History of Maryland Occupational Therapy Association (MOTA) Interview

On October 10th, Emily Friesner, an occupational therapy student at Towson University, interviewed Robin Klein to discover what being an occupational therapist is like and how the history of the profession has influenced her practice.

When sixty-six-year-old Robin Klein strolled into Towson University’s Institute for Well-Being (IWB), she was wearing a bright, colorful outfit. It was rather fitting, as she considers herself an artist and her first bachelor’s degree was in art and anthropology from American University. Now retired, Mrs. Klein reflected on her fulfilling career. She recalled a family friend who was an occupational therapist and had been recruited during the war. Looking for a change, Mrs. Klein decided to interview with the Towson University Occupational Therapy Department. It was during this interview that Diane Gibson, the program director at the time, convinced Mrs. Klein that occupational therapy was a creative profession where she could utilize her art skills. Mrs. Klein then enrolled in Towson’s occupational therapy bachelor’s program. She noted that back when she was in school, there was no “Philosophy of Occupational Therapy” class because much of occupational history and philosophy was still in the making.

Mrs. Klein indicated why she gravitated towards mental health as a primary area of practice. “This was before there was a huge change in mental hospitals and community health. My dad was a psychologist and my husband a psychiatrist, so mental health seemed like a very easy thing to go into because it was the conversation at the dinner table. I went into the program, I think maybe it was the third year of students, and you could really get to know your teachers. It was like a family. Marlene Riley was in my class. Harriet Warren was there and she kind of ran the internship programs. She was very motherly, and for someone starting a new profession, this was what you needed. You needed to be nurtured because it was kind of scary to step out of your comfort zone”.

My first occupational therapy job was at a hospital where I interned because I wanted to see what it was like doing the physical disabilities aspect of occupational therapy. I worked at Sinai Hospital for a while and Marcie Weinstein was the director of the department. Then I was recruited by the head of Clifton T. Perkins Hospital who needed an occupational therapist and then I worked there for 26 years.

When Mrs. Klein was in graduate school at Johns Hopkins University, she put together a project that “that evaluated the needs of the patients—what they wanted, what was important to them— and also what the staff felt was important” and successfully implemented it in the hospital where she worked at the time. During her discussion of this project, she highlighted how hospital management influences practice. While occupational therapy is concerned with the patient needs, the priorities of the hospital did not entirely match up with this value. Treatment was not always of an utmost importance; instead, medication and maintenance in the mental health ward were the focuses of the management. She mentioned how difficult it can be as a middle-management worker: either you must comply with the demands of your employer or leave. After working at Clifton T. Perkins Hospital for 26 years, she left the hospital arena.

After working in the hospital, Mrs. Klein detailed how she moved into the realm of pediatrics. Mrs. Klein found herself working in Baltimore County Schools System where her focus became making education more functional for the students. Through different programs, Mrs. Klein worked with students on the autism spectrum or with cognitive or learning disabilities. She detailed how she would observe the students in class, and then meet with the students, their parents, their teachers, and in some instances, their adult aids. It was through this interviewing and observing that Mrs. Klein assessed what was important to her clients. In every example of practice that she provided, she always highlighted how crucial the client and their opinions were to successful outcomes. I started working in pediatrics when I left Clifton T. Perkins Hospital and I did it for 6 years. Going from adult mental health to pediatrics forced my brain to make new connections. It also gave me a new set of literature to investigate. There was a lot more written about pediatrics than mental health. I felt that the research with pediatrics was far better and so I was able to acquaint myself with tools that were proven.

Mrs. Klein shared two distinct pieces of advice for future occupational therapists. First, she explained the importance of enthusiasm: “you’re going to see that [your enthusiasm] never wains because you’re always encountering something new and different about yourself and your profession.” Enthusiasm fuels an occupational therapist’s passion for their practice. Second, Mrs. Klein detailed an important quote from an occupational therapist theorist: Gail Fidler. While she could not remember the exact quote, it was something like, “‘the only way people learn is if they’re having a good time; if they’re enjoying it; if they’re having fun. If they’re not having fun, they block it out and go on to the next thing.’” Both Mrs. Fidler and Mrs. Klein were illustrating how crucial it is to enjoy one’s profession and without this pleasure, one never truly grows. Mrs. Klein believes that occupational therapy allows both the practitioner and the client to have fun.

Mrs. Klein was the President of the Maryland Occupational Therapy Association for 6 years. She indicated the following: “It was really an honor to serve in MOTA. I started being a member as a student, went to all the conferences—it was small then—and met a lot of OTs. You’d see the same people every year, your friends would present. It was a very intimate, fun friendship, in a way, and at the same time, our goal was the same: to make the profession better. We all were proud of what we were doing. I served on various committees, was vice president for a while, so I got to know the different parts of MOTA. MOTA went through a period where it was hard to entice people to join. They didn’t get it: the fact that MOTA was responsible for our licensure. They’re the ones looking out for us: they have a person who works in Annapolis. He or she makes sure that any legislation coming through that might affect us passes on our desk so that we can at least vote on it, have an opinion on it, or testify in front of the legislature. Many times, we’ve done that.

When I joined, our membership was really low—like less than 300, maybe even 250. It was really small compared to the number of occupational therapists in the state (over 3000). And MOTA didn’t have enough money to pay for a lot of the things we were doing, like having someone in Annapolis or for providing for students who might require some help. A lot of the annual things we did were going to suffer. That gave me a chance to gather my friends because there were no other people around that wanted to put some effort into this. We did our conference at a community college, where it was free, and collected as much money as we could. We took money out of our savings: we had a T. Rowe Price account that we had to take money out of to pay for things. Eventually, we became solvent, and that was my proudest moment. I could leave the presidency knowing that we are going to be okay and whoever takes over can move on to the next step.

When you become president of MOTA, you are asked to go to some of the AOTA president’s meetings or other activities they have. That was quite an honor because you got to meet people from all over the country and I got to know the people who work at AOTA. To see how they think and understand some of the complexities of the organization was very fascinating. I served as president of MOTA for about 6 years and worked with AOTA many times.