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Evolution of Occupational Therapy Practice: Life History of Catherine (Catie) Sondrol, MOT,
OTR/L

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Abstract

This is a qualitative research study using a life history approach. It was one of 31 life histories conducted as part of a larger study.

Objective: To learn about the impact that an Arizona-based occupational therapist with ties to North Dakota has had on the profession.

Method: A video conference call was conducted to interview Catie Sondrol. Additional information was found in her curriculum vitae, which was shared by the participant.

Results: After transcribing and analyzing the data gathered during the interview, the researchers were able to place an emphasis on the following key aspects of Catie's professional career: resiliency, giving back, professional issues and practice trends, and core values and beliefs.

Introduction

The purpose of this qualitative research study was learn about the impact that Catherine (Catie) Sondrol, MOT, OTR/L has had on her rural community as a pediatric occupational therapist who is also a co-owner of a private practice pediatric therapy clinic. This life history is one of 31 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 with a view of the history and how occupational therapy practice has evolved from its inception to current practice in North

Dakota and Wyoming. This life history examined Catie's life as an OT practitioner serving rural Arizona. This study took place via a Zoom video conference call. The researchers were at the University of North Dakota School of Medicine and Health Sciences, and Catie was in her vehicle in Lake Havasu, AZ. Catie began her career as a pediatric occupational therapist and is now a co-owner of a pediatric therapy private practice. She is also serving as an adjunct professor in the Department of Kinesiology at Arizona State University.

Timeline Literature Review

The profession of occupational therapy is 101 years old. While there have been many changes in the practice of occupational therapy within those 101 years, Catie has also seen the practice evolve throughout her own career as an occupational therapist. Just before Catie started her education in occupational therapy in the early 2000's, the profession was struggling to identify its role within the healthcare system (Reed & Peters, 2010). It was debated whether or not the profession needed credentialing sponsorship or if it was strong enough to be a stand-alone service (Reeds & Peters, 2010). Additionally, at this time, there was a high demand for occupational therapy personnel across the United States, especially in states without an established occupational therapy program (Reed & Peters, 2010). With the high demand for occupational therapy services, leaders recognized the need for practitioners to develop competency as teachers and researchers to further develop the profession and gain independence (Reed & Peters, 2010). During this time, the occupational therapy profession worked to increase its own understanding of its core concepts of the profession and learned how to represent itself and function without the protection of medicine (Reed & Peters, 2010).

Catie graduated with a Master's degree in Occupational Therapy from the University of North Dakota in 2004 but had started the program prior to its transition to the graduate-level

curriculum in 2001 (University of North Dakota, 2007). The University of North Dakota also offered a transitional Master's program (tMOT) which was established to help meet the needs of practicing clinicians who wished to continue their education and stay current with the professional trends (University of North Dakota, 2007). Research and management courses were added to the curriculum as part of the new Master's of Occupational Therapy (MOT) program to prepare highly skilled entry-level practitioners competent enough to fulfill research and administrative responsibilities (University of North Dakota, 2007). Graduate requirements also included a scholarly project that would contribute to the evidence base of the profession (University of North Dakota, 2007). Education in occupational therapy was changing across the United States with the growth of digital communication (Christiansen & Haertl, 2014). Online courses were becoming more popular and provided students with options to meet their schooling requirements (Christiansen & Haertl, 2014). Online and hybrid courses were offered, in addition to the traditional in-house programs (Christiansen & Haertl, 2014).

In 2001, the country was devastated by the 9/11 terrorist attack on the World Trade Center in New York City. The events that unfolded on this day led to the start of wars in Afghanistan and Iraq (Christiansen & Haertl, 2014). Surviving combat veterans often sustained polytrauma injuries that led to both physical and psychological symptoms (Precin, 2003). This sparked innovation within the military's occupational therapy and put more attention on helping soldiers reintegrate into society (Christiansen & Haertl, 2014). Early in her career, Catie was able to recognize the role this world event played in the focus of the profession. Also during this time, the country was recovering from a stock market decline in 2000 which contributed to the collapse of the market in 2008, resulting in a global recession with extensive consequences (Christiansen & Haertl, 2014).

There were several federal and state legislation changes and policies that impacted the profession at the start of the 21st century (Christiansen & Haertl, 2014). The federal centers for Medicare and Medicaid Service (CMS) and Agency for Healthcare Research and Quality (AHRQ) established the Effective Health Care Program, which resulted in reimbursement based on the effectiveness of clinical studies (Christiansen & Haertl, 2014). The increased emphasis on evidence-based research promoted more attention on research within the occupational therapy profession (Christiansen & Haertl, 2014). Additionally, with the added pressure to reduce costs from the federal government and private insurers, procedures began to focus on discharge and therapy was offered in outpatient settings and as part of home health services (Christiansen & Haertl, 2014).

More recently, educational programs in occupational therapy have started to transition from a Master's to a doctorate level. In 2013, the AOTA Future of Occupational Therapy Education AD Hoc Committee recommended doctoral-level education as the single point of entry for occupational therapists and again in a position statement in 2014 (Accreditation Council of Occupational Therapy Education [ACOTE], 2018). The Accreditation Council of Occupational Therapy Education (ACOTE) had expressed concern but eventually reaffirmed the decision to move forward with the doctoral entry-level degree in August 2018 (ACOTE, 2018). According to Brown, Crabtree, Mu, and Wells (2015), there are several reasons why the profession should make the move to an entry-level OTD. They believe the profession has become increasingly complex, and that the skill set to fulfill the requirements will only be met at the doctoral level (Brown et al., 2015). To many, it is viewed as a necessary move to "keep up" with the other healthcare professions (Brown et al., 2015). However, with the new curriculum, comes a new price, and many people are concerned about the increase in cost and length of

schooling with the transition to an entry-level OTD (Brown et al., 2015). Despite the changes within the world and profession, Catie has managed to build a career and business around helping those around her.

Theory

The Kawa Model was used as a theoretical guide for this study. The Kawa Model uses a river metaphor (Teoh & Iwama, 2015). The constructs that constitute the Kawa Model include river flow, which represents life flow and priorities; river banks, which represent different environments and contexts; rocks, which represent barriers and challenges; driftwood, which represent personal attributes; and spaces, which represent opportunities for enhancing life flow (Teoh & Iwama, 2015). The Kawa Model was considered during the development of the interview schedule. River flow, rocks, and driftwood were especially highlighted in this study. River flow will be explained as work-life balance in this study. Rocks will be described as academic, personal, and professional challenges. Finally, driftwood will be characterized as her skillset. The Kawa Model allows Catie's career to be viewed as a journey.

Description of the Participant

Catie Sondrol is a pediatric occupational therapist who is a co-owner of a pediatric therapy outpatient clinic in Lake Havasu, AZ. She graduated with her Master's Degree in Occupational Therapy from the University of North Dakota in 2004 and has been practicing for 14 years. Catie was first exposed to OT when she was getting physical therapy services following a high school volleyball injury. She was intrigued with the occupational therapy interventions and decided to pursue a degree in OT. During her pre-OT shadowing hours, she was fascinated with the mental health component. Upon acceptance into the OT program, she wanted to practice in the mental health field. However, her plans changed following an

experience at a baby lab. The pediatric OT professor captured a picture of Catie engaging with a baby, printed it, and told Catie, “You’re going to be a peds therapist. Look at your eyes, you’re going to be a peds therapist.” After seeing the printed photo, Catie decided that pediatrics was the area of practice for her.

Following graduation, Catie moved to Arizona because, at the time, pediatric OT jobs were very saturated in the Midwest. She obtained a certificate in Assistive Technology following her move to Arizona (Personal curriculum vitae, received 2018, October 1). She signed on with a pediatric therapy company. Nine months after beginning her career with that company, she received a call on April Fool’s Day saying that the company was closing, and she would be unemployed. Unfortunately, it was no April Fool’s prank, and Catie had to come up with a new career plan. She ended up absorbing the contracts of that company and contracted as a school therapist. She met up with a pediatric speech language pathologist. The two of them had similar ethics and values. They eventually decided to open a private practice together and came up with the idea of Milemarkers. The two of them worked various therapy jobs and pooled their money until they had enough to rent a space to open a clinic. Milemarkers has now evolved into a well-established private practice with 80 employees.

Catie has a fun-loving personality, frequently laughs, and has a knack for building rapport with people. This has allowed Catie to form rich and meaningful relationships within her community and workplace. Her personality truly shines through in her private practice and passion for the profession.

Methodology

Study Design

A life history approach was used for this qualitative research study. An interview was conducted with the participant to directly learn about her life history and role as an occupational therapist. This design provided a way to learn about the participant's personal and professional life, as well as the ways that practice has evolved throughout her education and career. This research study was a requirement for students taking a qualitative research course and contributed to a larger study being conducted by the course instructors.

Participant Selection

The participant was purposively selected by the project directors. Informed consent was obtained before the interview. Data was gathered during the video-conference interview through Zoom. The interview was audio recorded. During the interview, the researchers were in a small group room at the University of North Dakota School of Medicine and Health Sciences in Grand Forks, ND, and the participant was in her vehicle in Lake Havasu, AZ. The time and means of interviewing were pre-arranged with the participant. Video conference technology was tested by the researchers at an earlier date.

Data Collection

Prior to the interview, the researchers spent approximately one hour researching about the participant. Time was spent learning about her business and reviewing photos and her curriculum vitae (CV), which were sent to the researchers by the participant. An interview schedule was assembled by the project directors and was used to guide the interview. Prior to the interview, the researchers added more questions to the interview schedule to better reflect the Kawa Model. The added questions were approved by the project directors before the interview. There were no gatekeeper issues. The interview took approximately an hour and a half. The interview was

transcribed verbatim. Initially, software was used for the transcription process. The researchers then listened to the interview and made corrections to the transcription, which ensured accuracy.

Trustworthiness

Reflexive journals were completed by each researcher throughout the entire research process as a way of tracking biases, ensuring trustworthiness, and creating a decision trail. The researchers worked together to memo notes on the completed transcription. The memoing provided an opportunity for the researchers to examine one another's thoughts about the findings and capture perceptions about the participant's statements. Additionally, data was obtained from more than one source--the participant's CV and the interview. Two researchers were conducting the interview which also promoted objectivity in the study. The processes used allowed the data to have validity and reliability and ensured triangulation.

Data Analysis

Following the transcription process, the data was reviewed and interpreted. From the transcription, 24 codes were developed using the following inclusion and exclusion criteria. Inclusion criteria required codes to include a multitude of quotes that illustrated similar meanings. Exclusion criteria included codes that consisted of a single quote. However, all the data shared by the participant was coded to ensure that no information was left out. Next, 10 patterns/themes emerged. Four categories were developed from the established codes and patterns/themes. The categories were: resilience, giving back, professional issues and trends, and core values and beliefs. A final assertion statement was made. (See Appendix A for a visual data display of the coding process).

Findings and Results

Catie was open with the researchers as she shared about pivotal life events during her education and career as an occupational therapist. She shared about struggles, as well as accomplishments throughout her life journey. Her enthusiasm about her work was ever-present during the interview. The following categories and corresponding themes emerged throughout the interview.

Category One: Resiliency

Within this category, two themes are identified to represent Catie's resiliency and show how it has benefited her work as an occupational therapist.

Catie experienced academic challenges during her journey to an occupational therapy degree. With accommodations, she was able to overcome her academic struggles and excel as a student. Catie found school to be a challenge, even in elementary school, and she was traditionally a C student. Once accepted into the occupational therapy program, the faculty realized the effort and studying Catie was putting in, but her grades were so low. She was on the verge of being kicked out of the program. The faculty encouraged her to get tested for a learning disability. Following the testing, she learned that she had a reading disability. With the help of the occupational therapy program, she was able to get the accommodations she needed. She excelled through the rest of school with almost straight A's.

Catie was faced with many barriers as she worked to build her private practice during an economic downturn. In the beginning, Catie had said it was "crazy" to balance the administrative work and her work as a therapist. Many of Catie's mentors told her to hire outside help. She followed their advice and things got easier, but she was faced with many other barriers to keep her business up and running after it was established. "And then when the recession hit, we were negative in our bank more often than not. And I don't know how our bank did not close

down our business.” Despite the lack of funding, Catie and her business partner, Colleen, were not willing to close their doors. Instead, they formed a new after school program that was geared towards adults and took a new direction in their services, which broadened their funding sources and allowed Milemarkers to stay open.

Category Two: Giving Back

Three themes represent the various ways that Catie has given back to the profession throughout her career.

Catie had many mentors as she began her career journey and has chosen to offer similar opportunities as a mentor to her employees and fieldwork students. Catie serves as a fieldwork educator, kinesiology professor at Arizona State University (Personal curriculum vitae, received 2018, October 1), and a mentor to her employees. Catie expressed interest in one day furthering her education to become an occupational therapy professor. She recently had the opportunity to enroll in a middle managers program through the American Occupational Therapy Association.

Additionally, Catie has begun creating and teaching continuing education courses as a way of sharing her knowledge. She explained, “I’m really getting into creating continuing education courses...I think that will have an impact on people’s skillsets and how they treat their clients and what types of treatment methods they use.” She foresees her work in continuing education to continue to expand.

She provides the best possible care to her community by offering services that are interdisciplinary and family-centered. At Milemarkers, services offered include occupational therapy, speech therapy, physical therapy, music therapy, an afterschool program for kids with disabilities, an adult day program for adults with developmental disabilities, foster care

supervision visits, and employment services. Additionally, they provide parent aid and education.

Catie truly believes in the importance of family-centered care and the family education component of therapy. She states, “I always say that...what I do one hour once a week isn’t what’s going to make a difference. It’s what the families do. And so I really pride myself on that family education component...”

Through her faith, Catie has recognized the need for occupational therapy in other regions of the world and has traveled to provide care. Catie was informed about an international ministry called Joni and Friends through her church. Joni and Friends is a wheelchair ministry that helps those in need in Thailand. Once Catie’s children had grown older, she decided that she could offer assistance to the ministry, because a lot of their work revolved around wheelchair adaptation. Catie reached out to the group and has now gone to Thailand twice to treat individuals with disabilities in a camp where families retreat for respite. Catie describes herself as being “hooked on it” and values the interactions she has had with her clients in Thailand.

Category Three: Professional Issues and Trends

Two themes emerged that explain Catie’s beliefs related to professional issues and current trends of the profession.

Catie has recognized the importance of “things” such as theory and evidence-based practice, but also feels an inherent need to provide care based on first-hand results she has seen. Catie regularly reads the American Journal of Occupational Therapy to stay current on practice literature and has previously participated in casual lunch table discussions about current literature with her employees. However, Catie mostly relies on her clinical experience to guide

her practice and improve her clients' functional abilities and skillsets. Pediatric occupational therapy research was described as "conflicting" by Catie, and she believes that there is not a lot of solid studies that supports her work in sensory processing. However, she remains confident with her approach, partly because of her Master's Degree. She believes her schooling has helped her to think critically and make sound decisions about the care she provides to her clients.

Theory is another part of practice that Catie has identified to be useful, but she continues to give credit to her clinical experience for the core of her work. Instead of using one theory to guide her processes, she pulls from many where she see fit. She believes that many theories within occupational therapy are connected and that it is difficult to separate them into "boxes." Catie recognizes the significance of theory in our learning and thinking process, but continues to practice in ways that continue to produce results.

Catie has concerns about the impact the transition to the OTD will have on the profession. She considers the transition to the doctoral degree to be one of her "soapbox" topics. She recognizes that students will be paying more for their doctoral education, but not getting reimbursed more from insurance companies for their services. She feels there will be a lack of clinical fieldworks which will inhibit the doctoral students' ability to do a research project on a topic they are passionate about. Catie also has concerns that the new doctoral graduates will fill professor positions as recent graduates without any clinical experience. She explains, "I just wonder if it's going to be really what our profession is needing."

Category Four: Core Values and Beliefs

Three themes illustrate the ways in which Catie intertwines her core values and beliefs into her practice.

Catie values creativity and clinical experience when designing effective interventions. Her creativity shines through in her approach to client-centered care. She values clinical experience in providing effective interventions. She states, “I love that it’s science and it’s an art together... We get the muscles, we get the body stuff... and we get the brain stuff. But we also get the creativity and the art behind occupation and therapy.” Her creativity allows her to construct adaptive equipment herself at a lesser cost. She regularly sees the happiness of her clients when she is able to create something that will enhance a client’s ability to perform an occupation.

She decided to attend UND because of the educational focus of the program. Catie initially had a strong interest in mental health occupational therapy. The occupational therapy program at the University of North Dakota had a strong mental health focus at the time when Catie was applying. She feels that was a pivotal deciding factor in why she chose the University of North Dakota. Catie shared that it is important for people planning on applying to an occupational therapy program to find a program that has a curriculum that aligns well with their interests.

Catie finds satisfaction in the fact that the profession aligns well with her core values of competency, family, and helping. When asked what being an occupational therapist has meant to Catie, she discussed her personal connection to the profession. She knows that because the values of the profession align well with her personal values, she is able to practice her core values daily and see them help others reach their goals. Catie’s competency in pediatric practice allows her to share her knowledge with other practitioners that she mentors and teaches. Catie’s core values are heavily intertwined and her skill set allows her to stay true to each one through the work she does daily.

Final Assertion

Catie's education, clinical experience, and core values have allowed her to give back, while also staying current on professional issues and trends and being resilient in the services she offers.

Discussion/Conclusion

This qualitative research study offered a perspective on the ways in which practitioners with ties to North Dakota and Wyoming are making an impact in rural regions around the country. Researchers gained an understanding about Catie's unique professional journey and insight into the evolution of the profession during her years of practice. The Kawa Model (Teoh & Iwama, 2015) facilitated the research process and provided opportunities for Catie to discuss her journey as an occupational therapist--the barriers, her skillset, work/life balance, and the effect these had on her life. Catie is making an impact on her rural community on a daily basis through her practice. Milemarkers provides opportunities for people of all ages and abilities to find success and independence in their most meaningful occupations. Catie uses her skillset to serve the profession by teaching others through her continuing education courses and professional college courses. In addition, she is also making an international impact by offering occupational therapy services to children in Thailand. The barriers Catie faced have required several personal sacrifices. Her resiliency has allowed her to reach her goals and become an impactful occupational therapist.

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Appendix A

Life History of Catherine (Catie) Sondrol, MOT, OTR/L

Molly Maudal, MOTS & Lydia Swanson, MOTS

Codes:

- Rural Area
- Overcoming Barriers
- Sacrifice
- Work/Life Balance
- Passion/Drive

Category:
Resilience

Patterns/Themes

Catie was faced with many barriers as she worked to build her private practice during an economic downturn. She experienced academic challenges during her journey to an occupational therapy degree. With accommodations, she was able to overcome her academic struggles and excel as a student.

Codes:

- Educator
- Mentorship
- Interdisciplinary Approach
- Family Centered Care
- Faith
- Business Owner
- Mile Markers
- Personal Accomplishments

Category:
Giving back

Patterns/Themes

Catie had many mentors as she began her career journey and has chosen to offer similar opportunities as a mentor to her employees and fieldwork students. She provides the best possible care to her community by offering services that are interdisciplinary and family-centered. Through her faith, Catie has recognized the need for occupational therapy in other regions of the world and has traveled to provide care.

Codes:

- Evidence-based Practice
- OTD
- Views of Practice
- Occupation-based
- Continuing Education
- Evolution of Practice

Category:
Professional Issues and Trends

Patterns/Themes

Catie has recognized the importance of "things" such as theory and evidence-based practice, but also feels an inherent need to provide care based on first-hand results she has seen. Catie has concerns about the impact the transition to the OTD will have on the profession.

Codes:

- Creativity
- Values
- Interpersonal Skills
- Clinical Experience
- UND Education

Category:
Core Values and Beliefs

Patterns/Themes

Catie values creativity and clinical experience when designing effective interventions. She decided to attend UND because of the educational focus of the program. Catie finds satisfaction in the fact that the profession aligns well with her core values of competency, family, and helping.

Catie's education, clinical experience, and core values have allowed her to give back, while also staying current on professional issues and trends and being resilient in the services she offers.