**Summary of MOTA Interview of Captain Rebecca Parks**

Captain Rebecca A. Parks was interviewed on October 9, 2018 by Towson occupational therapy student Robin Boyle to help gain insight into how her experiences and education influenced her practice and to see the practical application of theories in the field. Captain Parks, MS, OTR/L, BCP, FAOTA, works at the National Institute of Health (NIH) in Bethesda MD, where the interview took place, as a senior occupational therapist (OTR) and pediatric specialist, as well as occupational therapy education coordinator. She has been employed at NIH for 25 years as a Captain for the United States Public Health Service Corps. She has been functioning as an OTR for the past 44 years, graduating from Columbia University in 1974 with her master’s degree in occupational therapy.

She was chosen to be interviewed for the Maryland Occupational Therapy Association’s (MOTA) database collection due to her years in the field and experiences across a wide spectrum of clients and environments. While the plan was to engage in a one-hour chat, the result was a two-hour journey through her adventures since college. Captain Park’s path to occupational therapy (OT) was not a straight one. It was inspired by her many different experiences while she searched for her dream career. Immediately after getting her Bachelor's degree in French, she joined the Peace Corps and was stationed in Togo, West Africa for two years. When she returned to the states, she knew she wanted to look for something in direct patient care and had several options in mind. She chose OT because she felt it suited her best. It appealed to her for three reasons: it incorporated elements of psychology, medicine, and crafts. She looks back now and realizes how lucky she was to have picked OT.  “So, I considered psychiatric nursing, public health nursing, and occupational therapy, based on having read the department of labor volumes of occupational titles. I read about those three professions and OT sounded like it suited me, though I didn’t really know what it was. At undergraduate school, I had, coincidentally, a roommate who had a friend who was in the OT school there. But that’s all I can say about her, I met her, she was in the OT program, I still didn’t know what OT was. So, I went off to OT school in the early 70’s and now 44 years later, I continue to feel that it was a lucky choice. It has suited me better than I knew in the beginning. So, of the 3 things that I read, I still remember, it may not happened this way, but this is the way I remember: there were 3 items in the job description for occupational therapy. One an element of psychology, one an element of medicine, and one was an element of crafts. And it sounded like it combined three of my strong interests. It sounded like it would suit me. Then I applied relatively late in the year because of when I returned from Africa. I applied to a couple of schools in the spring and I was admitted to Columbia, and I found it to be a very good, thorough, stressful program.”

Throughout Captain Parks' career, she has worked throughout the country in rehab hospitals, acute care, private clinics, and universities. She worked in Southern California, Massachusetts, Maryland, and DC. She worked internationally as well, spending eight years in Thailand. She has been working almost exclusively in pediatrics during her time at NIH, but that was not what she had intended from the beginning. The whole process of finding her dream job was about trying new things, taking classes, and experiencing as many different aspects of OT as possible. She didn’t want to pigeon hole herself and get stuck doing something she was not passionate about. Since finding her niche spot in pediatrics at NIH, she has been able to get involved in many studies, authoring and co-authoring several different papers. The one she is most proud of involves studying the occupational abilities of patients two to 30 years after they had been treated for cancer as children.

When asked about which philosophy or theory she incorporates into her practice, Captain Parks very easily answered with the Model of Human Occupation (MOHO). This may have been because that was what was practiced at NIH, but it also made sense to her. It was important to really get to know the patient and get to know every aspect you could about them to help create a treatment plan. She spoke very highly of a woman who practiced narrative medicine. This woman stressed the importance of getting the patient to talk about themselves in depth and to let them be heard. It helps the patient and the practitioner alike.

Captain Parks has published several articles either as a lead or co-author. She indicated that she was proud of this work. “I have been fortunate to have some things published since I’ve been here, in journals. I think one I’m proudest of is an article on changes in functional abilities of people who were treated for cancer as children. NIH brought them back from 2-30 years later to see what the late effects were. In that setting, another OT and I saw all of those participants and did the occupational performance history interview and the assessment of motor and process skills. You have patients do particular tasks and you’re trained to know how to rate them and it generates a score that represents their ability and projects how they will do out in the community in terms of what they’ll need help with is all. Since the AMPS has motor and process sections, you might naturally expect that someone who was treated for cancer as child would have some physical limitations in their performance on this assessment. But what we showed was that they also had some process limitations. The physical part is about how people move in this environment and how they deal with the implements they use, and you’re rating them on a list of different verbs. The process part is how they problem solve, how they sequence things, and so on. We were fortunate to get age and gender matched normal. Then we were able to show that basically the people we evaluated were performing more like people 10-20 years older than their chronological age. This was about 10 years ago. There is now a robust literature on late affects. It appeared in pediatric blood and cancer which is a scientific journal. That’s one of the things that I’ve been proud of and my interest in children with cancer continues. I’ve also been involved with other diagnostic groups and been able to publish as a co-author”.

Captain Parks has had several unique experiences that point to the variety of ways our occupational therapy background can be useful. “In 1980, I volunteered for 3 months to work in Thailand with Cambodian refugees. I was there on a leave of absence from U. Mass Medical Center, working with refugees. They recruited me to teach English to Cambodian doctors who were immigrating to the United States. So, I did that for those 3 months. When I went back to the states, my intent was to quit my job and go back to that situation, which is what I did. When I went back, the job they had me do was organize a traditional medicine center in the camp. It wasn’t that I had to have the knowledge, but I was the point of contact for the project: building the traditional medicine center and having traditional Cambodian healers, etc. After that I had number of jobs, not really OT jobs, but we use our OT skills with whatever we do. I ended up being the director of the organization in Thailand before I left that organization to take a job running Peace Corps health program in Thailand. I was in Thailand for a total of 8 years. I directed about 55 volunteers over various kinds of health jobs; lab techs, nutrition volunteers, mosquito control volunteers, malaria control volunteers, some people like I had kind of been. I finally left Thailand in 1988 and came back to the US. Still didn’t go back directly to OT in my daytime hours. I had a couple of jobs at Peace Corps headquarters downtown in Washington DC for the first three years I was back before I came up here [NIH]. The last job I had was the chief of operations for the Peace Corps that involved North Africa and Asia and the Pacific. Then I saw an ad in the Washington Post for THIS position. I was looking for an OT position. It was 1991. I came for an interview and I started working here. I was commissioned in 1991 and have been here ever since. In my off hours for the past 30 years, I have also done some private practice.

We discussed how outside sources affect her practice. Captain Parks spoke at length about how insurance seems to dictate patient care these days. She expressed gratitude towards NIH that they don’t normally have to get involved in pre-authorizations or Medicaid since they are a federal government run facility. Unfortunately, the few times she did, the process took much longer than she thought it should. This was to the detriment of the patient in cases like one boy who died before his wheel chair got approved. In other instances, she would have patients that got discharged sooner than they should have or received fewer sessions than were needed. She talked about the importance of staying involved and learning the language necessary to keep up the preferred and needed amount of resources for her practice.

Overall, she advised students to learn as much as possible, and then keep learning. What we learn in the Towson program is almost nothing compared to real-world knowledge we’ll need once we are providing clinical care. “Someone gave me good advice when I was picking where I should go to my clinicals and I still advise students, for your first job, to try to get in an environment where have exposure to a lot of different things, like a big hospital, or a big rehab center. Different patients, different diagnoses, different socio-economic backgrounds. I know people come out now, I’m in pediatrics, people come out school saying, “I always wanted to be a pediatric OT and that’s what I’m gonna do.” Even those people I’ve advised, you don’t know what you might be really interested in. I had a lot of more general experience when I first came out and I’m grateful for that. Someone told me to expose myself to variety of things. You can find out if you have love for hand therapy, or you might find out you really love working with older people, geriatrics, but you don’t know that if you just pigeon hole. I feel bad, frankly, when I come out and hear someone say, “the only thing I want to do is pediatric private practice.”, because I think they’re short circuiting something. If I was doing it now, I would do exactly the same thing. I’d go work at Hopkins or some big hospital, Washington Hospital Center, see all kinds of different things. I’d want to be on all kinds of different rotations and see everything because you don’t know. In OT school I was afraid of pediatrics. I didn’t do a pediatrics internship. I just ended up here. It took years to evolve through this. You just don’t know where you’re going to end up.”