THE ISSUE IS

Should Certified Occupational Therapy Assistants Provide Occupational Therapy Services Independently?

There is a resurgence of discussion concerning the accuracy and appropriateness of the word assistant in the career title Certified Occupational Therapy Assistant. The discussions focus on a possible title change. The rationale is that because certified occupational therapy assistants (reportedly) provide occupational therapy independently, the name change would enhance the profession when certified occupational therapy assistants are the primary occupational therapy service providers in given settings. Issues that need to be considered in any discussion about changing the certified occupational therapy assistant title are supervision, competency, ethics, and laws as they affect occupational therapy practitioners when certified occupational therapy assistants independently provide occupational therapy services.

The Perceived Problem: The Title

A number of certified occupational therapy assistants believe that they are providing occupational therapy services independently and thus should no longer be called assistants (Javernick, 1993). The titles of Occupational Therapist, Certified (Javernick, 1993; Wilson, 1993) or Certified Occupational Therapist (Clark, 1993a, 1993b) have been suggested as more appropriate.

The title Certified Occupational Therapy Assistant was coined when the second level of occupational therapy practitioner was established (American Occupational Therapy Association [AOTA], 1988). The first graduates in 1959 were called certified occupational therapy assistants although a certifying examination was not yet required (AOTA, 1976a, 1976b). Certification initially required recommendation by the educational program director after the person's completion of an AOTA-approved educational program (AOTA, 1970).

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This article was accepted for publication January 27, 1994.

The appropriateness of the title is questioned periodically. In 1977, a resolution to change the title to Certified Occupational Therapy Technician was defeated in the Delegate Assembly (AOTA, 1977b). In 1978, a resolution to change the title to Certified Occupational Therapy Associate was defeated in the Representative Assembly (AOTA, 1978). In 1989, despite requests to change the title, the Certified Occupational Therapy Assistant Advisory Committee recommended no change to the title (Brittell, 1989). Marketing certified occupational therapy assistant services was thought to be a more productive use of energy than continuing to debate a name change (Brittell, 1989).

A decade later, feelings regarding the certified occupational therapy assistant title have been reiterated (Clark, 1993a; Guiffre, 1993b; Jauney, 1993; Javernick, 1993; Fletcher, 1993; Wilson, 1993). Certified occupational therapy assistants have stated that they are not assistants to occupational therapists when providing occupational therapy services (Wilson, 1993), that they are not given respect or support from supervisors because of the word assistant in their title (Guiffre, 1993a; Fletcher, 1993), and that they are not paid equitably because of their title (Javernick, 1993).

If a certified occupational therapy assistant is given the responsibility and title of an occupational therapy department head, yet is introduced as an aide (Guiffre, 1993a); if the certified occupational therapy assistant pay scale is based on the same pay scale as that of an assistant in another profession solely because of the word assistant (Bull, 1993); and if a certified occupational therapy assistant is given responsibilities equal to that of a registered occupational therapist and is not paid equally, the feelings of frustration are understandable. Certified occupational therapy assistants realize that registered occupational therapists can be receiving $10,000 to $15,000 more in salary than they receive.

The fee charged for occupational therapy services is the same whether the services are provided by a registered occupational therapist or a certified occupational therapy assistant (Stahl, 1993). Because most certified occupational therapy assistants are skilled in carrying out assigned treatment procedures and in documenting those services, their services or documentations are rarely challenged by patients or insurance companies.

Although one certified occupational therapy assistant reported not being given a pay raise because of her title (Javernick, 1993), certified occupational therapy assistant salaries may be more related to educational degrees than to the wording of the title. Silverglen (1990) reported that the entry-level starting salary for a registered occupational therapist with a master's degree was $2,600 higher than the salary for one with a baccalaureate degree and that a registered occupational therapist with a postbaccalaureate certificate earned $500 more than one with a baccalaureate degree. A certified occupational therapy assistant with an associate degree earned $1,000 more than a certified occupational therapy assistant with a certificate.
Who Is the Certified Occupational Therapy Assistant?

The 1990 Member Data Survey (AOTA, 1991) showed that 91.8% of certified occupational therapy assistants were female and 8.2% were male. The median age reported was 33 years. The associate degree was reported as the highest occupational therapy degree by 73.8% of certified occupational therapy assistants, with 85% of certified occupational therapy assistants currently pursuing a baccalaureate degree and 15% pursuing a master’s degree. The percentage of certified occupational therapy assistants compared to registered occupational therapists employed was almost equal in suburban sites (39.6% vs. 40.4%), was slightly lower in urban sites (35.8% vs. 44.6%), and was higher in rural sites (24.5% vs. 15.0%). When surveyed about primary job functions, 3.5% of certified occupational therapy assistants reported being in administration, 1.5% reported doing consultation, 88.5% reported providing direct patient service, 2.3% reported supervision, and 2.3% reported classroom teaching. Only 0.3% reported fieldwork teaching as their primary employment function.

About 11.3% of certified occupational therapy assistants were self-employed and 2.7% were in private practice. The training program for certified occupational therapy assistants consisted of 460 hr and prepared them to work in psychiatric settings (AOTA, 1988). Training was increased to 750 hr to enable certified occupational therapy assistants to work in both psychiatric and general hospital settings (AOTA, 1967).

As the responsibilities and roles of the certified occupational therapy assistant and registered occupational therapist increased and changed over the years, the educational requirements for certified occupational therapy assistants were revised (AOTA, 1983; AOTA & American Medical Association [AMA], 1991b). The Essentials and Guidelines for an Accredited Educational Program for the Occupational Therapy Assistant (AOTA & AMA, 1991b) follows an outline similar to that of the Essentials and Guidelines for an Accredited Educational Program for the Occupational Therapist (Essentials) (AOTA & AMA, 1991a) but without the breadth and depth of content requirements. General education requires oral and written communication skills, problem-solving processes, and knowledge and appreciation of multicultural factors. Biological, behavioral, and health sciences encompass normal and abnormal conditions across the life span. Occupational therapy principles and practice skills include the foundations of the profession, the fundamentals of activity, and the occupational therapy process, including screening and assessment, treatment planning, implementation, and documentation. Occupational therapy assistant education includes management of occupational therapy services to enable certified occupational therapy assistants to assist in departmental operations, supervision and training, data collection for quality assurance, compliance with regulations and reimbursement requirements, and applicable state and national credentialing requirements (AOTA & AMA, 1991b).

The occupational therapy assistant education programs also require content on direction of activity programs. Graduates of occupational therapy assistant programs (certified occupational therapy assistant), must be able to assess individual needs, functional skills, and interests; plan and implement group and individual programs to promote health, function, and quality of life; and manage the activity services. Development of values, attitudes, and behaviors congruent with the profession’s standards and ethics and participation in the promotion of occupational therapy and the role of the occupational therapy assistant in research, publication, program evaluation, and documentation of services are also required. Level I fieldwork experiences for the occupational therapy assistant student take place during didactic coursework and a minimum of 12 weeks of Level II fieldwork experiences is currently required (AOTA & AMA, 1991b).

Since 1977, graduates of associate degree and certified occupational therapy assistant programs are required to successfully complete a certification examination to ensure competency at the entry level of occupational therapy assistant practice (AOTA, 1975, 1976a, 1976b).

Most entry-level certified occupational therapy assistants expect to perform assistant level roles with supervision. Most certified occupational therapy assistants understand the role of the assistant and the role of the therapist. Some registered occupational therapists may not be aware of the certified occupational therapy assistant’s role or the registered occupational therapist’s role in relation to the certified occupational therapy assistant (Allen, 1993). A resolution to include information about the role and function of certified occupational therapy assistants in the Essentials for occupational therapists was defeated in 1982 (AOTA, 1992). Information about supervision of certified occupational therapy assistants was included for the first time in the 1991 Essentials (AOTA & AMA, 1991a).

Does the Certified Occupational Therapy Assistant Need Supervision?

One of the strengths of the certified occupational therapy assistant position has been that a competent certified occupational therapy assistant can be empowered to function independently in certain aspects of occupational therapy intervention and services. This does not mean that the certified occupational therapy assistant is competent to function independently in all aspects of the profession. The occupational therapy assistant title is accurate for the entry-level position and in positions where the assistant receives supervision in performing direct client care.

In the normal process of staff member development, the registered occupational therapist would gradually increase the certified occupational therapy assistant’s responsibilities and level of independent performance as the certified occupational therapy assistant showed evidence of assuming those responsibilities. Even with the increased independence, the certified occupational therapy assistant and registered occupational therapist usually work as a team, with the registered occupational therapist as therapist and supervisor and the certified occupational therapy assistant as assistant and supervisor.

The lack of meaningful communication between the certified occupational therapy assistant and supervising occupational therapist could lead to misunderstandings. Without adequate communication, the certified occupational therapy assistant could perceive that he or she is functioning independently.
whereas the registered occupational therapist perceives that the certified occupational therapy assistant is being supervised. A problem can develop when the certified occupational therapy assistant and the supervising therapist are not clear about their roles. This leads to misperceptions about whether the assistant is expected to work independently, is actually working independently, or is working with supervision.

When the certified occupational therapy assistant is given responsibilities over a period of time without ongoing communication, the result may be that neither the supervising registered occupational therapist nor the certified occupational therapy assistant can identify the difference in their roles. In such situations, if the certified occupational therapy assistant is functioning at the registered occupational therapist level and is no longer satisfied with the work being done, the certified occupational therapy assistant must decide whether to change jobs or to become a registered occupational therapist. Lukaškis (1993) described how much more information she gained about occupational therapy after she became dissatisfied in her role as a certified occupational therapy assistant and enrolled in a professional level program.

Advancement within a profession requires not only advanced skills but also professional level education and socialization within the profession. Many certified occupational therapy assistants have advanced occupational therapy intervention skills, but their education may not be considered advanced. Certified occupational therapy assistants must also question whether they are socialized within the profession. In 1993, AOTA membership grew to 46,000 (AOTA, 1993a). Growth occurred in all areas except certified occupational therapy assistant membership. This exception is of concern to AOTA Executive Director Jeanette Bair. One initiative being implemented to address the needs of certified occupational therapy assistants is the new Certified Occupational Therapy Assistant Program Manager position (AOTA, 1993a).

Whether the certified occupational therapy assistant should be called an occupational therapist after reaching an advanced level of practice as a certified occupational therapy assistant is not a simple matter of name change. The registered occupational therapist is expected to have a baccalaureate or higher degree from an accredited occupational therapy educational program and to be able to perform given occupational therapy functions. All persons who use the title Registered Occupational Therapist must have the same or equivalent background and abilities as defined by state regulations. A few states lack regulatory laws; however, most states require supervision of the certified occupational therapy assistant. Third-party payment systems usually require that registered occupational therapists supervise certified occupational therapy assistants who provide occupational therapy for patient care. Corn (1993) cautioned registered occupational therapists and certified occupational therapy assistants to use proper supervision and gave specific guidelines to avoid abuse in long-term care payment systems. AOTA supports the certified occupational therapy assistant functioning autonomously in independent living programs (AOTA, 1993b), but has noted that state regulations may dictate different parameters and that state regulations must be followed when providing services in independent living programs.

If certified occupational therapy assistants are working independently in providing occupational therapy services, should they be doing so? If they should not be working independently, as determined by state regulations, are we following the Occupational Therapy Code of Ethics (AOTA, 1988)? If we continue to ignore the supervision guidelines and state requirements? When registered occupational therapists and certified occupational therapy assistants believe that a certified occupational therapy assistant is competent to work independently, does that belief permit overriding the code of ethics and state regulations?

The 1990 Member Data Survey (AOTA, 1991) showed that 3.5% of certified occupational therapy assistants perform primary functions of administration, and 11.4% perform administration as a secondary function. As to consultation, 1.5% of certified occupational therapy assistants listed consultation as a primary function and 24.8% listed consultation as a secondary function. The report does not indicate years of experience or the certified occupational therapy assistant's consultative role with the employment information. Evert (1993) raised the issues of ethics and competency as she reviewed the numbers of newly certified registered occupational therapists reporting primary and secondary work functions of consultation, supervision, and administration, which, she stated, were outside occupational therapy practice guidelines for the certified occupational therapy assistant.

State regulations that supersede professional guidelines differ. Conditions under which a certified occupational therapy assistant may assist in the practice of occupational therapy can vary greatly from state to state. In Pennsylvania, occupational therapy assistants are required to be supervised a given percentage of time by the therapist in direct patient care. The standards of practice also list the acceptable means of providing the supervision. The Pennsylvania law further states that, in the absence of the permanent supervisor, a substitute occupational therapist currently licensed by the licensure board must provide supervision that is as rigorous and thorough as that provided by the permanent supervisor. Failure to comply with the supervision section constitutes unprofessional conduct, which is subject to disciplinary action (Commonwealth of Pennsylvania, 1993).

Various reasons might be given for ignoring stated supervision guidelines and regulations. Many certified occupational therapy assistants have shown that they perform at an advanced level and are responsible, capable persons. It is frequently difficult to have a registered occupational therapist available to supervise certified occupational therapy assistants because of location and shortage of personnel. A frequent rationalization is that therapy provided by a certified occupational therapy assistant is better for the patient than therapy provided by someone less qualified and is certainly better than no therapy at all.

All well-meaning rationalizations must be given more than superficial thought if we value our profession. If we value our profession we will abide by the Code of Ethics (AOTA, 1988) and state occupational therapy practice regulations. If the Code of Ethics and state regulations are no longer appropriate, the process for change should be initiated.

Is a Title Change Warranted?

Many persons who want a title change
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do not suggest a more appropriate title. The titles of Certified Occupational Therapist or Occupational Therapist, Certified, suggested by Clark (1993a, 1993b) and Javurek (1993), would create confusion because the registered occupational therapist is officially a certified occupational therapist (AOTA, 1977a). Both levels of occupational therapy practitioners, the therapist and the assistant, are certified by the American Occupational Therapy Certification Board (AOTCB) when they have completed predetermined qualifications and the certification examination (AOTCB, 1992).

The word assistant is used in other professions without the connotation that the assistant lacks professionalism. At most universities, the title Assistant Professor means that the holder of the title has a doctoral degree. Assistant Professors may have a number of years of experience as faculty members and have administrative responsibilities. The word is used in other titles such as Assistant Dean, Administrative Assistant, or Research Assistant. These persons have various educational credentials that can include more than one doctoral degree. These persons are not usually supervised closely as they carry out their responsibilities. They are usually perceived as professional and receive respect, even awe, depending on their work performance, behavior, and relationship with others. The word assistant in a title need not imply lack of professionalism or lesser value.

The title Certified Occupational Therapy Assistant is awkward and lengthy. The deletion of the word certified would make the title less awkward, but if the word certified is desired in the assistant title, then the word should also preface the occupational therapist title. Because both occupational therapists and assistants are certified, the word registered could be deleted from the title of Registered Occupational Therapist. These changes would provide consistency and accuracy in the two-tiered practice levels.)

Editor’s Note: Resolution C, which proposed a title change for certified occupational therapy assistants, was defeated at the 1994 Representative Assembly meeting. The executive board was charged to create an ad hoc committee to address issues raised by Resolution C.

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