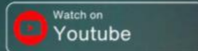


Moments in Mind

Tune in to hear clinicians share the moments that changed their lives—and the lives of their clients.



Lisa Bowker – Episode 1

Pearson Clinical Assessment

00:00

Andy:

Hello and welcome to the very first ever Moments in Mind - a brand-new podcast from Pearson Clinical Assessment in the Asia Pacific region.

My name is Andy McLean. I'm a podcast producer based in Australia, and in this series, we're sharing extraordinary stories of professionals who make a difference in people's mental wellbeing every single day. In each episode, a special guest reveals moments that have changed their life and changed the lives of the people who they support.

And in today's episode, you'll hear my conversation with the remarkable Lisa Bowker, an occupational therapist who believes passionately in giving her clients choice and control over their disability and rehabilitative journey. In our discussion, she paints a vivid picture of why OT is her calling, and shares some of the profoundly moving moments she's been a part of. It's pretty powerful stuff.

Lisa was such an open and honest person to talk with. She kindly welcomed us into her home for this interview, and you can hear how deeply she cares about her clients in the conversation.

So, without further ado, let's jump in and hear some of what she had to say...

Andy:

Well, Lisa, welcome to Moments in Mind!

Lisa Bowker:

Thank you, Andy, excited to be here

Andy:

Now, the clue is in the title of course: *Moments in Mind*. Throughout this episode, we'll be talking about various moments in your professional life. But first, let's go right back before you were an OT and before you were even an adult: I'm interested in the first moment you can remember.

01:46

Lisa:

I think that might have to be my first year of school in kindergarten. We were sitting in the classroom, and our teacher had to duck outside. I think she'd forgotten her lunch, so her husband or her boyfriend, whoever it was, brought it in, and as he gave it to her, they kissed each other, and the whole classroom erupted. We could not believe that our teacher was out the front kissing a boy. It was big news in the kindy room!

02:11

Andy:

Well as kids, you don't think about adults outside of the context that you see them in, right? So a teacher is "just a teacher" to your childhood eyes. I suppose that must happen as an OT too. You must see people "in civilian life", if you like. Have you ever had people do double takes when they've seen you outside of your work?

02:30

Lisa:

Yes, I've definitely seen a few clients out at music festivals before, and it really spins them out. First of all, I'm not in my uniform, so it's hard for them to recognise me. Secondly, they just can't believe that I'm living and doing something that they enjoy as well. It really, really spins them out.

02:45

Andy:

So before we delve into your OT career, I think it's probably useful for any listeners who are perhaps a little uninitiated, just tell me what we mean by "Occupational Therapy", because the title can be a bit misleading. People can assume that it's just about people's working lives with the word "occupational". But it's a bit different, isn't it?

03:04

Lisa:

It's totally different, and I feel like I'm still explaining to many people, even close family members, what I do on a day-to-day basis.

"Occupation" is something that we fill our life with. So anything that you can think of that's important to you or that we have to do in a day, that is what an "occupation" is.

So that could be brushing your teeth, going to the toilet, having a shower, having a beer, going to the pub, going to work. So therapy is working on all those different occupations that we fill our day with, and that's really guided by the client themselves.

We also, as OTs, put a little bit of our ideas and suggestions in but we really want to focus on what makes up their day.

Andy McLean 03:44

You actually started out thinking that you would go into physiotherapy. So was there a moment that flipped the switch for you and sent you down the path of OT?

03:55

Lisa:

There was. So my Dad works in the medical industry, and I really was stumped on what I wanted to do. I knew physio was sort of one of those things that everyone wanted to do in high school. I think it was either marine biology, physio, med or law. And I was kind of stuck to those couple of domains. And I was thinking, "I don't know if I'm going to quite get the marks of physio". It [the required mark] was really high – 96, 97, 98, 99.

I just wasn't sure if I was going to get there, but I knew I wanted to work with people, so I went in and spent a week [with OTs] at the Children's Hospital in Melbourne, which was kindly organised by my Dad. And there I just saw the connection that you got to have with people and their families, and the fact that you get to focus on all parts of their life. And every person that I saw we were doing something completely different to the last even though it was all kids who needed occupational therapy.

And I thought for me, it was just such a broad domain, and I knew that I could connect with people and use my skills and work with them to improve their days and get better.

04:54

Andy:

So was that, perhaps the first time that you really saw the impact that occupational therapy can have on people's lives?

05:01

Lisa:

Definitely, I don't think I really understood it myself, either [until then]. I knew that you sort of worked to get people better and to make them happier and more successful and more independent in life, but I think I'd missed the whole key part of OT was connecting with people and seeing them strive and working on what is important to them as well.

05:20

Andy:

Now, of course, Pearson Clinical Assessment produces a whole range of standardised assessments, and if we move into the early part of your career, I am interested in how you use standardised assessments at that stage of your career, and what the value was that they offered you.

05:38

Lisa:

So I had some really lovely and fabulous supervisors who helped me in those early days of my career, because you just don't have that experience that gives you that confidence to know what you're doing. I think even if you're seeing something in a client, they're presenting in a certain way, you still struggle to really work that out and use those words to turn it into a report or notes or to give information to other therapists who are seeking that.

So standardised assessments for me were very, very helpful in making me feel very confident in what I was saying. It gave me that evidence-based approach that said that, “yes, what you were seeing is actually backed up by statistics and by this assessment”. And that's how I used my standardized assessments, probably more so in the early stages of my career, to make me feel confident in what I was seeing.

06:28

Andy:

We've talked a little bit about occupational therapy broadly. Now I want to narrow in on your personal approach to it and the way that you deliver it. So tell me a little bit about your approach. Lisa?

06:40

Lisa:

For me, over the years that I've worked, I've learned how important it is to focus on a particular client's goals and what they want to do. So giving them the choice and the control over what they're doing in their life. Because, if you think of yourself and what makes you tick and what makes you do things that it's the things that you're interested in.

So for me, I've really adapted that into OT and made sure I've made everything client-centered and driven by them, and I feel like from doing that, you get far better results, because people are interested. They want to see the goals. It's something that they want to achieve. They get proud of it, and they own it. And I think for me, that really makes them more driven to complete that task or that goal.

07:23

Andy:

Could you give me maybe an example of that?

07:27

Lisa:

We had a young girl come into our spinal unit so work with people with either quadriplegia or paraplegia, and she was in a car accident, and I remember for about a month, we were struggling to get her to engage in anything. She wouldn't really get out of bed. I had come to her with lots of suggestions about what I thought she should be learning and doing, such as, “Why don't we practice having a shower? Getting dressed?” All these goals that I thought were really important to face every day.

So we all know we've got to get up and be ready in the morning. And I thought that was really important for her to focus on. And would drive her to get out of bed, and I kept driving down that route, and was just getting nowhere, struggling to get her to even come to the OT or even sit up and sit in her wheelchair for the day.

And then we went through a bit of a goal-setting process, and it kind of came out at the end of that, and after building a lot of rapport with her, that she was embarrassed to leave the room without putting makeup on, but because she had had a spinal injury where her arms didn't work as they used to anymore, she couldn't do it herself.

So after a lot of time and therapy, we'd done a lot of upper limb practice, practice using her hands, practice opening packages, squeezing makeup, we got her to be able to do some of her makeup on her own. And for me (I was a bit younger and a bit less experienced then) it was such a light bulb moment,

because [initially] I was coming to her with all these things that were important for me, like having a shower, but she really didn't care about them.

She was a young, 18 year old girl. She wanted to look good and feel comfortable when she left her room. So once we got that makeup goal going, and she could get up and do the majority of it herself, minus the eyeliner, she was able to engage and come to therapy and participate a lot better.

09:10

Andy:

That's fascinating. So tell me a little bit about the circumstances that lead people to seek your help, Lisa. What's the breadth of reasons that people come to you?

09:25

Lisa:

Starting out my career, I worked at one of the health services in Sydney. So basically, anybody that had a spinal cord injury and was located in New South Wales had to come through our service. So you know, a range of different injuries – a lot of car accidents, motorbike accidents, surfing accidents – would come in through the door, and then they would commence their journey with us.

So that would be a rehabilitative journey, starting with, you know, medically, getting them settled and sorted from a medical perspective, and then engaging in rehab.

So they would stay with us anywhere between three months to sometimes two years, until they were either physically/medically ready to leave, or they had an environment to leave to, so a safe house to leave to (which is also the tricky part) leaving the hospital is having an environment that's safe for them to go to.

10:19

Andy:

And nowadays what are the circumstances that lead people to come to you?

10:22

Lisa:

Nowadays, people are coming and leaving hospital, and they've returned home, and a whole new journey is beginning for them. A whole new era of goals is being found.

You're very cushioned and looked after in the hospital environment, but once you come home into the community, a whole new challenge starts for you. So you know, such things as just being out in your local community, accessing it, even getting into your house. It's not a purposely built hospital, it's a home.

So I'm seeing people to recommence the rehab journey once they get home. So you know such things as looking at achieving everyday tasks, using their hands and arms to function properly, using their different equipment to be safe, such as wheelchairs, and also working on those specific goals that I spoke about, they're important to them.

11:13

Andy:

Yeah, and when you talk about those specific goals and what's important to clients, that's quite interesting to me, because I know that with standardised assessments, what that will give you is a real kind of a barometer of a person's potential and capabilities and strengths and all those things. Does that then assist you (presumably it does) in terms of personalising your interventions

11:38

Lisa:

Totally. It really helps us nail down the domains that they're having difficulty with, but also the areas that they want to work on. So I think sometimes you can complete an assessment and without using a standardised assessment, just assessing someone and get "a bit of a feeling", but it's never that concrete as to how impaired they are in that area.

So the standardised assessments really help us nail down exactly what elements of that task that they're having difficulty with, and once we've worked that out, then we can build our intervention plan around that, because we can't work on something and treat something if we haven't fully worked out what the difficulty is in the first place.

12:19

Andy:

Wonderful. And I'm interested in particular in one of the Pearson tools – the Sensory Profile tool. My question is twofold, have you used it? And if so, how?

12:31

Lisa:

So I've used that before with a little boy that I was OT for. He had a spinal cord injury, and I was focusing very much on the physical aspects, but we had sort of determined that there may be some sensory difficulties going on.

My bread and butter is spinal and physical. But of course, the Pearson Sensory Profile is quite easy to use. It's all done online. And so I completed that with the caregiver of that little boy, and noticed that there were some difficulties and some sensory processing difficulties arising.

So that allowed me to refer onto another OT who specialises solely in sensory and then I was able to work with them. So I was working on the physical aspects, while this other OT was working more so on the sensory aspect. So that really helped us using that assessment to determine the difficulties,

13:18

Andy:

And what difference did that make for the client?

13:23

It definitely changed his behavior and how he was able to manage things in really stimulating environments, such as at school. So there were some lovely strategies that the other OT could then implement after we completed that assessment.

13:36

Andy:

And we'll be right back after this break.

Promotional Message

For more than 100 years, Pearson Clinical Assessment have tested and refined products and services that give educators and clinicians trusted tools to make a profound difference in the lives of adults and children. To find out more about the resources that Lisa and her colleagues at the Holistic Network use – covering everything from adaptive behavior assessments to sensory profiles and from goal-oriented assessments of life skills to independent living, scales and more – just Google “Pearson Clinical Assessment” and check out the Pearson website.

14:33

Andy

Welcome back.

So Lisa, we've talked already a little bit about how OT can have a profound difference in people's lives. You must have witnessed some quite amazing breakthrough moments in your career. Can you tell me a bit about one of them?

14:50

Lisa:

Yes, I had a young man with an acquired brain injury who had done very well at rehab and had started back doing some volunteering work. He was getting a lift to/from work, from his mother, but that was proving quite difficult.

So we'd set a goal around leaving his workplace, catching the train four stops to home, where his mum would pick him up from the train station. And we spent a very long time determining this goal. We used the ABAS assessment to determine that he had difficulty with communication and also community difficulties – so we couldn't trust that he would ask for help if he was lost in the community. And that was determined through the assessment that we did.

He spent about eight weeks doing some rehabilitation with us, which was two days a week of doing that exact train travel over and over and over again. And that helped with his repetition. And we saw after the eight weeks of rehab that he was able to catch the train, the four stops on his own and his mum would pick him up. So it was just such an amazing goal for him to show that he could be independent and achieve something.

15:51

Andy:

Yeah absolutely, that independence is really probably still making a difference in his life now

Lisa:

Definitely.

Andy:

So you see people progress from the moments when you first meet them, where they may be feeling quite vulnerable and struggling with things, and then I guess, you see that gradual progress towards their triumphs and successes.

16:11

Lisa:

Yeah, you do see it. So in particular with this man, we did do a starting assessment and a finishing assessment, and you could see through the results of that standardised assessment how much he had improved.

16:23

Andy:

It's clear, from everything you've said so far, that "it's all about the people" for you. It's why you chose this as a profession. I guess it's why you stay in it too. Are there any other memorable patients that perhaps somebody who's particularly impacted you personally?

16:38

Lisa:

Yes, there are. One in particular that comes to mind is a man who was diagnosed with motor neurone disease (MND). And he had a very, very, very quick diagnosis, and he sort of lost a lot of function very quickly, and he had lost the ability to speak.

So cognitively, he was intact. His mind was absolutely amazing, but he didn't have the communication skills to verbalise what he was thinking because of that loss in function.

So with a speech therapist we had done a lot of assessments about sort of the motor movement of his mouth, and had a very good understanding that, you know, it's not something he would get back, as you see with MND.

So we arranged for an eye gaze voice control device to come in to see if we could get him communicating through a computer. And this took a while. It was tedious for him. It's very, very specific, and it took many sessions to get this going. But after we finally got it going (well, we *thought* we got it, going) and then suddenly he just said "1, 4, 3" – it came through the computer.

And we're all thinking, "Oh, I'm not sure what's going on here".

And then we turned to his wife, and she was bawling her eyes out because "1, 4, 3" was their code for, I love you. They used to say "1, 4, 3". And the like, there were four of us in the room, and we were all just a mess. It was such a beautiful moment to be a part of.

18:06

Andy:

Oh, wow. That is so beautiful. You must see the full range of emotions in your work, mustn't you?

18:14

Lisa:

It's very personal. You do feel like you're kind of walking into some really private and personal moments in people's lives.

18:20

Andy:

Wow. Can you tell me about any more of your patients?

18:23

Lisa:

I do have one little amazing guy that I've been working with for, I think it's probably four years now, who had a spinal cord injury through from a car accident at two years old.

And he's just a bit of a light in my life, this little guy. I just absolutely love working with him.

He's a paraplegic, but he had quite a high injury for a paraplegic, meaning that he can't use his legs.

He's got full use of his arms, but he doesn't have any control of his torso.

And one thing in particular, I remember very early on, I was really wanting him to transfer on his own.

(So moving from a wheelchair to another piece of equipment, or to the couch or to another place to sit.)

And it's taken him two years to master that skill because of this lack of control in his torso.

But I saw him just recently at school, and he really didn't want to do it, but we were trying to encourage him to do this independently, so the teachers weren't having to move and lift him anymore. And it was only just last week that we saw him absolutely crush it, just move straight off his wheelchair onto a plinth with such a big smile on his face, and he was so proud of himself.

19:31

Andy:

Wow. I wonder where he'll end up eventually!

19:35

Lisa:

I can see him going to big places. He's such an achiever, and he's a stubborn little dude who'll go very far.

19:41

Andy:

So Lisa, we're just reaching the end of the podcast now, but reflecting back again on "moments", I wonder when you're sitting back many years from now, looking back over your career as an OT, what do you think will be the moments that stand out most for you?

20:00

Lisa:

I think really, just seeing how amazing humans are. I sort of touched on this before, but we are born to survive, and we're born to strive, and I've seen so many difficult situations for people, particularly in a catastrophic injury where, you know, a lot of people would say, "I wouldn't be able to cope through that. I wouldn't be able to do it". But everyone does. That's our human spirit, and it's amazing to see how much we can fight, particularly people in this situation, they're just incredible. And you learn so much from them to see how determined they are and what they can go through.

But also, I just love connecting with people and being able to be kind of submerged into their life for a little while and help them achieve the goals that they want to achieve. It's pretty special.

20:42

Andy

Wow. Well, Lisa, it's been a genuine privilege chatting with you today and hearing about your work. It's amazing what you do. So thank you so very much.

20:51

Lisa:

Thanks Andy, appreciate it.

21:00

Andy:

Thanks for listening to this episode of Moments in Mind, a podcast by Pearson Clinical Assessment in the Asia Pacific region.

To find out more about the resources that Lisa and her colleagues at the Holistic Network use – covering everything from adaptive behavior assessments to sensory profiles and from goal oriented assessments of life skills to independent living, scales and more – just Google “Pearson Clinical Assessment” and check out the Pearson website.

And to find out more about the Holistic Network, visit www.theholisticnetwork.com.au

And finally, just a reminder, this is the first episode of several in our Moments in Mind season one. So to subscribe and make sure you don't miss any future episodes, you can find us on Spotify, Apple podcasts, YouTube – pretty much wherever you listen to your podcasts. And while you're there, do feel free to leave us a rating or review. We'd be very grateful if you did.

In the meantime, thanks so much again for listening, and goodbye for now you.

Disclaimer:

Client details and narratives presented in this podcast have been altered or omitted to protect confidentiality and privacy. Any similarities to actual individuals, events, or circumstances are entirely coincidental. Each client interaction is unique, and the outcomes or breakthroughs described are specific to the individuals involved. These examples are provided for illustrative purposes only and should not be interpreted as guarantees or promises of similar results for others.