



# Holding the Work Alone

*Confidence and Doubt in Independent OT Practice*

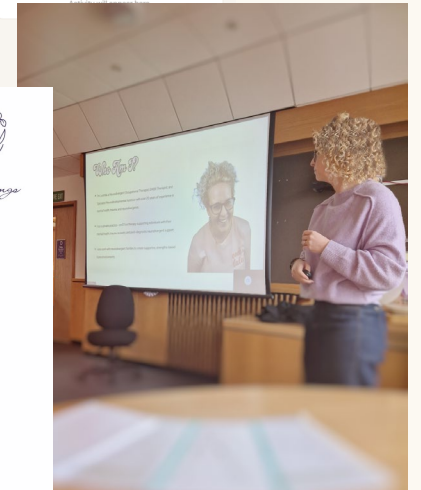
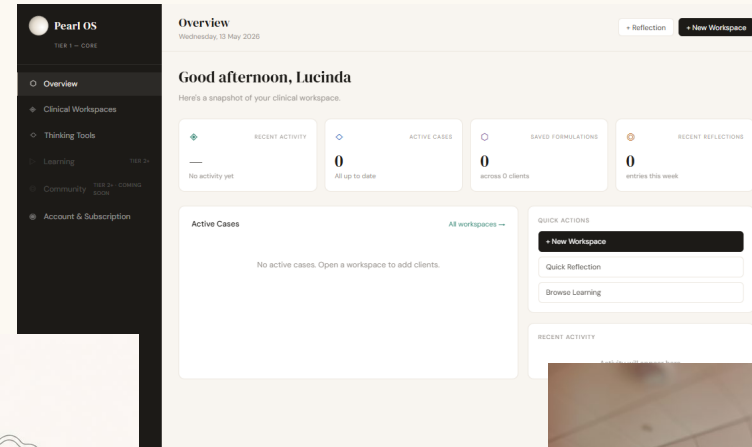
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# A Bit About Me

- Mental health Occupational Therapist
- Psychotherapeutic OT approach
- Independent practice
- Providing therapy, supervision, and training
- Pearl OS - coming soon*
- Developed gradually...not confidently



# What I Thought Independent Practice Would Feel Like

## Expected

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- › Freedom & Flexibility
- › Unwavering Confidence
- › Complete Autonomy
- › Endless Creativity
- › “Being my own boss”

## Actual

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- › Lingering Self -doubt
- › Clinical Isolation
- › Decision fatigue
- › Financial anxiety
- › Carrying responsibility alone

# The Emotional Reality Nobody Talks About

*The parts we often don't say out loud...*

- “Am I good enough?”
- Replaying sessions afterwards
- ⚠️ Fear of complaints or making errors
- 📱 Comparing yourself online
- 🍷 Clinical loneliness without an MDT
- 🛒 Feeling responsible for everything
- 🔍 Wondering whether you missed something



# Confidence Is Not the Absence of Doubt

*Confidence often looks more like:*

- Continuing despite uncertainty
- Tolerating complexity without immediate answers
- Repairing mistakes and ruptures
- Reflecting intentionally instead of avoiding
- Building confidence through lived experience
- Learning you can survive difficult clinical moments

Carry yourself w/the confidence of a girl holding a massive owl.



# Independent Practice Can Feel Exposing

*When you become the brand:*



Your name becomes attached to the work



Rejection or drop -outs feel entirely personal



Boundaries become more intentional



Confidence and identity can become intertwined



Visibility increases



Comparison becomes harder to avoid

# When Doubt Is Not Just Internal

Sometimes Self-Doubt Is Also Systemic

- Narrow service -defined OT roles
- Repeatedly justifying OT scope
- “Can an OT do that?”
- “Isn’t that psychology?”
- Fear around legitimacy
- Limited visibility of psychotherapeutic OT



*“Sometimes the fear is not ‘Am I competent?’ Sometimes it is ‘Am I allowed to take up this space as an OT?’”*

# The Myth of the Perfect Independent OT

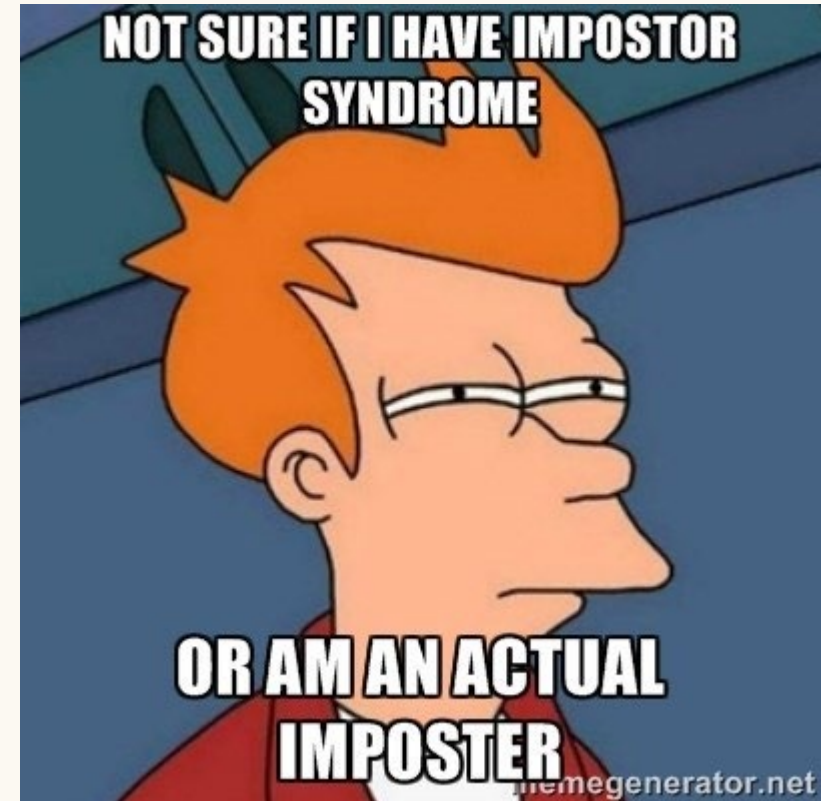
*There Is No Perfect Version Of This*

No perfectly confident clinician

No perfectly regulated human

No perfectly organised business owner

No perfect work -life balance



# What OTs Bring That Matters

## The Human Element

### **Relational depth:**

Building trust and safety

### **Meaning and identity:**

Connecting to what matters

### **Humanity alongside reasoning:**

Being a person first

## The Clinical Element

### **Understanding of participation:**

Real-world focus

### **Context and environment:**

Systems thinking

### **Nervous system awareness:**

Grounded practice

### **Function and lived experience:**

Integrated together

# Reducing the Weight of Holding the Work Alone

*“I think many OTs were trained to document what happened.  
But independent practice often requires a place to think about what the work means.”*

## Clinical Containment

- Regular supervision
- Peer consultation spaces
- Having “thinking alongside” people
- Solid documentation systems

## Emotional Protection

- Separating worth from productivity
- Avoiding social media comparison
- Spaces to process uncertainty
- Boundaries around emotional availability

# Reducing the Weight of Holding the Work Alone

## Structural Support

- Templates & Policies
- Cancellation agreements
- Clear scope descriptions
- Gradual growth, not overextending

## Identity & Confidence

- Revisiting OT theory and reasoning
- Building language for your decisions
- Letting your practice evolve naturally
- A 'Why' document
- Reflective formulation tools

Thank You For Listening.  
Any Questions?