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Pain occupational therapy capability framework



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Capability framework for Occupational Therapists working with people with pain

This framework proposes a series of capabilities (knowledge, skills and attitudes) that occupational therapists working with people with pain across different care settings should seek to achieve at different career stages. The framework acknowledges that pain is a complex and multifaceted area and that some aspects of working with pain represent an advanced scope of practice not covered by this framework.

Defining pain

References to pain and approaches to working with people with pain included throughout this framework are informed by the International Association for the Study of Pain (IASP) definition, which states that pain is:

"An unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage."

The IASP definition of pain is supported by the following points:

- Pain is always a personal experience that is influenced to varying degrees by biological, psychological, and social factors.
- Pain and nociception are different phenomena. Pain cannot be inferred solely from activity in sensory neurons.
- Through their life experiences, individuals learn the concept of pain.
- A person's report of an experience as pain should be respected.
- Although pain usually serves an adaptive role, it may have adverse effects on function and social and psychological well-being.
- Verbal description is only one of several behaviours to express pain; inability to communicate does not negate the possibility that a human or a nonhuman animal experiences pain.

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Occupational therapy and pain management

Occupational Therapists are uniquely placed to support clients who are experiencing acute or persistent pain by applying a holistic approach to assessment and therapeutic interventions that are focused on enhancing engagement and participation in meaningful occupation. Occupational therapists play a key role in multidisciplinary teams working in pain management across a range of settings from inpatient and sub-acute settings to specialist pain clinics, community rehabilitation centres, return to work programs, aged care settings and private practice, bringing an understanding of the physical, psychological, environmental and societal factors that influence a person's experience of pain.

The framework aims to:

- Provide a consistent approach to professional development and supervision for occupational therapists who aspire to or are already working in pain management.
- Facilitate occupational therapists' self-reflection and decision making regarding their practice and professional development.
- Demonstrate the clinical practice expectations of occupational therapists at different proficiency levels.
- Support advocacy of the role and function of occupational therapist working in pain management to government, funding bodies, employers, managers and other key stakeholders.

This framework does not intend to:

- Be prescriptive or restrictive.
- Expect clinicians working in pain management to meet all capabilities listed - capabilities need to be applied to the specific setting/context.
- Expect clinicians to operate at the same proficiency level across all capabilities.

Certain caveats and exclusions apply to this capability framework:

- Generic workplace and setting-based capabilities are not included, as they are considered the responsibility of employers.
- Prescriptive guidelines and competencies for specific practices, interventions or tools are not included in this framework.
- The capabilities are presented independently, without influence from funding bodies.

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The framework in context

This framework is one of a suite of capability frameworks developed by Occupational Therapy Australia and should be used in conjunction with other relevant frameworks to inform practice.

This framework is designed to complement broader standards and other frameworks such as the Australian Occupational Therapy Competency Standards (2018), the OTA Occupational Therapy Scope of Practice Framework (2017), the OTA Professional Supervision Framework (2019), the OTA Code of Ethics (2014) other relevant OTA capability frameworks.

Capabilities widely acknowledged as fundamental to occupational therapy practice across all areas of practice fall beyond the scope of this framework and are assumed to be implemented despite not being explicitly outlined in the framework. These include engaging in feedback-informed, reflective practice.

This capability framework supports the use of evidence-based best practice and there is an expectation that occupational therapists across all career stages engage in regular professional supervision to assist in building and consolidating their capabilities. Occupational therapists are expected to work within their scope of practice at all times.

In addition, this framework expects that all clinicians will adopt:

- **Culturally responsive and safe practice** strategies that promote Aboriginal self-determination and reflect the occupational therapy goals and environment of Aboriginal and Torres Strait Islander People.
- **LGBTIQA+ and gender diversity aware practices,** adopting inclusive language and recognising that LGBTIQA + people are at greater risk of poor health outcomes and may be less likely to engage with services.
- **Neurodiversity affirming practices,** understanding the influence of neurodiversity on occupations, participation and the experience and communication of pain, valuing the unique strengths and identity of all individuals and focusing on differences over deficits.

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Navigating the framework

The capabilities are organised within the following 4 key domains:

1. Knowledge of pain and pain management systems
2. The therapeutic process as it relates to pain
3. Assessment and Planning
4. Occupational-focused interventions and therapeutic strategies

Within the framework, each domain is highlighted in purple and includes several capabilities. The capabilities are described against 3 levels of proficiency represented as career stages that run left to right from least to most experienced, representing good practice at each level. The levels are indicative of knowledge and experience rather than years of practice. The list of capabilities is not hierarchical, but rather indicative of what a therapist should consider under each of the domains. A sample is depicted below.

	Foundational practitioner	Intermediate practitioner	Senior practitioner
Domain	General overview of domain		
Capability	Expected level of knowledge, skills and attitudes across the 3 career stages		

Occupational therapists are not expected to meet all the capabilities included in this framework and are not anticipated to operate at the same proficiency level across all capabilities. Occupational therapists should seek to build their capabilities in those areas most relevant to their service setting or area of practice.

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Acknowledgements

The Occupational Therapy Australia (OTA) Capability Framework for Occupational Therapists working in Pain Management was developed in collaboration with an Expert Advisory Group and through multiple consultation phases with the broader occupational therapy profession. OTA acknowledges the contribution of the Expert Advisory Group and all occupational therapists who contributed their time, insights and expertise to the development of this framework.

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	Foundational practitioner	Intermediate practitioner	Senior practitioner
Domain 1: Knowledge of pain and pain management systems	Occupational therapists require a comprehensive understanding of pain as an integrated multifactorial experience. They are aware of pain-related presentations and trajectories. Practitioners should understand the ways contextual factors such as age, sex/gender, family background, culture, spirituality, environment and social determinants of health contribute to the pain experience. Practitioners should expect to maintain contemporary knowledge across these areas throughout their career. All occupational therapists working in pain management require understanding of the healthcare systems in which pain management services are provided.		
1.1 Understanding of the complex and multi-dimensional nature of pain The therapist recognises that pain is a complex interplay of biological, psychological, and social factors. The occupational therapist understands pain as an integrated multifactorial experience. Their knowledge includes biological aspects of nociceptive processing; pain phenotypes (nociceptive, inflammatory, neuropathic and nociplastic), psychological factors, sensory processing, and the influence of sociocultural factors on	The occupational therapist can describe prevalent pain presentations and the impact on occupational participation/function. The occupational therapist has an awareness of internationally recognised classifications (e.g. ICF, ICD 11). The therapist builds exposure to pain presentations in practice with the supervision or oversight of an experienced clinician. The clinician has a basic understanding of pain as a multifactorial experience. The occupational therapist is aware of broad factors that may influence	The occupational therapist is confident in their understanding of commonly prevalent pain presentations. They can distinguish between or identify co-existence of different pain phenotypes and pain trajectories. They understand pain fluctuations and collaborate with the person to identify factors influencing pain fluctuations. They can apply knowledge of biological, psychological and sociocultural factors influencing pain to inform assessment and intervention approaches. They are aware of	The occupational therapist has extensive knowledge and experience working with a range of different pain presentations. The occupational therapist has a strong understanding of how compounding factors influence the client's experience of pain and their interaction with the healthcare system. They have deep understanding of the impact of psychological, sociocultural, contextual and personal factors may impact pain perception, expression and intervention preferences. The

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	Foundational practitioner	Intermediate practitioner	Senior practitioner
pain experience and behavioural expression. The therapist is knowledgeable about different pain presentations, fluctuations, recovery potential and the different therapeutic approaches required. The therapist is aware that stigma, gender bias, social determinants and other social constructs can influence how clients perceive their own pain and how they access and engage with care. The therapist recognises that personal factors, including stage of development across the lifespan, family background, patterns of attachment, life experiences, culture, and spirituality, can influence the pain experience and expression.	pain perception, behavioural responses and pain coping. They recognise that some pain may resolve with tissue healing, while other pain problems do not. They are building their understanding of the evidence-base regarding pain and seeks support from an experienced clinician to apply knowledge in practice. The therapist distinguishes between pain as a human experience and behavioural expressions associated with the experience. The therapist demonstrates culturally aware practice and is aware of cultural influences on the pain experience and expression of pain.	factors associated with increased risk of prolonged disability or the development of co-morbid conditions. The occupational therapist understands how psychological, sociocultural, contextual and personal factors may impact pain perception, expression and intervention preferences. The occupational therapist maintains knowledge of current and evolving pain literature. The occupational therapist seeks support from a more experienced clinician where required, to assess and treat new or uncommon pain presentations and to continue to build their understanding of pain and evidence-based approaches.	therapist has extensive experience applying this knowledge in practice. The therapist has a deep understanding of current and emerging evidence base surrounding pain and has extensive experience applying this knowledge in practice. The therapist engages with their professional community, including with advanced practitioners, to build their knowledge and understanding of pain.

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	Foundational practitioner	Intermediate practitioner	Senior practitioner
1.2 Systems and constructs The occupational therapist recognises that pain management services are often integrated into broader service systems, such as disability, mental health, aged care, public health and general health systems. They can adeptly navigate the constraints of funding and service structures while advocating for optimal client care. The therapist recognises that pain is not widely understood and is mindful of the stigma associated with pain that exists within the healthcare system, acknowledging the evolving understanding of effective pain management. The therapist is aware of specialist pain management services and their role in the management of pain.	The occupational therapist is familiar with the relevant funding and service structures within which they work and seeks the support of a senior therapist to develop effective treatment plans within service constraints. The occupational therapist is building knowledge of public and private services across the provision of acute medical, rehabilitation, mental health, disability, aged care and other services that may be used by people who are living with pain. The therapist can support clients and their families to make decisions about and connect with other relevant services with support from a senior therapist where required. The occupational therapist demonstrates awareness of common challenges that exist within the healthcare system for pain	The practitioner has sound knowledge of local pain-specific services and referral pathways and understands the interface between various health and community services relevant to pain management. The practitioner can support clients to navigate service systems being mindful of their past interactions with the healthcare sector. The therapist can differentiate the features and scope of funding schemes and address requirements where high levels of evidence are required to access funding. The practitioner understands how the requirements of funding and compensation schemes may impact the experience of, diagnosis and management of pain, and the desire to engage in occupation-focused therapeutic intervention and	The occupational therapist has extensive knowledge and experience in supporting clients to navigate services and funding schemes relevant to their pain-related presentation. The therapist can advocate for clients where funding or service access is challenged or not readily accessible. The occupational therapist can advocate for system and service changes that better meet the needs of people with pain. The occupational therapist advocates for occupation-focused service delivery and builds awareness of the pain experience.

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	Foundational practitioner	Intermediate practitioner	Senior practitioner
	management and how this may impact access and willingness to engage in treatment.	incorporates this knowledge into their practice.	
Domain 2: The therapeutic process and guiding principles	The occupational therapist understands the biological, psychological and sociocultural factors influencing pain and applies occupational therapy models to support engagement in occupation. Occupational Therapists working in pain should ensure that the therapeutic environment promotes active engagement by building strong rapport, addressing communication barriers, and utilising a trauma-informed approach. They collaborate effectively with a multidisciplinary team, valuing diverse expertise to enhance treatment outcomes.		
2.1 Evidence based practice The therapist is aware that the scientific evidence and clinical expertise surrounding pain is evolving rapidly and understands the importance of remaining current and up to date in their knowledge of pain and pain management approaches. The occupational therapist demonstrates a commitment to evidence-based practice by integrating the best available research, clinical expertise, and	The occupational therapist is developing research literacy, including the ability to review and critically appraise scientific evidence. They apply the best available research in practice, working with the direct clinical oversight or supervision of a more experienced therapist. They utilise a collaborative approach to decision-making, recognising that client perspectives, goals, and values, along with their	The occupational therapist has good research literacy and has established practices to regularly review and stay up to date with emerging research surrounding pain and occupational therapy pain interventions. The therapist consistently utilises evidence-based approaches when working with clients who experience pain seeking the support of a more senior clinician where required.	The occupational therapist has a deep understanding of evidence-based practice and has well established practices and networks to remain up to date with current and emerging research and clinical expertise relating to pain and the occupational therapy role in pain management. The therapist may contribute to the scientific evidence surrounding pain through contribution to research.

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	Foundational practitioner	Intermediate practitioner	Senior practitioner
client perspectives when working with clients who experience pain.	own clinical knowledge, are essential in shaping effective care. The therapist seeks to expand and maintain their knowledge of pain and occupational therapy pain interventions through participating in interest groups, communities of practice and formal learning and development.	The therapist continues to build and maintain their knowledge through learning and development opportunities, participating in interest groups, communities of practice and supervision from more experienced clinicians.	The therapist advocates for best evidence-based practices for pain management within the service systems and structures that they work. The therapist builds strong networks with their professional community, including with advanced practitioners, to build and maintain their knowledge and understanding of pain. The therapist continues to build their knowledge through learning and development opportunities.
2.2 Therapeutic relationship The therapist recognises the impact of the therapeutic relationship on the pain experience. They adopt an empathetic approach, building positive rapport to foster therapeutic engagement. They seek to understand and validate their client's	The occupational therapist demonstrates empathy in their interactions with clients. They create a supportive environment where clients feel comfortable sharing their past pain experiences, and they acknowledge and validate those experiences.	The occupational therapist can independently guide conversations to gain insight into a client's past pain experiences. They can safely support clients to explore sensitive or distressing experiences. They apply their knowledge of the factors that impact pain to help deepen their	The occupational therapist has extensive experience building strong therapeutic relationships with clients with a range of pain presentations, communication, and personal needs. The occupational therapist can navigate difficult conversations to challenge beliefs and support

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pain journey and past healthcare interactions. The therapists establish a partnership with their clients and empower their clients to become active participants in their own care and decision making.	The therapist works under the supervision or direct oversight of an experienced clinician, including seeking support to navigate sensitive or distressing conversations.	understanding of the client's journey and use this understanding to form the foundation of the therapeutic relationship and guide client led approaches. The occupational therapist seeks support of a more experienced therapist where required.	engagement in goals and occupational-focused interventions utilising client-led approaches.
2.3 Models and frameworks The occupational therapist understands the importance of a holistic approach to pain management and applies core occupational therapy models (such as MOHO, CMOP-E, PEO) and biopsychosocial frameworks (such as the ICF). The therapist remains informed about relevant national strategies, such as the National Pain Strategy and Action Plan, to guide their practice in pain management.	The clinician understands the unique value of occupational therapy in pain management and demonstrates this by applying holistic and client-centred occupational therapy models of practice to support occupational performance and participation. The occupational therapist has general knowledge of biopsychosocial frameworks and other pain-specific guidelines and incorporates these into their practice.	The occupational therapist integrates knowledge of biopsychosocial frameworks and occupational therapy models to understand the impact of pain on occupational performance and participation. The occupational therapist applies their knowledge and experience of relevant national frameworks, local strategies and pathways to support clients who may be required to navigate multiple systems.	The occupational therapist has extensive experience utilising occupational therapy and biopsychosocial frameworks for pain management. They have can appropriately select relevant models and frameworks to guide their practice. The therapist can clearly articulate the holistic, occupation-focused approach of occupational therapy to pain management and advocate for the role of occupational therapy at both the service and system levels.

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	Foundational practitioner	Intermediate practitioner	Senior practitioner
	The therapist is supported by the supervision or direct oversight of an experienced clinician.	The therapist seeks support of a more experienced clinician where required.	
2.4 Tailored communication The practitioner is aware of factors that may hinder effective communication concerning pain, including cognitive impairments, cultural and language barriers, neurodivergence, the communication challenges posed by infants and non-verbal communication. The therapist understands that stigma and past experiences within the healthcare sector can also be a barrier to effective communication. The practitioner adapts their practice and utilises appropriate strategies to account for communication barriers.	The occupational therapist is aware of factors that may influence pain expression or inhibit effective communication about pain. The therapist builds exposure to working with people with communication challenges in practice through shadowing or the direct oversight of an experienced clinician.	The occupational therapist has a good understanding of communication facilitators and barriers affecting pain expression and communication. They can adapt and alter their clinical approach based on their understanding of an individual's communication needs while drawing on their knowledge of pain and the factors that influence pain. The therapist supports the client's self-efficacy in decision making and problem solving. The therapist seeks support of a more experienced clinician where required and seeks out formal training where available.	The occupational therapist has a strong understanding of communication facilitators and barriers affecting pain expression and communication and has extensive experience overcoming communication challenges in practice supporting the client's self-efficacy in decision making and problem solving. The occupational therapist seeks the support of advanced practitioners where significant communication barriers exist that prevent effective communication around pain. The therapist engages in further professional development as required to build their skills in this area.

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	Foundational practitioner	Intermediate practitioner	Senior practitioner
2.5 Trauma informed practice The occupational therapist is familiar with the principles of trauma-informed practice, recognising the prevalence of trauma and routinely screening for trauma exposure and related symptoms.	The occupational therapist understands the neurological, biological, psychological, and social effects of trauma. The practitioner develops their understanding of trauma-based practice by working with the supervision or direct oversight of more experienced clinicians to understand how to adapt their clinical practice to account for experience of trauma when working with people who experience pain.	The occupational therapist has a good understanding of trauma-informed practice and can independently adapt and alter their clinical approach based on their understanding of an individual's trauma experience and their knowledge of different intervention types. The occupational therapist has participated in further training to support their practice in this area.	The occupational therapist has a deep understanding of trauma and its impact on the person's experience and management of pain and has extensive experience applying this knowledge in practice. The occupational therapist may have further training and accreditation in mental health and trauma informed therapeutic approaches.
2.6 Collaborative care The occupational therapist understands the importance of working with an interprofessional team to address pain. The therapist works across different systems and programs to support a multidisciplinary approach, including GPs, specialists, care staff,	The occupational therapist understands the different care roles and how each profession, including occupational therapy, makes a unique contribution to pain management. They actively seek to engage in opportunities to connect with and build exposure to other professions.	The occupational therapist has a sound understanding of the role and scope of other professions involved in interprofessional care and is confident in how to work most effectively with other clinicians to support collaborative decision making. The practitioner understands how to ensure their OT role complements	The occupational therapist has extensive experience adopting a highly collaborative approach to pain management care. The therapist proactively seeks opportunities to bring an occupation-focused lens to the interprofessional team and contributes to ensuring that the client can access the most appropriate supports.

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other allied health disciplines, clinical teams and others. The therapist acknowledges areas of knowledge and skill overlap and negotiates this with other professionals to ensure consistent care.	The practitioner understands when to seek the expertise of, or refer to, other professionals and is supported the supervision or direct oversight of an experienced clinician.	that of others involved in the person's care to achieve the desired therapeutic and occupational goals.	
2.7 Advocacy and case management The occupational therapist understands their role in providing advocacy for their client to ensure they receive the services and funding they require. The occupational therapist at times may also need to provide care coordination for the person to assist them in accessing supports and in planning for future care and support needs.	The occupational therapist understands the principles of advocacy and case management and draws on their understanding of pain management and therapeutic strategies to assist clients to access funding and supports. The therapist is supported the supervision or direct oversight of an experienced clinician.	The occupational therapist can support their client to navigate funding systems and healthcare services relevant to pain management and advocate for access to services and funding. The therapist seeks to empower clients with knowledge and skills to support self-advocacy efforts. The practitioner actively seeks opportunities to develop relationships with other service providers to support their advocacy and case management responsibilities.	The occupational therapist has the skills to provide advocacy and case management support to a range of people including those who are experiencing barriers or restrictions accessing services and supports in challenging funding or service structures. The practitioner advocates for changes in service systems and structures that are not conducive to best practice pain management.

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Domain 3: Assessment and planning	All occupational therapists working in pain require the ability to use a range of assessments, both standardised and non-standardised, and to use these as a foundation for the development of appropriate clinical formulation and planning of supports and therapeutic interventions. Pain requires comprehensive assessment that will include a combination of the assessments suggested in the capabilities below. While different settings will emphasise certain types of assessment, all pain management occupational therapists should seek to build appropriate assessment capability through training, supervision and practical work with clients. Occupational therapists should aim to develop and expand their capabilities in relation to assessment of pain across all career stages.		
3.1 Self-report assessment The therapist understands that pain is a subjective experience and self-report assessments are often the most effective measures of pain and the impact of pain on the individual's life. They seek to understand the unique and individual experience of pain through use of self-report measures to help to identify strengths and barriers to occupational participation. Examples of pain specific measures include (but are not limited to) Pain Self Efficacy Questionnaire (PSEQ), Pain Catastrophising Scale (PCS), and pain	The occupational therapist has experience with commonly used self-report measures and can utilise these tools to assess pain with familiar presentations, working under supervision or direct clinical oversight of an experienced OT. The occupational therapist is building awareness of the complexity of chronic pain presentations and instances where cultural, gender, or other similar assumptions may impact understanding of the presentation.	The occupational therapist can select from a wide range of self-report measures and other tools that provide insight into the person's pain and a deeper understanding of the impact pain is having on their ability to engage in meaningful occupation. The occupational therapist seeks advice and support from a senior practitioner as required. This may include instances where communication challenges, cultural, gender, or other factors	The occupational therapist can identify the most appropriate self-report measures for assessing pain and its impacts in clients with diverse backgrounds and communication needs. The occupational therapist seeks support of advanced practitioners where significant communication challenges exist that prevent effective self-reporting.

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interface measures such as the pain interference scales in the Brief Pain Inventory or the West Haven-Yale Multidimensional Pain Inventory (WHYMPI). Broader self-assessment tools such as sensory assessment tools (e.g. the sensory profile), assessment of mood (e.g. Depression Anxiety Stress Scales) and self-report functional assessments may also be applied to identify potential risks and areas the client may need further assistance with.		may impact understanding of the presentation.	
3.2 Psychological risk assessment The occupational therapist carries out assessments of psychological risk and addresses any risks to the client's health and wellbeing.	The occupational therapist begins to develop an understanding of psychological risk assessment tools and safety planning, working under the supervision or direct clinical oversight of an experienced clinician. The therapist has an awareness of appropriate referral pathways and responses for clients who are at risk.	The occupational therapist can independently complete psychological risk assessment and understands how to develop and implement safety plans, incorporating appropriate behavioural strategies, to address any identified risks.	The occupational therapist has extensive experience completing psychological risk assessments and safety planning with a wide range of clients. The occupational therapist has completed advanced training in this area.

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	Foundational practitioner	Intermediate practitioner	Senior practitioner
	The occupational therapist seeks formal training in this area.	The occupational therapist has completed formal training in this area.	
3.3 Occupational performance assessment The occupational therapist assesses how pain affects the client's participation in necessary and desired activities, including performance in meaningful roles and situations. The occupational therapists assess a range of skills underpinning the ability to fully participate in required and desired activities. This includes assessment of how a client performs activities and participation in meaningful activities, life roles, and situations. Using both occupational therapy and biopsychosocial models, the therapist conducts a holistic assessment of physical, psychological, behavioural and environmental, factors contributing	The occupational therapist is beginning to apply their knowledge of pain to holistic occupation-focused assessment methods considering physical, psychological, behavioural and environmental factors, impacting occupational performance. The therapist works under the supervision or direct clinical oversight of a more experienced clinician. The practitioner uses the assessment to describe a person's occupational identity, sense of competence and the key occupational issues as it relates to their pain.	The occupational therapist has experience independently selecting and administering both observational and standardised assessment tools to explore physical, psychological, behavioural and environmental factors affecting occupational performance. The therapist applies their knowledge of pain and its influencing factors to better understand and address occupational performance issues. The occupational works under the supervision of a more experience clinician and seeks support where knowledge or skill gaps are identified. Where available, the occupational therapist has engaged in formal	The occupational therapist has extensive experience selecting and administering a wide range of assessment tools to explore physical, psychological, behavioural and environmental factors impacting occupational performance for people living with pain. They apply a deep understanding of pain to address complex occupational performance issues. Where available, the occupational therapist has engaged in higher level training in the administration and interpretation of assessments in this area.

	Foundational practitioner	Intermediate practitioner	Senior practitioner
to pain, incorporating their knowledge of pain.		training in the administration and interpretation of assessments in this area.	
3.4 Assessment of body structures and functions The occupational therapist assesses the clients body functions and structures in the context of their pain experience and the impact on their occupational performance, capacity and participation. Assessment areas may encompass psychology, psychosocial functioning, biomechanical/musculoskeletal, central and peripheral nervous system, mobility, sleep, sensory processing, soft tissue, and other features of body functions and structures that are relevant to the pain experience.	The occupational therapist demonstrates knowledge of a range of psychological and physical assessment tools to identify strengths and impairments in body functions and structures that may be impacting a client's occupational performance, capacity or participation. The occupational therapist works under the supervision or direct clinical oversight of an experienced clinician to administer and interpret assessments of body functions and structures for prevalent pain presentations.	The occupational therapist has sound clinical knowledge and broad experience in administering and interpreting assessments of body functions and structures that may be impacting a client's occupational performance and participation. The occupational therapist seeks support from a more experienced therapist where required, including when working with new or uncommon pain presentations or utilising new assessments. Where available, the occupational therapist has engaged in formal training in the administration and interpretation of assessments in this area.	The occupational therapist has significant experience in the assessment and interpretation of strengths and impairments in body functions and structures with a range of pain presentations. Where available, the occupational therapist has engaged in advanced training and holds accreditation or certification in the administration and interpretation of assessments in this area.

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3.5 Sensory assessment The occupational therapist understands how sensory processing can impact the experience of pain. They carry out an age-appropriate sensory assessment to evaluate sensory processing patterns. They use these as the foundation for developing sensory plans to optimise occupational performance.	The therapist is developing their knowledge of sensory processing and pain, including risks associated with high/low sensory sensitivities and the impact of pain on sensory perception and vice versa. The practitioner can complete a sensory profile and prescribe sensory plans to assist clients to manage stimulus levels in a way that allows them to function optimally, working under the direct clinical oversight or supervision of a more experienced clinician.	The therapist has a good understanding of sensory processing and pain. The occupational therapist can independently complete a full sensory assessment with a wide range of clients experiencing pain, drawing on a range of sensory assessment tools. They are able to develop sensory diets and sensory plans that support optimal function seeking the support of a more experienced clinician where required. The therapist may have completed formal training in this area.	The occupational therapist has a deep understanding of sensory processing and pain and the relevant evidence base. The therapist has extensive experience completing sensory assessments and developing sensory plans that support optimal function for people living with pain. The therapist may have completed advanced training in this area.
3.6 Assessment of the environment The occupational therapist uses appropriate occupational therapy assessment to undertake a physical and sensory assessment of the environment, including choosing	The practitioner is supported by a more experienced clinician to build the skills to identify the impact of the environment on the client's occupational performance, experience of pain and engagement	The occupational therapist possesses sound clinical expertise and considerable experience in conducting assessments of the environmental context for pain clients. The occupational therapist is adept at applying their skills and	The occupational therapist has extensive experience completing assessment of the environment for pain clients and can assess complex environments. Where available, the occupational therapist has engaged in advanced training and holds

	Foundational practitioner	Intermediate practitioner	Senior practitioner
appropriate tools for the environment and using these to inform planning and therapeutic interventions.	in meaningful daily activities of living.	experience to solve more complex environmental barriers. Where available, the occupational therapist has engaged in formal training in this area.	accreditation or certification in this area.
3.7 Social systems and networks The occupational therapist seeks to understand the impact of relationships, social supports, social dynamics and cultural factors on the person with pain and vice versa. The occupational therapist considers the needs, capacity and wellbeing of those in caring roles. They can help carers to understand pain and how they can best provide productive support.	The occupational therapist understands that social systems and networks can have both positive and negative impacts on pain. They also understand that pain can impact important relationships and social dynamics. The therapist considers these factors within their occupational therapy assessment. The occupational therapist understands the important role of significant others and carers. They help build carers and significant others understanding of pain and how they can provide appropriate support.	The occupational therapist can confidently utilise psychosocial strategies to assess the impact of pain on social wellbeing and assess the impact of social systems on the pain experience. The occupational therapist has a sound understanding of the role of significant others and carers in supporting pain management and actively seeks to include them in planning and therapeutic interventions. The practitioner proactively supports carer wellbeing by supporting those in caring roles to	The occupational therapist has extensive experience applying psychosocial strategies to assess the impact of pain on social wellbeing and can explore complex social dynamics. The occupational therapist has a deep understanding of the impact of social systems on the pain experience and can navigate challenging social dynamics. The occupational therapist is experienced at working with significant others and carers, including those where additional complexities may impact the caring role.

	Foundational practitioner	Intermediate practitioner	Senior practitioner
	The practitioner is aware of the impact of the caring role on the carer and the importance of facilitating access to carer support and wellbeing services. The practitioner works under the direct clinical oversight or supervision of a more experienced clinician.	understand and connect with the wider support systems available. The therapist seeks the support of a more experienced clinician where required.	
3.8 Outcome measures The occupational therapist engages in outcome measurement, utilising standardised tools appropriate to the client's age, functional goals and communication skills. The occupational therapist uses outcomes measures to assess the client's goal attainment, measure change and to evaluate the effectiveness of intervention.	The occupational therapist demonstrates knowledge of a range of outcome measurement tools including self-report, performance-based, observer-reported and clinician-reported measures, suitable for use in less complex pain presentations. The occupational therapist seeks professional development to build their skills, knowledge and ability to measure outcomes across a variety of clients.	The occupational therapist has sound knowledge and experience in selecting and applying a range of outcome measures suitable for clients with a range of pain-related diagnoses. The occupational therapist engages in continued professional development to refine their skills, knowledge and ability to engage in effective outcome measurement.	The occupational therapist has high-level knowledge and significant experience in using a broad range of outcome measures for people with complex needs and diagnoses. Where available, the occupational therapist has engaged in recognised training and holds certification or accreditation in outcome measurement. The occupational therapist contributes to the professional development of less experienced

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	Foundational practitioner	Intermediate practitioner	Senior practitioner
			occupational therapists via mentoring and/or supervision.
Domain 4: Occupational-focused interventions and therapeutic strategies	Occupation-focused planning and use of interventions and strategies to improve meaningful participation of people affected by pain are at the core of occupational therapy practice in pain management. Using the information gathered from the assessment process, the occupational therapist develops and implements therapeutic interventions and strategies to respond to occupational focus areas, risks and client needs. While occupational therapists may draw on a range of strategies, all practitioners should seek to develop and maintain capability in the following strategies and interventions.		
4.1 Occupation and participation-focused interventions The occupational therapist selects interventions and strategies to assist clients in performing tasks affected by pain and supports them to be both present and involved in the activities, roles, and situations that are important to them. The occupational therapist recognises that a focus solely on improving the occupational performance of specific activities	The occupational therapist demonstrates knowledge of pain-related factors that impact occupational performance and participation. They seek to use evidence-based, occupation-focused interventions and strategies to address limitations in activity. The occupational therapist is supported by a senior occupational therapist to develop clinical reasoning in selection and application of effective interventions	The occupational therapist has sound knowledge and experience in providing interventions at the activity level, selecting interventions matched to the client's occupational goals and that factor in the complexity of the pain experience. The occupational therapist can apply their knowledge and clinical reasoning to support people with multifaceted activity limitations and multiple support needs.	The occupational therapist has extensive skills and experience in supporting activity, engagement and participation for people with pain presentations. The practitioner can apply these strategies across a range of settings including the domestic and vocational environments. The practitioner may have completed higher level training in this area.

	Foundational practitioner	Intermediate practitioner	Senior practitioner
may not enhance participation, and as such, utilises both performance and participation focused interventions.	to optimise occupational performance and participation that consider multiple sources of information and the complexity of the pain experience.	The occupational therapist completes professional development and is supported by a more experienced clinician where required to develop skills in this area.	
4.2 Interventions for body functions and structures The occupational therapist chooses interventions and strategies aimed at addressing the anatomical body structures, physiological and psychological functions contributing to the pain experience and that is impacting activity and participation. These may include, psychological therapies (such as graded exposure and mindfulness), physical rehabilitation (such as soft tissue therapy and graded motor imagery), interventions targeting sensory processing and other body functions (such as improving sleep).	The occupational therapist has knowledge of the factors that impact body functions and structures and understands the role of occupational therapists in providing intervention aimed at overcoming an identified impairment that is related to performance and participation. The occupational therapist works under supervision or direct clinical oversight of an experienced clinician to develop effective clinical reasoning and enhance their intervention outcomes in this area. The practitioner engages in professional development	The occupational therapist has sound clinical knowledge and experience in providing interventions aimed at improving pain related impairments in body functions and structures that are impacting performance and participation. The practitioner is able to select interventions that consider the complexities of pain including the interaction between physical and psychological factors that impact the pain experience. The occupational therapist completes professional development and is supported by a more experienced clinician to develop skills in this area.	The occupational therapist has extensive skills and experience in working with people with pain to address impairments in body functions and structures. The occupational therapist may have undertaken higher level training in evidence-based interventions to promote change in an identified impairment that is impacting participation.

	Foundational practitioner	Intermediate practitioner	Senior practitioner
The occupational therapist understands that any impairment-based strategies must be implemented within the context of the client's specific occupational performance or participation goals.	opportunities where they are available.		
4.3 Psychological therapies The occupational therapist understands how to use psychological therapies and structured therapeutic interventions with people experiencing pain. This may include but is not limited to, cognitive behavioural therapy (CBT), acceptance and commitment therapy (ACT) and motivational interviewing (MI), focusing on improving functional capacity and ability to pursue activities, occupations and goals, and promoting recovery.	The occupational therapist has a foundational level knowledge of psychological therapies and structured therapeutic interventions such as ACT, CBT and MI, working under the direct clinical oversight or supervision of an experienced clinician. The therapist may not yet have developed the clinical application skills to work independently with clients using more advanced interventions such as CBT and requires direct clinical oversight from a senior clinician. The therapist engages in professional development	The occupational therapist has sound knowledge and experience utilising psychological strategies, including structured therapeutic interventions, with clients who experience pain. They may have undertaken focused learning and development opportunities to increase their knowledge and build confidence and skills to use certain structured therapeutic interventions independently. The therapist continues to draw on supervision from a senior therapist to expand their skills.	The occupational therapist has extensive knowledge, skills and experience in using psychological therapies including structured therapeutic interventions with clients with a range of pain presentations. They may have undertaken higher level training with a range of structured therapeutic interventions and have extensive experience applying this knowledge in practice.

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Refer to OTA Mental Health Capability Framework for details on specific strategies.	opportunities to build their knowledge and skills in this area.	The occupational therapist may have received OT mental health endorsement.	
4.4 Self-management The occupational therapist utilises strategies that help empower clients to take an active role in managing their own pain and its effect on their daily lives. The therapist uses a range of approaches including coaching, education, goal setting, coping strategies, problem-solving skills, relaxation and mindfulness.	The occupational therapist understands the principles of self-management and acknowledges the client's expertise in their own life. The therapist is building experience with a range of approaches to support clients to manage their own pain, working with the supervision or oversight of a senior colleague. The occupational therapist completes professional development to deepen their knowledge and skills.	The occupational therapist has developed a strong understanding of self-management techniques and can draw on various approaches to help clients manage pain, thereby improving their occupational performance and participation. The therapist continues to expand their knowledge and skills through ongoing professional development and through supervision with a more experienced clinician.	The occupational therapist has well established skills and experience in supporting clients to manage their own pain. The therapist is confident with supporting the clients with a range of pain presentations and high support needs to establish new habits and ways of being.
4.5 Sensory strategies The occupational therapist understands how to support clients to implement sensory techniques to self-organise and regulate sensory	The occupational therapist is developing their understanding of how pain affects sensory perception and awareness, as well as how sensory perception can influence pain. The therapist can develop basic	The occupational therapist has a good understanding of the associations between sensory perception and pain and the relevant evidence base. The therapist can develop sensory plans for a range of	The occupational therapist has a deep understanding of the associations between sensory perception and pain and the relevant evidence base and has extensive experience applying this knowledge

	Foundational practitioner	Intermediate practitioner	Senior practitioner
input and to adapt these to environmental changes.	sensory plans that lessen the impact of pain and improve function with the support of a senior practitioner. The therapist seeks to complete formal training in this area.	clients experiencing pain, seeking the support of a more experienced clinician where required. The therapist has completed formal training in this area.	in practice. The therapist can provide complex sensory interventions for a range of pain presentations. The therapist contributes to the development and establishment of sensory spaces within units, services, and homes where appropriate. The therapist has completed advanced formal training in this area.
4.6 Compensatory strategies The occupational therapist understands when it is appropriate to utilise compensatory strategies such as assistive technology and environmental modifications, taking into consideration the pain diagnosis and likely trajectory, rehabilitation and recovery potential. The occupational therapist understands and adopts a	The therapist works under the supervision or direct clinical oversight of a more experienced clinician to develop effective clinical reasoning and make informed decisions about assistive technology and environmental modifications taking into consideration the pain diagnosis and likely trajectory, rehabilitation and recovery potential. The occupational therapist can prescribe low complexity assistive	The occupational therapist has a sound understanding of the evidence base surrounding the use of assistive technologies and environmental modifications for pain presentations. The occupational therapist has considerable knowledge and experience making decisions about the prescription of assistive technology and environmental modifications taking into	The occupational therapist has sound knowledge, skills and experience in prescribing complex assistive technology and environmental modifications for pain presentations taking into consideration knowledge of pain and current best practice research evidence. Where available, the occupational therapist has engaged in recognised training and holds certification or

	Foundational practitioner	Intermediate practitioner	Senior practitioner
comprehensive pathway when considering assistive technology and environmental modification including working collaboratively with clients and taking actions to ensure effective implementation such as education, training and evaluation. The therapist regularly reviews any compensatory strategies prescribed to ensure they are continuing to support recovery and are not disabling.	technology, goods and equipment to support the occupational performance and safety for clients with pain presentations. The occupational therapist has knowledge of the interventions and approaches available to overcome common environmental barriers to participation.	consideration the pain diagnosis and likely trajectory, rehabilitation and recovery potential. The occupational therapist seeks support of a more experienced clinician where required. The occupational therapist may have completed formal training in assistive technology and environmental modifications.	accreditation in complex environmental modifications and assistive technology prescription and has completed focused learning and development to apply this knowledge with pain presentations.
4.7 Sexuality and relationships The occupational therapist understands how pain can impact intimate relationships and sexuality. The occupational therapist supports clients to overcome pain related physical and psychological barriers to maintaining their sexual identity and intimate relationships where it l identified as a client goal.	The occupational therapist considers occupational performance barriers to maintaining intimate relationships. The occupational therapist considers strategies to support the client to maintain their sexual identity and strategies to foster and maintain intimate relationships if identified as a goal. The occupational therapist works	The occupational therapist can confidently discuss strategies and approaches to support the sexuality and sexual relationships with people who experience pain. The occupational therapist considers holistic approaches to support the sexuality and relationship goals of the client seeking the support of a more experienced clinician where required.	The occupational therapist has sound knowledge and experience discussing and addressing a range of sexuality and relationship goals for people living with pain, including those with cognitive or communication challenges. Where available the therapist has completed higher level training in this area.

	Foundational practitioner	Intermediate practitioner	Senior practitioner
	under the supervision or direct oversight of an experienced clinician.	The therapist may have completed targeted learning and development in this area.	
4.8 Emerging therapies The therapist maintains knowledge and awareness of emerging therapies that can be used to support pain management, including use of new technologies such as virtual reality (VR), digital health and artificial intelligence (AI).	The therapist seeks to maintains an awareness of new and emerging therapies in the pain management space including through reviewing journal articles, participating in interest groups, communities of practice and learning and development. The therapist builds exposure to new and emerging therapies with the direct clinical oversight of an experienced clinician.	The therapist has built exposure, knowledge and skills in implementing new therapies and technologies into practice, working under the supervision of an experienced clinician. The therapist continues to build their knowledge through learning and development opportunities, participating in interest groups, communities of practice and supervision from more experienced clinicians.	The occupational therapist has considerable knowledge, skills, and experience in implementing new therapies and technologies into their practice. The therapist can support the implementation of new techniques and technologies within the health service in which they work. The therapist engages with their professional community, including with advanced practitioners, to build their knowledge and understanding of new therapies and technologies and use in practice. The therapist continues to build their knowledge through learning and development opportunities
4.9 Community integration	The occupational therapist has a foundational understanding of the	The occupational therapist has a strong understanding and has built	The occupational therapist has developed close alliances within the

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	Foundational practitioner	Intermediate practitioner	Senior practitioner
The occupational therapist fosters social connections and promotes active involvement in meaningful community-based activities including social, recreational, educational, and vocational activities. The occupational therapist supports pathways to community-based groups, social participation groups and community services to support meaningful occupation.	range and scope of local community-based groups and services relevant to people living with pain. The occupational therapist supports clients to access community-based groups and services to enhance opportunities for activity and participation, working with the supervision or direct oversight of an experienced clinician.	linkages and partnerships with various local community-based groups and services relevant to a broad range of clients. The occupational therapist is skilled in facilitating community involvement through supporting the client directly and/or via capacity building for community facilitators, workplaces, and educational settings to promote accommodation and inclusion.	community and with key community-based groups and services. The therapist has sound knowledge, skills and experience in facilitating community involvement through supporting the client directly and/or via capacity building for community facilitators, workplaces, and educational settings to promote accommodation and inclusion.

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