[ringing]

Janice: Hello?

Kelly: Hi, Dr. Burke.

Janice: Hi, how are you?

Kelly: Good, this is Kelly Simon.

Kasey: This is also Kasey Fitzgerald. Hello, I'm Kelly's research partner.

Janice: Hi, good to meet you.

Kasey: Nice to meet you.

Kelly: Thanks so much for doing this and taking your time out.

Janice: Oh yes, it's a very interesting project. How did you get involved in this project?

Kelly: So our professor, Rita Fleming-Castaldy, is in charge of setting up something for the OTArchive, and we're—each student is interviewing a leader in the profession, and then she's going to collect all the interviews and combine them and put them together.

Janice: Interesting.

Kelly: So every student had to pick a topic, anything in OT, whether it's a condition or a disability or a treatment, and then focus on it, and we wrote a paper on every—we focused on every decade from the 1910s until present day and talked about trends. So, Kasey and I focused on how it became occupation-based.

Janice: Yes. Good.

Kelly: So…but—

Janice: So did you see the turning point as Riley's re-modernization of OT? Or—

Kelly: We mostly focused on how from the 1920s to the 40s, we talked about how it was arts and crafts and they did activities, but it wasn't exactly the occupations that the clients chose.

Janice: Yes.

Kelly: And then, how in the 50s, 60s, and 70s, it was all from the medical approach. And then—

Janice: Yes.

Kelly: In the 80s, how when you started, with the MOHO and all the other models that came to be then.

Janice: Yeah.

Kelly: So, that was the gist of our paper.

Janice: Great! Good for you.

Kelly: Thank you.

Kasey: Thank you.

Janice: What year are you? You're in…you're in a master's program, right?

Kelly: Yes, we're in a 5-year program. So we just have one more semester left and then we're done.

Janice: Fabulous. Great, great, great.

Kasey: Thank you.

Kelly: So—

Janice: That's so exciting.

Kelly: I guess I'll start off with—

Janice: And tell me again, Kelly, your partner, what is your name?

Kasey: Kasey Fitzgerald.

Janice: Kasey Fitzgerald. Okay, got it. Thanks.

Kasey: Kasey with a 'K.'

Janice: 'K,' Kasey. Okay.

Kelly: So I guess just to get started we'll talk about how you became interested in the field of occupational therapy?

Janice: Okay, sure. Well I was really always interested in a career in healthcare, as early as high school.

Kelly: Mhmm.

Janice: And I think, you know, I had a pretty typical upbringing as a young—as a girl, in the 50s—

Kelly: Mhmm.

Janice: …and 60s. And so I was interested in healthcare, and when I met with my high school career counselor, I guess probably in about my junior year, she recommended that I think about something like OT.

Kelly: Mhmm.

Janice: She also recommended PT and speech. And so once I learned about OT I was immediately interested.

Kelly: Mhmm.

Janice: You know, I like to—I really like the emphasis on interacting with people, I like the idea that you could get to know them and you would design treatment programs that, you know, were just carefully tailored to their needs, and that you'd work on—with them, 1-on-1, that they progressed, or in small groups. And, so, once I learned about it, and at that time there wasn't a requirement that you had to do a certain amount of…observation. I really—I have no memory of really observing any sessions in the hospital or anything. I just remember learning about it through career materials, brochures, I think that's what you did at that time.

Kelly: Mhmm.

Janice: And then I became, you know, enormously interested, and I thought it was a good match for me.

Kelly: Very—

Janice: So I went on and I got my bachelor's in OT…after that I…when I graduated, I really—still felt like there was so much more I wanted to know, because my bachelor's was really just…the basics.

Kelly: Mhmm.

Janice: You know? The neuro, the anatomy, the kinesiology, the psychosocial. But it just seemed very basic—it seemed to me like there was more that I didn't know.

Kelly: Mhmm, definitely.

Janice: That'll come…Okay.

Kelly: So where did you start off working? What settings have you been in?

Janice: I started in a place called Burke Rehab, which has no relationship to Burke, my Burke. It's in White Plains, NY.

Kelly: Mhmm.

Janice: …Right outside Manhattan. A lot of people, a lot of people go there…it's a big rehab. And, so I was in adult rehab. I had a great caseload, all kinds of really—cases: stroke, car

accidents, a lot of orthopedic problems, quadriplegic, paraplegic. Mostly adults, some teenagers, but I would say their lion's share was adults.

Kelly: Yes.

Janice: I did—I wanted to be a pediatric therapist. And people recommended that if you were going to do something…you know, that you start first in a big setting where you would have a lot of role models.

Kelly: Mhmm.

Janice: And those settings tended to be more like rehab settings. And it was true, I did have great role models there.

Kelly: Very interesting. That's what I'm thinking. I think I want to start out in more in a giant phys setting and then, hopefully, in the future, move down the line to something more generalized—or specialty, rather.

Janice: Yes, yes. I think it's a good way to go. Even, you just learn so much by treating next to somebody else, you know, and listening to how they handle a difficulty situation, and, you know, watching how other people treat. You really gain so much.

Kelly: Mhmm. And then, now, I read online that you work at Thomas Jefferson. So how did you get into the teaching aspect and administrative?

Janice: Now I…I always was interested in education. I liked doing presentations, although I did not do that well in speech class.

[laughs]

Janice: I like the idea of teaching or presenting something that nobody knew anything about. And that, because I was there, I was able to, let's say, enlighten them on that. So after I got—well, I got my master's at USC and after I graduated I got a job that involved some teaching.

Kelly: Mhmm.

Janice: It was a teaching hospital. And I found that I really liked that. So I kept my hands in that, I was an adjunct professor at USC for years, and at one…at a certain point I was recruited by Thomas Jefferson University because they used the Model of Human Occupation—

Kelly: Mhmm.

Janice: …and they were very—had their curriculum designed, and they were really interested in having one of the authors be on their faculty.

Kelly: Wow.

Janice: So, that…at that point, I had been in Los Angeles…I had moved to the west coast and was interested in moving to the east coast. And they just worked on me systematically over a

period of time. So I moved back east. And then once I was in the University full-time, I liked—there was a lot of room for innovation.

Kelly: Mhmm.

Janice: You know, developing a graduate program, getting grants, running training grants. And I just…I just sort of worked my way up. I had, again, a lot of great mentors and people who took a chance on me and taught me things. And over the years I just sort of moved my way up the ladder. I started with the graduate—Director of the Graduate program. And then I became chair of the OTD…I'm sorry, the OT program. And then I became the Dean of the school. Actually, I just retired from that position.

Kelly: Oh wow. Well congrats on your retirement.

Kasey: Yeah, congratulations!

Janice: Yeah, thanks. Very good.

Kelly: When you talk about people that had a great impact on you, do you have any specific leaders you credit your success to?

Janice: Well, I think Mary Reilly had a huge influence on me. She really…she was the Director of the graduate program at USC, and she was an incredible scholar, a very intelligent woman, who just was willing to share her ideas. She had a lot of great ideas, and she wasn't selfish about them. She talked about them, she encouraged you to pursue certain lines of inquiry. She gave you hints about where the material was, you know…like I, for example, was interested in motivation, so she suggested that I look at the work of somebody named DeShawn [10:21] who did a lot of work in motivation. So she sort of…guided you—

Kelly: Mhmm.

Janice: …to resources, and then she left you then to that resource to develop it yourself.

Kelly: Wow.

Janice: So she had a tremendous influence on me for years. And she had…was in a network of OTs who then had tremendous influence on me. So her good friend was a woman named Wilma West—

Kelly: Mhmm, yeah.

Janice: Who has the AOTF Library named for her. And she had Elaine Viseltear was a good friend of hers, she was the editor of *AJOT.* And all sort of…Florence Cromwell, who just recently passed away, who was one of the Presidents of AOTA. And…Carlotta Welles. So she kind of knew all of the big thinkers in the field, and she…they would come and visit her, or she would find opportunities to introduce me to them, as she did all of her students. And I would say those women had a tremendous influence on me because I was inspired by what…their work…by their work.

Kelly: That's so cool because, I don't know, growing up…for about the past five years, and we talk about OT, it's so interesting because those are all the people who, obviously, we've learned about, and it's just so fascinating that you knew them then and how they were your leaders.

Janice: Yeah. Yeah, it…I feel extraordinarily fortunate because if I hadn't gone to USC, I wouldn't have ever had the opportunities that I got—

Kelly: Mhmm.

Janice: …from being there and having those doors opened for me. And so that's kind of what I've always tried to do myself, is open doors for other people, such as yourself. You know, because I think that's what it's all about.

Kelly: Mhmm, definitely.

Kasey: Yeah.

Kelly: Actually, Kasey, the lady that she interviewed the other day—

Kasey: Estelle Brienes…Dr. Estelle Brienes. Yeah, I spoke with her the other day.

Kelly: And when we talked to her—

Janice: Wow.

Kelly: …when we asked her who…how you became so motivated and what motivated you to do your practice, and she actually credited, she said the MOHO and the authors—how you guys, how you…what'd she say?

Kelly: She said that she studied the philosophy of OT and she also looked at art and the development of art over time.

Janice: Yeah.

Kasey: …and she said the MOHO really got the conversation going on models being developed in that really encouraged her to look further into the philosophy of OT.

Janice: Wow, that's great.

Kelly: Mhmm, so it's just so interesting, because when we asked her, she credited, basically, how you were one of her leaders.

Kasey: Yeah.

Janice: Oh, wow. Where is she now?

Kelly: Um…

Kasey: Well she, I don't know where she's living, did she say?

Kelly: No I don't think she said where she's….what is she doing now?

Kasey: She said that she was retired.

Janice: Yeah.

Kasey: Yeah, did she say…?

Kelly: I don't think she really specified exactly what she's doing now. I think it's more just being a grandma she said—

Kasey: Yeah.

Janice: Oh, nice.

Kelly: Those types of things.

Kasey: Yeah. Focusing on her family.

Janice: Nice, nice.

Kelly: So I guess the next one. How did you and Gary Kielhofner end up meeting, and what made you decide to develop the MOHO?

Janice: Yeah, well, actually…Mary Reilly was, you know, her class was probably, they varied in size each year, right? So maybe I was in a class, I'm going to say maybe of 12, and maybe Gary was in a class of 22, and then…so what happened in class is…or when you met with her, she would encourage you to talk to or meet with other students. She would say maybe you should talk to Linda Florey who did her dissertation…did her thesis on play, because she thought about motivation and play. So you should definitely talk to Linda. Or, you know, you should talk to Gary because he did his work in such and such. So she was always networking her students. And, really, Reilly had this big idea about occupational behavior.

Kelly: Mhmm.

Janice: She…you know, she had the grand scheme of modernizing occupation, making it so that it was a concept that was very current and used literature. Current literature, current resources, current research, and brought it up from its origins, you know, in the early 1900s. And so…she would encourage us to work with one another. In the meantime, Reilly was often invited to give lectures and presentations all over the country because people were hearing about this concept, and they wanted to hear it from her.

Kelly: Mhmm.

Janice: But she did not want to travel much. She didn't want to go around giving lectures. She liked staying in Southern California and having her students do that kind of work.

Kelly: Mhmm.

Janice: So, I knew Gary, while we were in graduate school. Every once in a while, we would work on a project together, or talk…you know, maybe meet about a book we were reading because Reilly said, you know, speak to so and so. But after we graduated we both took jobs at places that were called University-affiliated facilities. And those were federally funded programs to work with people who were developmentally disabled.

Kelly: Mhmm.

Janice: And so I worked at the UAF at Children's Hospital in Los Angeles and he worked at the UAF at UCLA. And, so, again our…agencies supported us working collaboratively. Going across towns, finding out what the other person was working on, doing joint projects, doing presentations.

Kelly: Mhmm.

Janice: So we had a very deliberate effort to see what we wanted to work on. And what we realized was we could bring occupational behavior to conferences.

Kelly: Mhmm.

Janice: And that we could invite…we could put in for a pre-conference institute and we could invite our fellow graduate students, our graduates of the program, to do their topics on whatever they had presented, whatever they had worked on. So we brought people who worked on motivation, I did the motivation. We had people who worked on habits, routines, we had people who worked on performance skills. And we invited them all to the institute when it would get accepted at a Conference.

Kelly: Mhmm.

Janice: And we would have…you know, we'd have 100-150 people attending an institute. Very excited, very interested, but they didn't really know what to do with the material after they left.

Kelly: Mhmm.

Janice: Well, after doing this several times, we realized a couple of things. First of all, we realized that we should group the topics that the graduates presented on occupational behavior into similar categories.

Kelly: Mhmm.

Janice: And then we also realized that we could give introductions and segways between the presentations.

Kelly: Mhmm.

Janice: And…so what happened was this natural alignment of these categories into, I mean, of course there was theory, which of course is very much a part of occupational behavior. But we had these natural groupings where we would talk about all kinds of performance skills, together.

And that became a system in a sub-system. And we would talk about habits and routines and everybody who presented on that, and then everyone that presented on higher level information. So it just became a natural evolution of the model and the system. Over time, not because the two of us were so…such geniuses—

[laughs]

Janice: …But we just understood that this was material that our colleagues in the field would respond to, and that there was just an order and an organization that could be imposed on it that made sense.

Kelly: Mhmm.

Janice: And that's how it evolved. When we finally got it going after several iterations and several different conferences, we realized that we had a paper about occupational behavior. And actually then as we started working on it we realized we had more than one paper—

Kelly: Mhmm.

Janice: …and that…and just before we went to press with it, we decided that we should not call it occupational behavior in case it did not work out well—

Kelly: Mhmm.

Janice: …and people didn't like it, we did not want to…erode the cache that occupational behavior had with Reilly. So at the last minute we chose the title of…a model. We were using a Model of Occupational Behavior, which was my thesis title, and at the last minute we made it a Model of Human Occupation.

Kelly: Wow.

Janice: And so that's…you know, it wasn't…it was just being at the right place at the right time, having an idea that made sense for the field, which is what Reilly taught us.

Kelly: Mhmm.

Janice: Listen to what people need and respond to it. And I think, you know, it's like any idea that has its time. Then following that model there was…Chris [21:51] looked at it and said "wow, I have some ideas I'd like to put into a model too."

Kelly: Wow. That's a—

Janice: And we saw this, you know, proliferation of models.

Kelly: Wow. Did you find it intimidating to be the one to step up and be the leader or did it come naturally.

Janice: I…you know, it wasn't…it wasn't like you could…it wasn't like being elected president.

[laughs]

Janice: It wasn't that momentous because it was happening gradually. I mean, think about it, we were two…we were like your age!

Kelly: That's mind-blowing.

Janice: You know, we were just graduates, we had incredible enthusiasm, respect for Reilly. We loved the ideas. We just loved the ideas. There was all that occupation.

Kelly: Wow.

Janice: And so, what did two people, I mean, what did two people do with that kind of energy? They sort of harnessed it and built. We had no idea, no idea…of course we hoped that people would like it, that it would be respected, and it would be responded…you know, people would respond to it. But, to think, you know, at 40 years later or whatever it is, you know, that it's still very much a contemporary model is, you know, mind-blowing. And the fact that so much other work came out of it. It's very exciting.

Kelly: Yeah. It is like the jump start of everything.

Janice: Yeah, yeah. The modernization, that's what she called for. Modernizing occupation. And that's what it did.

Kelly: Wow. I guess I didn't realize how young you were, a college kid doing that. I can't imagine.

Janice: Yeah. Yeah. Well, for me, I had been a therapist…I had graduated and I had been a therapist for two years, and then I went back for my post…what you would call your post-professional degree. I went back for my masters.

Kelly: Wow.

Janice: And it was because I really didn't feel like I knew enough about occupation.

Kelly: Mhmm.

Janice: I knew enough—I knew a lot about therapy, you know, occupational therapy, but I didn't know anything about occupation. And it wasn't until I went to graduate school that I saw that there was this whole world of work that had been done on occupation within OT but also outside of it.

Kelly: Mhmm.

Janice: And that's what I needed to know in order to really become a therapist.

Kelly: In your early jobs, like right out of college then when you got your bachelors, did you see any occupation-based practice while you were working? Or was it really not even there?

Janice: Um…no, I think it was there. I mean, in rehab you worked…we were very focused on…what people were going to go back to—

Kelly: Mhmm.

Janice: …what their…you know, getting back to their lives. And we were also very focused on getting them to…on restoring function by using activities that they would care about.

Kelly: Mhmm.

Janice: So, you know, I mean we'd have woodworking shops for people who liked to saw and nail and sand and hammer. You know, we would have…we'd have all kinds of crafts.

Kelly: Mhmm.

Janice: And so in that way I think we were occupation in terms of how people engaged their time. You know like I had one…I worked with one woman who was very severely injured in an automobile accident, and she had been a teacher for her whole career, like Elementary School, say. And she was single and she was just going into retirement, and so I had to work really hard finding occupation that...you know, she…could help her regain her range of motion and strength and endurance because her occupations had been reading, tutoring, listening…going to concerts in New York City, walking, you know, the typical life of a retired woman in that area…in New York City. And so it was hard to engage her in occupation because she wasn't interested in cooking and she wasn't interested in crocheting, you know what I mean? So, yeah, I think we were very occupation-based. Yeah, but more around leisure occupations.

Kelly: Wow
Janice: Yeah.
Kelly: Did you...once the MOHO was developed, and then did you see a big shift in the way other practitioners did therapy or was it a gradual change to more occupation…based...?
Janice: Well, you know what, I think it was…I think one of the reasons why occupation…the model was so successful was…it gave a language to what occupational therapists really believed in and what they really wanted to do with their patients. Why they really went to school, to learn to be OTs. I think people really wanted to do occupation-based treatment, and finally now they had a language to apply to it. So I think in that way, yes, there was more attraction for occupation-based because people could articulate it in team meetings to other professionals, but also to their peers, you know, and to their Department chairs in their clinics. So I think it did help reignite an occupation-based perspective, yeah.
Kelly: What settings have you worked in or seen where it was challenging to implement occupation-based…practice? Was it…did you, like, face that at all? Where people weren't as willing to switch to occupations?
Janice: Well I think…I think as…I think acute care is a very difficult setting.
Kelly: Mhmm.
Janice: …because people are so acutely ill still in acute care, right?
[laughs]
Janice: I mean, you know, you have to monitor all of their vitals, they're still so unstable… Acute care has become like intensive care in a way, you know. So I think it's very difficult in that

setting. Very difficult because they aren't really occupation-based. I think what you can do is start to foreshadow for the person what occupational therapy can do to them…for them in the future, and you can foreshadow it for their family, but I think it's hard to do it. Because you're working on getting people up, getting them to sit in the chair, maybe getting them to feed themselves, you know, just really…just really orienting to the world and homeostasis.
Kelly: Mhmm.
Janice: So I think that's a hard place. I think that SNFs are a hard place.
Kelly: SNFs?
Janice: …a really hard place. SNFs, you know skilled nursing facilities.
Kelly: Mhmm, yes. So, I'm going to be there, so I guess…do you have advice for how to make things more occupation-based? Like morning ADLs or like things you would do?
Janice: Well, well…I did have one project that I did when I moved to Philadelphia which was redesigning the OT clinic at Moss rehab so that it would be more occupation-based. And what we did was we put paper on every shelf and closet with a pen attached to it and on a string. And we said to therapists, "write down what you wish was in this cabinet right now, you know, while you're treating this patient, what you wish was here." And so from that we found out that…what kinds of occupations they would like to have available for their patients, based on who the patients were that were actually there.
Kelly: Wow.
Janice: So what we would find out is like…it would be great to have, you know, just like a 12 by 18 container that could…included all kinds of…was like a sewing kit. Or, it would be great to have an…you know, 12 by 18 container that was like electric…electrical plugs…a re-wiring kit.
Kelly: Mhmm.
Janice: …or a little plumbing kit. You know, I think…I think if you want to be occupation-based, you have to figure out who the typical clients are—
Kelly: Mhmm.
Janice: …and find out from them what they like to do.
Kelly: Mhmm.
Janice: And then, you know, make these kits so that you can really be responsive to what they want to do, instead of just assuming that every 70-year-old woman is going to want to bake cookies.
Kelly: Mhmm. Definitely. I like that idea, because everyone's so unique and everybody has their own interests and hobbies.
Janice: Yeah. But you have to have some realistic kinds of options for them.
Kelly: Mhmm. And I guess also—
Janice: Right?
Kelly: …it might be challenging, though, with…reimbursing everything, though. And documentation, that's what…I guess that could be a challenge too.
Janice: Yes, but I think that you are…if you are working to restore function or maintain function, that's what you speak to.
Kelly: Mhmm.
Janice: …it doesn't…you know, I mean, the fact that…making cookies, because they're a grandma, doesn't mean that they're not standing at the counter and working on their balance and endurance, or they're not stirring the dough and working on their grip and range of motion, or their concentration for, you know, their cognitive skills to read the recipe and apply it. That's what I think you focus on, you focus on the activity, you focus on the function.

Kelly: Mhmm, definitely.
Janice: But you embed it…you embed it into an activity.
Kelly: Mhmm.
Janice: You know, that's the juicy part.
Kelly: Yeah! I guess that will come with experience, too.
Janice: Yeah…you know what, it's hard work. You have to be thinking.
Kelly: Mhmm, definitely.
Janice: You have to really be thinking while you're doing the work. Yeah, you can't let your mind wander.
Kelly: Yeah, I guess, it'll be…at least when you're interested in stuff it will…also help prevent burnout and just doing boring tasks everyday too.
Janice: Exactly. You don't want to reach for the same thing for every client. Right.
Kelly: And there's definitely…it's sad that there's still some therapists who I've shadowed, or my friends have shadowed, that do. But they still are stuck in the boring pegs and cones type of therapy.
Janice: Yeah, yeah. I suspect that there's quite a bit…rigid thinkers, in general. Right?
Kelly: Mhmm.
Janice: … outside of there, too. Yeah. But that's why, I mean, I think it is easy to let your mind wander. You have to be very disciplined, you do have to be disciplined. And you have to get a lot of pleasure out of that discipline.
Kelly: Mhmm.
Janice: Yeah.
Kelly: Um, I guess one of the last few questions would be: what has been the most memorable experience of your career thus far?
Janice: Hmm.
Kelly: Kind of difficult.
Janice: Wait, what did you say? Sorry, what?
Kelly: Kind of difficult. Like a difficult…question.
Janice: Um, the most memorable... I, you know, I was in private practice…for probably 20 years, and I just absolutely love that. I just loved having children and families come to my…settings. And I loved when, you know, moms or dads sat on my little sofa I had…and would, you know, ask me a question or tell me about their kids, and ask my opinion or tell me that they…what they tried, worked. What I tried last week, they tried and it worked. Or that they tried it and tweeked it and this is how it worked. I mean, that was very memorable to me. All of those kids coming in, and, you know, having the chance to influence their lives. Really, I think that's what's the most meaningful and the most memorable. I can recall them like they were yesterday.
Kelly: Wow.
Kasey: Aww.
Janice: And when I…when I…yeah, when I lived in California, I had a Clinic, a free-standing clinic in an office. But when I moved to Pennsylvania, I had my own clinic in the basement of my house. So, my house was always filled with, you know, families and kids. Yeah, that was very memorable and very important to me.
Kelly: And I'm sure—
Janice: More than phys.
Kelly: …with kids it would be easy because you do, like, play and everything is occupation-based when you are with…working with children.

Janice: Yeah. It's very…it's good work, it's good work. Yeah, it's good work. Because you are there to help them have fun.
Kelly: Mhmm. And you play such an important part with a young child as their OT.
Janice: Yeah, yeah. And parents, you know, parents are really struggling when your child…you're told your child needs OT. You know, you're really struggling. You're scared, you're worried. And it's wonderful work to be able to influence those lives. I still hear from many of the kids I treated.
Kelly: Wow.
Kasey: Wow.
Janice: You know, they're grown. Some of them are grown up. Yeah, oh yeah.
Kelly: Wow.
Janice: Sometimes I go in…sometimes I go in a store and I meet a mom. Yeah.
Kelly: Wow, that's crazy all these years later.
Janice: Right. Yep.
Kelly: And then, I guess, just the last thing would be is: do you have a takeaway message or advice for the next generation of OT practitioners?
Janice: If I have weather advice?
Kelly: Like a takeaway message or advice for the next generation of professionals?
Janice: Um, you know, I think it's the perfect time to be an OT.
Kelly: Mhmm.
Janice: This is really, this is what all of us have worked for all these years, is to get OT noticed as…you know, and recognized for what it can do. And I think the time is now…the emphasis on community-based, the emphasis on keeping people at home and in their community…you know, I think it's the perfect time to be an OT. So, I would say…take your work seriously, give it the kind of thought that it needs, don't do it in a…inattentive way, and, you know, really get…really dig deeper and deeper into what occupation means. You know, keep asking yourself what does it mean to be occupied? What does it feel like? What is it smell like? What does it taste like? What is it…you know, what is it? And you can learn it from yourself, from your own family, you know, from your grandparents, your parents. Just watch people engaged in occupation and then try to evoke that in people who are having a difficult time.
Kelly: Mhmm.
Janice: It's really interesting work.
Kelly: And I think…I always say how lucky we are about being OTs. And now everyone…so many of our friends now are going…they decided later in college that they want to go back now for OT. And everyone just realizes it is like the best job in the world.
Janice: It is, it is. So, you know then, now your work…your generation's work is going to make it all it can be, and to find evidence, and to think about outcomes, and to document those outcomes. It's hard work, but I would not take it for granted, you know, where we've come to. You know, you've got to…you've got to decide where it needs to go next and drive it there.
Kelly: Mhmm.
Janice: But you're all...you know, you're on the shoulders of great. So, enjoy it.
Kelly: Wow, that's really good...a good message.
Kasey: Yeah, thank you. That's such good advice for us.
Kelly: And then, just one quick thing, I can resend it if you want, the release form? If...I don't know if you got that, it was in the original attachment way back, when I first contacted you.

Janice: Yes, I remember. And...I...and would you resend it? What…do you want…can I..do you want me to sign it and fax it back? Or put on an electronic--
Kelly: You could either fax it back to the department…OT department here, or you could scan it and email it back to me. Or, you could even…even if it's easier to print it and mail it. Anything that would work for you.
Janice: Okay. Well, I'll print it, sign it, and if…I can send it back or I can scan it. I'll see which I can do tonight.
Kelly: Okay. No rush at all.
Janice: Yeah, no. I want to do that. I do remember you sending it and I just…got caught up in questions or something.
Kelly: Yeah, that's totally understandable. I just wanted to remind you. And I can always...I'll just re-send it when we're done.
Janice: Yes please. That would be great.
Kelly: But…thank you so much for taking your time out and talking to us.
Kasey: Yeah. Thank you so much!
Janice: Well, it's really been a pleasure to talk with you both. I wish you much good luck. And let me know if there's anything I can do for you. But I really also wanted to thank you for reaching out. I really enjoyed it.
Kelly: Yeah, no problem. Thank you.
Kasey: Thank you so much.
Janice: Okay.
Kelly: Thank you, we'll be in contact.
Janice: Thank you.