

Brain Injury Connections Northwest
Saturday Virtual Support Group Transcript
05.15.2021
Molly McEwen - OT

Time	Speaker	Transcript
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00:00	Maribel	Well, thank you so much everyone, and I would like to introduce our guest speaker Molly McEwen. She is an occupational therapist who is now retired and is going to be providing a fascinating presentation. Welcome Molly, thank you so much for being here.
00:17	Molly	Thank you, it's wonderful to be here and it's wonderful to hear all your stories. I was taking some notes, so hopefully I can link back. Um, I would encourage you as I am chatting with you to, um, pipe up if you have any questions, add some-something to what I'm talking about, or give examples. I think that would be helpful and enriches and helps people, um, understand better, I think, when you can relate it to yourself or to some other person you might know.
00:48	Molly	Um, As you can tell, Occupational Therapy is probably one of the most misunderstood professions in the health professions. Um, quite simply stated, as an Occupational Therapist, I am concerned and most interested in how you occupy your time.

- 01:06 Molly So, in the English and American culture, when you think about an occupation, you think of work and vocation. But it is much broader than that. Uh, You occupy your time all day long from the time you wake up in the morning to when you go to bed at night, and oh by the way, sleeping is an occupation.
- 01:30 Molly So, 24 hours a day you are occupying your time with something, and as we look at how you occupy your time, we are most interested also. And so, I am looking at routines of meaningful and purposeful activities throughout your day. If you're doing things that don't have meaning or purpose, then it, uh, fails to be healthy for you.
- 02:02 Molly Because as you involve yourself throughout your day with things that have the most meaning and purpose, it supports your health and wellbeing and sense of self.
- 02:14 Molly So, as an Occupational Therapist, many of you have talked about how an OT helped you do X, Y, or Z—and all of those things are true, because through the experience of doing...we really help you to achieve mastery so that you have some sense of competence in your day.
- 02:38 Molly [OT] has historical roots back to the turn of the last century in the arts and crafts period, just as a little

aside. And that is, um, particularly after World War I, when the vets came home after that awful war. We helped them primarily in the area of, of work, getting back. We were in the community, finding jobs, helping them develop the skills to do those jobs, helping them to get competent.

3:03 Molly It has expanded to greater occupations of work, self care, play, or leisure. So you've all mentioned those kind of things, um, uh, and and that's true. We look at all of them. I want to look at your daily routine. So, later today, or later as I'm talking I'm going to give you some tasks that you might want to do, to look at what you do on a daily basis and how that, uh, affects who you are, and, uh, how it impacts your health and wellbeing, or not. Um.

03:38 Molly So, what do we diagnose? Well, that's interesting because as a health profession in medical type of, of situations, you're either saying "how do you diagnose", "well we diagnose occupational competency". How competent and good are you, and how do you feel about it—in doing those daily things.

03:58 Molly Those of you who have been in rehab facilities or in hospitals, yes, we work primarily start with self care. So one of you mentioned helping to take a shower, helping to get dressed, all of those things, those are

very fundamental and basic to enable you to get up and going on your day.

04:18 Molly If you're not able to do those, we help figure out how you can develop the skill, or how you can adapt, or how you can use skills you have to help someone else help you. So it doesn't matter how it gets done, you just need to get up, cleaned up, teeth brushed, hair combed, dressed, so you can get on with the, the part of living that you want to do, whatever that is. Does that make sense to people?

04:48 Molly So that's basically the fundamental base, and why so many people always say it's showering, or doing that, and why isn't that PT? Well, Physical Therapy helps with the physical aspect of the doing. So...I don't know if Christian has an um, comment. No? Ok, good.

05:12 Molly Um, so, PT, we work closely with them, so if I'm going into the shower with someone, or I'm helping someone get dressed and I'm noticing a, a physical or a sensory motor issue that is interfering with it, I have skills to deal with that, but the PT really can help me determine and can work on those skills in the physical therapy component that then, when we are dressing, help you get better with that. Because dressing just isn't physical. It's cognitive, it's sensory-motor, it's psycho-social-emotional, right? All

3 of those things are very important for you to get dressed.

05:52 Molly So we look at people's performance. If you take a circle and divide it into a pie shape—3 pieces of pie, big pieces. You have a motor side, you have a social-emotional piece of the pie, and you have um, a cognitive piece of the pie. When something impacts one of those areas—it can be an injury, it can be a developmental issue, you can be born with it—those pieces of pies get wider in some areas, and smaller in other areas.

06:30 Molly That make sense? So we want to take the strong big piece of the pie and help you use that to bolster and make those other areas stronger. So it's talking about adapting.

06:44 Molly So, who do we work with? We work with people across the age span. I've worked with little premature infants, I've worked with elders up to the grave. So we say "Zero to the Grave". Because people throughout the age span have occupations. If I were working with any of you folks I'd want to know what you were doing 10, 15, 20 years ago that had good meaning—great meaning for you, and really fed your soul. That's important for me to understand.

07:14 Molly Because maybe you would like to do it now, but you can't. You don't feel as competent in it. So my role would be to help you determine what are the pieces. What was it about that activity or that occupation that had such meaning for you? What was that about? And as we figure that about, figure that out, then I help with collaborating with you, how can we take pieces of that and give you another occupation that you can be good at, and it's easier for you now, given where you are. Or how do we take that original one and adapt it so you can compensate for the areas you're having trouble with and still be good at it. Does that make sense?

07:57 Molly So, work across the age span. We work also in health and wellbeing. So we work, we're philosophically based profession, not technolly...technologically based. So our roots are in philosophy, of how you occupy your time is, is what determines your health and wellbeing. So we want to make sure that that's optimal.

08:20 Molly We work with peo—both people who are at risk and then we work with people who present with developmental issues, present with trauma—which many of you have experienced, have age related issues, mental health issues, all of those interfere with somebody's ability to engage in their life.

08:43 Molly So, um, I'm trying to think. I'm looking at the time to give people time to...

08:48 Mariel I do see that there's a hand raised, Brian do you have a question? You are on mute.

08:55 Brian Yeah, thanks. I just wanted to ask before I forget, Molly. When you talk about the pie and stuff?"

09:03 Molly Uh huh

09:04 Brian Um, do the Occupational Therapists kind of determine the strengths of all those different parts you were talking about...

09:13 Molly Absolutely

09:15 Brian ...like cognitive, emotional and um, is your goal to get it all equal? Or is it just gonna be some people have 40% strength in one part, and only 30 in the others?

09:30 Molly Yeah

09:30 Brian Or, how does it vary?

09:31 Molly It's never equal, I will say, for any of us.. It varies, and it varies at different times of our life where it might be stronger at some part of your life than others in some areas.

09:43 Molly Let me give an example of a pretty extreme case of a neurological insult, and that would be a spinal cord patient. Think about a quadriplegic who has, um,

limited or no motor skills from the neck down. So that motor piece is going to be pretty small. But from the neck up—cognitively—that’s where I’m saying, OK. We’re going to use that great brain you have and we’re going to strengthen and exercise that in helping guide and direct people to help you, figure out what you want to do with your day, how you’re going to do it, do you have your preferences?

10:20 Molly So somebody comes in as caregivers and just does...No. That doesn’t work. That person guides and directs. They are the leader of their team of people who help. Does that make sense? So, the other, they’re really using the cognitive, and they’re also using the psycho-social-emotional. Maybe before they were injured they weren’t really great with people. Well, then we can help—how do you manage people and how do you direct and communicate with people. And those are the skills we, I start working with them. Yeah. Great question.

10:56 Molly Let’s see...
What I, what I like to say, um, when I’m, and one of the questions is how do you evaluate. When I evaluate um, a, a client, I want to know what are the environments in which you occupy your time. Your home, work possibly, somewhere in the community,

you're a volunteer—that's a different kind of an environment, right?

11:25 Molly So I want to know what you're doing in those environments, how you feel about that, whether you are feeling OK about it and don't want to deal with that. I'm not feeling OK with this role that I have as a volunteer, for example. So, I want to look at that environment, what are the demands of that environment that don't fit for what you have and bring to the party.

11:49 Molly And together we say "well, this is pretty good", "This isn't so good".
Now, how do we either change the environment a little bit if that's possible, to allow you to be more successful. And that can be anything from changing your seating device, the desk you sit at, working with, um, the person who you're volunteering with. That's uh, that's the human part of that environment that you have to engage with. So there's lots of things that can change in this external environment.

12:21 Molly Then I also look at you, and say, Hmm...so, given this environment and the demands that you have to engage in, you know, the demands, what are the things that are required of you to be able to dance in this environment and be successful? What do you bring? How are you Cognitively, what are the

demands that require some cognitive skills? Do you have it? Are you pretty good there? What are the demands in your Sensory Motor Physical skills, are you pretty good there? What are the demands for the Psycho-Social and Emotional skills?

12:57 Molly And so we start playing with that. What of that can we do to develop skills? So some of that, one of them was saying "I have some activities but I don't do it". That's a skill building. And then if you're not doing those tasks and those activities I often will say so, why? Doesn't, it's not motivating, so let's talk about what, why it's not motivating. How do we get it to be motivating? Maybe we should try a different approach. Change the task, and that's the last thing.

13:22 Molly You have environment, you have the person, and then you have the actual task. Can I change the task? Can we look at that task and do it a different way? There's lots of ways to peel a banana. Lots of ways to cook dinner. Let's not do it the way you've always done it. Let's change it so you can still be successful but change the task.

13:46 Molly So, that's what I evaluate and that's what I try to look at. It's a huge bunch of pieces that come together and integrate. Um, so OT's work, really, with the SLP and the psychologist and the PT, because we give context. When the PT is working with physical, when

the Speech and Language is looking at communication and skills in the communication domain, when the psychologist is really looking at your psycho-social, then the OT says Ok we take all those pieces and we're gonna put it together because what I know, is the rhythm and routine of this person's life, the environments in which they're engaged, and what they find meaningful and motivating in their daily life.

14:36 Molly So we need to help, as a team, to enable that person to do that. So as an OT, I try to pull everything together, and and pull it into actual activity base. So we are very activity based. That's why they're going out with you. Who was it that talked about going into the work environment, or going into the kitchen and helping them cook if you're living independently. You want to be able to cook, you want to be able to grocery shop. What is it about that that is less than meaningful for you, or less than successful?

15:11 Molly It's a very collaborative process. The priorities uh are established between myself and my clients, and, and what that client wants to do to engage in their life in a meaningful successful manner.

15:32 Molly So I think I'll, I'll end there and open for any kind of questions or sharing.

15:37 Mariel Yeah, yeah I see Dawn's hand is up...yeah I see Dawn's hand is up, do you have a question, and then Fern I saw you also have a question as well.

15:44 Dawn I have an observation, um, that I don't think I really realized or understood until you just did a wonderful job explaining, is that you are a custom tailor for every single person. Because everybody's different, their needs are different, their skills are different, their interests are different. So, you customize every single person. There's not a, I mean, I'm sure there's some kind of template, you know, of general principles, but, every, all the elements for each person are going to be very different.

16:19 Molly Well the, the uh concepts, principles by which we operate are, are what do I say, abstract constructs, if that makes sense. They are Meaning, Purpose, Relationship in your life. So we come out of a, um, psychiatric psychological roots at the turn of the century. So that's what drives us, um, through that.

16:41 Molly But thank you, that's exactly right. It's, it's very unique. I can't say "you need to do X, Y, and Z", I don't, I don't give exercises as an OT. I, if I, if there is anything that needs strengthening, exercises mentally, cognitively or otherwise, I try to immerse it into an actual occupation or activity during your day,

so that you can be consciously thinking about developing it during that day.

17:13 Dawn Thank You.

17:15 Molly I think Fern has a question.

17:17 Fern I, yes, thank you. Thanks for all of this great presentation. I do have a question, I don't know if you'll be able to answer it. But, it's a, it's a question but perhaps more of a concern. Because of the way in which you described where and how an Occupational Therapist kind of comes into play, and has real value to people who, who need your kind of expertise. Do you know if there's ever been any kind of denial of your field coming in to help a, um, in this situation, brain injury survivors, through the insurance companies? Do you know, is this, is it a common practice through Medicaid or Medicare of, of accepting or denying your practice?

18:15 Molly Um, no, and there, uh well. There's for every health profession I would say, um, challenges were always engaged in dialogue with insurance companies. Medicare Medicaid, and multiple insurance companies. Our best tool to deal with that is really strong documentation, by which most document—documentation in health care facilities is not, it's little boxes you fill in. Little check boxes

which always made me nuts because that doesn't define a person's occupational being. I can't go down a list.

18:53 Fern That's why we...yes.

18:58 Molly Makes me nuts, so, um I used to consult actually with an insurance company to look at legitimate, and it's, if we document well we can do so. But we can also as a profession, we're getting better at documenting the savings of the cost to our communities when we do our work. And if we do our work well, get you back engaged in whatever occupations you choose, and that's not necessarily um, uh, revenue producing work, doesn't have to be that. But volunteering, taking care of yourself, living independently...you to give back to the community, gives you the strengths that you have. Oop, my internet is unstable, so if you can't hear me let me know. There you go.

19:44 Fern Thank you very much

19:45 Molly Is my answ...Yeah, So, yeah. Insurance companies are challenging. I'm hoping...

19:54 Fern So nicely said. So nicely said.

19:56 Mariel I was just thinking the same thing.

19:58 Molly I hope that, um, I'm hoping in this new century and before I die, we end up with a healthcare system that can look at an integrated being.

Fern Yes Ma'am. Yes Ma'am.

Molly Rather than dissecting people into little parts. That's what, why I want OT to come out going "no" or "yes, you're doing great, let me pull it together and this is where I want it all to come together." Because that's what we do. We look at the occupational performance on a 24 hour basis for you. All people.

20:34 Fern Thank you.

20:37 Mariel Brian it looks like you have a question.

20:40 Brian Sorry, sorry. I was just curious, following up with Fern's. That was so good to hear some of the challenges. But I was wondering, like, um, when Molly explained all the, um, kind of customizing that she talked about with each person. Like, are there challenges because of uh, either coverage limits, or uh, parameters, whatever you want to call it, for, for time and coverage, that if we were to get a Occupational Therapist and we find that, uh, keeping up with certain tasks and skills get to be a challenge after a certain time, is that something we can tell a Occupational Therapist or are they kind of stuck with

some quote on quote “government model” where they have to be there for a certain time?

21:51 Molly Uh, ya. Yes to both of those, yes.

Brian Yes to both?

12:53 Molly We are stuck by a model, yes you can tell the OT that, and yes we can still help. Because then you have to, I believe, um, hope that the OT can dance around that model and make it work. For example they may not pay for, um, services for leisure activities, where leisure activities are really critical for us, our health and wellbeing. But I can document it as helping you with your psycho-social-emotional, your sensory as an outcome to be able to do X, Y, and Z which is valued by the model. Um, So I can go down any tree lane I want to, to get to an incom—uh, an outcome that is valued by the Western Medicine. If that makes sense.

22:47 Molly I can use all..I have, I have a baz—, you have a bazillion occupations I can take and use as tools. Those are my tools. Your oc—your occupations.

22:58 Fern So you ment—, you mentioned uh Western mend—Medicine in particular. Was there a reason that you said that?

23:03 Molly I think our primary healthcare comes from a Western Medicine model.

12:09 Fern Ok, thank you.

Molly Yeah. but I do work with a lot of alternative healthcare a lot. Yeah. They tend to, the Asian/Eastern medicine often resonates a little bit more in some areas to help. But...they're all free game. They're all resources that, um, I say, if it works, go for it.

23:30 Molly And how do we engage that, even you know, even helping clients to find somebody that's a non-traditional. How do you get to them, how do you get on the bus, how do you get there? All of those are critical things that I would want to support for you.

Fern Yes.

23:48 Mariel Uh, Norm looks like you have a question, you have your hand raised? Uh, you are on mute though if you'd like to share.

23:59 John Did you say my name?

Mariel, Uh, Norm, sorry.

John Oh, OK. OK, I'll wait.

Mariel Do you, Can you hear us Norm, do you have a question? Might be having some internet issues?

24:13 Molly He's um, he's...

24:14 Mariel Ok, well, in the meantime, John, do you have a question as well?

24:18 John Ok. I'll just try to say quickly, um, because I'm sure there's a lot around. So, when I was at the Burke, I began to learn so much. But not, not during that time, it was afterward, I, I began to know, oh boy that Burke place had been for years, and they're very quite knowledgeable, and they had so many therapists, and so when I worked with OT, and SLP, oh boy. They helped to, you know, create my new life, and they worked with me quite a lot. And I still know them, and they al., at Burke, they also had a, let me say how that is, a psychiatrist, and, so. Oh boy. And they also had a PT there. I didn't really need it, but. Anyway. That's how they just reset up my life, and I, I had a just brain injury. I did not lose that. I have my, I have, um, fine ability with everything, and probably since I have given all of those presen...presentations at, uh, Pacific, I was quite happy that. And now I'm a volunteer around forest grove, and also since I have my second language at pacific I help that, uh, I help that. So all my favorite things I love to do everywhere.

25:50 Molly That's wonderful.

25:51 John And since I, and since I can ride my bike everywhere, and I love to do all those things, walk. And I do so

much in my yards with plants, I can still do all those things. Thank you.

26:08 Molly See there you...that's awesome. You, you have filled your day with occupations that have great meaning for you. Um, and we differentiate meaning from purpose, because there's a lot of purposeful tasks that just have to be done. But the meaningful tasks are the ones that really feed your soul and, and make your, your heart shine and be happy.

26:32 Molly And um, uh, maybe I can share now one of the tasks, um, that we often give, is that you can do it, and I may send one to Mariel to put online. But if you just are curious, sit with a piece of paper and do every half hour down left side, left, from when you get up to when you go to bed, and then just document how you occupy your time. What are the activities during those half hour blocks. Just do it for a day or two, just write them out. And then in the next column, make another column. You have to tell yourself, would you consider this work, self care, or play/leisure. And then you have a 3rd Calum...column and you say, do you do it well, not so well, above average, you do it poorly, whatever. And then, the next column, you ask yourself, um, the meaning it has to you. This task is extremely important to me, this task is important, I can take it or leave it is the next, i'd rather really not

do it, this is a total waste of time. And then, the last column is how much you enjoy this activity, which kind of relates to the other.

27:56 Molly So when you look at that, and look at your day, if you have a lot of your time, if you were to put that on a pie chart, and the majority of your time is on stuff that, "eh, I could take it or leave it", or "I'd really leave it", or "uh. I hate this". Then you need to think of the rhythm and flow of your day, because you're spending most of your time on activities and occupations that really don't have a lot of meaning for you. They don't...They're something you may have to do, it has purpose, but not a lot of meaning. And you really want to have a balance in your life. And you want to occupy your time with just what John was saying, "Man, I'm doing presentations at pacific, I'm gardening", there's a vibe there that's very healthy. And I'd say your rhythm and routines of your days on the whole really do, do feed your soul and what that does is it feeds your immune system, your physiology, which makes you more resistant to illness, which helps the biochemistry because we're all nothing but biochemical soup. And allows you to, um, regain or maintain or attain health and wellbeing. John you were saying something, you are...

29:20 Mariel You're on Mute, John.

29:23 John Sorry. After the hospital I got home and I could start playing my piano. And I still play, I play piano pretty much every day, and I've been to recitals. I've been to some recitals, oh I love it.

Molly Good, good.

John Sometimes my pieces can just make me cry 'cause I love them. That does happen to me.

29:49 Molly That's excellent. We had a...I'll give you, I'll give you an example in a work environment, um, I was the director of..of the program at Pacific, actually, for many years. And we used to do this task for ourselves during the work time. We'd document what we were doing every half hour, and the meaning it had and how well we felt. Because we figured there's a lot of tasks you have to do just to keep a program going and everything is sorted out to people. But you always find someone who said "Oh I just hate that task I don't want to do it", and so that would come up on the chart and as a team we'd look at it and and somebody would say "I don't mind doing that one, I kind of like that. So we'd say, "Great! *You* do that task, take another task to fill that time."

30:40 Molly So you see, there...there's ways to look at your, how you spend your time, and you can adapt and juggle and make it so it's a much happier place to be. You're

doing things that you feel competent in, good at, has great meaning for you. So whether it's at home, or at work, or in your community, it doesn't matter. That, that formula is critical to be thinking about all the time.

31:09 Mariel Thank you for sharing that. Oh I see actually we have a, Norm I know you've been waiting so patiently.

31:18 Norm Mariel can you hear me now?

31:19 Mariel Yep, we can hear you now.

31:20 Norm Yea, for some reason I had it on mute and I didn't realize that. Anyways, thank you very much Molly. Everything is excellent. So my frustration has been working with the OT/PT uh, system is, they have these uh, benchmarks, that if you don't continue to improve, you plateau out. Eventually they start saying: "well, you're not getting any benefit from this". And, I, even though I feel that there's still little things that are, I'm improving on, or when they do the testing to see the level of your performance, if you fall back a little bit, they're like, "well..y... you're not going forward anymore so we're not gonna pay for you to continue on." And to me that's been pretty frustrating. Uh, you know, I've thought about, uh, challenging it, but I, with so many other things going

on with my health I, I after a while I gave up. Um.
Can you, can you address that a little bit?

31:19 Molly Well, um, one thing I can say, um, I wish I could fix that but I can't. One thing I can say is, it's not those therapists, it is the system in which they're working. It's usually, um, the insurance company who says...I mean I just, as an example I just went home, my sister is in central Illinois and she had a major health scare, was hospitalized, I went home and spent a week back to my home, that's where I was raised. And she got PT services, and I said to her "Kathy you really have to stay on it because if you go 3 days and you don't make any improvement she's out of here and you don't get any more. That got her attention to get her going, which is unfortunately not the biggest motivation, but um, that's the truth of it. The insurance companies will cut you off at, at that point.

33:13 Molly Um, I, I, as an OT in that system, I used to say if we're not making progress, is it because of how we're approaching it, is it, what is the outcome we're after and there's lots of ways to go down that path and get there, and if we're not getting there then change the road, take another path and see if we can get there another way and make the progress that we say and the outcome that we're after.

33:47 Molly So, you know, if, if as a, a, a client you're going "this just doesn't, you know, ring my chimes, I'm having a hard time with this" as an OT I need to look at that and say "ok then let's do it differently" because, you know, there's nothing worse than doing something that has, is one of those things, what was the term I used? "I really could care less about this", "I could take it or leave it". That's not a, a great, um, therapeutic intervention. It's not highly motivating. So, I, I, if that makes sense Norm, I, I can't...

Norm Sure...

Molly We can't...

34:23 Norm Kind of as a follow-up, uh, I get the sense that the PT and the OT were pretty separate, and to me it seemed while I was doing it that it should be a bit more combined and, you know, the exercise and what have you should have been incorporated during the same session. Um, it was almost like there was a whole different branch that I was going down and then I had to try to bring one to the other and vice-versa.

34:51 Molly Yea, they can, they...I've worked, I worked very closely with PT's and, and if it's exercise then I say that's the set-up, let the PT do your, do your exercises and then maybe the second half of the session I'll say,

OK, we're gonna go and wash the dishes and you can work on balance and bilateral stuff and all the stuff PT wants to do with or strengthening, um, uh, while we're doing the dishes or whatever activity.

Norm Sure.

35:24 Molly But I can pull into a, an occupational task, and then if it's just exercise, I will work with the client to say, so when does doing these 15, 20 minutes of exercises on your own, let's look at your daily routine, where does this best fit in? How can you do it when you're "with it" the most, and you can really put some energy into it. So, I'm looking at how those pieces fit into your daily routine.

35:50 Norm Great, thank you.

35:53 Mariel And then Heather, I know you've been waiting so patiently as well, you are on Mute if you would like to ask your question. Thank you Molly for continuing to answer all of these amazing questions everyone is asking.

36:02 Molly My pleasure.

36:04 Heather Uh, Molly thank you so much for, uh, for everything that you said, it, it's it's interesting because it's like I, part of Occupational Therapy, it sounds like is trying to work with people to have them kind of figure out what their values are, as far as life goes. And so

what's really interesting right, is like when John talked about like, um, crying and playing piano. John I really get the crying thing because I myself am very tearful and emotional since my brain injury. Um, it's just something that people have gotten used to about me, like anything that comes up I'll just, I can't help it really. So, but the thing is this, is that I didn't used to be that way. And so, with that, it kind of like switched up my scope on what I value and the things that are important in my life, and so Molly, my question for you, is when you're working with people to determine what their values are, and what brings them joy, do they ever talk about "the before" and then "the now", the present moment where things have switched up for them? I myself am more, it sounds terrible, but I used to not be as em...I mean I was in 4H and everything growing up as a kid, and I liked animals, but now since my brain injury, I love animals. Like it just makes my heart melt when I see dogs. Like, I practically cry when I see dogs. And so there's different—my values have really shifted and I think the importance I put on my day to day tasks. Right? If I had done that sheet that you talk about where I measure my daily, my daily events, or how I spend my day, I think I would rate it differently now than I would have previous to my brain injury. So my question is, is this a common occurrence, do people

recognize this, does it come up very much? Do you see it? That's all.

38:01 Molly Yeah, I, I, yea, and you know it isn't just having a brain injury, can just be progression through life. Your, your values stay similar if you really get to the, the core of the value. And we do values inventory, I'll, I'll do a values inventory with clients very often. Because for example, there's a lot of gardeners in this group, I was listening to the pre conversation. Why I like gardening, and why you might like gardening, we both value, I value nature, and I, I express it through my gardening. Other people can express it other ways, so you get to the bigger value, um, and then how it is expressed can be very different because the components of it. The components of gardening, the sensory-motor components are huge for me. For other people it might be the creative-cognitive, or other people are doing it in a group and it's a social. Those people who exercise in groups, they go "it isn't the exercise, trust me, it's when I get out the door and I'm with my friends".

39:08 Molly So it is the social piece of that activity that really is the meaning. So that if I had to as an OT help someone to translate to another task that they might be more competent in, it wouldn't be the physical part of that exercise, it would be the social part that I

would find an activity with a social piece in it. Does that make sense?

39:27 Molly So we do what's called activity analysis, and that that takes that, I diverted a little bit from your question, but yes, I see differences. Remember when you have an injury to the brain, it's biochemistry is impacted, and sometimes before those injuries, I think, we have huge social demands, social, cultural expectations, and that, cognitively overrides who we really are. And i think as we age, and get through life, as we get older, we kind of say, "pff, this is who I am". I could use other language, but we're on, you know what I mean? So you have to, uh, figure that just through development and age, you don't change so much your values but how it is expressed, is what probably changes. I think core values are pretty significant. I never mess with people's values and beliefs. But I need to understand them, and I think that as people we need to understand our own values and beliefs. Because, you know, language doesn't always do it.

40:40 Molly Play it out with what we do and who we are. I don't know, did that answer your question?

40:50 Heather So much, thank you. It really, this has been such a good, uh, it, this has been a valuable group so I'm really happy to be involved.

- 41:02 Molly Oh, Good
You know, it, it's, uh, uh, some people say OT is kinda "wigi-board like". We use that, and I laugh, because it's not concrete. It, it really is. It's very integrative. It's all pieces coming together in integration and they're never the same.
- 41:23 Molly Um, I think, um, Dawn said that it's very customized, customized.
- 41:32 Mariel Absolutely, thank you. And Heather I'm so glad that you're enjoying this. Uh, Mary I see you have a question but Fern I know you had one earlier so I want to make sure I give time for everyone. Nope? OK Mary you're on Mute but if you'd like to unmute yourself we'd love to hear your question.
- 41:44 Mary Ok, Um, I can, write it down now, I know that it's faster for me than, it'll take. That list of 6 I got write down every half hour, write down the thing you do, and how much you like it was the last one. And there were about 3 of them in-between that I don't remember. That, it makes...it's very logical, but I don't remember what they were.
- 42:15 Molly The, the first one is to identify: Is this a work task? Is this a daily living task, is this recreational/leisure? Or is this rest?
- 42:26 Mary So work...

42:28 Molly So, work...

42:30 Mary ...daily...ADL, ADL,

42:34 Molly You can spell it ADL, yeah that's fine.

42:36 Mary Work, uh

42:39 Molly ADL, or, or Leisure, or rest.

42:41 Mary Leisure...and then...

42:36 Molly I...I will send this, uh, form to Marian, Mariel, and, and you can access it, can she? Did I understand that right?

42:54 Mariel yea...Yea, absolutely any, if there's any...

Molly Because I...

Mary I think there were about...I think there were about 6 of them.

42:59 Fern We're gonna...we're gonna get it sent out when we send out the uh, the results of the meeting. That way you don't have to screen.

43:10 Mary that'll be...that'll fine because I know it's gonna be on the tape and listening to the whole tape again just to find it is...

43:18 Molly I just think it's a nice reflection to kind of look, I'll send another one as well. That um, looks at um, does kind of an occupational self-assessment, um, and it

just kind of, goes for fun, they're kind of like in, in uh, what are those magazines? Ladies Home Journal or something and they say "A Self-Assessment" they're always fun to look at, and you kind of go oh, wow, I didn't know that about myself.

43:43 Mariel Yea, absolutely, I'd be interested to do it myself as well.

43:47 Mary Yea, that would be good

43:48 Molly Yeah, they're fun.

43:52 Mariel Awesome, thank you so much. Yeah and I will be sure to share that. Any, um, information, the recording, um, things like that will all be shared in a recap email that will be sent out usually Wednesday, or Thursday of next week it gets sent out. So, keep an eye out and always reach out to us if you don't receive it, or anything like that. We're here to help any way we can. Are there any other questions?

44:13 Mary Did, did Fern get her chance? Because it was between me and Fern at the last question.

44:19 Fern So Mary I bowed out, so thank you.

44:22 Mary oh, ok.

44:23 Mariel And John, I saw that you were raising your hand, do you have a question, you are on mute if you do.

44:28 John Well, I can imagine this is not exactly about the OT. But, how I have always lived, um, when i'm around people, a social thing. Let's say if I, I go across people that I know, or I don't know, I tell them, "here I am about in this whole world". I care about all countries and cultures. And I bring them into my heart. I bring them to my heart, and I always hear that. I receive "Oh boy. That's the way everybody should be". But then I was thinking as we were talking, I'm thinking well, it's just the way my brain is. I don't lose it. There's no reason. It's just the way I've always been before my accident. I never, I still had it anyway. So I'll keep it forever.

45:22 Molly Good for you.

45:22 Mary Great.

45:23 John So anyway, I bet that's the way you all are anyway.

45:26 Mary Yea.

45:26 John So, so thank you, this is a great time. Again.

45:32 Mariel Absolutely, I'm so glad, thank you so much. Brian you have your hand raised, do you have another question?

45:37 Brian Just one last question for Molly as far as um, all the pointers and stuff she had. Has she discovered um, any manuals or any books by Occupational Therapists

that kind of put everything together like pointers. For I can tell from her description of, of um, having to have special models for everyone. For me I know my um, attention span is sometimes gone down. So i have to attack a task like 20 minutes at a time, because with uh, some of our other guests, uh, that were eye doctors or other kind of doctors talked about, uh, you can get tired after 20 minutes and need to take a break, and I just wondered if there's kind of pointers in books that you could recommend that tell us how to deal with that fatigue or whatever as it relates to Occupational Therapy?

46:50 Molly Well as an OT when I would hear that, no, I would say first, no, there's no template, there's no recipe book. I'm sorry to say, because I would further engage you and say, well let's talk about this. When you, under what conditions does this happen, how long does it happen? What time of the day does this happen, what type of activities are you engaged in, do you see my questions? They just go on and on. And then you and I figure that out. And then I have some strategies based on various theories and approaches to attention that I say, this might be a good way for us to approach this, let's try this. And we'll try. And see. Are you getting better with that, or changing your routine, or changing the demand of the task. So you see it's a complicated process by which if it were

reduced to “do this, this, and this”, then it, it um, it oversimplifies it and people say “eh, it doesn’t work”. Well, for some people it might work, and others it does not. But if it doesn’t work it’s usually because we don’t have the formula right.

47:59 Mariel Great question, thank you for asking Brian. Are there any other questions before we move to our announcements? Great, well thank you so much Molly. That was a fantastic presentation and we so greatly appreciate you taking the time to be here with us and all of the amazing questions, everyone participating, it was truly fascinating and it’s so amazing all the wonderful things that Occupational Therapists do, and I know as a future Speech Pathologist I certainly look forward to working on a team with Occupational Therapists and I feel that I’ve gained such a wonderful knowledge as well. So, thank you so much, I’m going to stop the recording now.