did community outings, so that was pretty fun. And we had a social worker, an OT, uh master's level councilor, and a nurse were the primary providers.

AY: That's cool. How has the structure of the setting you work or have worked in shaped you role in that position?

SN: I think the structure, well there wasn't any structure when I got there, so, uh, I think the structure shaped the role because we had to decide, what is the distinct value of each profession, and what are we gunna do? So I think that structure set that up, and, um, then there were certain roles that weren't being fulfilled and when I interviewed for the job, the, the woman told me upfront, this is a role that we'd like you to develop, like transitioning back to school things like that. And people always ask, why OT? And I think honestly, nobody else wanted to do it. And it turned out to be like, a perfect role for OT.

AY: Mhm

SN: So.

AY: Alright. Imagine that I am a family member who is considering pursuing a degree in occupational therapy. What advice would you give me?

SN: Uh, I should say I would tell them, don't be an OT like my parents always told me don't be a teacher . . .

(laughter)

SN: I was like I'm gunna be an OT and not a teacher. Um, you know what? I would say it's a wonder career and one of the things I truly believe about OT. Not everybody can be an OT that's true, but I do believe, you know, we have a variety of students and I truly believe, since I'm kinda liking ecological models, I truly believe there is a context where, where an OT will be successful. So, so if you looked at the 3 of us, we could probably say I would not, my personally, I would not be very successful in a really fast-paced, uh critical care unit because it would be too intense for me. And it would be, be too much. So, but I think that's the beauty. There's so many things that you can do and so I think it's a great job and I think, um, you just get to watch people and make progress and be happy that they're engaged and it's, it's good. Super cool.

AY: What are the positives about this degree?

SN: Ya. The versatility I think of the practice areas. Um, right now the employment opportunities, you know which could, could vary, uh, but they employment opportunities are excellent and if you chose to marry somebody or something and they move around then usually you can find a job.

AY: Mhm

SN: So.

AY: What would you say are some of the drawbacks?

SN: Probably professional identity issues getting the profession united and communicating who you are and also having to, um, like if you need to create a job where you're at, people aren't super familiar with OT, so you really have to, to push, push that that's it's doable. You've seen lots of people do it recently. So.

AY: Alright. Well that's all we have.

SN: That's it?

AY: Ya!

SS: We're taking all your time!

(laughter)

SN: Ya! Well I could talk forever, but I, I can't even keep a straight thought so.

AY/SS: Well thank you!

SN: Ya!