Haru Hirama’s article, “The Issue Is—Should certified occupational therapy assistants provide services independently?” (1994) takes a few statements out of context, does not give a complete story of the issue, and, as a result, misguides the population it intends to inform.

Although I used the words “certified occupational therapists” to describe the certified occupational therapy assistant in my first editorial (Clark, 1993a, p. 4), I did not recommend, then or in my later editorial (Clark, 1993b), changing the name of Certified Occupational Therapy Assistant to Certified Occupational Therapist, as stated by Hirama (1994). I used these words because the term therapist is used to refer to both registered occupational therapists and certified occupational therapy assistants in several textbooks (Early, 1993; Ryan, 1993). Additionally, I wanted to emphasize that the latter are also “certified occupational therapy practitioners” (American Occupational Therapy Association [AOTA], 1994, p. 1039) to illustrate the point that the occupational therapy community was neglecting a potential resource in combatting the erosion of job losses to the so-called professions of recreational therapy, activities therapy, and any other therapy that imitates occupational therapy. Certified occupational therapy assistants are becoming increasingly frustrated by so-called activities therapists who administer, without supervision by occupational therapists, the exact modalities that occupational therapists administer and that certified occupational therapy assistants are better trained to administer. Certified occupational therapy assistants have been prohibited from administering these modalities because of supervision requirements (Janulis, 1994; Oliver, 1993). The point of my editorial was not to end supervision requirements of all certified occupational therapy assistants, as Hirama has so alarmed the occupational therapy community, but to emphasize that we have a precious resource we are neglecting to use in those certified occupational therapy assistants who have several years of experience, who have attended continuing education courses, who may even have a bachelor’s degree in another field, and who are proud of their certified occupational therapy assistant designation but do not desire to return to school to become registered occupational therapists (Black, 1994; East, 1994; Ehninger, 1993). These persons need more freedom in the job market to compete against so-called activity therapists. Eliminating some forms of supervision would provide such freedom. AOTA apparently supports such persons in another editorial, “Suggested Cross-Training Aides” (p. 4). AOTA apparently supports certain situations that would allow the certified occupational therapy assistant to practice autonomously (AOTA, 1993).

In a subsequent editorial, I discussed the definitions of assistant and technician as they appear in current medical dictionaries (Clark, 1994). Taber’s Cyclopedic Medical Dictionary defines assistant as “one who aids or supports” (Thomas, 1989, p. 352). Definitions of the term technician in four other current medical dictionaries seem applicable to the certified occupational therapy assistant. For example, in the Miller-Keane Encyclopedia and Dictionary of Medicine, a technician is defined as a person skilled in the performance of the technical or procedural aspects of a health care profession. Generally, the minimum preparation for this role is an associate’s (2 year) degree. The technician carries out the routine work of the profession under the supervision of a physician, therapist, technologist, or other health care professional (O'Toole, 1992, p. 1462).

I also indicated that the military has successfully used the term technician for their assistant occupational therapists and physical therapists for many years. Janulis (1994) also observed that the dictionary definition of aide was “assistant.” Even some occupational therapists address our assistants as aides. In an article discussing the Occupational Therapy—Physical Therapy Task Force on Modalities, Stephens (1994) stated, “I do think we should move in the direction of cross-training aides” (p. 4).

Contrary to Hirama (1994), numerous certified occupational therapy assistants and occupational therapists have suggested appropriate changes for the title of Certified Occupational Therapy Assistant. Hasbrouck (1994) and the 846 respondents to a survey conducted by the editorial staff members of ADVANCE for Occupational Therapists (Brown, 1994) suggested the term associate; both Hirama (1994) and Dutton (1994) recommended technician. However, the leading recommendation at this time, according to the survey, is Occupational Therapist Certified (Brown, 1994). Hirama (1994) pointed out that most of these terms were rejected in the 1970s by the Delegate Assembly. I stand with Hirama (1994) against changing the name to Occupational Therapist Certified or Certified Occupational Therapist. The change would be...
Professional Dialogue

Allen (1993) stated that a "COTA's understanding of activity analysis which allows them to grade activities" (p. 4) distinguishes them from other activities therapists. She further differentiated occupational therapists as having the ability to define functional outcomes. Are other occupational therapists aware that a leading text by Early (1993), which is used to educate certified occupational therapy assistants in mental health, discusses and instructs on using functional goals, establishing functional mobility skills, and writing functional restoration objectives? This type of awareness and understanding is sorely needed to fully understand the capabilities of the certified occupational therapy assistant.

Although Resolution C, which proposed a change in title from Certified Occupational Therapy Assistant to Occupational Therapist Certified, was defeated at the 1994 Representative Assembly meeting, the Assembly was charged to create an ad hoc committee to examine issues raised by Resolution C (see Editor's Note in Hirama, 1994). Such a committee should have been created prior to Resolution C. We need to communicate to members of this committee the many opinions and circumstances that exist in practice and why they occur. We all know of circumstances with which we disagree, such as when certified occupational therapy assistants practice without regard for supervision and when they are strongly encouraged to practice beyond their capabilities or training. To simply pass a resolution saying no to a change is not enough to engage our minds and the voice of the certified occupational therapy assistant community.

Changing Times

Even though Congress did not legislate health care reform, health care will continue to be scrutinized by third-party payers. Sunset laws (legislation requiring periodic review of licenses) and licensure laws will continue to be examined for cost effectiveness. We need to examine the use of certified occupational therapy assistants (practitioners) as a method of providing health care in places where the occupational therapist is not a viable competitor for salary reasons.

A student once asked me, "What if Mary, a certified occupational therapy assistant, finds a job opening, but no occupational therapist is available at that facility. Then Mary encourages the facility to hire a part-time occupational therapist to provide supervision. For cost reasons, the facility hires a consulting occupational therapist and gives Mary the full-time position. Who is assisting whom?" That situation has now occurred more than once in our area in the past year.

Hirama (1994) concluded that the title of Certified Occupational Therapy Assistant is lengthy and awkward. In addition, because occupational therapists are also certified by the American Occupational Therapy Certification Board, she suggested that the name be examined. I agree that we should keep the letters in the titles to a minimum (i.e., OT for occupational therapist and OTA for occupational therapy associate or OTT for occupational therapy technician). Hirama suggested that states could continue with the L designation for licensure until all states have a license act. This designation is important as a deterrent to other therapies imitating occupational therapy.

The voices of certified occupational therapy assistants and a number of occupational therapists have strongly sounded that the name assistant is not appropriate. It is now up to the occupational therapy profession to openly engage in dialogue and give our treasured colleagues the space and name that more accurately reflects their role.

Editor's Note

Although Resolution C, which mandated a name change now, was defeated, the formation of the ad hoc committee to address all of the complex issues involved in changing the title of the Certified Occupational Therapy Assistant indicates that the Association is aware of the importance of this issue and is serious about resolving it.

References


Clark, E. N. (1993a, September 6). Guest Editorial: Are we forgetting we have COTAs? ADVANCE for Occupational Therapists, 9, p. 4.


Clark, E. N. (1994, June 6). Rebuttal: The time for change is now. ADVANCE for Occupational Therapists, 10, p. 4.


The issue is provides a forum for debate and discussion of occupational therapy issues and related topics. The Contributing Editor of this section, Julia Van Deusen, strives to have both sides of an issue addressed. Readers are encouraged to submit manuscripts discussing opposite points of view or new topics. All manuscripts are subject to peer review. Submit three copies to Elaine Vissigaur, Editor.

Published articles reflect the opinion of the authors and are selected on the basis of interest to the profession and quality of the discussion.

Award Winning Publication!
Ways of Living: Self-Care Strategies for Special Needs
Edited by Charles Christiansen, EdD, OTR, OT(C), FAOTA

This comprehensive hardcover textbook is an ideal reference for practitioners, students, and scholars on the occupational performance area of self-care! Over 15 expert contributors blend theory and experience to provide a decision making framework within which specific self-care issues can be considered by therapists. One of the unique features of this manual is that it contains theoretical and practical information on self-care management and anecdotes from patients and caregivers who have had first-hand experience in coping with self-care challenges. A must have for OTs in academic, supervisory, direct intervention, consultation, and research roles. 600 pages, 1994.

Order #1970 $45.00 AOTA member $55.00 nonmember

Occupational Therapy: Transition from Classroom to Clinic—Physical Disability Fieldwork Applications
Vicki Smith, OTR/L

For new OT practitioners and students, this spiral-bound workbook includes a text, exercises, and answer guide to help ease their transition to becoming professional therapists. Chapters help students and new therapists work through anxiety related situations that are commonly faced during the clinical training process, and to link the knowledge they receive in the classroom to clinical practice. 208 pages, 1994.

Order #1116 $30.00 AOTA member $37.00 nonmember

To order, call 1-800-SAY-AOTA (members), 1-800-377-8555 (TDD users), or (301) 652-2682 (nonmembers). Shipping and handling additional.