

Position Classification Standard for Occupational Therapist Series, GS-0631

TABLE OF CONTENTS

SERIES DEFINITION.....	2
EXCLUSIONS.....	2
OCCUPATIONAL INFORMATION.....	3
TITLES.....	6
GRADING OF POSITIONS.....	6
GRADE CONVERSION TABLE.....	7
FACTOR LEVEL DESCRIPTIONS.....	7
FACTOR 1, KNOWLEDGE REQUIRED BY THE POSITION.....	7
FACTOR 2, SUPERVISORY CONTROLS.....	10
FACTOR 3, GUIDELINES.....	11
FACTOR 4, COMPLEXITY.....	12
FACTOR 5, SCOPE AND EFFECT.....	14
FACTOR 6, PERSONAL CONTACTS.....	15
FACTOR 7, PURPOSE OF CONTACTS.....	15
FACTOR 8, PHYSICAL DEMANDS.....	16
FACTOR 9, WORK ENVIRONMENT.....	17

SERIES DEFINITION

This series includes positions requiring professional knowledge of the concepts, principles, and practices of occupational therapy to provide clinical services, supervise or train students and therapists, or perform research with people who have impaired capacities for performing activities appropriate to their age group. The work requires knowledge of the structure and function of the human body, environmental influences, human development, physical and psychosocial dysfunctions, and skill in developing treatment plans to teach new skills, restore performance, or learn compensating skills.

This standard supersedes those portions of the Multiseries Classification Standard for Therapist Positions, GS-0631/0639, dated September 1979, which discuss the Occupational Therapist Series, GS-0631.

EXCLUSIONS

In brief definitions, it is impossible to include all of the techniques used in a particular therapist occupation. In addition, the functions and techniques used in various therapies often overlap, for example, the function of instructing or teaching and the technique of therapeutic exercise might exist in several therapist occupations. Therefore, in determining the appropriate series for a therapist position, it may be necessary to review the overall purpose of the position and the academic preparation of the incumbent for the work performed.

1. Positions requiring a practical knowledge of informal rehabilitation counseling techniques in connection with treatment for drug abuse, alcoholism, or obesity are in aid/technician occupations in the [Social Science, Psychology, and Welfare Group, GS-0100](#).
2. Positions involving diagnostic assessment and in depth analyses of human behavior in relation to psychiatric diagnoses and stages of treatment (including those involving the use of techniques such as hypnosis, psychodrama, art therapy, and confrontation to assist patients in verbalizing emotions, thoughts, and feelings) are in professional occupations in the [Social Science, Psychology, and Welfare Group, GS-0100](#), or the [Medical, Hospital, Dental, and Public Health Group, GS-0600](#).
3. Positions requiring professional knowledge of physical therapy to restore function, prevent disability, relieve pain, and speed recovery following disease, injury, surgery, or loss of limb are in the [Physical Therapy Series, GS-0633](#). Physical therapy includes therapeutic exercise, massage, and physical agents such as air, water, sound, electricity, and heat energy.
4. Positions requiring knowledge of remedial physical conditioning techniques to strengthen muscles and improve physical endurance are in the [Kinesiotherapy Series, GS-0635](#).

Kinesiotherapy includes use of exercise equipment and therapeutic sports activities such as swimming, bowling, and basketball.

5. Positions requiring a practical knowledge of therapeutic methods to support or assist occupational therapists, physical therapists, and corrective therapists are in the [Rehabilitation Therapy Aid and Assistant Series, GS-0636](#).

OCCUPATIONAL INFORMATION

Occupational therapists help people of all ages to acquire or regain the skills to live independent productive lives. In the Federal service, they work in hospitals, research facilities, outpatient clinics, nursing homes, schools, day-care treatment centers, and home-based care projects. They serve in various functional capacities such as staff therapist, specialist, program manager, instructor, and supervisor.

Occupational therapy is based on the theory that ability to do functional activities expected at a particular stage of development or in a particular life role is significant to a person's state of health and sense of well-being, e.g., ability to take care of personal needs, to manage money, to use transportation and communication equipment, to develop good work habits, to demonstrate skills as a student, homemaker, employee or retiree; and to develop interest and capability for leisure and social activities.

From the standpoint of occupational therapy, ability is influenced by learned and developmental patterns of behavior in the following areas:

- *Motor functioning*: Range of motion, muscle strength, muscle tone, endurance, functional use, and gross and fine motor skills.
- *Sensory-integrative functioning*: Integration of information from the nervous system (touch, movement, gravity, vision, hearing, body chemical changes, smell, pain, and temperature) in automatic functioning.
- *Cognitive functioning*: Comprehension of written and verbal communication, concentration, problem solving, time management, conceptualization, and integration of learning.
- *Psychological functioning*: Emotional state, feelings, coping behaviors and self-identity.
- *Social functioning*: Ability to show trust, respect, and warmth in responding to the needs and feelings of others; ability to share tasks, compete with others, fulfill group membership roles, and exercise leadership skills.

Other important factors which influence ability involve the economic and social system, the home environment, and attitudes of people with whom one comes in contact.

Occupational therapists actively engage people in activities such as:

- Specific graded tasks to facilitate the development or restoration of normal movement patterns, strength, and posture;
- Training in activities which simulate daily demands;
- Instruction in the use of adaptive or coping techniques;
- Selection of and instruction in the use of wheelchairs, adaptive devices, prostheses, and orthotics;
- Recommended changes in the environment to facilitate the functioning of the individual, and
- Organized tasks to develop, maintain or restore cognitive processing psychosocial skills.

Intervention Processes

Occupational therapist treatment processes vary dependent upon individual needs and condition. The ages of persons treated range from infant to the elderly. Problems to be treated range from learning and emotional disabilities to the infirmities of age. The intervention process includes evaluating and facilitating functional performance required for daily living. The treatment process includes evaluating the person and determining current levels of functioning, planning treatment objectives and activities to help each person reach maximum potential, and documenting the intervention process.

1. Referrals for Intervention

Individuals may be referred by a health care provider, a multidisciplinary treatment team, or other appropriate source.

2. *Evaluation of Ability to Function*

In order to determine the appropriate intervention, pertinent information must be collected and analyzed. Such information may include: standardized or specialized tests; interviews with the individual, family members, teachers, and health care providers; information from conferences, case study results, records; and observation of the individual and the home situation. For each person, the occupational therapist usually considers one or more of the following:

- muscle strength;
- range of motion;
- sensory or perceptual ability;
- motor control;
- cognitive abilities;
- personal characteristics such as tolerance levels and interpersonal skills;
- current levels of self-care, hygiene, socializing, money management, etc.; and
- factors in the person's lifestyle, school, work and home environments, family support, and economic status which pertain to the individual's potential for learning new skills or restoring former skills.

3. *Intervention Plan*

The occupational therapist establishes long-term and short-term intervention objectives for each person, considering information developed through the evaluation phase. The intervention plan includes problem identification, assets, goals, and treatment methods to accomplish the objectives.

4. *Intervention Implementation*

The occupational therapist, in collaboration with the individual and others, selects the specific activities to implement the plan. Activities are adapted by the therapist as appropriate to meet the intended goals. The duration and intensity of the activity is also determined by the therapist.

5. *Documenting Intervention*

The occupational therapist documents the evaluation and progress of each person. The initial evaluation documents factors that interfere with ability to function, treatment objectives, and activities planned to meet those objectives. At subsequent intervals or upon occasion of specific incidents, progress notes provide information on each person's progress, symptoms, attitudes, and reactions; changes in treatment activities; devices or adaptive equipment introduced and the individual's understanding of and proficiency in using them. Discharge summaries indicate status at discharge, disposition, and progress made during treatment.

6. *Reassessment*

Reassessment is a continuing process. The occupational therapist decides on the person's progress and ability to cope with life tasks and modifies the intervention plan and treatment as needed.

TITLES

The title *Occupational Therapist* is authorized for nonsupervisory positions. The title *Supervisory Occupational Therapist* is authorized for positions meeting the requirements for classification by the [General Schedule Supervisory Guide](#).

The title *Occupational Therapy Educator* is authorized for positions involving a preponderant amount of time in development of educational programs for the clinical training of occupational therapy students. Such positions usually include a faculty appointment at one or more affiliating universities, significant participation in curriculum development and changes, and clear-cut responsibility for determining final grades.

GRADING OF POSITIONS

Nonsupervisory work of occupational therapists should be evaluated on a factor-by-factor basis using factor-level descriptions. Only designated point values of the Factor Evaluation System (FES) may be used. Should a factor related to a job being evaluated exceed the highest level described in this standard, the [Primary Standard](#) may be used to evaluate that factor in conjunction with another FES standard. More complete information regarding this evaluation process is in the [Introduction to the Position Classification Standards](#).

Grades of supervisory positions should be determined by the [General Schedule Supervisory Guide](#) when requirements for classification by that guide are met.

GRADE CONVERSION TABLE

Total points on all evaluation factors are converted to GS grade as follows:

GS Grade	Point Range
6	1105-1350
7	1355-1600
8	1605-1850
9	1855-2100
10	2105-2350
11	2355-2750
12	2755-3150
13	3155-3600

FACTOR LEVEL DESCRIPTIONS

FACTOR 1, KNOWLEDGE REQUIRED BY THE POSITION

The extent to which knowledge acquired in academic and clinical practice programs are used in a particular job depends upon the demands of the work, i.e., the specialty (geriatrics, psychiatry, public health, pediatrics, medical/surgical); the potential for rehabilitation (long-term and short-term); the purpose for which the therapy is conducted; and other factors such as physicians' preferences in treatment practices and hospital policies. As therapists encounter and resolve different kinds of problems through work experience over a period of time and participate in continuing education programs, they expand their knowledges, often becoming expert in one particular specialty involving specific kinds of dysfunction.

Factor 1 measures the nature and extent of information or facts which occupational therapists must know or understand to do acceptable work (e.g., procedures, practices, rules, policies, theories, principles, and concepts) and the nature and extent of the skills needed to apply that knowledge. In order for any knowledge to be used as a basis for selecting a level under this factor, it must be required and applied in the work of the position being evaluated.

Level 1-5 -- 750 Points

A basic knowledge of the professional principles, concepts, and methodologies of occupational therapy comparable to that acquired through a baccalaureate program or its equivalent in training and experience. Positions at this level develop treatment objectives for general purposes and perform standard procedures in developmental assignments leading to more difficult work.

Illustration

- Develops activity (ies) for bedridden individual (e.g., femur fracture, in traction for 6 weeks) which will maintain physical, social, and psychological well-being.

Level 1-6 -- 950 Points

Knowledge of professional occupational therapy concepts, principles, and methodologies to develop plans using standard procedures, and to modify intervention plans according to changing conditions or reactions. This includes knowledge of levels of motor, cognitive, psychological, and social skills and abilities expected at various stages of life; common disabilities or incapacities associated with emotional, neurological, orthopedic, and general medical conditions that interfere with the ability to function; accepted methods for evaluating levels of abilities; and activities or compensatory techniques to assist the person to regain or improve capacities.

OR

Equivalent knowledge and skill.

Illustrations:

- Facilitates a person with paralyzed limb(s) to gain or regain ability to do tasks of daily living. Evaluates perceptual ability using standardized tests and structured assessments such as form boards, pegs, drawings, and tracing; uses techniques for retraining paralyzed limbs and increasing strength and dexterity; uses adaptive self-help techniques for accomplishing daily living tasks such as dressing, self-care, and feeding; suggests home modifications which can be made for handicapped persons such as ramps and grab bars, and aids in selecting the type and fit of wheelchairs and gives instruction regarding transfer techniques and position.
- Develops intervention plan for an individual who has a chronic condition affecting life activities (e.g., a person on renal dialysis or a diabetic). This would include productive or leisure activities or both while on dialysis; social adjustment due to scheduling and the need to conserve energy; and psychological aspects of changes in lifestyle. The therapist would consider such variables as the person's occupation, leisure activities, and family situation.
- Facilitates reentry of a person into the community by evaluating ability to: follow written or oral instructions, deal with peers and authority figures, solve problems, concentrate, interact socially. Intervention may include activities such as meal planning, comparative shopping, and management of personal finances. At this level, the therapist is skilled in evaluating individual progress (regression) and modifying the intervention appropriately.

Level 1-7 -- 1250 Points

Professional knowledge of occupational therapy requiring extended education or experience to perform advanced techniques requiring in depth knowledge not described at lower levels of Factor 1, or to apply new scientific/technological procedures in the treatment of difficult or complex individual problems.

OR

Equivalent knowledge or skill.

FACTOR 2, SUPERVISORY CONTROLS

"Supervisory Controls" covers the nature and extent of direct or indirect controls exercised by the supervisor, the employee's responsibility, and the review of completed work. Controls are exercised by the supervisor in the way assignments are made, instructions are given to the employee, priorities and deadlines are set, and objectives and boundaries are defined. Responsibility of the employee depends upon the extent to which the employee is expected to develop the sequencing and timing of various aspects of the work, to modify or recommend modification of instructions, and to participate in establishing priorities and defining objectives. The degree of review of completed work depends upon the nature and extent of the review, e. g., close and detailed review of each phase of the assignment; detailed review of the finished assignment; spot check of finished work for accuracy; or review only for adherence to policy.

Level 2-2 -- 125 Points

The supervisor controls the number and kind of patients treated by:

- screening referrals which show the source and purpose of referral, and may include medical information; or
- providing a continuing assignment to a unit which has a relatively stable workload in the variety and kinds of treatments and little turnover (e.g., long-term geriatric or nursing home care units).

Additional guidance is provided with new and more difficult kinds of work.

The therapist carries out recurring work on own initiative, developing treatment objectives and planning and adapting activities according to each person's needs. However, problems of an unfamiliar nature (e.g., symptoms or reactions to treatment that appear to be atypical) are referred to the supervisor.

The supervisor checks to assure that evaluation reports, progress notes, and discharge summaries are adequate. The supervisor occasionally spot checks work in progress for safety, proper use of equipment, maintenance of work areas, etc.

Level 2-3 -- 275 Points

The supervisor defines the objectives and priorities and shifts the therapist's workload as required. The supervisor assists with unusual situations which do not have clear precedents, e.g., problems involving treatments in other disciplines that appear to conflict with occupational therapy objectives for the same individual. The supervisor monitors workload through periodic review.

The therapist plans and carries out individual treatments according to established professional practices, modifying procedures or equipment as circumstances warrant, and determining when each person has reached maximum potential. On occasion, consults with physicians, nurses, or other health care providers in resolving problems concerning individual treatments, e.g., soliciting the aid of the nursing unit staff to assure that an uncooperative person uses recommended equipment (splints, adapted utensils, lapboards) and carries out recommended exercises or self-care activities.

The work is reviewed in discussions at periodic meetings. The supervisor assures that policy requirements are met, e.g., that periodic reports and discharge summaries have been completed, and that conclusions reached are appropriate. The effectiveness of the work can also be determined through comments from other health care providers, the individual, and their families.

Level 2-4 -- 450 Points

The supervisor sets the overall objectives to be met and the resources available. The therapist plans and carries out the intervention process for referred individuals, and devises or adjusts the approaches and priorities to meet intervention objectives. The therapist frequently coordinates with other health care providers concerning total care. The therapist informs the supervisor where treatment is contraindicated or where other issues may result in conflict with other providers.

The supervisor is generally apprised of work performed through reports, activity schedules, and occasional discussion of the work with the therapist.

FACTOR 3, GUIDELINES

This factor covers the nature of guidelines and the judgment needed to apply them. Guides used in the field of occupational therapy include, for example, accepted professional standards and ethics, medical orders, standards of the Joint Commission on Accreditation of Hospitals, state licensing requirements, professional journals and literature, standard textbooks, agency regulations and manuals, administrative procedures, and policies concerning relationships with people and safety of treatment facilities and equipment.

Individual jobs vary in the specificity, applicability, and availability of guidelines for performance of assignments. Consequently, the constraints and judgmental demands placed upon occupational therapists also vary. For example, the existence of specific instructions or policies may limit the kinds of decisions or actions that occupational therapists may make.

Conversely, in the absence of established procedures or under broadly stated objectives, occupational therapists may use considerable judgment in researching literature and developing methods.

Level 3-2 -- 125 Points

The occupational therapist is guided by established techniques which adequately cover routine treatments, medical orders and advice, agency policies and administrative practices.

The occupational therapist selects group and individual activities from various alternatives, to maintain interest and serve a particular purpose in rehabilitation or maintenance of well-being and health. The therapist makes minor variations in the way activities are carried out to accommodate handicaps, e.g., provides a cardholder to a one-armed card player, selects topics and materials for reality orientation that have local or seasonal interest, and adapts game rules for handicapped players.

Level 3-3 -- 275 Points

Guidelines at this level describe evaluative and compensatory therapeutic techniques and devices or case histories which apply generally, but not specifically, to the diverse sets of conditions involving a person under treatment.

The occupational therapist uses judgment in selecting and modifying treatment approaches, e.g., to design and fabricate splints and braces to meet the measurements, functional needs, and conditions of usage of each person and to modify the intensity or frequency of activities according to the rate of progress or lack of progress.

FACTOR 4, COMPLEXITY

This factor covers the nature, number, variety, and intricacy of tasks, steps, processes, or methods in the work performed; the difficulty in identifying what needs to be done; and the difficulty and originality involved in performing the work.

Level 4-2 -- 75 Points

The therapist performs related procedures in carrying out therapy for general purposes such as socialization, reality orientation, or health maintenance.

The therapist decides what needs to be done on the basis of easily recognized functional problems and what a person can realistically be expected to accomplish. The therapist encourages and helps the individual to overcome minor obstacles, e.g., suggests projects and materials that usually can be mastered and subtly assists with parts that are too difficult because of handicapping conditions.

Actions to be taken or responses to be made usually involve differences of a factual nature.

Level 4-3 -- 150 Points

The work includes different and unrelated methods for evaluating and interpreting levels of physical or psychosocial functioning and to provide progressive treatments to teach new or compensating skills or to restore performance.

Each person must be analyzed on the basis of specific physical and/ or psychosocial problems; current levels of functioning or coping based on interpretation of one or more measurement tools; the person's former lifestyle, occupation, and home environment; medical history; etc. This information is used in determining potential for self-care, work, and leisure activities and the steps required to reach long-range treatment objectives (development of strength, range of motion, cognitive abilities, adapted skills, etc.). The therapist varies the type, frequency, and difficulty of goal-oriented activities based upon the ongoing analysis of the progress of each person.

Various conditions and elements must be identified and analyzed to discern interrelationships. For example, the therapist must be able to recognize defense mechanisms or negative attitudes adopted to disguise feelings of frustration and to distinguish those problems which may be improved by therapy from those which cannot.

Level 4-4 -- 225 Points

In addition to complexity described at Level 4-3, on a recurring basis the work involves difficult treatment problems or advanced techniques in the field of occupational therapy.

At this level, the analysis is especially complicated because of multiple problems (e.g., in integrating vestibular, tactile, and muscle-joint senses which contribute to poor equilibrium and balance and learning difficulties) and/or secondary complications such as loss of sensation, peripheral neuritis, or nerve injuries which require innovative approaches to avoid aggravating one condition while treating another, or to accomplish results despite unusual handicaps.

The work usually requires many decisions concerning refinement of established treatment procedures, or prolonged and highly specialized procedures, or the evaluation of sensitive reactions.

FACTOR 5, SCOPE AND EFFECT

"Scope and Effect" covers the relationship between the nature of the work, i.e., the purpose, breadth, and depth of the assignment, and the effect of work products or services both within and outside the organization.

In General Schedule occupations, effect measures such things as whether the work output facilitates the work of others, provides timely services of a personal nature, or impacts on the adequacy of research conclusions. The concept of effect alone does not provide sufficient information to properly understand and evaluate the impact of the position. The scope of the work completes the picture, allowing consistent evaluations. Only the effect of properly performed work is to be considered.

Level 5-2 -- 75 Points

The purpose of the work is to increase the awareness of individuals to their surroundings, promote a sense of self-worth, introduce new interests, and prevent regression and boredom using a limited variety of therapeutic activities.

The work affects their comfort and attitudes making them more receptive to treatment by other health care providers.

Level 5-3 -- 150 Points

The purpose of the work is to help each person to reach the ultimate potential for independent living using a wide variety of conventional occupational therapy approaches.

The work has a direct impact on the person's social, economic and functional well-being, i.e., the extent to which they learn to dress and travel independently, handle frustrations, and solve problems, affects their lifestyles in the community and ability to support themselves and their families.

Level 5-4 -- 225 Points

The purpose of the work is to establish program criteria, to evaluate unusual approaches, or to develop occupational therapy guidelines or technical manuals.

The work contributes to the quality of the professional occupational therapy program within the agency and the reputation of the organization in the community; or the work contributes to published professional literature which impacts upon other occupational therapy programs inside and outside of the Federal Government.

FACTOR 6, PERSONAL CONTACTS

This factor includes face-to-face contacts and telephone and radio dialogue with persons not in the supervisory chain. (NOTE: Personal contacts with supervisors are covered under Factor 2, Supervisory Controls.) Levels described under this factor are based on what is required to make the initial contact, the difficulty of communicating with those contacted, and the setting in which the contact takes place (e.g., the degree to which the employee and those contacted recognize their relative roles and authorities).

Above the lowest level, points should be credited under this factor only for contacts which are essential for successful performance of the work and which have a demonstrable impact on the difficulty and responsibility of the work performed.

The relationship of Factors 6 and 7 presumes that the same contacts will be evaluated for both factors. Therefore, use the personal contacts which serve as the basis for the level selected for Factor 7 as the basis for selecting a level for Factor 6.

Level 6-1 -- 10 Points

Personal contacts are with employees within the immediate unit or related support units.

Level 6-2 -- 25 Points

Personal contacts are with individuals, family members, physicians, nursing staff, social workers, psychologists, other therapeutic specialists, and volunteers.

Level 6-3 -- 60 Points

In addition to contacts shown at lower levels, contacts are with representatives of the community (e.g., local trades people, educators and employees of recreational facilities), with officers in associations for occupational therapy, and with public boards for independent living and community mental health centers.

FACTOR 7, PURPOSE OF CONTACTS

In General Schedule occupations, the purposes of personal contacts ranges from factual exchanges of information to situations involving significant or controversial issues and differing viewpoints, goals, or objectives. The personal contacts which serve as the basis for the level selected for this factor must be the same as the contacts which are the basis for the level selected for Factor 6.

Level 7-1 -- 20 Points

Contacts are for the purpose of obtaining or giving information, e. g., determining why a particular person failed to attend scheduled therapy, obtaining medical histories, advising interested parties on a person's progress, and presenting demonstrations to groups.

Level 7-2 -- 50 Points

Contacts are for the purpose of planning and coordinating intervention activities when the persons contacted generally have cooperative attitudes and/or are working toward mutual goals (e.g., coordinating with other providers concerning the total intervention plan for an individual).

Level 7-3 -- 120 Points

Contacts are for the purpose of motivating people who have problems in cooperating in therapy because of learning disabilities, side effects of medications, confusion, senility, depression, or other extenuating circumstances and persuading them to comply with hospital policies and restrictions; influencing and motivating behavioral changes in hostile individuals; or convincing reluctant family members of the need for particular regimens when individuals are discharged.

FACTOR 8, PHYSICAL DEMANDS

The "Physical Demands" factor covers the requirements and physical demands placed on the employee by the work assignment. This includes physical characteristics and abilities (e.g., specific agility and dexterity requirements) and the physical exertion involved in the work (e.g., climbing, lifting, pushing, balancing, stooping, kneeling, crouching, crawling, or reaching). To some extent the frequency or intensity of physical exertion must also be considered, e.g., a job requiring prolonged standing involves more physical exertion than a job requiring intermittent standing.

Level 8-1 -- 5 Points

The work is sedentary. Typically, the employee may sit comfortably to do the work. However, there may be some walking; standing; bending; carrying of light items such as papers, small parts; driving an automobile, etc. No special physical demands are required to perform the work.

Level 8-2 -- 20 Points

The work requires moderately heavy physical exertion on a regular and recurring basis such as assisting a paralyzed person in self-care transfer activities (wheelchair to bed, toilet, tub, automobile) or providing substantial support to individuals in ambulation therapy.

FACTOR 9, WORK ENVIRONMENT

The "Work Environment" factor considers the risks and discomforts in the employee's physical surroundings or the nature of the work assigned and the safety regulations required. Although the use of safety precautions can practically eliminate a certain danger or discomfort, such situations typically place additional demands upon the employee in carrying out safety regulations and techniques.

Level 9-1 -- 5 Points

The work environment involves everyday risks or discomforts which require normal safety precautions typical of such places as offices, meeting and training rooms, libraries, and residences or commercial vehicles, e.g., use of safe work practices with office equipment, avoidance of trips and falls, observance of fire regulations and traffic signals. The work area is adequately lighted, heated, and ventilated.

Level 9-2 -- 20 Points

The work is performed with groups of disturbed or brain-injured individuals. The therapist takes precautions to avoid situations that might "trigger" destructiveness or abusiveness and does not attempt therapy when there are known dangers. Nevertheless, there may be occasional outbursts. In some work situations there is exposure to communicable diseases or toxic fumes, which requires the use of protective procedures or clothing.