

---

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

This document is a set of guidelines describing the supervision, roles, and responsibilities of occupational therapy practitioners. Intended for both internal and external audiences, it also provides an outline of the roles and responsibilities of occupational therapists, occupational therapy assistants, and occupational therapy aides during the delivery of occupational therapy services.

## **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. 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 and payer policies and to the *Occupational Therapy Code of Ethics and Ethics Standards* (American Occupational Therapy Association [AOTA], 2010), and participate in ongoing professional development activities to maintain continuing competency.

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. In addition, 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.

## **Supervision of Occupational Therapists and Occupational Therapy Assistants**

### ***Occupational Therapists***

Based on education and training, occupational therapists, after initial certification and relevant state licensure or other governmental requirements, 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 services and service delivery process. Occupational therapists are encouraged to seek peer supervision and mentoring for ongoing development of best practice approaches and to promote professional growth.

### ***Occupational Therapy Assistants***

Based on education and training, occupational therapy assistants, after initial certification and meeting of state regulatory requirements, 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 equally responsible for developing a collaborative plan for supervision. The occupational therapist is ultimately responsible for the implementation of appropriate supervision, but the occupational therapy assistant also has a responsibility to seek and obtain appropriate supervision to ensure proper occupational therapy is being provided.

## 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 the occupational therapy assistant to seek the appropriate quality and frequency of supervision to ensure safe and effective occupational therapy service delivery. It is the responsibility of the occupational therapist to provide adequate and appropriate supervision.
2. To ensure safe and effective occupational therapy services, it is the responsibility of occupational therapists to recognize when they require peer supervision or mentoring that supports current and advancing levels of competence and professional growth.
3. 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 practice setting,
  - e. Requirements of the practice setting, and
  - f. Other regulatory requirements.
4. Supervision of the occupational therapy assistant that is more frequent than the minimum level required by the practice setting or regulatory requirements 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. There are a variety of types and methods of supervision. Methods can include but are not limited to 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, client demonstration, 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 facility and state requirements regarding the documentation of a supervision plan and supervision contacts. Documentation may include the
  - a. Frequency of supervisory contact,
  - b. Methods or types 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. Peer supervision and mentoring related to professional growth, such as leadership and advocacy skills development, may differ from the peer supervision mentoring 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 can be 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. *Occupational Therapy Practice Framework: Domain and Process* (AOTA, 2014) and other AOTA official documents; 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**

### ***Overview***

The focus of occupational therapy is to assist the client in "achieving health, well-being, and participation in life through engagement in occupation" (AOTA, 2014, p. S2). 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, 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 targeting of outcomes and outcomes 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, intervention review, and outcomes evaluation.
3. The occupational therapy assistant delivers safe and effective 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 and also to not accept delegated responsibilities that go beyond the scope of an occupational therapy assistant.
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 assistant,
  - c. Nature and complexity of the intervention,
  - d. Needs and requirements of the practice setting, and
  - e. Appropriate scope of practice of an occupational therapy assistant under state law and other requirements.

### ***Roles and Responsibilities***

Regardless of the setting in which occupational therapy services are delivered, occupational therapists and occupational therapy assistants assume the following general responsibilities during evaluation; intervention planning, implementation, and review; and targeting and evaluating outcomes.

### **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 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, assessments, 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 intervention implementation.
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 in collaboration with the occupational therapist selects, implements, and makes modifications to occupational therapy interventions, including, but not limited to, occupations and activities, preparatory methods and tasks, client education and training, and group interventions 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.

## **Targeting and Evaluating Outcomes**

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 Aides<sup>1</sup>**

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

---

<sup>1</sup>Depending 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, 2009).

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:
  - 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 and Ethics Standards* (AOTA, 2010), and continuing competency and professional development guidelines. For information regarding the supervision of occupational therapy students, please refer to *Fieldwork Level II and Occupational Therapy Students: A Position Paper* (AOTA, 2012).

## References

American Occupational Therapy Association. (2009). Guidelines for supervision, roles, and responsibilities during the delivery of occupational therapy services. *American Journal of Occupational Therapy*, 63, 797–803. <http://dx.doi.org/10/5014/ajot.63.6.797>



- 
- American Occupational Therapy Association. (2010). Occupational therapy code of ethics and ethics standards (2010). *American Journal of Occupational Therapy*, 64(6, Suppl.), S17–S26. <http://dx.doi.org/10.5014/ajot.2010.64S17>
- American Occupational Therapy Association. (2012). Fieldwork level II and occupational therapy students: A position paper. *American Journal of Occupational Therapy*, 66(6, Suppl.), S75–S77. <http://dx.doi.org/10.5014/ajot.2012.66S75>
- American Occupational Therapy Association. (2014). Occupational therapy practice framework: Domain and process (3rd ed.). *American Journal of Occupational Therapy*, 68, (Suppl. 1), S1–S48. <http://dx.doi.org/10.5014/ajot.2014.682005>

## Additional Reading

- American Occupational Therapy Association. (2010). Standards of practice for occupational therapy. *American Journal of Occupational Therapy*, 64(Suppl.), S106–S111. <http://dx.doi.org/10.5014/ajot.2010.64S106>

### Authors

Sara Jane Brayman, PhD, OTR/L, FAOTA  
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 2014*  
Debbie Amini, EdD, OTR/L, CHT, FAOTA, *Chairperson*

*Adopted by the Representative Assembly Coordinating Council (RACC) for the Representative Assembly, 2014.*

*Note.* This document replaces the 2009 document *Guidelines for Supervision, Roles, and Responsibilities During the Delivery of Occupational Therapy Services*, previously published and copyrighted in 2009 by the American Occupational Therapy Association in the *American Journal of Occupational Therapy*, 63, 797–803. <http://dx.doi.org/10.5014/ajot.63.6.797>

Copyright © 2014 by the American Occupational Therapy Association.