
Guidelines for Supervision, Roles, and Responsibilities During the Delivery of Occupational Therapy Services

This document contains four sections that direct the delivery of occupational therapy services. These sections are General Supervision, Supervision of Occupational Therapists and Occupational Therapy Assistants, Roles and Responsibilities of Occupational Therapists and Occupational Therapy Assistants During the Delivery of Occupational Therapy Services, and Supervision of Occupational Therapy Aides.

General Supervision

These guidelines provide a definition of supervision and outline parameters regarding effective supervision as it relates to the delivery of occupational therapy services. These supervision guidelines are to assist in the appropriate and effective provision of occupational therapy services. The guidelines themselves cannot be interpreted to constitute a standard of supervision in any particular locality. Occupational therapists, occupational therapy assistants, and occupational therapy aides are expected to meet applicable state and federal regulations, adhere to relevant workplace policies and the *Occupational Therapy Code of Ethics* (AOTA, 2005) and participate in ongoing professional development activities to maintain continuing competency.

In these guidelines, *supervision* is viewed as a cooperative process in which two or more people participate in a joint effort to establish, maintain, and or elevate a level of competence and performance. Supervision is based on mutual understanding between the supervisor and the supervisee about each other's competence, experience, education, and credentials. It fosters growth and development, promotes effective utilization of resources, encourages creativity and innovation, and provides education and support to achieve a goal (AOTA, 2004). Within the scope of occupational therapy practice, supervision is a process aimed at ensuring the safe and effective delivery of occupational therapy services and fostering professional competence and development.

Supervision of Occupational Therapists and Occupational Therapy Assistants

Occupational Therapists

Based on their education and training, occupational therapists, after initial certification, are autonomous practitioners who are able to deliver occupational therapy services independently. Occupational therapists are responsible for all aspects of occupational therapy service delivery and are accountable for the safety and effectiveness of the occupational therapy service delivery process. Occupational therapists are encouraged to seek supervision and mentoring to develop best practice approaches and promote professional growth.

Occupational Therapy Assistants

Based on their education and training, occupational therapy assistants must receive supervision from an occupational therapist to deliver occupational therapy services. Occupational therapy assistants deliver occupational therapy services under the supervision of and in partnership with occupational therapists. Occupational therapists and occupational therapy assistants are responsible for collaboratively developing a plan for supervision.

General Principles

1. Supervision involves guidance and oversight related to the delivery of occupational therapy services and the facilitation of professional growth and competence. It is the responsibility of occupational therapists and occupational therapy assistants to seek the appropriate quality and frequency of supervision to ensure safe and effective occupational therapy service delivery.
2. To ensure safe and effective occupational therapy services, it is the responsibility of occupational therapists and occupational therapy assistants to recognize when supervision is needed and to seek supervision that supports current and advancing levels of competence.
3. The specific frequency, methods, and content of supervision may vary by practice setting and are dependent on the
 - a. Complexity of client needs,
 - b. Number and diversity of clients,
 - c. Skills of the occupational therapist and the occupational therapy assistant,
 - d. Type of practice setting,
 - e. Requirements of the practice setting, and
 - f. Other regulatory requirements.
4. Supervision that is more frequent than the minimum level required by the practice setting or regulatory agencies may be necessary when
 - a. The needs of the client and the occupational therapy process are complex and changing,
 - b. The practice setting provides occupational therapy services to a large number of clients with diverse needs, or
 - c. The occupational therapist and occupational therapy assistant determine that additional supervision is necessary to ensure safe and effective delivery of occupational therapy services.
5. A variety of types and methods of supervision should be used. Methods may include direct, face-to-face contact and indirect contact. Examples of methods or types of supervision that involve direct face-to-face contact include observation, modeling, co-treatment, discussions, teaching, and instruction. Examples of methods or types of supervision that involve indirect contact include phone conversations, written correspondence, and electronic exchanges.
6. Occupational therapists and occupational therapy assistants must abide by agency and state requirements regarding the documentation of a supervision plan and supervision contacts. Documentation may include the
 - a. Frequency of supervisory contact,
 - b. Method(s) or type(s) of supervision,
 - c. Content areas addressed,
 - d. Evidence to support areas and levels of competency, and
 - e. Names and credentials of the persons participating in the supervisory process.
7. Supervision related to professional growth, such as leadership and advocacy development, may differ from that needed to provide occupational therapy services. The person providing this supervision, as

well as the frequency, method, and content of supervision, should be responsive to the supervisee's advancing levels of professional growth.

Supervision Outside the Delivery of Occupational Therapy Services

The education and expertise of occupational therapists and occupational therapy assistants prepare them for employment in arenas other than those related to the delivery of occupational therapy. In these other arenas, supervision may be provided by non-occupational therapy professionals.

1. The guidelines of the setting, regulatory agencies, and funding agencies direct the supervision requirements.
2. The occupational therapist and occupational therapy assistant should obtain and use credentials or job titles commensurate with their roles in these other employment arenas.
3. The following are used to determine whether the services provided are related to the delivery of occupational therapy:
 - a. State practice acts;
 - b. Regulatory agency standards and rules;
 - c. Domain of occupational therapy practice; and
 - d. Written and verbal agreement among the occupational therapist, the occupational therapy assistant, the client, and the agency or payer about the services provided.

Roles and Responsibilities of Occupational Therapists and Occupational Therapy Assistants During the Delivery of Occupational Therapy Services

General Statement

The focus of occupational therapy is to support the client's "health and participation in life through engagement in occupation" (AOTA, 2008, p. 626). Occupational therapy addresses the needs and goals of the client related to engaging in areas of occupation and considers the performance skills, performance patterns, context and environment, activity demands, and client factors that may influence performance in various areas of occupation.

1. The occupational therapist is responsible for all aspects of occupational therapy service delivery and is accountable for the safety and effectiveness of the occupational therapy service delivery process. The occupational therapy service delivery process involves evaluation, intervention planning, intervention implementation, intervention review, and outcome evaluation.
2. The occupational therapist must be directly involved in the delivery of services during the initial evaluation and regularly throughout the course of intervention and outcome evaluation.
3. The occupational therapy assistant delivers occupational therapy services under the supervision of and in partnership with the occupational therapist.
4. It is the responsibility of the occupational therapist to determine when to delegate responsibilities to an occupational therapy assistant. It is the responsibility of the occupational therapy assistant who performs the delegated responsibilities to demonstrate service competency.
5. The occupational therapist and the occupational therapy assistant demonstrate and document service competency for clinical reasoning and judgment during the service delivery process as well as for the performance of specific techniques, assessments, and intervention methods used.

6. When delegating aspects of occupational therapy services, the occupational therapist considers the following factors:
 - a. Complexity of the client's condition and needs;
 - b. Knowledge, skill, and competence of the occupational therapy practitioner;
 - c. Nature and complexity of the intervention; and
 - d. Needs and requirements of the practice setting.

Roles and Responsibilities

Regardless of the setting in which occupational therapy services are delivered, occupational therapists and occupational therapy assistants assume the following generic responsibilities during evaluation, intervention, and outcomes evaluation.

Evaluation

1. The occupational therapist directs the evaluation process.
2. The occupational therapist is responsible for directing all aspects of the initial contact during the occupational therapy evaluation, including
 - a. Determining the need for service,
 - b. Defining the problems within the domain of occupational therapy that need to be addressed,
 - c. Determining the client's goals and priorities,
 - d. Establishing intervention priorities,
 - e. Determining specific further assessment needs, and
 - f. Determining specific assessment tasks that can be delegated to the occupational therapy assistant.
3. The occupational therapist initiates and directs the evaluation, interprets the data, and develops the intervention plan.
4. The occupational therapy assistant contributes to the evaluation process by implementing delegated assessments and by providing verbal and written reports of observations and client capacities to the occupational therapist.
5. The occupational therapist interprets the information provided by the occupational therapy assistant and integrates that information into the evaluation and decision-making process.

Intervention Planning

1. The occupational therapist has overall responsibility for the development of the occupational therapy intervention plan.
2. The occupational therapist and the occupational therapy assistant collaborate with the client to develop the plan.
3. The occupational therapy assistant is responsible for being knowledgeable about evaluation results and for providing input into the intervention plan, based on client needs and priorities.

Intervention Implementation

1. The occupational therapist has overall responsibility for implementing the intervention.

2. When delegating aspects of the occupational therapy intervention to the occupational therapy assistant, the occupational therapist is responsible for providing appropriate supervision.
3. The occupational therapy assistant is responsible for being knowledgeable about the client's occupational therapy goals.
4. The occupational therapy assistant selects, implements, and makes modifications to therapeutic activities and interventions that are consistent with demonstrated competency levels, client goals, and the requirements of the practice setting.

Intervention Review

1. The occupational therapist is responsible for determining the need for continuing, modifying, or discontinuing occupational therapy services.
2. The occupational therapy assistant contributes to this process by exchanging information with and providing documentation to the occupational therapist about the client's responses to and communications during intervention.

Outcome Evaluation

1. The occupational therapist is responsible for selecting, measuring, and interpreting outcomes that are related to the client's ability to engage in occupations.
2. The occupational therapy assistant is responsible for being knowledgeable about the client's targeted occupational therapy outcomes and for providing information and documentation related to outcome achievement.
3. The occupational therapy assistant may implement outcome measurements and provide needed client discharge resources.

Supervision of Occupational Therapy Aides¹

An *aide*, as used in occupational therapy practice, is an individual who provides supportive services to the occupational therapist and the occupational therapy assistant. Aides do not provide skilled occupational therapy services. An aide is trained by an occupational therapist or an occupational therapy assistant to perform specifically delegated tasks. The occupational therapist is responsible for the overall use and actions of the aide. An aide first must demonstrate competency to be able to perform the assigned, delegated client and non-client tasks.

1. The occupational therapist must oversee the development, documentation, and implementation of a plan to supervise and routinely assess the ability of the occupational therapy aide to carry out non-client- and client-related tasks. The occupational therapy assistant may contribute to the development and documentation of this plan.
2. The occupational therapy assistant can supervise the aide.
3. Non-client-related tasks include clerical and maintenance activities and preparation of the work area or equipment.
4. Client-related tasks are routine tasks during which the aide may interact with the client. The following factors must be present when an occupational therapist or occupational therapy assistant delegates a selected client-related task to the aide:

¹Depending on the setting in which service is provided; aides may be referred to by various names. Examples include, but are not limited to, *rehabilitation aides*, *restorative aides*, *extenders*, *paraprofessionals*, and *rehab techs* (AOTA, 2004).

- a. The outcome anticipated for the delegated task is predictable.
 - b. The situation of the client and the environment is stable and will not require that judgment, interpretations, or adaptations be made by the aide.
 - c. The client has demonstrated some previous performance ability in executing the task.
 - d. The task routine and process have been clearly established.
5. When performing delegated client-related tasks, the supervisor must ensure that the aide
 - a. Is trained and able to demonstrate competency in carrying out the selected task and using equipment, if appropriate;
 - b. Has been instructed on how to specifically carry out the delegated task with the specific client; and
 - c. Knows the precautions, signs, and symptoms for the particular client that would indicate the need to seek assistance from the occupational therapist or occupational therapy assistant.
 6. The supervision of the aide needs to be documented. Documentation includes information about frequency and methods of supervision used the content of supervision and the names and credentials of all persons participating in the supervisory process.

Summary

These guidelines about supervision, roles, and responsibilities are to assist in the appropriate utilization of occupational therapists, occupational therapy assistants, and occupational therapy aides and in the appropriate and effective provision of occupational therapy services. It is expected that occupational therapy services are delivered in accordance with applicable state and federal regulations, relevant workplace policies, the *Occupational Therapy Code of Ethics* (AOTA, 2005), and continuing competency and professional development guidelines.

References

- American Occupational Therapy Association. (2004). Guidelines for supervision, roles, and responsibilities during the delivery of occupational therapy services. *American Journal of Occupational Therapy*, 58, 663–667.
- American Occupational Therapy Association. (2005). Occupational therapy code of ethics (2005). *American Journal of Occupational Therapy*, 59, 639–642.
- American Occupational Therapy Association. (2008). Occupational therapy practice framework: Domain and process (2nd ed.). *American Journal of Occupational Therapy*, 62, 625–683.

Additional Reading

- American Occupational Therapy Association. (2005). Standards of practice for occupational therapy. *American Journal of Occupational Therapy*, 59, 663–665.

Authors

Sara Jane Brayman, PhD, OTR/L, FAOTA, *Chairperson, 2002–2005*
 Gloria Frolek Clark, MS, OTR/L, FAOTA
 Janet V. DeLany, DEd, OTR/L
 Eileen R. Garza, PhD, OTR, ATP
 Mary V. Radomski, MA, OTR/L, FAOTA
 Ruth Ramsey, MS, OTR/L
 Carol Siebert, MS, OTR/L

Kristi Voelkerding, BS, COTA/L

Patricia D. LaVesser, PhD, OTR/L, *SIS Liaison*

Lenna Aird, *ASD Liaison*

Deborah Lieberman, MHSA, OTR/L, FAOTA, *AOTA Headquarters Liaison*

for

The Commission on Practice

Sara Jane Brayman, PhD, OTR/L, FAOTA, *Chairperson*

Adopted by the Representative Assembly 2004C24

Edited by the Commission on Practice 2009

This replaces the 2004 document *Guidelines for Supervision, Roles, and Responsibilities During the Delivery of Occupational Therapy Services* (previously published and copyrighted in 2004 in the *American Journal of Occupational Therapy*, 58, 663–667).

Copyright © 2009 by the American Occupational Therapy Association.