Occupational Therapy **Interview Summary: Kathryn Kaufman**

Allie Reiser interviewed Kathryn Kaufman to assist the Maryland Occupation Therapy Association’s Historical Committee to better understand the history of the occupational therapy profession within Maryland.

Kathryn Kaufman, the managing director for inpatient therapy services at Johns Hopkins Medicine, has been in the occupational therapy field for over forty-one years and she is not done yet. One of her older sisters decided to become an occupational therapist, after watching Kathy go through school. This sister really fell in love with the profession too. Kathy got her degree from University of Pennsylvania’s College of Allied Health Professions which no longer exists today. At the start of her career, Kathy worked as a staff therapist at Johns Hopkins Medicine. She then received a position at Sheppard and Pratt which only lasted a couple of months because she was offered a full-time position back at John Hopkins Medicine where she still remains today. Kathy was introduced to this profession at thirteen years of age. Her father was a physician at University of Maryland’s Hospital, therefore she would volunteer at the hospital many times a week. She worked with an occupational therapist one day for a group session and she fell in love with the profession. She loved the problem solving and creative side of the profession rather than some other medical professions that were not as creative or usingproblem based approaches to care.

 She had a professor in school who taught psycho-social theory and practice. She was one of those teachers that was very inspiring and always looked from a functional perspective at psychosocial issues. From her, Kathy realized that this profession was not as cut and dry as other medical professions. There was a creative aspect that Kathy felt was powerful and unique which always interested her. This professor made learning fun and interesting which also kept Kathy engaged and excited for this profession. Then, when Kathy did her affiliations for school she had to do both physical disability and psychology. Her physical disability affiliation fell through so she did a shorter, two months, affiliation which was a great experience but as a result she had to do a four-month psychiatric affiliation at Sheppard Pratt. In the beginning, the physical disability aspect of the occupation is what interested her but after her psychiatric affiliation at Sheppard Pratt she wanted to focus more on the psychiatry. Being an OT for a long time now she sees that many students end up in the particular area of occupational therapy clinical practice because of their experiences in the clinical fieldwork.

During her college years, Kathy did a four-month psychiatric affiliation. This experience, along with one of her professors who taught psycho-social theory are the two main things that steered Kathy towards focusing on psychiatric occupational therapy. Kathy worked with several different populations and she has learned something new from all of them. She worked with a sexually disabled and intellectually disabled population for about ten years.. During her work with those who have intellectual disabilities, she realized that many people a part of this group did not actually have sexual disorders, they had real significant needs based on natural human development that were either looked down upon, denied, or may have even been punished for those needs. Working with this population was very challenging for Kathy and trying to understand their needs while also helping her clients understand their needs. She had one young guy that she would never forget who would just expose himself all the time. She would have him safety pin the zipper of his pants so by the time he tried to get all of those safety pins undone it gave him time to think about what he was doing. He was able to keep it together a lot better until he brought elastic band pants. There were so many things about this population in terms of looking at strategies to deal with their stress and their impulses which was extremely challenging but she realized that many people did not understand this population and just shunned these people because of bad behavior when in fact it is a disability.

She actually spent some time travelling across the country and working with programs for either intellectually disabled or programs for sexually disabled persons who have been accused of inappropriate sexual behavior.

One time when Kathy was at John Hopkins she was asked to work with a cancer patient because she was bored and needed to be occupied. At first, Kathy did not think this was the job for her profession but when she started to work with the woman she realized that there were other issues going on because of her diagnosis. She could not perform the same tasks she once did and she did not have the same roles and routines that she had prior to her diagnosis. Therefore, Kathy was able to engage her client in other occupations and in a couple of weeks she saw a huge difference. The one regret Kathy has about her career is that she wishes she did not stop clinical practice as early as she did. Kathy did clinical work for twenty years and then became a senior therapist for four years. She became the head of the Psychiatric Occupational Therapy Department at John Hopkins Medicine. She still did some clinical work at this time until the department structure changed and the department put physical disabilities under her management duties. She tried for a while to stay in the clinic but it became too hard. It got to the point where her management responsibilities became more than her clinical ones.

In response to the question “What are your thoughts on how to make membership and service to state and national level associations a source of pride and commitment?” Kathy says that if she had an answer to this question she would have done it a long time ago. One of the things she tries to instill on her staff is the sense of responsible of your profession. One has the responsibility to contribute and to advance the profession. If one’s drive put you in this profession and in this career, that will support you for the rest of your life then there is a responsibility to maintain the value of that profession. It is very important for the people of this profession to keep occupational therapy moving forward and to continue to validate it. As head of her department she gives her staff time off to go be involved in MOTA or AOTA if they are interested to participate. As a manager, she tries to encourage her staff to be involved and participate but it comes down to one taking on the responsibility of their profession and wanting to validate and advance it.

Kathy has always been a member of MOTA and has worked with the legislation group in the past. She spent a lot of her time with that committee and planning the legislative lobbying dinner as well as helping with conferences. To Kathy, she felt that if one truly valued their profession then one had that responsibility to promote that profession and do what one could. She instills this same theory in all of her staff and gives them time off to attend MOTA and AOTA events over the course of the year.

One interesting fact about Kathy is she actually sits at a desk every single day that was once Adolf Meyer’s. Adolf Meyer left his desk, chair, and bookcase to the head of the occupational therapy department when he left John Hopkins and he told them that he always wanted the person in the highest ranking of occupational therapy at John Hopkins to use his desk. Therefore, today Kathy sits proudly and humbly at the desk of Adolf Meyer as she continues to work to advance and validate the profession of occupational therapy.