

Best Practices for Occupational Therapy Assistants in Schools

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KEY TERMS AND CONCEPTS

- Collaborative partnership
- Continuing competence
- Documentation
- Intervention plan
- Occupational profile
- Supervision
- Therapeutic use of self

OVERVIEW

Under the supervision of occupational therapists, occupational therapy assistants have been providing services in school systems since 1975, when the Education for All Handicapped Children Act (Pub. L. 94-142) was passed by the U.S. Congress (Frolek Clark & Chandler, 2013). According to the American Occupational Therapy Association's ([AOTA's], 2015d) workforce survey, the percentage of occupational therapy assistants working in school systems and responding to the survey was 15.2% as of 2015, making it the second most common practice area for occupational therapy assistants.

AOTA defines an *occupational therapy assistant* as a person licensed in the practice of occupational therapy who provides occupational therapy services "under the supervision of and in partnership with occupational therapists" (AOTA, 2014a, pp. S16-S17). Clearly, this definition delineates a different role than the fully autonomous *occupational therapist*. Therefore, occupational therapy assistants must never identify themselves as occupational therapists; that would be a breach of AOTA's (2015a) *Occupational Therapy Code of Ethics*.

To practice as an occupational therapy assistant, candidates must first meet multiple educational requirements. These qualifications are found in AOTA's (2015c) *Standards of Practice for Occupational Therapy* and include the following:

- Graduation from an occupational therapy assistant program accredited by the Accreditation Council for Occupational Therapy Education or predecessor organizations
- Successful completion of a supervised fieldwork experience
- Receipt of a passing grade on the entry-level examination for occupational therapy assistants approved by the governing state occupational therapy regulatory board or agency
- Fulfillment of state requirements for licensure, certification, or registration.

All 50 states, the District of Columbia, and Puerto Rico require the licensure of occupational therapy assistants

(AOTA, 2018b). To obtain a state license, occupational therapy assistants must pass the National Board for Certification in Occupational Therapy occupational therapy assistant certification examination. On passing the exam, the occupational therapy assistant may choose to carry the designation of *certified* (i.e., use the credential *COTA*). The maintenance of this certification is voluntary except in 1 state.

Most states address the occupational therapy assistant's role and practice standards through their respective regulations and guidelines. For this reason, it is essential that practitioners be well versed in their state's practice act as well as their local district's implementation of set requirements. AOTA has released several documents pertaining to state regulations, including compiled lists of statutes from each state regarding the supervision of occupational therapy assistants, qualifications and licensure requirements, and the occupational therapy scope of practice (AOTA, 2014a, 2014c, 2015a, 2015b, 2015c, 2017).

As occupational therapy becomes a more widely recognized profession, the demand for occupational therapy practitioners¹ continues to rise, especially in the school systems, where the role of occupational therapy has expanded from a clinical model to a much broader educational model (Chandler, 2013). As workloads increase and occupational therapy practitioners participate in more systemwide initiatives, the need arises for occupational therapy assistants to become a larger part of the school community.

¹*Occupational therapy practitioner* refers to both the occupational therapist and the occupational therapy assistant. AOTA (2014a, p. S18) states, "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" and "must be directly involved in the delivery of services during the initial evaluation and regularly throughout the course of intervention. . . . The occupational therapy assistant delivers safe and effective occupational therapy services under the supervision of and in partnership with the occupational therapist."

There are many benefits to hiring occupational therapy assistants in a school district. Under the supervision of the occupational therapist, occupational therapy assistants have the ability to provide services at many levels, including direct and group instruction (building level); consultation with teachers and staff (building and district levels); attendance at various meetings (building and district level); assistance with the evaluation process (building level); and participation at a systemwide level alongside their colleagues and supervisors (district and state level). In addition, having occupational therapy assistants in a district provides a unique opportunity for students to work with more than one practitioner. With the plurality of expert eyes and minds, collaboration increases, and students receive more well-rounded services.

Working together with occupational therapists, team members, classroom teachers, and the families and students they serve, occupational therapy assistants are in the trenches, devoting their days to working directly with students to enable them to fully participate in school environments. Not only do occupational therapy assistants provide intervention on a daily basis, they may also contribute to almost every portion of the occupational therapy process, from evaluation to discontinuation of services, under the supervision of the occupational therapist. This chapter explores the role of occupational therapy assistants and gives an in-depth look at how they contribute to students and school systems across the United States.

ESSENTIAL CONSIDERATIONS

There are several considerations for occupational therapy assistants working in schools. Occupational therapy assistants are legally required to work under the supervision of occupational therapists; therefore, all practitioners must have an understanding of what is to be expected from this partnership. In addition, occupational therapy assistants should be familiar with the laws and regulations concerning their scope of practice, including roles and responsibilities, documentation, and professional development requirements.

National, State, and Local Laws and Policies

Occupational therapy practitioners must have a proficient awareness of the laws, policies, and regulations that surround them, not only at the national level but also at the state, district, and building levels. To ensure effective and best practice, occupational therapy assistants should know the difference between individualized education programs (IEPs) and Section 504 plans as well as how they are able to contribute to each process. The official professional documents developed by AOTA are excellent resources for both occupational therapists and occupational therapy assistants looking to grow their foundational knowledge of the profession.

Role and Responsibilities of OTAs in Schools

Depending on state regulations, each district may vary slightly in its expectations of the occupational therapy assistant's

role, but many responsibilities are consistent nationwide. Exhibit 7.1 provides a sample job description for occupational therapy assistants working in a school system.

Partnership of the OT and OTA

Under the supervision of the occupational therapist, the occupational therapy assistant carries numerous responsibilities (AOTA, 2014a). This partnership is of utmost importance, first because it is legally required and second because it ensures accountability for both practitioners. Although the occupational therapist is ultimately responsible for the occupational therapy process, a successful collaboration between the occupational therapist and occupational therapy assistant is necessary.

The most vital factor to note about occupational therapy assistants and supervising occupational therapists is that the relationship is a *collaborative partnership*. Occupational therapists should not dictate what the occupational therapy assistant should do because this would be a misuse of the assistant's role. In contrast, practitioners should work together to develop a collaborative plan for supervision. Occupational therapy assistants build their knowledge and skills, using them to contribute to the decision-making process to optimize student outcomes. Supervision should provide an opportunity for occupational therapy assistants to expand their expertise as well as learn from and share insight with the supervising occupational therapist.

Supervision is not merely a one-sided partnership in which the occupational therapy assistant is the only beneficiary. Rather, it ought to be a continually occurring and interactive process that promotes the professional growth of those involved. A healthy working relationship between the supervisor and supervisee is crucial and, ideally, should be based on trust and an understanding of each practitioner's qualifications. The focus of the partnership should make certain that students' needs are prioritized and that services are provided in an ethical and effectual manner.

Supervision Methods

According to AOTA (2014a), *supervision* is defined as "a process aimed at ensuring the safe and effective delivery of occupational therapy services" (p. S16). Although the occupational therapist is ultimately responsible for providing sufficient supervision, it is the duty of the occupational therapy assistant to seek out the appropriate amount of supervision (AOTA, 2014a). The specifics surrounding supervision, such as the regularity, techniques, and subject matter, are dependent on a variety of factors. AOTA (2014a) has provided 6 principles to guide supervision practices:

The specific frequency, methods, and content of supervision may vary and are dependent on the (a) complexity of client needs, (b) number and diversity of clients, (c) knowledge and skill level of the occupational therapist and the occupational therapy assistant, (d) type of

EXHIBIT 7.1. Sample Job Description for an Occupational Therapy Assistant in a School

Purpose Statement:

The OTA works under the supervision of an OT to enhance student participation in the educational environment by providing occupational therapy services, including direct intervention and consultation, on the basis of student need. The holder of this position reports to the supervising OT and appointed department director.

General Responsibilities:

- Assists and contributes to screenings and evaluations by providing information regarding students to the OT
- Contributes to creating measurable goals with the OT and IEP team
- Collaborates with the OT to develop intervention plans and develop interventions in students' school context and routine to enhance participation in their educational program
- Provides direct and indirect occupational therapy services to students in accordance with IEP or 504 plans
- Completes documentation, including data collection, on therapy services (e.g., contact notes, progress reports, updated IEPs, Medicaid billing)
- Communicates information regarding student progress and suggested recommendations to appropriate individuals (e.g., students, families, educational staff, administrators)
- Consults with OTs, teachers, paraeducators, PTs, SLPs, and other members of the educational team regarding student needs
- Attends meetings (e.g., IEP meetings, parent-teacher conferences, team meetings) for the purpose of conveying and obtaining information regarding student progress (all decisions must be made by the OT)
- Provides training to paraeducators regarding specifically assigned tasks
- Participates in supervisory activities with the OT, advocating for more supervision when needed
- Supervises OTA fieldwork students
- Participates in and, when appropriate, facilitates education and training through in-service sessions for school personnel.

Skills, Knowledge, and Abilities:

- Graduated from an accredited OTA program, after completion of all educational and supervised fieldwork requirements
- Holds current licensure in the state of desired employment
- Has excellent interpersonal, organizational, and communication skills

Working Conditions:

Travel between school buildings is required. Physical demands include moving therapy equipment and assisting with transfer of students on and off equipment as well as bending, crawling, kneeling, and moving on and off the floor.

Note. IEP = Individualized education program; OT = occupational therapist; OTA = occupational therapy assistant; PT = physical therapist; SLP = speech-language pathologist.

practice setting, (e) requirements of the practice setting, and (f) other regulatory requirements. (p. S17)

To ensure efficient and ethical service implementation, practitioners must thoroughly consider each of the 6 principles when determining how to carry out the supervision process. State laws must also be followed. Certain states provide detailed requirements on how supervision should be implemented, whereas others have no relevant policies. AOTA has provided a document on its website listing each state's supervision regulations, which is helpful for all practitioners seeking to become more familiar with the laws in their state of employment (see <https://bit.ly/2rlkMOG>).

A variety of media can be used for supervision, including direct face-to-face contact and indirect contact. Examples of each can be found in Table 7.1. Given the various means available to accomplish effective supervision, practitioners must have an understanding of what methods work best for their individual learning styles as well as what is manageable within their workload.

Identifying Competence for Service Provision

Competency for gathering and sharing assessment data is established with the supervising occupational therapist through a variety of measures and considerations. The first

TABLE 7.1. Methods Used to Perform Occupational Therapy Supervision

TYPE OF CONTACT	EXAMPLES
Direct (face-to-face) contact	"Including, but not limited to, observation, modeling, client demonstration, discussions, teaching, web-based apps (depending on the amount of privacy and confidentiality required), and instruction" (AOTA, 2014a, p. S17)
Indirect contact	"Including, but not limited to, phone conversations, written correspondence, and electronic exchanges" (AOTA, 2014a, p. S17)

Note. AOTA = American Occupational Therapy Association.

action the occupational therapist should take is to simply converse with the occupational therapy assistant. Listening to the occupational therapy assistant talk about the process of occupational therapy, the students, their interventions, and how they interpret daily experiences gives the occupational therapist valuable insight into the occupational therapy assistant's knowledge and skill base.

In addition to these conversations, the supervising occupational therapist should make observations across the educational environment. When talking with and observing the occupational therapy assistant, the occupational therapist should contemplate several considerations and questions: How is the professional judgment of the occupational therapy assistant displayed? What methodology drives their decisions? When performing an entry-level task, do they meet the minimum requirement or go beyond the expectations? When administering an assessment, does the occupational therapy assistant follow the instructions and gather the needed information? Do they exercise professionalism when interacting with students, parents, and staff? Do they utilize therapeutic use of self?

Assessing the occupational therapy assistant's competence will drive the supervision process, which requires each practitioner to become familiar with their partner's strengths and weaknesses and, subsequently, provide the necessary amount of support. A change in supervisors may necessitate the reestablishment of practice competence with the new supervising occupational therapist. When the supervision process is executed appropriately and communication is prioritized, the resulting partnership should provide ample opportunity for the occupational therapist to determine the knowledge and skill the occupational therapy assistant possesses and applies.

Supervision Challenges

Despite efforts to create a supervision model that works for all occupational therapy practitioners in a given school district, challenges often arise that hinder effective supervision practices. One of the most common difficulties practitioners encounter is a lack of time. As practitioners face growing workloads, responsibilities at multiple locations, and ever-present funding concerns that result in layoffs, the result is decreased time for supervisory activities. These constraints plague not only the regular school year but also the summer months. If an occupational therapy assistant provides services during extended school-year programs (i.e., programs that occur outside of the district's school calendar), the district must also hire an occupational therapist to ensure that supervision is readily available.

Another challenge in supervisory relationships that can be the most difficult to overcome is strained relationships. A wide spectrum of mistreatment from both levels of the profession may exist, often stemming from a misunderstanding of roles. For example, an occupational therapist may expect too little or too much from the occupational therapy assistant, especially when they are unfamiliar with the role. Another example is an occupational therapy assistant's assuming too much responsibility (e.g., independently completing evaluations or referring a student for services) or not enough, both of which can be unethical and, in some occurrences, illegal.

These examples demonstrate a misuse of the occupational therapy assistant's role and can lead to extremely tense exchanges between the occupational therapist and occupational therapy assistant. Open communication and respect are 2 main components required in successful supervisory relationships. This is especially true when practitioners have significant differences in their experience levels. For instance, when an occupational therapy assistant with 20 years of experience in a school setting is assigned a supervisor who is new to school practice, supervision activities may need to occur more often as the therapist settles into the new environment and builds their knowledge base. Likewise, an occupational therapy assistant who is entering a school setting for the first time or one who is appointed an intense, heavy workload will likely require more supervision to effectively manage such demands.

In an effort to decrease or altogether avoid difficult relationships, it is paramount that the occupational therapist and the occupational therapy assistant not only have a thorough understanding of each level's scope of practice but also exude respect for each other in the process. Regardless of time restraints, service locations, and practitioner experience, it is imperative that expectations surrounding supervision be clear, from how supervision is to be structured to what each practitioner is responsible for, as well as how the supervisory activities will be recorded.

Supervision Documentation

It is strongly recommended, even required in certain states, that supervisory activities be documented. Suggestions concerning the content of such documentation include frequency of contact, the method in which the supervision was administered, what was discussed, evidence to support practitioner competency, and names and qualifying credentials of those involved in the process (AOTA, 2014a). Ideally, supervision logs should be simple to maintain, documenting fundamental information such as the date, conversation points (including students discussed, if applicable), and the outcome of the meeting. Intervention plans may also be included in the documentation process. To ensure accountability, both practitioners should sign and retain copies of the supervision documentation, whether electronic or handwritten (Frolek Clark & Handley-More, 2017). Practitioners must be aware of their state and facility's regulations related to all documentation, including supervision and service provision.

Professional Development and Continuing Competence

Many states have continuing competence requirements that practitioners need to meet to uphold licensure, a summary of which can be found on AOTA's website (see <https://bit.ly/2rmINoL>). However, apart from state standards, it is expected that all practitioners participate in continuing education and professional development to advance their competence in the field of occupational therapy. AOTA's Commission on Continuing Competence and Professional Development described *continuing competence* as a "dynamic and multidimensional process in which . . .

[practitioners] develop and maintain the knowledge, . . . skills, . . . and abilities . . . necessary to perform current and future roles and responsibilities within the profession” (AOTA, 2015b, p. S103). This document lists 5 standards for developing competence, including knowledge, critical reasoning, interpersonal skills, performance skills, and ethical practice (AOTA, 2015b). Regardless of how many years they have spent in the field, all occupational therapists and occupational therapy assistants must seek out learning opportunities to grow their knowledge and skills in those areas of competence.

It is especially important for occupational therapy assistants to develop competence in areas related to their practice area. In school systems, such areas could include understanding curricula and instruction, using observation methods for assessment, developing programs, or implementing evidence-based practices for students with specific conditions. Examples of professional development activities might include formal learning, independent learning (e.g., review of evidence-based articles), and mentorship by a more experienced practitioner. AOTA (2014b) also has provided a toolkit for starting a journal club that can center on current trends in literature applicable to school practice for occupational therapy assistants.

An additional opportunity for school occupational therapy assistants is to seek a Specialty Certification in School Systems. This peer-reviewed process enables applicants who have acquired the minimum requirements (e.g., 2,000 hours in occupational therapy assistant practice, with 600 hours specific to schools in the past 5 years) to validate their level of specialization and commitment to school practice by gaining nationally recognized credentials (AOTA, 2018a). Whether it takes the form of pursuing additional credentials or simply attending courses to increase one’s knowledge about a specific topic, professional development is vital for all practitioners because it increases competence, promotes advancement of skills, and informs best practice.

BEST PRACTICES

On the establishment of competence, occupational therapy assistants have the ability to be involved in nearly every part of the occupational therapy process, from screening to discontinuation of services. Because state regulations vary, practitioners are strongly encouraged to check their respective state’s laws.

Always Document Services

According to Frolek Clark and Handley-More (2017), *documentation*, the process of recording the provision of occupational therapy services, must “provide a trail of data that supports service delivery by occupational therapy practitioners” (p. xiii). Therefore, when occupational therapy assistants provide services to students, it is their responsibility to document the intervention as well as the outcome of the session. In an effort to ensure best practice and oversight of services, documentation completed by the occupational therapy assistant should be reviewed and signed by the supervising occupational therapist. The methods used to document differ by district and, at times,

by building, but all practitioners must be familiar with and follow through with what is expected of them by way of documentation, including policies related to Medicaid reimbursement. (For more information on this topic, see Chapter 16, “Best Practices in Medicaid Cost Recovery,” and Chapter 45, “Best Practices in School Occupational Therapy Documentation and Data Collection.”)

Contribute to Screenings

In states in which occupational therapy services can be provided to students in general education, the occupational therapist must be directly involved and initiate the process. After initial contact with the student, the occupational therapist may delegate activities to the occupational therapy assistant as part of the screening process, such as file review, observation of the student’s performance in a variety of environments, and collection of work samples. Although the occupational therapy assistant contributes information to the process, the occupational therapist is responsible for identifying instructional strategies that might benefit the student.

Assist in Evaluations in School Contexts and Routines

As with all aspects of occupational therapy service provision, the occupational therapist is responsible for the evaluation process (AOTA, 2014a). This process begins with the *occupational profile* (i.e., a summary of the student’s experiences; interests; needs; medical, educational, and job histories). After competence has been established and where state professional laws allow, the occupational therapy assistant can contribute by gathering data and providing reports of observations to the occupational therapist (AOTA, 2015b). The data are analyzed by the occupational therapist with input from the occupational therapy assistant. The evaluation report, written by the occupational therapist with contributions from the occupational therapy assistant, may recommend occupational therapy services to the IEP team.

The team then uses data from all of the reports to determine whether a student is eligible for special education and related services (e.g., occupational therapy). In addition, the team determines the student’s strengths, needs, and services, using this information to develop student goals. Using data from the occupational therapy evaluation as well as input from the occupational therapist, the team ascertains whether services are necessary for students to benefit from their educational program.

The occupational therapy assistant may attend the IEP meeting under the direction of the occupational therapist but is not to make final decisions about occupational therapy services. Once the IEP is finalized, the occupational therapy assistant collaborates with the occupational therapist and clients (e.g., student, parent, teacher) to develop the *intervention plan*. This plan is an occupational therapy document that describes the occupational therapy practitioner’s actions (e.g., similar to a teacher’s lesson plan) and designates aspects to the occupational therapy assistant, with supervision required from the occupational therapist.

Provide Intervention

In accordance with AOTA guidelines and state professional laws, occupational therapy assistants carry out the aspects of occupational therapy intervention delegated to them by the supervising occupational therapist. In collaboration with the occupational therapist, the occupational therapy assistant may select, implement, and make modifications to the interventions consistent with demonstrated competence levels established with the supervising therapist (AOTA, 2014a).

Services must be provided in the student's least restrictive environment, per the Individuals With Disabilities Education Improvement Act of 2004 (Pub. L. 108-446). Such environments could include general education classrooms, cafeterias, hallways, playgrounds, and art or music classrooms (AOTA, 2017). If a student is unable to receive services in these sites because of specific needs, occupational therapy practitioners must work together with the IEP team to make decisions regarding service location and justify the reason accordingly on the student's IEP. (For more information on least restrictive environments and IEP requirements, see Chapter 3, "Laws That Affect Occupational Therapy in Schools").

Regardless of service location, the occupational therapy assistant must be knowledgeable about evidence-based research and apply this information to everyday practice (AOTA, 2015b, 2015c). Interventions should be directed at meeting the student's IEP goals, with the occupational therapy evaluation guiding the intervention process using evidence-based practices (AOTA, 2014c).

Another critical aspect to consider is how a practitioner's attitude, personality, and skill level contribute to the intervention process. Occupational therapists and occupational therapy assistants must work together to create manageable workloads and, when dividing case-loads and service provision, consider their own competencies and personalities and subsequently match those strengths to individual students. *Therapeutic use of self*, the practice of using one's strengths and personality to cultivate meaningful therapeutic relationships, is a fundamental element of occupational therapy that allows practitioners to build and maintain relationships with students by using clinical reasoning, empathy, and a collaborative approach, all while keeping the student as the central priority (AOTA, 2014c). Because occupational therapy assistants are in continuous contact with students, staff, and families, it is crucial for them to exhibit therapeutic use of self.

Occupational therapy practitioners frequently interact with students and families when they are most vulnerable. Developing high-quality, professional relationships should be viewed as an indispensable component of the occupational therapy process because it increases the effectiveness of the intervention provided (AOTA, 2014c). Good rapport is essential for optimal outcomes.

Target IEP Goals

To measure the efficacy of occupational therapy services, providers must collect data to show the student's rate of

progress. The data occupational therapy assistants record in their documentation are a formative factor used to determine whether and when changes need to be made to the IEP.

Although it depends on the local educational agency's policies, an occupational therapy assistant typically has the ability to contribute to progress reports about performance on students' IEP goals, under the supervision of the occupational therapist. Once competency is established, the occupational therapy assistant is also able to attend and report at IEP meetings without the occupational therapist present, but they must not change what the supervising therapist recommended before the meeting's commencement. If it is anticipated that multiple questions may arise from family members or considerable decisions may need to be made, both the occupational therapist and the occupational therapy assistant should consider attending the meeting.

When a student no longer requires occupational therapy services, the occupational therapy assistant may contribute to a discontinuation plan by providing information and documentation to the supervising occupational therapist that relates to the student's performance, needs, and goals (AOTA, 2015c). Identical to the other stages of the occupational therapy process, the conclusion involves the occupational therapist and occupational therapy assistant working collaboratively to ensure best practice and positive outcomes.

SUMMARY

Under the supervision of and in collaboration with occupational therapists, occupational therapy assistants have been providing occupational therapy services to students in school systems for more than 4 decades. Using their personality, strength, and skill level, occupational therapy assistants contribute to the occupational process, from screening to discontinuation of services. Delegated aspects of occupational therapy may include implementing intervention plans, documenting progress, and participating in supervisory activities for occupational therapy assistant students. Occupational therapy assistants are required to be conversant in national laws, state and district regulations, and professional standards concerning their role and the delivery of occupational therapy services.

The multifaceted role of occupational therapy assistants provides opportunities for them to advocate for this level of the profession and secure a greater voice not only in the field of occupational therapy but in school systems as well.

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