Historical Perspective on Entry Level Discussion

This is in response to “Entry Level Education in Occupational Therapy” by Charlotte Brasic Royeen, which was published in the June 1986 issue (pp. 425-427).

The article reads so smoothly that it is possible to be lulled into the feeling that there is no other side to the issue. I would like to bring some needed historical perspective into the discussion. I am just old enough to have had first-hand contact with the originators of our profession. I was in my thirties when I studied at the Boston School of Occupational Therapy (now part of Tufts) for a postdegree certificate. There was no basic master’s degree then or I would have been at the graduate level since I had a degree plus several more years of postbaccalaureate education. Marjorie Green was the president of the Boston School. OT had come a long way by the midfifties from its beginnings in World War I and the first few years after that war. And from the perspective of the student I was 30 years ago OT has come a long way once again.

It is easy to forget, however, that most of the therapy specialties started as part of OT. We are not the competing children of other professions. We are the administrative parents of several of them. When I was an affiliating student back in 1957 I was invited by the then fledgling music therapy association to join and be certified as a music therapist because of my music skills. Eventually music therapy became a separate profession. The same happened with recreation. I can remember when nearly all vocational testing and training was done by OTs. Then the federal funding for vocational rehabilitation took this responsibility away from occupational therapists in most settings, and now people have almost forgotten the origins of much that is done by vocational rehabilitation in the areas of testing and evaluation.

Meanwhile, as these developments occurred slowly and remained almost unnoticed, OT simply moved over and developed other skills. We did most of the research and development of testing and treating techniques in learning disabilities, but we were so generous with our education of others that this fact is nearly lost to general awareness.

None of this has stopped OT. Through the years we have unobtrusively continued to grow. We are short of trained persons to fill the openings, which offer amazingly high salaries compared with what was offered just 3 or 4 years ago.

We are in demand because we have special skills in dealing directly with people. Because of our broad education we relate well to the whole range of ages and conditions. The basis of a good OT education is a strong science base. That we should not try programs, 22 master’s level entry programs, 2 doctoral programs. What the author of this article is recommending is the destruction of over 50% of the existing OT education programs by a mandate from the top—without taking into account the effects in the present and immediate future upon our profession.

I am proud of my profession. I am proud of the basic hands-on work it does. A master’s degree, in and of itself, does not bring honor to our work. What we do, how we occupy individuals to enhance their function, brings honor. I am not downgrading the higher degrees. What I contend is that education upgrading is a natural process, already half done, and that to destroy the working system for the sake of quick titles is not the way to go about it. Universities are all under stress to cut their budgets. They are not all going to jump on the bandwagon of the author of this article and go to the effort and expense of creating higher degrees in lieu of the programs already in place.

I would be very interested in a large response to the two sides of this argument. I have the feeling the ma-
Majority of people do not want a one-way street down which all future students must march. Ms. Royeen cites the survey by Rogers and Mann (1980) to support her argument for mandating master's level entry. This study does not provide such support in a scientific manner because the response rate was only 8.8%, 21 responses out of 238 questionnaires at the basic master's level (see Table 1, p. 389). This is far short of the percentage needed for a valid conclusion.

What the survey table did show, however, is the number and diversity of programs now functioning throughout the nation. Students have a wide choice of how to follow their own goals in a manner that matches their own individual resources, situations, and talents. All those who want a higher degree have a large number of programs from which to choose.

What is the problem in the minds of those making such a plea for change, right now, without the resources to replace what we already have?

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Note. Mrs. Powell was honored at the Commission on Education meeting at the 1986 Annual Conference with a Certificate of Appreciation for her contribution to occupational therapy education.

Reference


Gender Bias Real Issue

I commend you for tackling an important topic in "The Self-Esteem of Adolescents With Cerebral Palsy" by Joyce Magill and Nancy Hurlbut in your June 1986 issue.

It does seem a bit timid though to suggest that "few specific developmental implications can be drawn from these findings because it is unclear when sex differences in the self-esteem of children with CP begin."

What's wrong with concluding that gender bias is a real issue for disabled women and girls and for all the occupational therapists (and other professionals) who work with them?

I was glad that the article generally recommended special attention to girls' unique feelings about themselves. Along that line, I would like to make you aware of a model program that has been set up at the YWCA in New York, the Networking Project for Disabled Women and Girls. The approach taken by this program and its Director, Marilyn Rousso, is to use adult women with disabilities as role models for adolescents. The program has successfully taken on the issue of self-esteem, exploring constructively the sensitive issues of body image and sexuality. An article which describes the project appeared in The Exceptional Parent (April 1986).

Ellen Herman, Managing Editor
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Pay for Fieldwork

I was pleased to see Claire White's article in the July AJOT. Finally someone has spoken on the issue of affiliations and their effect on finances, which has been bothering students for a long time. As a student at the University of Wisconsin in Madison, I am required to do 6 months of fieldwork after my senior year is completed. Not only do we not receive pay for our full-time work, but we also must pay tuition. For many students this presents a serious financial burden on top of paying living expenses during that time.

I know that fieldwork is vital to our education and to making us qualified professionals, but I also believe that 4 years of education and more than 90 hours of clinical experience makes me worth something to the clinic I am serving during my fieldwork. I feel students should be paid at least minimum wage for this service. The fact that they are not paid means that most of them have to work part-time evenings and weekends and have less energy to devote to their fieldwork studies.

Students deserve to be given credit for their services.

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Janis's Professional Status Clarified

In the April 1986 issue I was one of three authors of the article "A Hospital-Connected Halfway House Program for Individuals With Long-Term Neuropsychiatric Disabilities."

There were two errors in defining my professional position: first, at the time we wrote the article, my title at the Sepulveda VAMC was "Student Training Coordinator" and second, although I am not employed at present, that does not mean under any circumstances that I am retired from the occupational therapy field.

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