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# Final Synthesis Paper

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Final Synthesis Paper

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### **Abstract**

The purpose of this phenomenological study was to gain a better understanding of the life experiences of Kathy Dolan, an influential occupational therapist in the development and advancement of the profession in the state of Wyoming. Purposive sampling was utilized by the project directors to obtain participants for the study. Data was collected through a semi-structured interview and observation. Interview questions were structured to address the person, environment, and occupation components influencing each participant. The Kawa model was also utilized to guide the interview schedule in order to develop a timeline of the participant's life journey. Data from the interview was audio recorded, transcribed analyzed utilizing a coding process. Three categories emerged from this process: making a difference, being a pioneer, and adaptability. Results from the study found that Kathy Dolan was a pioneer in various populations and was an advocate at the local, state, and national level. Results also indicated that Kathy Dolan strongly believed in the adaptability and flexibility of occupational field, and that meeting the client's needs is crucial to practice.

### **Introduction**

Kathy Dolan, MPA, OTR/L has over 41 years of experience as a practicing occupational therapist. In 1994, she helped establish the University of North Dakota's Masters of Occupational Therapy Program at Casper College in Casper, Wyoming. For the next two years, she served as the Occupational Therapy Program Professional Level Coordinator at the Casper College site. Here, she conducted faculty meetings, served on the admissions committee, evaluated and mentored students. From 1994-2017, Kathy was an adjunct professor at the Casper College site, teaching pediatric occupational therapy. The researchers first met Kathy in January of 2017 at Casper College in Casper, WY. Kathy was teaching a pediatrics course through the

University of North Dakota's Masters of Occupational Therapy Program at the satellite campus in Casper. Kathy's passion for pediatrics and the occupational therapy field was evident from the first day of class. However, she never discussed her many personal accomplishments until the researchers interviewed her for the life history project. Kathy was humble and often credited those practitioners who had come before her. She valued leadership and loyalty to the profession of occupational therapy. She believed in the power of interprofessionalism as well as the unique therapy that only occupational therapy could provide. Kathy was instrumental in developing the UND/Casper College Masters of Occupational Therapy Program and was a mentor to new faculty. Since Kathy's college graduation in 1969, she has been a pioneer in the profession of occupational therapy, serving as a leader within many different settings and organizations.

This life history is one of 29 life history interviews which are a part of a larger project, *Life Histories of Individuals Who Have Been Influential in Developing Occupational Therapy (OT) in North Dakota and Wyoming*. The purpose of the project is to gather information about the history and evolution of occupational therapy (OT) practice in North Dakota and Wyoming through life histories of individuals who have been influential in developing OT in these two states. It is anticipated that the life history process will be a powerful way to gather this information. This study is intended 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 in North Dakota and Wyoming. The interview took place in room 305 in Alley Hall on the campus of Casper College.

### **Literature Review**

During the 1960s and the 1970s, medical advancements, changes in health insurance, deinstitutionalization of state mental facilities, the Vietnam War, civil rights laws and public

school legislation were at the core of changes within the occupational therapy profession. The focus of occupational therapy treatment shifted within the hospital setting during the 1960s to the 1970s (Christiansen & Haertl, 2014). The discovery of immunizations and other medical advancements decreased the need for treatment of illness like polio. Instead, occupational therapists were treating more chronic conditions, such as arthritis, rheumatism and heart conditions (Christiansen & Haertl, 2014). Health insurance was also changing during this time. Companies began to offer private health insurance to attract workers, while the government began to offer Medicare and Medicaid to individuals without private health insurance. Between 1960 and 1970, occupational therapy began to shift toward the medical model in order to receive reimbursement for services. Overcrowding, discovery of psychotropic medications and poor conditions of state mental institutions led to deinstitutionalization. Although this created the emergence of community mental health services, these services were inadequate at addresses the large population of individuals with mental illness. Due to the influx of individuals with mental illness in the community and limited resources to help them, many of these individuals became homeless or jailed (Christiansen & Haertl, 2014).

During the Vietnam War, hand and upper extremity surgeons began to use new techniques to repair missile and landmine injuries therapy (Yakobina, Yakobina & Harrison-Weaver, 2008). Among these surgeries included tendon implants, enhanced flexor tendon surgeries, prosthetics, microsurgical neurovascular techniques and thumb lengthening procedures. These new surgical advancements opened the door for a specialization in occupational therapy; hand therapy (Yakobina, Yakobina & Harrison-Weaver, 2008).

In 1975, the Education for All Handicapped Children Act, radically changed the traditional view of public school by emphasizing interprofessional communication (Coleman,

1975). This law would develop interprofessional teams within the school setting. These teams were designed to meet the various needs of special education students. It also recognized the need for learning preparation, rather than just learning the three R's (Coleman, 1988). In 1977, the federal government created provisions for related services and regulations that secured jobs for occupational therapists. These regulations required that public school occupational therapists provide restorative or preventative treatment to enhance functional performance among children with disabilities. This mandate along with federal funding, created a surge of occupational therapists within the public schools (Coleman, 1988).

In 1972, Dr. A. Jean Ayres developed the sensory integration theory (Posthuma, 1983). This theory was used to guide intervention for children with developmental, learning and behavioral problems. SCSIT training was offered to therapists interested in using sensory integration interventions within their practice. This could be used on children ages 4-9 and no other certification existed for other age groups. Some occupational therapists did choose to apply their SCSIT training on adults, but the profession viewed this as inadequate (Posthuma, 1983). The SCSIT was later re-standardized by originator, Dr. A. Jean Ayres, at which point, it was called the Sensory Integration and Praxis Test (SIPT) (Posthuma, 1983).

Child Development Centers (CDC) were created in 1984 to prepare children for success in school (CDC, n.d.). The CDC began as a company that provided learning materials to both private and subsidized child care centers. It later expanded into the preschool and school-aged programs offered today. Occupational therapists worked within the CDC to consult with teachers, parents and provide screenings, evaluations and interventions to promote functional school performance (CDC, n.d.).

The Americans with Disabilities Act was passed in 1990 (Kalscheur, 1991). This was a civil rights bill intended to bring children, men and women with disabilities into the mainstream American life. The law originally focused on employment opportunities for adults with disabilities, but began to broaden into pediatrics. During this time, 35% of occupational therapists identified as working in primarily pediatric settings, including the school setting. The ADA did not mandate occupational therapist involvement, but provided an opportunity for them to help create barrier-free environments for Americans with disabilities (Kalscheur, 1991).

### **Theory-Occupation Based Model**

According to Teah and Iwama (2015), the word Kawa means “river” in Japanese which allows occupational therapists to use this concept as a tool to describe their clients’ life journey. The Kawa model consists of using metaphors to describe aspects of a person’s life. When using the Kawa model to describe a person’s life, it would be understood that a person’s river flow represents a person’s life flow, the river banks are environments and contexts involved in the person’s life, the rocks depict obstacles and challenges, driftwood is what influences a person’s life, and the extra space can be understood as opportunities for enhancing a person’s life flow (Teah and Iwama, 2015). The Kawa model also considers all aspects of a person’s life including their past, present and future. For this reason, the Kawa model was key in allowing the researchers to gather information from all sections of the participant’s life and assist them in understanding the hardships, environments, and accomplishments in rich detail.

In order to understand the meaning behind the participant’s responses and explore all aspects of the participants river flow, the Kawa model suggests using questions that begin with “How?” and “Why?”, because it enables the participant to elaborate on questions rather than being forced to simply answer “yes” or “no.” According to Teah and Iwama (2015), these types

of questions allow the researchers to “examine and explore the five underlying constructs of our clients’ Kawa (p. 8).” Using the Kawa model to guide the research questions also allows the researchers to understand timelines, routines, occupational performance, barriers, facilitators, social networks, and how all these things impact the person and influenced their decisions and life journey. The Kawa model was key in utilizing its concepts and components into the entire research study. The project was meant to gather information about the participant’s life, and without assuming, pull codes and themes from the interview that are meaningful to the participant and emphasize the impact they have had on the occupational therapy field within this region.

### **Participant Description**

Kathy Dolan graduated college in 1969 from St. Catherine University located in Saint Paul, Minnesota with a Bachelor of Science in Occupational Therapy. She obtained a Master in Public Administration from the University of Wyoming in May of 1997. Throughout her career as an occupational therapist, she worked in a variety of settings, including adult rehabilitative, pediatrics, psychiatry, skilled nursing, home health and the public-school system. She also reported consulting with community health agencies, a psychologist and various organizations in Colorado and Wyoming.

She began her career in 1970 working as a director in a large, regional hospital and regional mental health facility. In addition, she provided occupational therapy services to patients in a rehabilitation center. From there, she worked as an occupational therapist for a state training school, skilled nursing facility and the child development services in Riverton, Wyoming from 1977 to 1978. Afterward, she relocated to Denver, Colorado where she worked in the public-school district and at a skilled nursing facility from 1978-1989. In July of 1989, she began



working for the Child Development Center of Natrona County through March of 2010. Duties within this position included providing assessments and treatment to children with a disability between the ages of 2 and 5. Additionally, she consulted with classroom teachers, provided in-service training, supervised Certified Occupation Therapy Assistants, and was an educator for students completing their level 2 fieldwork at the facility.

Outside of practicing occupational therapy, Kathy enjoyed spending her time teaching students enrolled in the occupational therapy program through the University of North Dakota's satellite campus in Casper, Wyoming. She taught OT 429, Occupational Therapy with the School Aged Child, to first year occupational therapy students from January of 1994 to 2017. She also worked as an Occupational Therapy Program Professional Level Coordinator for the University of North Dakota which entailed conducting faculty meetings, presenting mid-semester evaluations to students, serving on an admissions committee and mentoring students enrolled in the occupational therapy program. Above all else, she takes pride in her accomplishment of bringing the satellite occupational therapy campus to Casper, Wyoming and expressed a sense of gratefulness to have received the opportunity to instruct the OT 429 pediatrics course from 1994 to 2017.

Kathy devoted much of her time outside of work to her involvement in professional organizations and advocating for recognition of occupational therapy. She was elected into the Casper College Board of Trustees where she served as board chair and board secretary. She also previously held a position on the Central Wyoming Hospice Board of Directors. She's currently a representative of the Governing Board Member of Wyoming Association of Community College Trustees, Complete College Wyoming task force, and Alliance's Higher Education Committee.

Kathy's community service involvement related to occupational therapy by includes being a board member of Wyoming Occupational Therapy Licensing, presenter at Turner's Syndrome Society Annual Convention, board member and chairman of Occupational Therapy Association of Colorado, president of the Wyoming O.T. Association, and representative of the South Dakota Occupational Therapy Association. In addition to community service involvement, she received the Fieldwork Educator's Award in 2000 from the Casper College Occupational Therapy Assistant Program.

Throughout her career in occupational therapy, Kathy was a strong advocate for occupational therapy and the advancement of the profession. This is evidenced through her contributions to occupational therapy organizations and volunteer opportunities in the state of Colorado and Wyoming. She's most notably recognized for pioneer mentality and trailblazer attitude which led to the development of the first accredited Master of Occupational Therapy program in Casper, Wyoming. Her hard work and dedication was, and still is, greatly appreciated by her former colleagues, especially those from the University of North Dakota's occupational therapy department. All information from this section was obtained from Kathy Dolan's curriculum vitae and through interview.

## **Methodology**

### **Study Design**

The authors of this study conducted a qualitative research project using a life history approach which allowed the focus to be on the participant's involvement in the evolution of occupational therapy. The purpose of this life history study was to unveil stories and obtain information about the participants experience throughout life as an occupational therapist.

Permission for the study was granted through the Institutional Review Board at the University of North Dakota.

### **Participant Selection**

Purposive sampling was undergone by the project directors at the University of North Dakota to create a participant list for second year occupational therapy students enrolled in the OT 458 course. From there, each participant was assigned to a research group. A spreadsheet containing the participant's contact information was sent to each research group. The researchers contacted the participant through both e-mail and telephone. Once the participant agreed to participate in the study, a date and time to conduct an initial interview was scheduled within the following month. No problems with a gatekeeper were present since the initial contact was made by the project directors.

### **Data Collection**

Data was collected through a semi-structured interview and observation. Prior to the interview, the participant signed an informed consent form. The interview was conducted face-to-face and lasted approximately one hour and twenty-six minutes. A 14-question interview schedule consisting of open-ended questions and a card sort activity was utilized as a guide for each researcher throughout the duration of the interview.

The activity card sort contained 10 note cards relating to key points articulated in a series of articles from class. Key points included in the activity were licensure, legislation, arts and crafts, occupation, technology, specialty certification, continuing education, activity analysis, adaptive equipment and health care team. The participant was asked to prioritize each component from most important to least important.

Prior to the data collection process, the researchers performed a one-hour internet search on the participant to collect background data on her. In addition, the participant emailed the researchers a copy of her curriculum vitae. The data collected was incorporated into the interview schedule to ensure a proper fit between the posed questions and the participant. The interview was audio recorded using a researcher's iPad. Afterward, each researcher transcribed their interview portion and recorded notes regarding observations and thoughts they experienced during the interview. The typed transcription was approximately 18 pages in length.

### **Trustworthiness**

In attempt to establish trustworthiness and reduce bias, the researchers independently completed three reflexive journal entries over a two-month period regarding how their perceptions of and previous knowledge about the participant may have influenced the data collection process. It should be noted that all three researchers were previously enrolled in a pediatrics course taught by the participant through the University of North Dakota. A verbatim transcription of the interview was recorded to enhance the validity of the study. External reliability is present since the study can easily be replicated by another researcher using the interview schedule. Internal reliability was employed by each researcher through consistent utilization of the semi-structured interview schedule to guide their portion of the interview. Credibility of the study is present as evidenced by direct quotes from the participant included in the data analysis section. In addition, the study consisted of researcher triangulation since three researchers conducted the study.

### **Data Analysis**

#### **Process**

Once all the data was collected and transcribed, the researchers conducted the initial stage of the coding process. Each researcher independently reviewed the transcription and formulated a list of codes. Afterward, the researchers met to compare and contrast codes. Once the codes from each researcher were placed onto a table, the researchers jointly reviewed the transcription one final time to identify any missed codes. A total of 26 codes were developed from the 18-page transcription (Appendix A). Codes were chosen based on their prevalence throughout the interview and perceived correlation with the Kawa model. The Kawa model was used to develop codes from the interview transcription that would better describe how the participant perceives themselves and how they influenced the occupational therapy profession in their life journey (Teah and Iwana, 2015). The interpretation of the transcription was not influenced by the researchers' biases or assumptions, but guided by the Kawa model in order to help the data reflect the participants' life experiences from their view point.

### **Results: Themes, Categories, and Code Description**

*Category#1-Making a Difference.* Throughout the interview, Kathy Dolan's responses reflected a professional who has had success and experience in a number of different settings. She also expressed the importance of how she felt about her clients receiving care that would leave an impact on their lives. Kathy explained that she has had experience in working in a large spectrum of settings which assisted her finding avenues to impact populations in ways that others had not yet done. Apart from impacting her clients and their families, she also was invested in positively impacting her communities and occupational therapy as a profession. Kathy was also able to impact many students' lives during her time teaching for the University of North Dakota and expressed how meaningful that was to her.

*Theme one: Kathy Dolan articulated that everything we do in the profession should benefit the client.*

From Kathy Dolan's perspective, a client should always be at the center of treatment. Kathy expressed her belief that occupational therapists should always take into consideration what will benefit the client and what is meaningful to the client. As an occupational therapist herself, the experiences she has had, have shaped her beliefs and molded how she approaches her clients as a professional. Kathy emphasized how much working with her clients as individuals, also impacted the clients' families in the process, and how those experiences became meaningful to her a person:

“You have to look at the client in the system of healthcare... What's the benefit to the client? Of course, the client is first. If it benefits the client, great.”

“And so there is, in the broad concept of looking at an occupation, you know in the myriad of things that are occupations... all those occupations that bring value to use and develop self-concepts, and make people feel good, and have a sense of happiness, and satisfaction, and um, a sense of contributing to the community and developing, really helping people develop many, many skills that contribute to help them feel like they are contributing to the community is they want to, if that's important to you,”

*Theme two: She had the opportunity to create programs and treat diverse populations.*

Throughout Kathy's years of practice, she was given the opportunity to work for many different populations and in different settings. The stories she shared about her journey throughout her professional career, offered the researchers a glimpse of how many people she

was able to work with in various settings, which allowed her to discover ways to further positively impact different populations. The locations and settings that Kathy was able to practice occupational therapy in were noted throughout the interview transcription. In nearly all of her responses, the researchers were able to note a different population, location, or program that she experienced or made a difference in. Kathy's report in the interview explained how occupational therapy can intertwine with other professions and how they can extend their services beyond what is expected. Kathy also noted how the development of the occupational therapy assistance programs has impacted occupational therapy as a profession. Lastly, Kathy drew a map of where she lived and settings she practiced in during her interview. She expressed how all the different populations came about during the evolution of occupational therapy. Kathy emphasized the different settings and it was apparent she had chosen occupational therapy as a profession due to wanting to experience different people. Throughout the interview, there was a myriad of settings that Kathy mentioned and she explained how her experiences in these places were:

“So, I had a lot of opportunities to develop my practice and expand my practice areas just because of the environment, with that many teams in Riverton there weren't that many teachers but a lot of organizations knew they needed to be able to work in Denver at a school in the schools and being able to take- become certified in their sensory integration.”

“...the impact is that they can be extended through these service providers, more people can benefit from OT, because we can't be everywhere. So, it's really helped I think the development of the profession because of the presence and influence and um... you know they're just extended services. I shouldn't say they're “just extended services”, they're

not “just”, but being able to extend services that OT can provide throughout the system.”

*Category #2-Being a pioneer.*

This category was created from Kathy’s repeated use of the word “trail blazer”. Also, her place as a leader in many different areas in the occupational field was apparent as she explained her numerous job titles and opportunities she was able to participate in. There were 14 different codes found that developed this category and 2 themes emerged. Kathy was able to describe how she participated and became involved in various developments for the occupational therapy profession and how she was involved in using different treatments that emerged as the profession grew. She was able to be in the right place at the right time, and make some phenomenal contributions to the profession.

*Theme #1: Kathy had the opportunity to be a leader and a trail blazer.*

This theme was developed by recognizing the many contributions that Kathy Dolan had in the growth of occupational therapy. She was involved in legislative movements, program developments, and contributed to many areas in the state of Wyoming. Kathy was able to lead others during her time as an occupational therapist and utilized the words “trail blazer” and “pioneer” as a way to describe the role she was able to take during her time in different cities and throughout the development of occupational therapy. Kathy’s involvement in state wide developments began to emerge in the beginning of the interview. She explained her involvement while living in different cities and states and the researchers were able to develop these codes. Additionally, there were certain areas that she noted more than others throughout the interview. A large portion of her practice experience was in the 1970’s which also is when monumental changes were occurring within the occupational therapy profession, which Kathy shared in her responses:



“And so, I’m in Riverton, and uh, I think I was the only OT practicing actually because I worked at trading school, nursing home, did a lot of consulting, started the outpatient Child Development Center similar services to preschoolers, but they wanted to get a state organization going so I guess I was the first person.”

“You know, and all the agencies too that I worked for...I was kind of a pioneer over there. It was fun but let me say being the pioneer and you, I know your leadership skills are developed in this program.”

*Theme #2: She was instrumental in developing the local, state, and national OT organizations.*

This theme emerged due to Kathy’s apparent participation in the development of important organizations that are related to the growth and expansion of occupational therapy. This theme appropriately fits into the category of Kathy being a “pioneer” in the occupational therapy profession. Her willingness to devote her time and effort to enhancing the profession allowed state committees to be formed. Kathy’s involvement in the development of state and community organizations was seen in many portions of the interview. She conveyed her role within each area of participation. Kathy expressed gratitude for being able to have the opportunity to be so involved, and gladly and openly collaborated with others to help the profession of occupational therapy grow.

“So, I was on the licensing board for 3 years and during that time I acted as a liaison between the licensing board and WYOTA.”

“Uhm, you know, just being in on the program from the very beginning and knowing uhm cause when did we start, 93, I mean just having this program and the OT assistant program at Casper College has made a huge impact on our state.”

*Category #3-Adaptability*

This category was created by combining her various life experiences with their impact on her. Throughout the interview, Kathy explained how different contexts and circumstances affected her practice and the information she was able to learn throughout her journey as a practicing occupational therapist. Her rich description created a picture of how different contexts affected the availability of services and treatments. Kathy experienced occupational therapy in many different environments and elaborated on how this personally affected her ability to cope and continue to be resilient through any difficulty she encountered. Kathy was able to learn how to balance her family and professional life effectively. She enjoyed her profession and was fortunate enough to not have to endure any financial or familial strains during her career. She was aware of potential challenges that can result from a demanding profession like occupational therapy, but she was also aware of the services she could provide to her family and community through her profession.

*Theme #1: Kathy found OT to be both emotionally draining and rewarding.*

Throughout the interview, we were able to gain an understanding of what occupational therapy meant to Kathy Dolan and how it impacted her. There were many times throughout the interview in which she explained the personal satisfaction she received from making a difference in her client's lives. She also shared that although this profession can be rewarding, it can also be taxing and physically draining. She found it difficult to perform in certain settings if she didn't stay healthy and in shape. Kathy also addressed how being an occupational therapist can potentially affect family dynamics.

“Okay, it can be physically taxing, you have to stay in shape, uhm, you OT's, tend to do too much I think. Uhm, and you have to learn to not do too much because it would, doing too much could interfere with other parts of your life. It could be the education

part is expensive. Uhm, I think much more benefits than drawbacks. But I think the biggest drawback would be, uhm, you as a professional learning to prioritize."

"I've talked to you as students, it's a very rare rewarding career, it can be very self-satisfying. Uhm, advice wise, you have to be open, you have to be adaptable, uhm, you have to stay focused, you have to study really hard, but the benefits outweigh the efforts in the end."

*Theme #2: She found that different geographical locations affected treatment.*

Kathy's experiences provided her with knowledge about how working in different areas can affect an occupational therapist's ability to access their clients and access other things that are needed. This theme was developed from Kathy's knowledge of how rural and urban settings differ and what is available in those regions. Her personal work experience shaped how shaped her knowledge of being aware of cultural differences and how that would impact her work as an occupational therapist.

"...frequency, access, and uh not only to the patient but to the significant others in their life. You know, are they are to access a support system. Urban and rural."

"...you have to be creative about, you know, bringing people to you if you're in uh, uh a rural setting and it could be a huge benefit to those uh, continuing education providers cause many of them maybe have never been in a rural, so it benefits everybody so, you have to, you have to adapt, you have to be adaptive."

### **Discussion**

From the data, we developed two assertions that envelop Kathy Dolan's beliefs as an occupational therapist and represents who she is as a professional. The first assertion is that

“Kathy Dolan was a pioneer in various populations, she was an advocate at the local, state, and national level”. At the beginning of Kathy’s career, the Education for All Handicapped Children Act created a larger role for her in the public-school system (Coleman, 1975). The growth of Child Development Centers created an opportunity for Kathy to work with children outside of the public-school setting (CDC, n.d.). Furthermore, the American’s with Disabilities Act allowed Kathy and other occupational therapists to create barrier-free environments for any American with a disability (Kalscheur, 1991). Following these changes in the legislature, Kathy was able to see the need for services in certain areas and advocated for these needs at the local, state and national level.

The second assertion is that “Kathy Dolan believes strongly in the adaptability and flexibility of the occupational therapy field and meeting client needs”. Kathy Dolan adapted to pivotal changes in the health care system, such as the focus on reimbursement for services, the shift toward the treatment of chronic illness and the treatment of individuals with mental illness in various settings following deinstitutionalization. Kathy responded to the sensory needs of clients by becoming SCSIT certified and furthering her knowledge of sensory disorder treatment. Additionally, she believed that changes, such as changes in health insurance and legislation should always benefit the client.

### **Conclusion**

Through learning Kathy Dolan’s life story, we discovered the impact her life and work had on the growth of occupational therapy as a profession, as well as the occupational satellite program she established in Casper, Wyoming. Her passion and gratitude for the profession were evident during the interview, and it was clear that throughout her life, she was able to positively affect many people’s lives through her ambition, leadership, and fearlessness as an occupational

therapist. The results from this study allowed the researchers to highlight Kathy's accomplishments and contributions to the expansion of occupational therapy.

As former students, we previously experienced her teaching style and heard stories from her past that correlated with the study's objectives. She used her knowledge and experiences to not only help students understand class content, but to also educate students the history behind each topic, which made the concepts easier to grasp and apply. The meaning behind course content was enhanced due to her ability to make occupational therapy interesting and applicable to real life.

Kathy Dolan's story is important for future occupational therapists to read and learn about in order to correctly understand pivotal changes in occupational therapy as a profession, as well as how occupational therapy became available to study in the state of Wyoming. She demonstrated resilience as she practiced through changing interventions, professional evolution, and educational changes in the profession. Like so many other occupational therapist, Kathy's influence, ambition, and willingness to be a pioneer has greatly strengthened the profession. Occupational therapy in this region of the United States of America would not be where it is today without her years of leadership and devotion to the advancement of the profession.

Appendix A

<b>Life History of Kathy Dolan: A Qualitative Study</b> <b>Micaela Monn, OTS, Ashleigh Mora, OTS, Amanda Steffen, OTS</b>			
<b>Codes</b>	<ul style="list-style-type: none"> <li>• Impact on clients</li> <li>• Extended services/therapies</li> <li>• Broad area of practice</li> </ul>	<ul style="list-style-type: none"> <li>• Pediatrics</li> <li>• School system</li> <li>• Consultant with community organizations</li> <li>• Riverton</li> <li>• Alternate representative to the representative assembly of AOTA</li> <li>• Developed outpatient programs in Rapid City</li> <li>• Participated in research groups for pediatric tests</li> <li>• Participated in Pilot program with AOTA</li> <li>• Denver (executive committee and membership chairman)</li> <li>• Wyoming</li> <li>• 1970s</li> <li>• Activities (crafts)</li> <li>• On first licensing board in WY</li> <li>• First OT in WY</li> </ul>	<ul style="list-style-type: none"> <li>• When she taught (different locations)</li> <li>• Doing the best you can within the timeframe</li> <li>• Learning to prioritize as a professional</li> <li>• Rural vs urban</li> <li>• Extended services</li> </ul>
<b>Categories</b>	<p style="text-align: center;"><b>Making a Difference (clients, family, communities and OT)</b></p>	<p style="text-align: center;"><b>Being a Pioneer</b></p>	<p style="text-align: center;"><b>Adaptability</b></p>
<b>Themes</b>	<p>Kathy Dolan articulated that everything we do in the profession should benefit the client</p> <p>She had the opportunity to create programs and treat diverse populations.</p>	<p>Kathy had the opportunity to be a leader and a trail blazer</p> <p>She was instrumental in developing the local, state and national OT organizations</p>	<p>Kathy found OT to be both emotionally draining and rewarding</p> <p>She found that different geographical locations affected treatment</p>
<b>Assertions</b>	<ol style="list-style-type: none"> <li>1. Kathy Dolan was a pioneer in various settings, she was an advocate at the local, state and national level.</li> <li>2. She believes strongly in the adaptability and flexibility of the occupational therapy field and meeting client needs.</li> </ol>		

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