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Evolution of Occupational Therapy Practice: Life History of Diane Norell, MSW, OTR/L

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Abstract

The purpose of this study was to gather information about the history and evolution of occupational therapy (OT) through the life history of Diane Norell, MSW, OTR/L, who has been influential in developing OT through her practice. The researchers conducted a semi-structured, one-and-a-half-hour phone interview with Diane. The interview was audio recorded and transcribed verbatim. The Kawa model was used to guide the research. Data analysis and a document review of Diane's curriculum vitae (CV) were done to develop codes. From those codes, the categories of personal life, professional life, healthcare, and academia were developed along with corresponding themes and a final assertion. Through the data analysis, the researchers developed the assertion that despite the constant changes and challenges of the field, Diane has become a successful occupational therapy practitioner, researcher, and professor by staying true to her values of mental health, research, and family.

Introduction

Diane Norell, a registered and licensed occupational therapist, is an academic fieldwork coordinator half time with a focus on Level II fieldwork at Eastern Washington University (EWU). Diane has a master's in social work and was employed in the role of a Faculty Field Instructor and adjunct faculty for the School of Social Work at EWU for 16 years. Diane has worked in the field of mental health and chemical dependency, as both a psychiatric social worker and occupational therapist, for 40 years with 33 of those years in Washington State. Her special interest in the area of family psychoeducation has afforded opportunities in research, clinical supervision, consultation, and training regionally and nationally. Diane was interviewed by the researchers, who conducted a semi-structured, one-and-a-half-hour, phone interview at one of the interviewer's apartments. The interview took place in Grand Forks, ND in a quiet room with no distractions. The interview was audio recorded and transcribed verbatim. The Kawa model was used to guide the research. Data analysis and a document review were done to develop codes. From those codes, the categories of personal life, professional life, healthcare, and academia were developed along with corresponding themes and a final assertion.

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 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.

Timeline Literature Review

Throughout the interview, Diane mentioned many significant events that happened not only in OT practice, but across the nation that impacted her practice as an OT practitioner. In the year of 1975, a year after Diane graduated occupational therapy school, the Vietnam war ended. Because of this, soldiers were coming home, and medical care was needed (Carter, 1982). Many of the Vietnam war veterans returned with alcohol addictions and were seeking help to recover (Carter, 1982). Diane mentioned how most of the first patients she ever saw were Vietnam war veterans who were addicted to alcohol. At the time, OT was guided by the medical model, and many state institutions were closing, which caused inadequate mental health services for the demand that there was at the time (Christiansen & Haertl, 2014). Diane talked about her struggle at the time, saying that there was not much information that could guide her in her practice with these individuals. However, she stated that it was a period of growth, and more people were toying with the idea of chemical dependency and mental health, so she could tell the area was growing.

Healthcare has changed drastically over Diane's professional career, as well as the way we, as healthcare providers and individuals in the community, view mental health. There has been an evolution of information in terms of mental health and what causes mental illness. Diane stated that we, as a nation and as occupational therapists, never identified mental illness as a brain disease and could not understand the cognitive deficits that people were affected by. We, as occupational therapists, could not articulate our role as well as we can now, as occupational therapists are able to insert themselves into the treatment of all kinds of conditions, especially

those fighting mental illnesses. There was a shift in the way people viewed mental health disorders, and a tremendous shift of what we could offer and what we expect of these diseases, around the year of 1990 when President Bush declared the 1990s were the Decade of the Brain (Connaughton, McKhann, & Walker, 1995). New understandings, as Diane previously stated, of injuries and healing, developmental disorders, and neurodegenerative diseases were being discussed as well as new techniques being identified of how to treat mental illnesses (Connaughton et al., 1995). The 1990s were declared a period during which scientific and economic commitment to brain research would surge (Connaughton et al., 1995). Diane stated that 1989 to 1990 was the time that mental health disorders were starting to be understood as brain disorders or brain conditions, and that was a huge shift 28 years ago. That change 28 years ago has changed everything, and we, occupational therapists, now finally have evidence of how to treat these individuals. Diane stated that from her perspective, as an OT and a professional heavily involved and influenced by mental diseases, that in recognizing that people with mental health issues may also have cognitive or other deficits, that it has helped her look at care and treatment in a whole new way.

In 2006, Diane started teaching half-time at EWU. Around the same time, clinical doctorate programs began to grow in OT education (Christiansen & Haertl, 2014). Along with the growth of the doctorate programs came online and hybrid educational programs (Christiansen & Haertl, 2014). Diane mentioned how there are a greater number of students now than there were at the time she graduated, and how this has made an impact on people's knowledge of OT and their impact on healthcare.

Another aspect of OT that holds importance to Diane is the field of mental health. In 2010, it was recorded that only 3% of practicing occupational therapists practiced in mental

health (Christiansen & Haertl, 2014). Diane believes that even though being an OT practitioner in the mental health setting is slim, mental health-based care is very valuable to many individuals. In the past, OT has been guided by the medical model with more emphasis on physical rehabilitation versus mental rehabilitation (Christiansen & Haertl, 2014). In recent years, the American Occupational Therapy Association (AOTA) has started pushing the profession to become more present in the mental health field (AOTA, 2016). The profession has grown away from the medical model and become more holistic which has allowed therapists to broaden their own understanding of the profession (Reed & Peters, 2010).

Theory

The Kawa model was used to guide the study. The Kawa model focuses on an individual's life journey through the metaphor of a river (Teoh & Iwama, 2015). The varying and sequential experience of life resembles a river, flowing from "the high lands down to the ocean" (Teoh & Iwama, 2015). Occupational therapists try to enable, restore, assist, and maximize their clients' life flow (Teoh & Iwama, 2015). Diane has done the same by enabling, restoring, assisting, and maximizing her clients' life flow. The Kawa model was also used when finalizing the information into codes and themes. The researchers looked for major turning points in the participant's career, as well as different aspects of her life, including obstacles and major events that arose (Teoh & Iwama, 2015). The Kawa model was evident throughout the project through those turning points, obstacles, and major events, as well as considering Diane as a collective, meaning that it was used when considering her as an individual, a family member, as a member of a group, and her role in organizations (Teoh & Iwama, 2015).

Description of the Participant

Information regarding the participant was collected via email communication and a document review of Diane's CV was done to collect information. Diane Norell, a registered and licensed occupational therapist, is an academic fieldwork coordinator half time with a focus on Level II fieldwork at EWU. Diane has a master's in social work and was employed in the role of a Faculty Field Instructor and adjunct faculty for the School of Social Work at EWU for 16 years. She previously worked as a Clinical Research Associate with the Washington Institute for Mental Health Research and Training and WSU-Spokane for 10 years. Diane has roots in North Dakota, as she is originally from Maddock, ND. Diane received a Bachelor of Science from the University of North Dakota in Occupational Therapy in 1974 and a Masters in Social Work from EWU in 1982. While at the University of North Dakota (UND), Diane met her husband in 1970, and has been married to him for 43 years this past summer. One of Diane's most important roles is being a mother to two children, a daughter and son. Diane took some time off from practicing to spend time at home with her children, which she thoroughly enjoyed. Diane started practicing as an occupational therapist at the North Dakota State Hospital in Jamestown, ND from 1977-1978 before moving away. She has practiced in many locations as an occupational therapist and program director. Upon arrival in Washington, Diane received her Masters in Social Work in 1982. She has been a certified psychiatric rehabilitation practitioner with the United States Psychiatric Rehabilitation Association for 15 years.

Diane has worked in the field of mental health and chemical dependency as both a psychiatric social worker and occupational therapist for 40 years with 33 of those years in Washington State. Her special interest in the area of family psychoeducation has afforded opportunities in research, clinical supervision, consultation, and training regionally and

nationally. She has been the senior clinical supervisor in four research studies funded by the National Institute of Mental Health; the National Institutes of Disability Rehabilitation Research and the United States Department of Defense. She has co-authored seven peer-reviewed articles and one book chapter related to family psychoeducation with families and their members experiencing a chronic condition including mental illness, spinal cord injury, traumatic brain injury, or post-traumatic stress disorder. She has conducted many presentations and trainings, an example being she led three-hour training on suicide prevention for OT students and the Washington Occupational Therapy Association in 2014. She has received many awards and honors, examples including the Who's Who of American Women in 2007, Outstanding Volunteer in the National Alliance of the Mentally Ill (NAMI) of Washington at state conference in 1999 and was a board member for the NAMI for six years. She currently resides in Washington, working as a senior lecturer for the occupational therapy department at EWU teaching a variety of topics, such as specialized mental health coursework, leadership and management, group processes, and as an academic fieldwork coordinator.

Methodology

This qualitative study was conducted using a life history approach. This study design focuses on understanding participants views on professional practice, as well as highlight the participant's involvement in the evolution of occupational therapy practice. The participant was assigned from a participant list developed by the project directors through purposive sampling. There were no specific gatekeeper issues as initial contact was made by the project directors. In the initial contact, the project directors provided the participant with informed consent. The semi-structured interview was guided by an interview schedule prepared by the project directors. The questions on the interview schedule were designed to be used within a larger project. The

researchers could modify or add interview questions as needed for each specific interview.

Before interviewing the participant, background information was obtained from the participant via email. The participant provided documentation of accomplishments and training, as well as her CV. This information and time spent gave the researchers the opportunity to understand a little bit about their participant, as well as set up an interview date with the participant.

The researchers conducted a one-and-a-half-hour phone interview with the participant, which was audio recorded, transcribed verbatim, and coded into 13 codes. The interview took place in Grand Forks, ND at an interviewer's apartment. The environment was quiet and had no distractions. The Kawa model was used to guide the research based off the information obtained from the interview. From those codes, the categories of personal life, professional life, healthcare, and academia were developed along with corresponding themes and a final assertion. The interviewers established trustworthiness by taking memos during the interview, debriefing with one another throughout the process, and reflecting on their own work from beginning to end of the project to make sure no outside biases impeded the outcomes. These procedures helped to contribute to the validity and reliability of the study, as well as help understand who Diane is, personally and professionally.

Data Analysis

The interview was audio recorded, transcribed verbatim and coded into 13 codes. The researchers coded the data to determine common themes (See Appendix A). The quotes that supported the codes were then cut out and taped onto notecards with the appropriate label to identify categories. From the codes, four categories emerged, and themes were created based on these categories. The four categories that emerged are professional development, personal life, healthcare, and academia. For example, one of the codes was mental health, which was then

placed under a developed category of professional development (See Appendix A). This became a code and category because Diane gave many examples of how her passion for mental health has influenced her life, especially in her professional career. Diane stated, "I cannot speak about OT unless I speak about mental health." One final assertion was made regarding the data, taking the codes, categories, and themes into account. When using the Kawa model as guidance, the researchers looked for major turning points in the participant's career, as well as at different aspects of her life, including obstacles and major events that arose (Teoh & Iwama, 2017). Follow up emails were used to obtain a picture of the participant and to collect any missing data that was still needed for the final project. An advisor reviewed and guided the data collection and data analysis process during the course of the project.

Findings/Results

These are the findings developed based on the data analysis. Four categories emerged and are supported with quotes from the interview. The four categories developed from the codes were *professional development*, *personal life*, *healthcare*, and *academia*. The Kawa model was used to develop the codes, categories, and themes. The Kawa model has four different concepts, or symbols, that represent different aspects of life. This model bases its many symbols off a river, which represents the individual's life journey (Teoh & Iwama, 2015). The *water* and its flow represent life flow and priorities. The *river banks* represent the environment or the contexts (social, physical, etc.). The *rocks* represent obstacles and challenges. The *driftwood* represents the influencing factors. Finally, the *spaces* represent the opportunities for enhancing flow. (Teoh & Iwama, 2015). A final assertion was developed based upon the information shared from the participant.

Professional Development

There were four themes that developed within the professional development category. The first theme was: *Diane has continually immersed herself and found importance in the field of mental health in OT.* This was viewed as *water* in the flow of Diane's life, as Diane places her practice in mental health as one of her number one priorities. It has influenced her professional career greatly, practicing as a mental health social worker and occupational therapist. Diane stated, "I cannot speak about OT unless I speak about mental health." The value Diane places on mental health has defined her practice. She believes that "even though it's about 3% of OTs in the country who are now working in mental health...the value of using occupations to help people with mental health issues, with mental health conditions, recover is very, very powerful." Diane exemplifies what a mental health professional can provide to every day meaning and occupations.

The second theme was: *OT is a challenging but rewarding profession.* Diane has encountered many ups and downs throughout her professional career, one being that mental health is underrepresented within the profession. Diane has immersed herself in mental health practice and research. Having obtained state and federal money for research opportunities, Diane has persevered and enhanced the field of occupational therapy. In Diane's professional practice, she has had many rewarding opportunities, one being creating a sensory gym with Lorna Jean King at the North Dakota State Hospital for patients with schizophrenia. She stated that "she (Lorna Jean King) felt that there were sensory motor deficits that played a role in the etiology of schizophrenia...she was so far ahead of her time...it was really remarkable." Another experience that influenced Diane's practice was how she saw the profession change regarding incorporating

more mental health treatment within OT. This experience was rewarding to her, as she is passionate and continually researching mental health conditions. Diane stated that occupational therapists “couldn’t articulate our role as well as we can now when there’s just a variety of ways in which occupational therapy is being, is able to insert itself into the treatment of all kinds, and the conditions in a way that didn’t even exist when I was in school.” This was something that has been challenging for Diane, but rewarding, as she got to learn new things every day, as well as challenge herself continuously throughout the profession. She also stated that she spent “a lot of my career teaching people and learning myself, first, understanding it more in depth, why people need occupational therapy and how it can benefit them.” This theme is associated with *spaces*, as the challenges and rewards represent the opportunities for enhancing the flow of her river.

The third theme that arose was: *finding a mentor is vital to personal and professional success*. At the end of the interview, we asked Diane for one important, final piece of advice. Her final point would be that we all need mentors. Although the profession can be challenging, Diane stated, “find a good mentor. Have somebody that you find a lot of support from because it will enable you to continue to practice for 45 years instead of burnout.” Any profession, especially one that is in continuous collaboration with others, can make a person feel alone or like it is “you against the world.” Diane stated that it is a hard profession, always having to work with people. “People are unpredictable, they’re difficult, and it’s hard for people to change, progress, and rehabilitation can be slow.” She finalized the interview with a few words of wisdom: “having people around you, having people that care about you and care what happens and having people who you can talk to is going to be so important.” Diane’s advice represents the *river banks*, as having a good support system and mentor will enhance a person’s social context, creating a positive professional environment.

The final theme under professional development is: *without occupation, one loses the foundation of the profession*. This theme represents *water*, because it is a priority in her professional practice and her treatment with individuals. Using occupations not only is foundational to the practice, but can enhance life flow, representing *spaces* in an individual's life journey. Diane stated that "if we don't think occupation, we're losing the identify of our profession." When asked what concepts or aspects of the profession that enhance her own professional practice and development, Diane prioritized occupation within the top five concepts. "Activity analysis, occupation, activity, these are foundational things. Practicing from an occupation-based perspective, understanding activity analysis, and being able to practice it because it's so fundamental." This shows the importance that Diane places on occupation and its foundation to our practice.

Personal Life

Three themes developed under this category. The first theme of this section is: *Diane is rooted in North Dakota and resides in Washington*. This theme represents *driftwood* as North Dakota has been an influencing factor in Diane's life. Diane is originally from Maddock, North Dakota. She grew up in the town and attended school at the University of North Dakota where she got her degree in occupational therapy and met her husband. After graduating, her first job was at the state hospital in Jamestown, North Dakota. Although she currently resides in Washington, she mentioned that "our roots are still there (North Dakota) and we still, we still come back pretty regularly" which shows the influence and importance of North Dakota to Diane and her life.

The second theme that was developed was: *Diane places heavy value on her family and families of her clients*, which is represented by *water* because it is a priority for Diane. She

places a heavy value on family. She stated, “I would say, as Michelle Obama says, my most important role in my life has really been to be a mother.” After her children were born, she stated, “I was working part time because being a mom and being home with my children when they were really young until they got into elementary school was really important to me.” Her value for family has guided her in her research and professional practice as well. To combine her value of family with her values of occupational therapy and research, she stated that she wanted to develop research around “...how to offer families more in terms of education and support so that they understand more and have better skills when and if a family member who has mental illness comes to live with them.” Out of this conversation came research developed by Diane, psychiatrist Dr. Bill McFarland, and occupational therapist Donna Downing on family psychoeducation which “became one of the evidence-based practices in mental health at the federal level.” Through her value for family, Diane was able to help other families get the resources and information they needed.

The third and final theme of this category is: *Diane has developed skills from her OT degree and her social work degree.* Diane not only has her degree in occupational therapy, but she chose to go back to school and get her degree in social work as well. After she got her degree she stated, “my career kind of expanded into using both those degrees and depending upon kind of what was happening and what my interests were, I was really able to use both of those degrees.” Her training in social work has allowed her to develop more skills which have increased her ability to work with many kinds of people. She mentioned that, “OTs are really nice people. And um, sometimes because of that they can kind of get stepped over.” Her social work training gave her a “protector” perspective which has allowed her to become more assertive and advocate for herself and the profession. She was also able to use the skills of both her social

work and occupational therapy to work in multifamily psychoeducation. She stated that, "...I used every conceivable skill I had ever learned in occupational therapy when working in multifamily psychoeducation, as well as a lot of my social work skills. It was a fantastic combination of both of those degrees." Because of this, this theme represents *spaces* as it provides opportunity for enhancing flow. In Diane's case, combining social work with occupational therapy has allowed her to develop more skills to use in her life.

Healthcare

There were three themes that developed within the healthcare category. Diane has witnessed many changes throughout the profession, one being the advancements in legislation, licensure, and OT certification. She stated, "community has changed, and, you know, there's so many more OTs in this community now and that also increases the community's understanding of what OT can bring to healthcare." This first theme was: *the constant changes in healthcare through Diane's years in practice have made occupational therapy services more readily available*. Diane believes that individuals are more involved in their healthcare more than they have been in the past. Diane states that the community "have a voice. They have demand. They are educated. They will read about healthcare. They will want what they want." This has not always been the case through Diane's professional practice. She also states that with the advancements in healthcare and the desire to participate and be educated in their own healthcare services, healthcare teams have provided individuals with "a tremendous opportunity for occupational therapy in terms of home health and adaptive equipment and modifying homes." This shift in the healthcare team has increased the community's understanding of what OT can bring to healthcare. The constant changes of healthcare can be represented as *driftwood*, as these changes have influencing factors in Diane's life, as well as the individuals she helps.

The second theme is: *shifts in legislation across time that Diane has noticed are complex and changing the way we practice.* Diane's practice has been heavily influenced by wars and the money that was available. At the federal level, a lot of money has been dumped into the Iraq-Afghanistan war. Diane stated that this has been a significant impact on what is happening regionally, and at the federal level. A few important aspects that Diane views as trends in healthcare that impacted service delivery among these healthcare teams is that "healthcare has gotten very expensive and resources in service delivery and healthcare in general has been reduced because of that." In 1974, Diane remembers when people could "actually pay for available services and...would not have to worry about getting bankrupt." Diane was able to be employed right away after graduation and sees this as not a common trend within practice anymore. Overall, Diane views good healthcare as much bigger issue. When looking through a mental health perspective, Diane stated that "the whole healthcare system seems to be in what I would describe the big chaos in a way...the way the country views mental health is a much bigger issue." Diane believes that "how mental health is treated in this country...it was used to be kind of an invisible thing that we didn't talk about." That has changed significantly now. The Kawa model is evident through legislation, as it represents *rocks*, which are evident through obstacles and challenges Diane has had to tackle throughout her professional career.

The third theme is: *Diane believes that the profession holds a continuous need for licensure, as it preserves our professional practice.* When Diane first started her professional practice, there was no licensure. Diane stated that "enhancing our professional practice I think had to start with licensure because when people were doing things that were really OT-based...it was okay that they were doing it because we didn't have a license at a state level." Practicing in a time when licensure was not important, Diane was not crazy about the idea of getting licensed at

the state level, but she saw the need for it. Diane felt that “for the preservation of our profession, not enhancing our professional practice, just preserving our professional practice, we needed to get licensure.” Another important aspect of licensure that Diane noticed throughout her career was that licensure mandated, and caused, many people to keep up on personal and professional continuing education hours to better their individual practice. Diane finds continuing education to be an important aspect of the field for each therapist to maintain hours and to increase competency. The reason she finds continuing education to be so important in relation to licensure is because “if you’re (the therapist) licensed and yet if you don’t value, it’s easy to kind of let continuing education slide unless it’s somehow mandated...if it’s mandated, licensure will cause that to happen.” This theme is evident through the Kawa model, representing *spaces*, as following licensure mandates, as well as incorporating licensure in order to preserve our profession, has enhanced Diane’s roles and abilities as an occupational therapist.

Academia

In the category of academia, two main themes emerged. The first theme was: *Diane had many influential mentors and learned from prominent individuals in the occupation therapy field which guided her to a position in education.* Throughout her conversation with us, Diane mentioned many different people in the occupational therapy world that had an impact on her education. Gail Fidler, Lorna Jean King, and Willard & Spackman were all people who influenced Diane’s education of the profession. After Diane had her personal experience with Lorna Jean King setting up a sensory gym and seeing the impact that King’s theory had, Diane said, “she actually got me interested in the whole idea about thinking about models of practice.” Occupational therapy had little information on mental health when Diane first began her practice, so these individuals were very helpful to guide Diane and give her the information she needed to

be able to explain the importance of occupational therapy in mental health to other people. She stated, “you are going to be having to explain what occupational therapy is a million times.”

After spending years educating her patients on what occupational therapy is, and realizing she loved to teach, she decided to teach a mental health course at EWU. She then moved to teaching half time and doing academic fieldwork coordination. She stated that, “another strength I would say of my career overall has been to reengage and kind of come-back full cycle to come back to occupational therapy that I started in, and then come back and teach.” She has now been teaching at EWU for 16 years. This theme represents *spaces* because the influential individuals in her life and her love to teach others gave her a new opportunity to come back and teach.

The second theme that developed was: *Diane’s role in mental health research, especially in chemical dependency, was influential to occupational therapy practice not only in ND and WA but throughout the profession.* This theme represents *water*, as mental health and research are large priorities in Diane’s life. Diane has dedicated much of her life to developing research, which has resulted in multiple articles published on family psychoeducation, seven poster presentations and abstracts, three manuals, seven peer-reviewed journal articles, and a book chapter. She has also led a three-hour training on suicide prevention for OT students and the Washington Occupational Therapy Association. Diane stated, “one of the highlights of my career was partnering with Dr. Bill McFarland and Donna Downing to research family psychoeducation, which resulted in the publishing of three or four articles related to that.” Diane has had an impact on the mental health field with her dedication and passion for research. Because of her work, people now have many more resources in an area that does not have an abundance of research to begin with. Diane believes that research is important for everyone. She stated, “we do need to know how to do research, we do need to, students do, we need to be able

to read research and discern what's good research and what's not in your clinical practice, but you do need to be better educated because there is so much research now that's being done.”

Research is becoming a larger part of occupational therapy, and Diane states how important it is to understand it so we can use it in our practice.

Discussion/Conclusion

Assertion: Despite the constant changes and challenges of the field, Diane has become a successful occupational therapy practitioner, researcher, and professor by staying true to her values of mental health, research, and family.

Based on the components used from the Kawa model (Teoh & Iwama, 2015), Diane goes through life working through *spaces* and *rocks* that are evident through her professional and personal life experiences, allowing the *driftwood* to influence her professional abilities. Diane’s has stayed true to her values, as a successful occupational therapist, researcher, professor, social worker, and mother, allowing her *river banks* to support her through daily life. Most importantly, Diane has let the *water* in her life lead her to new experiences and to follow her dreams. She has advanced the mental health field and has shown commitment and perseverance in advocating for her clients who struggle with mental health diseases, through direct care or evidence-based research. The impact she has made on others has made her an exceptional participant to this study.

This study has helped the researchers understand the history of OT practice, mental health practice, the collaboration between different healthcare members, such as the roles of an occupational therapist, researcher, and social worker, and has enlightened the researchers to Diane’s contributions to OT practice in North Dakota and across the nation. The participant talked about many changes in healthcare, especially those related to licensure and legislation, as

well as her role in academia, her personal life, and the many advancements and accomplishments of mental health research. She has helped provide insight on the challenging and rewarding aspects that occupational therapists face, especially those involved in mental health occupational therapy, and the ways she overcomes these challenges and strives to better herself and the field, is remarkable. Her input provides a phenomenal insight to the history of OT, and where our profession is going in the future.

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Appendices

Appendix A

The Life History of Diane Norell, MSW, OTR/L

Caelin Hansen, MOTS; Jessie Zimmer, MOTS

Assertion Themes Categories Codes

<p><u>Professional Development</u></p> <ul style="list-style-type: none"> • Mental Health • Profession • Advice • Occupation 	<p><u>Personal Life</u></p> <ul style="list-style-type: none"> • North Dakota • Family • Social Work 	<p><u>Healthcare</u></p> <ul style="list-style-type: none"> • Healthcare • Legislation • Licensure • Change 	<p><u>Academia</u></p> <p>Education Research</p>
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Professional Development Personal Life Healthcare Academia

<p>1. Diane has continually immersed herself and found importance in the field of mental health in OT.</p> <p>2. OT is a Challenging but Rewarding Profession.</p> <p>3. Finding a Mentor is Vital to Personal and Professional Success.</p> <p>4. Without occupation, one loses the foundation of the profession.</p>	<p>1. Diane is rooted in North Dakota and resides in Washington.</p> <p>2. Diane places heavy value on her family and families of her clients.</p> <p>3. Diane has developed skills from her OT degree and her social work degree.</p>	<p>1. The constant changes in healthcare through Diane's years in practice have made occupational therapy services more readily available.</p> <p>2. Shifts in legislation across time that Diane has noticed are complex and changing the way we practice.</p> <p>3. Diane believes that the profession holds a continuous need for licensure, as it preserves our professional practice.</p>	<p>1. Diane had many influential mentors and learned from prominent individuals in the occupational therapy field, which guided her to a position in education.</p> <p>2. Diane's role in mental health research, especially in chemical dependency, was influential to occupational therapy practice not only in ND and WA, but throughout the profession.</p>
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Despite the constant changes and challenges of the field, Diane has become a successful occupational therapy practitioner, researcher, and professor by staying true to her values of mental health, research, and family.