



Nova Scotia
Occupational Therapy
Regulator

Standard

Standards for Psychotherapy

Date TBD

Introduction

Registrants of the Nova Scotia Occupational Therapy Regulator are accountable for the practice they provide to the public. Standards are issued by the Regulator to ensure a minimum level of practice is maintained for occupational therapists in Nova Scotia. Standards are intended for the protection of occupational therapy clients. Occupational therapists are still expected to exercise professional judgment in their practice and apply the standards within the context of their environment, and to follow the standards set by their employer. This Standard applies to all registrants regardless of practice setting, job title, or role. Occupational therapists should contact the Regulator for clarification.

Statement of Purpose

The purpose of this document is to ensure occupational therapists in Nova Scotia are aware of the minimum expectations for the use of psychotherapy techniques within an occupational therapy practice.

Regulator publications contain practice parameters and standards which should be considered by all Nova Scotia occupational therapists in the care of their clients, and in the practice of the profession. Regulator publications are developed in consultation with occupational therapists and describe current professional expectations. It is important to note that these Regulator publications may be used by the Regulator or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

The Standards are based on core occupational therapy principles outlined in the Competencies for Occupational Therapists in Canada (2021).

Background

This Standard applies to occupational therapists who perform psychotherapeutic techniques, including psychotherapy. This Standard does not apply when occupational therapists are using approaches that are not psychotherapeutic, such as health teaching, supportive listening, and coaching.

Psychotherapy is defined as a treatment involving the use of psychological methods and interpersonal interactions to help individuals change their behaviours, thoughts, emotions, and patterns of thinking to enhance well-being and mental health. Psychotherapy aims to improve an individual's functioning and well-being by alleviating distress, resolving problems in (occupations or daily living), and increasing the ability to engage in healthier behaviour.

Application of the Standards for Psychotherapy

The following **standards** describe the minimum expectation for occupational therapists in psychotherapy.

- The **performance indicators** listed below each standard describe more specific behaviours that demonstrate the standard has been met.
- It is expected that occupational therapists will always use their clinical judgement to determine how to best meet client needs in accordance with the standards of the profession.

Overview of the Standards for Psychotherapy

1. Obtain and Maintain Competence
2. Practice Safely
3. Do Not Delegate
4. Use Title Appropriately
5. Where the Standards Apply
6. Frequently Asked Questions

Standard 1 – Obtain and Maintain Competence

Performing psychotherapy is not an entry-level practice competency. It is an intentional and defined approach, and it is not recommended to be an occasional practice. Occupational therapists must obtain and maintain competence in each psychotherapy technique they intend to use.

Occupational therapists are to obtain psychotherapy training that has these components: instructor-led (not self-taught), theoretical (is based on psychotherapeutic theories), and practical (involves supervision). Pairing supervision with instruction and theoretical training allows for the practical application of theory to practice.

Supervision is an intentional arrangement where an experienced and qualified provider of psychotherapy assists the occupational therapist being supervised in their professional growth. This structured process allows the occupational therapist to develop foundational competence and the ability to provide safe, ethical, and efficient services. Supervision can be tailored to the occupational therapist's individual needs. Methods of supervision may include one-to-one meetings or supervision in a small group setting.

Standard 1

Occupational therapists will obtain training and supervision to practice psychotherapy.

Performance Indicators

An occupational therapist will:

1.1 Obtain training that is instructor-led, theoretical, and practical;

1.2 Engage in continuing education that is appropriate to their skill level and learning needs;

Participate in formal and practical psychotherapy supervision that:

- 1.3**
 - Is at regular intervals;
 - Totals at least 50 hours over the first 2 years of psychotherapy practice;
 - Is supervised by a regulated health professional who is qualified to provide psychotherapy;

Have a supervisory agreement which at minimum includes:

- Administrative details such as frequency of meetings;
- 1.4**
 - Responsibilities of the supervisor and registrant being supervised;
 - Confirmation of accountability for client services;
 - Processes to follow in the case of an emergency;

1.5 Maintain supervisory or meeting notes that do not contain personal information or personal health information of clients;

1.6 Inform clients of the supervisory arrangement and get informed consent.

Standard 2 – Practice Safely

The Standard for Psychotherapy applies to occupational therapists providing psychotherapy across all sectors and settings. Because settings vary, occupational therapists need to consider the cultural origins of the psychotherapy techniques and modalities being used and use them in culturally sensitive ways. Through the therapeutic relationship, occupational therapists develop an understanding of the client's unique perspectives and personal experiences.

Standard 2

Occupational therapists will only perform psychotherapy within safe and authorized parameters.

Performance Indicators

An occupational therapist will:

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| 2.1 | Review the referral and/or relevant client information to confirm that the psychotherapeutic approach is appropriate for the client based factors such as, but not limited to, their condition, presentation, cultural background, etc. The occupational therapist must determine whether they have the competence (knowledge, skills, and judgement) to deliver the appropriate psychotherapy services; |
| 2.2 | Ensure that clients are aware that they are taking part in psychotherapy services. Obtain ongoing consent; |
| 2.3 | Understand and follow the laws and regulations governing the practice of psychotherapy; |
| 2.4 | Perform psychotherapy within the occupational therapist's role and the scope of occupational therapy practice. Make referrals to other qualified providers as needed; |
| 2.5 | Identify, minimize, and manage the risks associated with performing psychotherapy; |
| 2.6 | Establish and maintain professional boundaries as outlined by the <i>Competencies for Occupational Therapists in Canada, 2021</i> , Code of Ethics, and any relevant professional standard or regulation; |
| 2.7 | Hold a license from the Regulator that does not preclude the practice of psychotherapy.* |

**Licenses that are precluded from the practice of psychotherapy:*

- Registrants on a Conditional License where the conditions restrict the practice of psychotherapy.
- Registrants on a Conditional License who have not yet successfully completed the NOTCE.
- Re-entry candidates, unless appropriately delegated by a supervising occupational therapist, who is present while psychotherapeutic approaches are being utilized.

Standard 3 – Do Not Delegate

Standard 3

Occupational therapists will not delegate psychotherapy tasks

Performance Indicators

An occupational therapist will:

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| 3.1 | Use clinical judgement to determine when or if it is appropriate for students or re-entry candidates to be included in psychotherapy practice. While students or re-entry candidates may be able to independently provide general mental health interventions, they can observe psychotherapy or, in the case of re-entry, utilize psychotherapy techniques with clients only when their supervisor/preceptor is present.; |
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| 3.2 | Never assign any part of psychotherapy practice or delegate psychotherapy to anyone else, including occupational therapy assistants. |
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Standard 4 – Use Title Appropriately

The Regulator authorizes the following title with respect to psychotherapy practice. This applies to both oral and written communications.

Standard 4

Occupational therapists will use the appropriate title when indicating they perform psychotherapy.

Performance Indicators

An occupational therapist will:

- 4.1 Use acceptable versions of title, such as:
First name Last name, Occupational Therapist, practicing psychotherapy.

Appendix A: When the Standards for Psychotherapy Apply

Occupational Therapy in Mental Health

This table provides a general distinction between psychotherapy and other foundational mental health services that occupational therapists provide. The purpose is to help clarify when the Standard for Psychotherapy applies to practice. While not every scenario is represented below, the factors to consider (left column) can guide occupational therapists with other clinical situations they encounter.

	Psychotherapy (Psychotherapy Standard Applies)	Occupational Therapy Mental Health Services (Psychotherapy Standard Does Not Apply)
Referral and Consent	The referral specifies that the client is to receive psychotherapy services. If not explicitly stated, the occupational therapist determines, based on the clinical information, whether psychotherapy intervention is indicated. The occupational therapist gains and maintains informed consent from the client for the use of psychotherapy.	The referral involves enabling the client's overall occupational performance, including, and sometimes primarily, supporting the client's mental health. The occupational therapist gains and maintains informed consent for their intervention.
Competence	Providing psychotherapy services is not an entry-level skill. Additional education and supervision are required.	Providing mental health services requires general (entry level) occupational therapy knowledge, skill, and judgement. Additional training may be required for competence in providing specific approaches.

	Psychotherapy (Psychotherapy Standard Applies)	Occupational Therapy Mental Health Services (Psychotherapy Standard Does Not Apply)
Description	Occupational therapy services that use psychotherapy are often used to treat mental illness and promote wellness and occupational participation. Psychotherapy can be described as a relational process between a client and the therapist. Specific psychotherapeutic approaches are applied collaboratively to the assessment and intervention of a client's thoughts, emotions, and/or behaviours. The purpose is to promote occupational participation for better day-to-day functioning in activities and roles meaningful to the client. Psychotherapy is done within the scope of occupational therapy practice.	Occupational therapy services are aimed at supporting a client's occupational possibilities and participation as they relate to overall mental health and well-being. This is done within the scope of occupational therapy practice.
Approaches	<p>Some of the many approaches or therapies used in psychotherapy are listed below. This is not an exhaustive list. Occupational therapists may refer to the Regulator for a more complete list. Given the integral value of the therapeutic relationship, occupational therapists should also have a background in safely and effectively sharing their own experiences with clients to help clients understand their own situations.</p> <ul style="list-style-type: none"> ▪ Cognitive and behavioural ▪ Experiential and humanistic ▪ Psychodynamic ▪ Somatic ▪ Systemic and collaborative 	<p>Some of the approaches that are used by occupational therapists to support mental health include:</p> <ul style="list-style-type: none"> ▪ Case management ▪ Coaching ▪ Encouragement and advice giving ▪ Health and symptom monitoring ▪ Psychoeducation ▪ Skills teaching ▪ Supportive listening

	Psychotherapy (Psychotherapy Standard Applies)	Occupational Therapy Mental Health Services (Psychotherapy Standard Does Not Apply)
Techniques	<p>While psychotherapeutic techniques are too numerous to provide a comprehensive list, examples of common techniques include</p> <ul style="list-style-type: none"> ▪ Acceptance and Commitment Therapy ▪ Cognitive Behavioural Therapy ▪ Dialectical Behavioural Therapy ▪ Exposure Therapy ▪ Solution Focused Therapy 	<p>While techniques are too numerous to provide a comprehensive list, examples include:</p> <ul style="list-style-type: none"> ▪ Activity analysis ▪ Goal-setting methods ▪ Motivational interviewing ▪ Wellness recovery action planning
Practice Scenarios	<p>Scenario 1. An occupational therapist works as part of an intensive psychotherapy treatment program for adolescents with eating disorders. The occupational therapist co-facilitates an intensive, long-term treatment group using Dialectical Behavioural Therapy and Emotion-Focused Therapy.</p> <p>Scenario 2. An occupational therapist has a private practice offering psychotherapy to individuals diagnosed with an anxiety and/or depression disorder. These disorders seriously impact occupational participation in many domains. The occupational therapist uses various trauma-informed and psychotherapeutic techniques, including Cognitive Behavioural Therapy and Interpersonal Psychotherapy as well as incorporating art and visual expression in treatment.</p>	<p>Scenario 1. An occupational therapist who does not have training or competence in psychotherapy is working with a university-aged client who is struggling in school. Although the client has some underlying anxiety, they are managing a part-time job and are passing school with some accommodations. In addition to the primary goal of helping the client to organize their schoolwork, the occupational therapist teaches SMART goal-setting techniques, uses motivational interviewing strategies, and provides education about time use, daily scheduling, and prioritization.</p> <p>Scenario 2. An occupational therapist works as part of a community mental health team and provides case management to clients with complex, long-term, and serious psychiatric illness. Supportive listening and encouragement, teaching de-escalation techniques, safety planning, and service referral are commonly used interventions to help clients to reach their occupational goals.</p>

Appendix B: Frequently Asked Questions

Q: I have been practicing psychotherapy before this standard, but do not meet the requirements. How can I continue practicing psychotherapy?

A: Occupational therapists are able to practice in mental health as entry-level clinicians. For occupational therapists to practice psychotherapy, they must meet the requirements of the standard, regardless of whether they practiced psychotherapy prior to the standard being in effect. Occupational therapists who do not meet the requirements to practice psychotherapy must acquire the appropriate training and mentorship as of the effective date of this standard to continue to practice psychotherapy.

Q: I have been practicing psychotherapy for years and would like to mentor other clinicians in psychotherapy. What are the requirements for this?

A: Occupational therapists who would like to be mentors for other clinicians who practice psychotherapy should be experienced in providing that psychotherapeutic technique to the same client population as the clinician that they are supervising. They should be aware of the requirements set out by the practicing clinician's regulatory body for supervision agreements, and provide mentorship that is in keeping with these requirements, as well as the standards of NSOTR.

Q: I don't use a full formal psychotherapy approach, but take pieces from a psychotherapeutic approach to use in my practice. Does this count as psychotherapy?

A: Using any psychotherapeutic approach, even as components as opposed to a complete approach, is considered psychotherapy. Any occupational therapist who uses any component or totality of a psychotherapy approach is required to practice within the requirements of the standard.

Q: I work in mental health with a job title other than occupational therapist. Can I refer to myself as this title?

A: To ensure accountability to the profession, occupational therapists must identify that they are occupational therapists in the title that they use, both verbally and written. Occupational therapists who have a position under a different title may indicate this in keeping with the standard, such as First Name Last Name, Occupational Therapist, practicing psychotherapy, or First Name Last Name, OT Reg (NS), Job Title.

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