1. Tell me a little bit about yourself.

Ms. Truby LaGarde grew up in Urbana, Maryland, in Frederick County. She lived on a small farm with a variety of animals. She wanted a horse and that came with the compromise of raising steers for money to care for the horse. The time experienced throughout childhood was a reason she was drawn to occupational therapy (OT) as she needed freedom of choice and expression. During that time of deciding on a career, there was a focus on the medical model and physical mobility. She was very much into crafts, physical activity, and psychology, so OT seemed like a logical career to get into.

1. What started you in your career in OT? How did you find out about OT? What settings have you worked in? What was your experience as an OT?

Her parents were army “brats” and they knew about OT since her mom had a bad fall from a horse and experienced OT first hand. Truby liked medicine and science, so she explored OT options. Truby went through the OTA program in Baltimore. At that time it was sponsored by the Maryland Department of Health and The American Occupational Therapy Association. This OTA program was a nine month program which offered basic OTdidactic information, modalities, and activities. She did fieldwork in Hagerstown residential psychiatric clinic and at Johns Hopkins. Her first year as an OTA was at a nursing home because there were no other jobs. She enjoyed it even though she did not think she would like working in a nursing home. Then a job became available at the original Children’s Hospital in D.C. and she worked there for about two and a half years. Then she went to Montgomery College in Tacoma Park to get enough credits to transfer to Virginia Commonwealth University / Medical College of Virginia (VCU/ MCV) in Richmond to pursue her BS degree in OT.

The original Children’s Hospital was a very influential setting. In the late 60s, early 70s, it was such an exciting time in which sensory integration and vestibular information in the pediatric population was brand new and showed there were so many new opportunities for OT. So while going back to school she had an expressed interest in pediatrics. However, she ended up leaning towards adults with physical disabilities. Her major work experiences were at Moss rehabilitation in Philadelphia, Sinai Hospital, in Baltimore and Lancaster General Hospital in Lancaster, PA. In the early 1980s she came back to the Frederick County area in which she grew up, to find there was no occupational therapy services for adults with physical disabilities and very limited physical therapy. At this time she found it to be a good opportunity to start up an OT practice in the area. In 1979, Medicare began paying for home health and OT, but needed qualifiers of PT and speech therapy. LaGarde started a small practice called Frederick OT Associates and ran this practice for 8 years. There were not a lot of practicing OTs in the area which was due to the few jobs available, and also many of the OTs were starting and caring for their families. There was a lot of educating to do with the various agencies in the community on what OT was, what an OT could do, and the fact that it was reimbursable.

LaGarde’s case-load rapidly grew and she found she could not cover all the possible OT cases in the community on her own, so she established Frederick OT Associates. Her practice then expanded to serve a number of various community agencies including home health facilities, group homes for the developmentally disabled and nursing homes.

It was during this time that more and more occupational therapists were relocating to the Frederick area and soon began to meet monthly as a group which became the Frederick District of The Maryland Occupational Therapy Association.

Everybody was so eager to see another OTR and have the ability to talk about OT together. The OTRs wanted and needed comradery and support for other OT~~R~~s as they were not getting support of OT anywhere else. They all recognized the fact that the local hospital~~s~~ did not have inpatient OT, but they did have home health OT. With a great deal of lobbying to area physicians and hospital personnel they were able to eventually persuade the hospital to hire an OT.

In 1988, Sandy Malone, the President of MOTA, asked LaGarde if she would be the chair of the upcoming 1989 AOTA Conference that was to be held at the Inner Harbor in Baltimore. The office of AOTA was located in Rockville and made it convenient for her to volunteer and chair the conference. It was a wonderful experience and she got to meet all of these people whom she had read about. In 1988, the person in charge of Fieldwork Education left the job, she was asked if she wanted to take over. This was the point in which she decided to disband her OT practice and try a new adventure in OT at the American Occupational Therapy Association with position as Fieldwork Education Program Manager took her out of clinical practice- a very different role for her. A major project and accomplishment was her, called Self-Paced Instruction for Clinical Education and Supervision (SPICES) which helped students better understand fieldwork. The program had a notebook that talked about fieldwork and it also had video of what it is like to be in a clinic. She worked in this position for about five years at which time she returned to home health where she practiced several years before accepting the position of Item Writer Program Manager at the certification board for occupational therapy- NBCOT (National Board for Certification in Occupational Therapy). LaGarde again found herself at AOTA in 2004 where she worked as the on-sight manager for continuing education courses. Working at the state and national level is an exciting and gratifying experience and one LaGarde encourages her fellow OTs to do

1. Did you have any specific research or interest areas in OT?

Her special interest that made her want to go to OT school was her experience at Children’s Hospital. She saw that so many people had many psychosocial and physical needs. The OTs she worked with there were great role models that made her want to continue in OT school.

1. What is your understanding of the philosophy and history of OT, including personal and professional philosophies and how have they influenced your professional practice?

The history of OT is fascinating. As for the understanding of philosophy, maximizing people’s ability to do the highest level of functioning possible is an underrated personal philosophy. Many patients just needed a little guidance to do so much more. This is important to maximize independence.

1. What do you see as the link between the history of OT and OT theory, philosophy, and practice?

This is dependent on area of practice that you are in life. Regardless of where you are in life, OT will follow you throughout your lifespan and you will have that thinking throughout life.

1. How did the political and social climates influence your practice (e.g., payer sources, client socioeconomic status, social discord)?

Payer sources are what got her started with her practice as it was very difficult to get started at that time. The year of 1981 was the Year of the Disabled, which lead her to her community involvement and introduced her to the importance of local politics. This was a perfect opportunity for occupational therapy to make inroads. LaGarde, had always been politically active and this helped her to be seen as a leader and also as an OT.

1. How did participation in MOTA or AOTA give you a chance to influence the profession or the community we serve?

Early on in her career as an OT LaGarde was encouraged by her instructors and mentors the importance of her involvement in the national (AOTA) and state (MOTA) associations. Both the state and national associations strengthen the practice of occupational therapy through networking, legislation, and advocacy. So throughout her career, she was involved and a member of AOTA and MOTA.

1. Can you share any thoughts on how to make membership and service to state and national level associations a source of pride and commitment?

It is very tough to encourage others to give service to the organization as many are women and it is hard to raise family and try to do it all. It takes one person in a community to inspire others and we must have talking points to help others see the importance of OT and a reason to fight for OT.

Networking is so important and invigorating through the organizations. It is also a good opportunity for continuing education. It takes making that connection with people who are in the area. The reason so many came together before is because it was very lonely and difficult to find other OTs to talk to.

1. Can you talk about a particular person who influenced your career?

The people in the OT clinics, OTA, and OT programs, had wonderful instructors who were influential in their practice of OT. Former AOTA president Ruth Wiemer, worked for many years at the Maryland Department of Health and very instrumental in the starting up of the OTA program here in Maryland.

Others are former MOTA presidents Sandy Malone and Janie Scott. These three women were dynamic, influential individuals who would go above and beyond the required day to day to support the profession and their peers.

1. Can you talk about a patient, student, experience, or project that stands out in your career?

There were so many experiences of people who work so hard at being independent and working toward being the best that she cannot really think of one particular one.

1. Has your career been as fulfilling as you thought it would be? If so how?

Her career was even more fulfilling than she had expected. OT provided her with a myriad of opportunities throughout her career.

1. What are some traits and qualities important to be an OT?

Some traits important include being open-minded, considering options, and being flexible with those options. Having empathy is one of the most important traits along with respect for the clients.

1. What is the best advice for dealing with people in OT practice?

Be a good listener. Be resourceful to direct folks to resources available to help. Finding resources in Frederick was difficult and finding those untapped resources in the community that can be used.

1. What are some aspects of OT that you like? What are some aspects you dislike?

She liked having the flexibility of practice and various areas to practice in. Part of being an OTR is liability of practice. You must be educated in what you are practicing in.

Some aspects that she disliked included the frustration of having to explain what OT is. Paperwork was challenging in the beginning with pen and paper.

1. Any advice for someone studying to be an OT?

Always take advantages of the opportunities you get and keep an open mind about them. Remember to build on your strengths and what you are truly interested in.