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# Standard for Assessment and Intervention

# Introduction

The Standards of Practice establish the minimum expectations for all occupational therapists in Ontario. They describe how occupational therapists will provide safe, quality, ethical, accountable, and effective services. The Standards apply to all registrants of the College of Occupational Therapists of Ontario (“the College”), regardless of practice setting, job title, or role. The Standards, together with the Code of Ethics, Competencies, and Practice Guidance, establish the expectations for professional practice and the delivery of occupational therapy services.

<b>Code of Ethics</b>	The Code of Ethics defines the College’s expectations for ethical practice. It includes a set of values and principles, and is intended for use in all <b>contexts</b> and for all levels of decision-making. It forms the foundation for occupational therapists’ ethical obligations. Occupational therapists must know and adhere to these principles.
<b>Competencies</b>	The <i>Competencies for Occupational Therapists in Canada, 2021</i> , articulates the broad range of skills and abilities required of all occupational therapists. Occupational therapists are to remain familiar with the Competencies to inform practice and professional development.
<b>Standards</b>	Standards of Practice establish the minimum expectations for occupational therapists—expectations that contribute to public protection. Standards apply to all occupational therapists, regardless of their role, job description, or area of practice.
<b>Practice Guidance</b>	Practice Guidance provides information about specific practice situations or legislation. These are recommended practices.

## How the Standards are developed and updated

The Standards are based on core occupational therapy principles outlined in the *Competencies for Occupational Therapists in Canada* (2021). The College monitors and revises Standards regularly through its committees, subcommittees, focus groups, and panels. The College consults with registrants and the public to ensure the Standards include core practice elements before seeking approval by the College’s Board of Directors. Registrant input is vital to ensuring the Standards reflect changing practice environments and expectations. Data from College committees and program areas such as Investigations and Resolutions, Quality Assurance, Registration, and the Practice Resource Service helps the College keep the Standards current.

## How the Standards are used

### Clients and the public

Occupational therapy clients and the public use the Standards to understand what they can expect from occupational therapists. These expectations include knowing that services are being provided in ways that are accessible, culturally sensitive, equitable, and inclusive.

## The College

The College uses the Standards in all statutory programs to ensure that applicants and registrants have the competencies and skills to practise effectively, to address questions or concerns about a registrant's practice, and to review and support the provision of quality services.

Failure to comply with the Standards constitutes professional misconduct (*Ontario Regulation 95/07*, s. 1 [1]).

The College's Practice Resource Service is available as an additional resource to help registrants and the public if they have questions about the Standards and occupational therapy practice. The Practice Service is confidential and available at 416-214-1177 or [practice@coto.org](mailto:practice@coto.org).

## Occupational therapists

Clinical and non-clinical occupational therapists are expected to use these Standards in their daily practice and, when requested by the College, be able to demonstrate how their practice meets the performance indicators. Occupational therapists must be able to provide a reasonable rationale when a Standard was not met, including when contextual factors required a deviation from the expectations.

In applying the Standards, occupational therapists must use professional judgement in the following ways:

- Determine how to best meet client needs in accordance with the Standards.
- Understand that these Standards are the College's interpretation of regulatory and practice expectations. When Standards and legislation conflict, the legislation prevails.
- If workplace policies conflict with the Standards, collaborate with their employers to identify and work toward resolving the differences in clients' best interests.

## Employers

Employers of occupational therapists use the Standards to know and follow the College's expectations of occupational therapists working at their organization.

## Educators and students

Educators and students use the Standards to inform curriculum and placement expectations.

## Use of the terms “client,” “patient,” and “service”

The College uses the term “client” to align with the *Competencies for Occupational Therapists in Canada*. It states that clients are “people of any age, along with their families, caregivers, and substitute decision makers. Therapists may also work with collectives such as families, groups, communities, and the public at large” (2021, p. 19). **The term “clients” applies to people and organizations that occupational therapists work with in both clinical and non-clinical settings.**

The *Regulated Health Professions Act, 1991* (RHPA) uses the term “patients” to refer to people receiving care from regulated health professionals. This definition is not as broad as the term “client” used in the *Competencies*. In these Standards, the College uses the broader term “client” with one exception: it remains consistent with the RHPA by using the term “patient” when referring to sexual abuse legislation.

The term “service” is used throughout these Standards to encompass all aspects of occupational therapy, including assessment, intervention, and consultation. “Service” also includes non-clinical roles

or activities completed by occupational therapists in their practice setting (for example, leading education sessions, coordinating services, researching, or teaching).

## How the Standards are organized

As one document, the Standards are sorted alphabetically by title. Each Standard contains:

- An introduction to the main topic explaining why the Standard is important
- Performance indicators or specific behaviours that show how the Standard is to be met
- A list of further references, including College, legislative, and regulatory documents

### General references

Association of Canadian Occupational Therapy Regulatory Organizations, Association of Canadian Occupational Therapy University Programs, and Canadian Association of Occupational Therapists. (2021). *Competencies for occupational therapists in Canada*. [https://acotro-core.org/sites/default/files/uploads/ot\\_competency\\_document\\_en\\_hires.pdf](https://acotro-core.org/sites/default/files/uploads/ot_competency_document_en_hires.pdf)

College of Occupational Therapists of Ontario. (2020). *Code of Ethics*. <https://www.coto.org/resources/code-of-ethics>

Occupational Therapy Act, 1991, Statutes of Ontario (1991, c. 33). Retrieved from the Government of Ontario website: <https://www.ontario.ca/laws/statute/91o33>

Ontario Regulation 95/07, Professional Misconduct. (2007). Retrieved from the Government of Ontario website: <https://www.ontario.ca/laws/regulation/070095>

Regulated Health Professions Act, 1991, Statutes of Ontario (1991, c. 18). Retrieved from the Government of Ontario website: <https://www.ontario.ca/laws/statute/91r18>

# Standard for Assessment and Intervention

Occupational therapy includes all aspects of assessment, intervention, and consultation. Assessments are the foundation for occupational therapists' professional opinions and the interventions they recommend. All assessments and interventions are to involve a collaborative approach with clients where their occupational needs and preferences are prioritized when possible.

*Occupational therapists are expected to:*

## 1. Screen the request for services

- 1.1 Gather enough information to decide whether to proceed with services, including considering any conflicts of interest.
- 1.2 Compile client information only with consent.
- 1.3 Understand the laws, rules, and organizational policies relevant to the area of practice and method of service delivery.
- 1.4 Carefully consider the social, **ecological**, and economic implications of care.
- 1.5 Decide whether it is safe to proceed with the services and what method of delivery is best (for example, in-person or virtual).
- 1.6 If it is not appropriate to proceed, explain the rationale to the client, the referral source, and any other professionals, partners, and interested parties. Discuss any alternatives available.
- 1.7 If it is appropriate to proceed:
  - a. Clearly explain the occupational therapist's role and responsibilities
  - b. Clearly explain the scope and time frames of the services and the next steps
  - c. Follow the [Standard for Consent](#)
  - d. Make reasonable efforts to ensure that referral information remains accurate, including any details collected from other sources.

## 2. Assess clients within the scope of the services requested

- 2.1 **Co-create** an assessment process with clients that is **culturally safer**, is accessible, and will assess their occupational participation and needs.
- 2.2 Select assessment methods and tools that are most suitable for clients and that consider the scope of services, using current theories, relevant evidence, and best-practice approaches.
- 2.3 Know the properties of standardized assessments, including reliability, validity, and administration criteria. Have the knowledge, skills, and required training to administer any assessment tools used.
- 2.4 Manage any risks or limitations to using the selected assessment tools and methods with clients (for example, communication needs, culturally sensitive practices, and physical impairments).
- 2.5 Apply culture, equity, and justice considerations throughout the assessment process.
- 2.6 Collaborate and communicate with clients, other professionals, partners, and interested parties to support evidence-informed decision-making.

- 2.7 Within the identified circle of care, collaborate and communicate with clients and others to obtain relevant information and gather collateral data to identify the occupational participation challenges and goals to be addressed.

### **3. Analyze assessment findings and recommend the services needed**

- 3.1 In formulating professional opinions and recommendations, identify any gaps in the assessment findings, and decide whether additional information is needed, including assessments by other health professionals.
- 3.2 Ensure that assessments represent a fair and balanced evaluation of clients. Consider assessment findings with all other relevant information collected. Analyze findings and outline recommendations in the context of each client and their specific situation.
- 3.3 Analyze clients' strengths, challenges, contexts, and occupations and the impacts these have on occupational participation.
- 3.4 Develop evidence-informed recommendations based on the analysis of the information gathered.
- 3.5 Work with clients to develop context-specific occupational therapy goals, including determining whether the services of other professionals are required.
- 3.6 Should additional information become available following assessment, decide whether re-evaluation is required.

### **4. Develop and implement the occupational therapy plan**

- 4.1 Work with clients to co-create and develop personalized intervention plans. Each plan must include the client's understanding of their health, well-being, and recovery. Plans must keep clients' occupations at the centre of practice.
- 4.2 Take into consideration the resources that are available and accessible for proceeding with the services proposed.
- 4.3 Confirm that clients understand occupational therapy plans. Review and evaluate plans regularly in partnership with clients, and change plans as needed. Plan and discuss the setting or resetting of goals, service transitions, and discontinuation.  
Follow the [Standard for Consent](#) throughout service delivery.
- 4.4 Collaborate with other professionals to navigate shared or overlapping roles and responsibilities.
- 4.5 Be clear about the roles and responsibilities of the occupational therapist if supervising other individuals in delivering services.

### **5. Communicate assessment and intervention information effectively**

- 5.1 Be clear and timely when communicating assessment and intervention information, such as results, opinions, recommendations, and updates. Use terms that clients and other professionals, partners, and interested parties can understand. Allow time for asking and answering questions.
- 5.2 Document all services per the [Standard for Record Keeping](#).

- 5.3 Provide business contact information in case questions arise later.
- 5.4 Comply with current legislation if it is necessary to withhold any assessment or intervention information that poses a risk of harm to clients or others.
- 5.5 Ensure that clients are aware of the processes to access their record or assessment report.

### **Related College documents**

Standard for Consent

Standard for the Prevention and Management of Conflicts of Interest

Standard for Record Keeping

Standard for the Supervision of Students and Occupational Therapy Assistants

# Glossary of Terms

## **Co-create**

Co-create is to “create (something) by working with one or more others” (Merriam-Webster, n.d.).

## **Context**

Context strongly influences occupational possibilities and healthcare services. There are three layers of context:

1. Micro context refers to the client’s immediate environment: their own state of health and function, family and friends, and the physical environment they move through
2. Meso context refers to the policies and processes embedded in the health, education, justice, and social service systems that affect the client
3. Macro context refers to the larger socioeconomic and political context around the client: social and cultural values and beliefs, laws, and public policies

## **Culturally safer**

Culturally safer is a refinement on the concept of cultural safety. Competent occupational therapists do everything they can to provide culturally safe care. But they remain aware that they are in a position of power in relation to clients. They are mindful that many marginalized people—Indigenous people, for example—have a history of serious mistreatment in healthcare settings. These clients may never feel fully safe. Occupational therapists allow those who receive the services to determine what they consider to be safe. They support them in drawing strength from their identity, culture, and community. Because cultural safety is unlikely to be fully achievable, occupational therapists work toward it.

## **Ecological considerations for care**

Occupational therapists consider the wider impact of the tools used to practise in order to support the sustainability of environmental resources. As environmental stewards where possible, occupational therapists recognize the ecosystems on which human health depends and support sustainability as part of a global initiative.

## **Intersectionality**

Intersectionality describes how a person’s multiple social identities (for example, ability, age, class, education, ethnicity, gender, geography, immigration status, income, indigeneity, race, religion, and sexual orientation) combine, overlap, or intersect to create different modes of discrimination and privilege. Intersectionality can help occupational therapists understand the myriad factors affecting a client’s health and the disparities in access to healthcare.

## **Power imbalance**

Occupational therapists are in a position of trust and authority over their clients. As a result, the client-therapist relationship is inherently unequal, which results in a power imbalance in favour of the occupational therapist. The client relies on the occupational therapist’s clinical judgement and experience to address health-related issues, and the occupational therapist knows the client’s personal information and has the ability to influence the client’s access to other resources and services.

This power imbalance places the client in a vulnerable position in the therapeutic relationship. Occupational therapists are expected to be aware of this inherent imbalance, and ensure that professional boundaries are maintained to protect the client’s best interests and keep the client safe.



### **Vulnerable client**

The vulnerability of a client is determined by many factors, including their health status, life stage, social context, ability to access supports and resources, and the overall complexity of their condition and needs. Some indications of client vulnerability in occupational therapy practice may include those people who are at risk of being highly dependent on the occupational therapist or the services they can help them access, and where services may be prolonged or are high risk and intensive.

### **References**

Merriam-Webster. (n.d.). Ccreate. In *Merriam-Webster.com dictionary*. Retrieved November 27, 2022, from <https://www.merriam-webster.com/dictionary/ccreate>

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