



Psychotherapy within Occupational Therapy Practice

Frequently Asked Questions from the November 5, 2019 College Webinar

Controlled Act

1. **Q:** We are wondering what the occupational therapist does in the controlled act, that is different than what they may be doing when it is not controlled. The case example given was clear on what the occupational therapist was doing in the non-controlled act.

A: The difference is in the severity of the client's condition and resulting impairment and not necessarily the techniques used. The assessment/intervention that an occupational therapist (OT) provides within the controlled act of psychotherapy may be the same or may differ as the severity of the clinical situation does. The controlled act involves clients with **serious disorders** that result in **serious impairments**. The act also specifies that practitioners are **treating** a client and using a **psychotherapy technique(s)** through a **therapeutic relationship**.

These bolded elements define the controlled act, not the intervention. OTs may refer to education/training or professional associations for resources on the best practice with this clinical population.

2. **Q:** When working with patients with chronic pain, invariably there is some counselling provided. A therapeutic relationship is established as occupational therapy. Can the occupational therapist say this is counseling and not psychotherapy? Or will COTO see this as psychotherapy?

A: Often OTs who work with clients in a predominantly physical health practice will draw from a variety of assessments/interventions in their "tool box" including

health counselling. Counselling could include: health teaching, providing information, skill teaching and encouragement. Counselling generally has a low associated risk. In occupational therapy practice, counselling may often be an adjunct to other interventions, for example, providing supportive listening, controlled breathing techniques or other relaxation strategies.

Within the [Standards for Psychotherapy](#), 2018 “Psychotherapy refers to planned and structured interventions aimed at influencing behaviour and function, by **psychotherapeutic** means. Psychotherapy is delivered through a **therapeutic relationship** to change an individual’s disorder of thought, cognition, mood, emotional patterns, perception, or memory that may impair the individual’s judgement, insight, behaviour, communication, or social functioning as it relates to the performance of daily activities”.

3. **Q:** Is Motivational Interviewing or Behavioral Activation considered to be psychotherapy?

A: Yes, motivational interviewing or behavioral activation is considered psychotherapy if the delivery meets the criteria in the psychotherapy definition above.

4. **Q:** Is there any reason why couples counselling wouldn't fall within the OT scope of practice, assuming the occupational therapist has specific training?

A: Psychotherapy can be delivered individually, with couples, families and in group settings. With the relevant competence each of these formats/client groups could be within the scope of OT practice.

Funding/Insurance

1. **Q:** Funding for occupational therapy psychotherapy services is sometimes declined. Insurers do not recognise occupational therapists as a provider for such treatment. What would be the best way forward to advocate for change here?

A: You can follow-up with the associations (Ontario Society of Occupational Therapists, Canadian Association of Occupational Therapists) who advocate on

behalf of OTs.

2. **Q:** Liability insurance: is there a recommended coverage amount?

A: The following is required by all occupational therapists registered with the College:

Professional Liability Insurance

A Registrant must have professional liability insurance coverage and provide proof of such coverage to the Registrar, in the manner required by the Registrar, which meets the following requirements:

- a. a liability limit of at least \$5 million per incident;
- b. a minimum coverage of \$5 million for the annual policy period;
- c. no deductible to the coverage;
- d. at least five years of extension of the coverage for claims made when on an extended leave or after retirement or otherwise ceasing practice;
- e. no additional terms, conditions or exclusion, other than those standard to the insurance industry.

[COTO Bylaw; Part 19 \(June 2018\)](#)

Please check with your liability insurance provider for terms and conditions. You would need to discuss with your provider if they feel there is a requirement for enhanced coverage.

Accountability

1. **Q:** When we renew with the College in May, we get asked the question whether we practice psychotherapy. If we use psychotherapy (ie. CBT based principles) in our practice, but not the controlled act of psychotherapy, how do we answer that question?

A: At this time, only OTs who are performing the controlled act must declare this at annual renewal as there is a higher risk associated with controlled acts. There will be more information coming regarding this requirement.

2. **Q:** If an occupational therapist is registered with College but is solely practicing psychotherapy and registered with CRPO (College of Registered Psychotherapist of Ontario), can they still keep their COTO registration?

A: Only members of six regulated colleges are allowed to perform the controlled act of psychotherapy:

- The College of Nurses of Ontario
- The College of Occupational Therapists of Ontario
- The College of Physicians and Surgeons of Ontario
- The College of Psychologists of Ontario
- The College of Registered Psychotherapists of Ontario
- The Ontario College of Social Workers and Social Service Workers

OTs can be registered with more than one regulatory College. OTs practicing psychotherapy do not have to be registered with the College of Regulated Psychotherapists of Ontario, however if so, they are accountable to both Colleges and must fulfill the obligations of both organizations, for example adhering to the Standards of Practice and complying with Quality Assurance.

3. **Q:** How do psychotherapy standards apply to older occupational therapy graduates, 10+ years ago? Does COTO require proof of experience in order to use the title and/or be a supervisor?

A: The Standards of Psychotherapy apply equally to all occupational therapists practicing psychotherapy regardless of years of practice.

At this time, OTs do not need to submit proof of experience in order to use the title or be a supervisor. The College expects all communications associated with their practice of psychotherapy are truthful and accurate and that upon request the OT will provide verifiable documentation demonstrating they have met the performance indicator outlined in the Standard.

4. **Q:** Is it mandatory to use the title of Psychotherapist if practicing psychotherapy?

A: No, it is not mandatory to use the title psychotherapist. Most importantly an OT identifies themselves first, or solely, as an OT thereby making the client aware that they are accountable to COTO should any issue arise. If an OT does not indicate psychotherapist in their title, they must ensure that clients are aware they will be receiving psychotherapy so informed consent can be obtained.

Here are the options for use of title should an OT wish to include psychotherapy in their title:

When **speaking** to a client, use the title “occupational therapist”, or the full name of the College first, before using the title, “psychotherapist”.

For example,

Andrew James, Occupational Therapist, Psychotherapist

Or

Andrew James, member of the College of Occupational Therapists of Ontario, Psychotherapist

When communicating in **writing**, write their name as it appears on the public register and the title “occupational therapist” or the designation “OT Reg. (Ont.)” immediately before writing the title, psychotherapist.

For example,

Andrew James, OT Reg. (Ont.), Psychotherapist

Or

Andrew James, Occupational Therapist, Psychotherapist

When communicating in **writing** and choosing to use the name of the College or the profession instead of the “occupational therapist” protected title or the designation “OT Reg. (Ont.)”, write the name of the College or the profession in full, not the abbreviation, before the title “psychotherapist”.

For example,

Andrew James, College of Occupational Therapists of Ontario, Psychotherapist

Or

Andrew James, Occupational Therapy, Psychotherapist

5. **Q:** Are you able to update your status with COTO with regard to practicing psychotherapy, if changes have been made to your practice since renewing with COTO?

A: At this time, status with regards to practicing the controlled act of psychotherapy takes place at annual renewal. A process to manage updating status with regards to the practice of the controlled act of psychotherapy in mid-year will be developed. All registrants will be informed about any changes to this process once it is known.

Competency

1. **Q:** You mentioned that if your experience and training is equivalent to formal training then COTO would determine if it meets the expectations outlined in the standards. Does COTO evaluate this experience and training to determine this? How does the occupational therapist ensure their experience/training meets the standards?

A: As with all areas of practice, occupational therapists are expected to be practicing within their professional competence, which means they have the knowledge, skills and judgement to perform activities within their particular practice setting.

Using a self-reflective process, OTs will utilize the Quality Assurance Tools (Self Assessment and Professional Development Plan) to determine competence levels and learning needs.

The Standards for Psychotherapy require OTs to have formal psychotherapy training that includes instructional, theoretical, and practical components. Upon request, occupational therapists must be able to demonstrate the means in which they have achieved their competence. The College recognizes that acquiring competence is a culmination of many factors which may include but is not limited to formal education and training, supervision, peer mentorship, literature review, and on-the-job experience. This unique blend will vary from OT to OT and the College allows for flexibility based on the broad scope of practice. It is expected that OTs that are practicing within the controlled act of psychotherapy would have training and experience to reflect this increase risk.

2. **Q:** Is there a minimum number of training hours required to meet the standard?

A: No. The College does not specify a certain number of training hours required to become competent as it is an ongoing process and is individually determined.

3. **Q:** If I complete one formal training course in a psychotherapy modality, and I feel competent to practice, can I begin to practice with supervision?

A: If you have less than three years of experience performing psychotherapy you are required to obtain formalized supervision. The goal of supervision is to discuss the direction of psychotherapy ensuring the wellbeing of the client and professional growth of the OT. With your supervisor, create a plan for how you can integrate the competence you have acquired.

4. **Q:** EMDR Canada (Eye Movement Desensitization and Reprocessing) has denied training & certification based on OT designation. Has the College had any correspondence with them?

A: The associations who advocate on behalf of OTs (OSOT and CAOT) may be able to support this query. This matter extends beyond the scope of the College which is to ensure public protection through safe and ethical OT practice.

Psychotherapy Supervision

1. **Q:** How long does supervision need to last for independent unsupervised practice?

A: Psychotherapy supervision is not a one-time occurrence, it is an ongoing process. The performance of the controlled act of psychotherapy poses an element of risk to the public. For this reason, the College has a minimum expectation that OTs who are performing the controlled act of psychotherapy must engage in psychotherapy supervision.

Psychotherapy supervision is an opportunity to discuss decision-making processes and provide support for complex or stressful situations to protect the client's well-being and facilitate the OT's professional growth in psychotherapy practice.

The College has taken the position that OTs with less than three years psychotherapy practice experience, will engage in regular supervision. For OTs with more than three years psychotherapy experience they will engage in a self-reflective process to determine whether they require a more structured supervision process or a less formal consultative process.

2. **Q:** Do you need a supervisor if you have completed training with a practicum?

A: The Standards for Psychotherapy describe the minimum expectations for OTs to provide competent and safe psychotherapy. If an OT is practising the controlled act of psychotherapy and has less than three years of psychotherapy experience, the OT must engage in regular supervision with a qualified practitioner of psychotherapy. For OTs with more than three years psychotherapy experience they will engage in a self-reflective process to determine whether they require a more structured supervision process or a less formal consultative process.

3. **Q:** What is the College's position on the length of Formal Supervision?

A: Frequency and duration of supervision is dependent on the knowledge, skills and psychotherapy experience of the occupational therapist.

The College has determined that OTs with less than three years psychotherapy experience will engage in regular supervision with a qualified practitioner of psychotherapy, appropriate to their level of experience to enhance their psychotherapy skills. This is intended to be formalized (structured) and on a regular basis where a supervisee will receive feedback from a supervisor, to improve client outcomes, and facilitate professional growth in psychotherapy practice. As such, the College does not provide specifics regarding the length of formal supervision as it is very much dependent on the level of psychotherapy experience, and this can vary from OT to OT.

4. **Q:** Can I supervise Registered Psychotherapists that practise the same kind of psychotherapy technique I have trained in?

Yes. OTs can provide supervision for other practitioners who perform psychotherapy. OTs are expected to have the knowledge, training, skills, experience and judgement to safely and effectively provide psychotherapy guidance. OTs should be aware that practitioners from other regulatory Colleges

are accountable to their College standards.

5. **Q:** What is the legal and clinical responsibility of the supervisor of the OT who is fully licensed? Does a supervisor take on any clinical liability for the clients that are being seen by the supervisees?

A: OTs who are providing psychotherapy supervision must be clear that they are not taking accountability for client care; the supervisee remains responsible for the psychotherapy provided to their client(s).

6. **Q:** Does running a CBT informed group require formal supervision?

A: Yes. If an OT is practising the controlled act of psychotherapy, supervision is required.

7. **Q:** I am part of a group of experienced OTs. We meet once a month to provide peer supervision and support. How would you recommend we document this?

A: Peer support and consultation is valuable. To meet the minimum expectations outlined in the Standards for Psychotherapy there must be an identified supervisor amongst your peers. There must be a supervisor accountable for the information and guidance provided during the provision of supervision.

Documentation can include:

- Summary of any ethical, or professional issues related to the supervisee's performance of psychotherapy
- Any direction, recommendations, feedback provided to the supervisee
- Supervisee areas of strength and areas requiring additional development

5. **Q:** Does the supervisor have to be an OT? What about someone registered with the College of Registered Psychotherapists (CRPO)?

A: No, the supervisor does not have to be an OT. The supervisor must be a qualified psychotherapy practitioner, with 5 years psychotherapy experience. As a reminder, if the psychotherapy supervisor is registered with another College, they are accountable to their College Standards.

6. **Q:** In speaking with a colleague who is a psychologist, I am of the understanding that psychologists are not allowed to supervise other professionals... is this

something you are aware of? Is this an issue with the definition of 'supervision' in that it places responsibility on the psychologists according to their college?

A: Yes, the College is aware that the College of Psychologists has a position regarding supervising other professionals. The College cannot comment on the College of Psychologists' expectations for their members. OTs are welcome to contact the College of Psychologists of Ontario's practice advisor to clarify requirements for supervision or access their practice resources.

7. **Q:** Does 3 years of experience mean 3 years of formally supervised experience or practice in any form?

A: It refers to three years of psychotherapy practice. If you have been practising psychotherapy for three years or less, you will require a more structured formalized supervision process.

8. **Q:** What type of documentation is required during supervision sessions?

A: Both the Supervisor and supervisee are required to maintain supervisory notes for the duration of supervision agreement.

The supervisor will document:

- Meeting dates
- Summary of any ethical, or professional issues related to the supervisee's performance of psychotherapy
- Any direction, recommendations, feedback provided to the supervisee
- Supervisee areas of strength and areas requiring additional development
- A record of any fees charged for the supervision.

Supervisee will document:

- Meeting dates
- Summary of any ethical, or professional issues addressed with the supervisor
- Any direction, recommendations, feedback or evaluation provided by the supervision
- A record of any payment made for the supervision.

9. **Q:** Do you need to document supervision (as advised in answer to the last question) if you are beyond the 3-year mark and don't require supervision according to the college?

A: Although there is no formal requirement to document supervision beyond the three-year mark, according to the College, best practice would be to document these interactions so there is a record of the consultation or formal mentorship taking place.

10. **Q:** What is an appropriate amount to pay your supervisor for their service of supervision?

A: While fees are not always involved when setting up a supervision arrangement, the College is not involved in establishing fee guidelines for psychotherapy supervision. OTs can consult with their colleagues to determine appropriate fees to be charged for psychotherapy supervision.

11. **Q:** Is there a number of hours of supervision an OT needs to be considered competent?

A: No. The College does not specify the number or supervision hours for competency as this may depend on a number of variables including but not limited to an OT's psychotherapy experience, the psychotherapy approach, and input from the psychotherapy practice supervisor.

Resources

- [Standards for Psychotherapy](#)
- [Understanding When Psychotherapy is a Controlled Act](#)