

**RISK TO THE PUBLIC  
FOR  
RECREATION THERAPISTS  
IN  
ALBERTA**

**January 2013**



# FORMAL SUBMISSION – TOWARD THE REGULATION OF RECREATION THERAPY UNDER THE HEALTH PROFESSIONS ACT

## SECTION II:

### REQUIREMENTS FOR REGULATION OF RECREATION THERAPY IN ACCORDANCE TO HEALTH PROFESSIONS ACT SECTION 25(4)

***25(4) (a) evaluate the risk to the physical and psychological health and safety of the public from incompetent, unethical or impaired practice of the profession;***

According to the Recreational Therapists Sunrise Review (1999), practice that is unregulated or performed by unqualified recreation therapists can theoretically cause harm in ways such as physical, psychological and financial. Recreation therapists must know the implications and appropriate use of interventions, equipment and treatment settings to keep a patient from harming themselves or others. Recreation therapists must conduct assessments to determine the level of care to be pursued for the patient, anticipate risk and obtain adequate training to perform the intervention. Untrained recreation therapists may inappropriately or neglect to assess patients and may guide patients into treatments or situations that decrease self-confidence or increase risk of failure which harms the benefit of the rehabilitative process and increases reliance on family, medical system, institutions and society.

According to the findings and recommendations for licensure of recreation therapy in North Carolina (2005), recreation therapy is identified as a practice requiring specialised skills and training that can harm or endanger public health and safety in the absence of a regulatory body to investigate and resolve allegations of impropriety. The greatest potential of harm can be caused by those lacking professional credentials engaging in direct delivery of recreation therapy services to persons in needs of rehabilitation and other health services.

Specialised training is required to perform activities such as counselling, utilizing psychosocial techniques and addressing psychosocial issues with patients and families. Through these activities, recreation therapists have the potential to cause psychological, emotional and financial harm if boundaries are unclear, inappropriate, unethical or unprofessional. While recreation therapists in Alberta are not requesting authorization to perform restricted activities under the HPA, there remains a risk to the public if recreation therapy remains unregulated. The following section evaluates the risk to the health and safety of the public if recreation therapy remains unregulated and registration remains voluntary.

## 1. Theoretical foundation

According to the conceptual and service delivery models of care, recreation therapy focuses on a continuum of service whereby more prescriptive and constrained activities are used in earlier stages of treatment to improve functional ability and successful interactions. In this stage, patients are at their poorest health and vulnerability and are at their greatest dependence on therapists to be ethical, empathetic and professional. At this stage, it is imperative for recreation therapists to discuss the intentions, risks and outcomes of assessment and intervention as patients are experiencing their lowest sense of control over their health and treatment. Recreation therapists must clearly articulate boundaries between therapist and patient in order to protect the patient from misinterpreting boundaries. This foundation also supports the rehabilitative process whereby the patient begins to acquire knowledge, skills and abilities and increases choice and freedom in participation, while the therapist moves from highly directive, to mutual, to facilitator. As an unregulated profession, any health provider can identify him/herself as a recreation therapist without knowing or applying a theoretical foundation for practice. Patients may not be guided effectively through a continuum to safely and appropriately increase their sense of mastery, improve their perception of their ability to successfully interact with their environments and take important steps toward regaining a sense of control.

## 2. Education and common body of knowledge

In the absence of regulation, ATRA has worked to evaluate education curriculum across jurisdictions and establish a minimum common body of knowledge so that new graduates have the opportunity to safely begin practice in Alberta and other jurisdictions. As a voluntary association, ATRA has no authority over education curriculum, resulting in new or unknown curricula being approved in the province that does not always meet the minimum common body of knowledge to safely and effectively practice recreation therapy. Recreation therapy curriculum currently offered in Alberta falls below the curricula offered throughout most of Canada and the United States. Recreation therapists graduating in Alberta do not meet the minimum education requirements to become internationally certified under the National Council for Therapeutic Recreation Certification (NCTRC). This limits transferability of recreation therapists from Alberta to work in other provinces and countries and implies that Albertans receive a lower standard of care in recreation therapy.

## 3. Code of Ethics

Since 1989, ATRA has had an established code of ethics for recreation therapists registered with ATRA. The code of ethics outlines the expected standards for patient-centred care and ethical treatment. As a voluntary association, ATRA has no authority to enforce that its code of ethics is being followed by registered members or to take action in the case of unethical practice. As an unregulated profession, Albertans may be receiving care from health providers who identify themselves as recreation therapists but who are not known to the profession, nor follow or are bound by a code of ethics.

## 4. Criminal harm

ATRA recognizes that regulation does not protect patients from criminal behaviour such as a recreation therapist who intentionally harms a patient through sexual, physical or financial injury. ATRA recognizes government laws and standards work to protect patients related to abuse, confidentiality, rights and legal consent for care. Regulation does, however, give a college of recreation therapy the authority to remove a license to practice in the case of government laws being breached. In an unregulated profession, a care provider may be charged criminally or discharged from an employer for unethical patient care, but could still continue to practice the profession.

## 5. Financial harm

Recreation therapists who work in multiple settings such as for a publicly-funded health agency and a private business may unintentionally or intentionally enter into a dual relationship by recommending services that provide a personal, secondary or financial benefit to the therapist. Members of the public have to be able to trust that service and discharge recommendations provided by recreation therapists are objective, non-advantageous to the therapist and meet patient-directed versus therapist needs.

Recreation therapists, with consent, acquire financial information from patients such as individual and family income levels in order to address financial barriers to community integration and leisure. In Calgary, for example, recreation therapists (with an ATRA registration number) and registered social workers are the only two approved health professions to write financial letters of support for individuals to be approved for city recreation fee assistance. This requires recreation therapists to obtain the same financial details about the patient as would be accessed by a registered social worker. By acquiring these details, recreation therapists set up a power differential with the patient which may increase patient vulnerability to unethical and inappropriate professional boundaries.

## 6. Therapeutic relationships and boundaries

One of the primary modalities used in recreation therapy is relationship-building skills. Through therapeutic recreation interventions, patients obtain the knowledge, skills and behaviours to build healthy and supportive relationships. Recreation therapists provide practice opportunities within a leisure or social context to reinforce skills and knowledge learned and to increase self-efficacy and sustainability of those skills. Patients with poor knowledge or skills in healthy relationships and boundaries may misinterpret their interactions with the recreation therapist. The patient may begin to build trust with the therapist and build hopes of the therapist becoming a friend, if the therapist does not clearly articulate the therapeutic goals and patient-therapist boundaries. When the therapist discharges the patient or ends the treatment, the patient may feel exposed, harmed, angry or taken advantage of, impacting their rehabilitative process, length of time to continue reliance on the medical system and future self-efficacy to build relationships.

Recreation therapists, particularly in small or rural communities, may unintentionally or intentionally enter into dual relationships with patients and members of the community. Recreation therapists must be trained and mentored in the profession to learn to recognize signs of counter transference, conflicts between personal and professional life and levels of safe self-disclosure in order to protect their own safety and prevent unclear or blurred boundaries with patients and community members. In the absence of regulation, untrained or unknown recreation therapists may not learn or be mentored to communicate and enforce boundaries and protect patients through avoiding blurred or unethical relationships.

## 7. Emotional harm

Recreation therapists follow core values as outlined in the 2003 Standards of Practice for Therapeutic Recreation. These core values outline service delivery that is patient-centred, incorporates patient beliefs and perspectives, involves understanding social, cultural, attitudinal and environmental influences on an individual and reflects patient confidentiality. Individualized and systematic assessment and treatment planning performed by trained recreation therapists aims to identify the above beliefs, perspectives and influences in order to reduce emotional harm of interactions and treatments. For example:

- In palliative, continuing care or hospice settings recreation therapists complete assessments to understand the patient's values and beliefs toward end of life and wishes for further treatment. The relationship developed between the patient, family and recreation therapist can be very beneficial due to the use of modalities such as reminiscence. An untrained recreation therapist may provide generalized treatment versus individualized which may increase stress, loss of respect, loss of trust and loss of dignity for the patient. An unethical recreation therapist may impose their own values and belief system, increasing emotional harm and vulnerability of the patient.
- In a community mental health rehabilitation program, a patient informs a recreation therapist of their suicide ideation. In order to protect the dignity of the patient and maintain the trust of the patient, recreation therapists are trained to take appropriate, respectful and timely action. This includes using professional judgement to determine the appropriate level of response and ensuring the patient is linked with appropriate resources (e.g., crisis team, emergency response, family and other health professionals) and not leaving the patient in a state of crisis. Appropriate communication techniques are employed to support the patient and work with the patient on an appropriate level of response. Informing the patient of the need and rationale for disclosure of information to other health providers, services and/or family members is imperative for the maintenance of trust and feelings of emotional safety for the patient.

## 8. Competencies

According to the findings and recommendations for licensure of recreation therapy in North Carolina, 2005, "a substantial majority of the public does not have the knowledge or experience to evaluate the competence of recreational therapy professionals" (p. 12). Recreation therapists must be trained to know their professional competencies, evaluate their competencies and communicate their competencies with other health professionals and patients. As an unregulated profession, health providers in Alberta may identify themselves as recreation therapists without knowing or practicing within, or improving their competencies, which increases risk to patients.

This risk to patients is exemplified in rural settings whereby most recreation therapists work in sole charge situations without direct access to clinical supervision. Rural recreation therapists are often required to provide best practice in a wide range of medical conditions, settings and patient populations in order to manage a mixed caseload in continuing care, rehabilitation, adult day support and/or home care. Recreation therapists who do not have direct or immediate access to mentors within their profession, or are unknown to the profession may lack the support to build competence in their field, to identify areas of growth or weakness and to aid in decision-making related to the scope of the profession and best practice.

Unregulated workers who do not understand the scope of their profession may unknowingly perform activities that are beyond their scope of practice. This may impede timely and seamless transition or referral to other health professions when a patient condition is changing or declining. Other health professionals who rely on recreation therapists to know the limits of their profession may unknowingly follow recommendations made by a recreation therapist who is untrained and following unknown standards of practice. For example:

- In Forensic Rehabilitation Services in Edmonton, recreation therapists work with nursing, social work, occupational therapy, psychology and psychiatry. Recreation therapists contribute to the HCR-20 risk assessment instrument in estimating a patient's potential for violence. Through competencies in assessment and observation, recreation therapists help determine risk in clinical areas of negative attitudes, lack of insight, active symptoms of major mental illness, impulsivity and ability to function in a particular setting. Impaired, incompetent or untrained assessment and observation can lead to the patient being inappropriately transitioned to a less secure program within the hospital, to a program on hospital grounds and/or to supervised access within the broader community, increasing risk of harm to staff, patient, other patients and the public.

Recreation therapists who are not aware of, or trained to, practice competencies in documentation place patients, public and other staff at risk. Omissions in documentation can lead to ineffective communication of a change in patient condition such as a medical reaction, abusive behaviour or suicidality. Due to the frequency of recreation therapy interventions taking place in community settings or in isolation from other team members, information and observations about patient behaviour and response must be communicated in a time-sensitive and effective manner to other team members through documentation. For example:

- In an inpatient geriatric mental health program, a patient being recommended for discharge attends an orientation of a day program with the recreation therapist. The patient demonstrates symptoms of anxiety and panic attack that had been previously medically-managed. The recreation therapist must document the observation in a time-sensitive and effective manner in order to communicate concern of readiness for discharge or medication stability.

## 9. Interprofessional care

Recreation therapists work within interprofessional teams where they are often the only unregulated profession involved in assessment, intervention planning and delivery, documentation, evaluation and research. For example:

- In physical rehabilitation, recreation therapists work alongside occupational therapy, physiotherapy and speech-language pathology to determine team goals, complete interdisciplinary assessments, report in family conferences, complete discharge planning, complete progress and discharge reports and consult with physicians and other health professionals.
- In mental health settings, recreation therapists work alongside social workers, nurses, psychologists and occupational therapists to conduct group and individual interventions, assessment, goal setting and discharge planning.

As the only unregulated profession within these work groups, patients may be unaware that their care may be performed by one member of their treatment team with unknown education and competencies. Patients may assume and trust that if they are referred to work with the recreation therapist within their interprofessional care team, that the recreation therapist has equivalent competencies and education as other regulated members.

Patients receiving medical treatment may be referred directly to recreation therapy by other health professionals (e.g., family physicians, physiatrists, occupational therapists and psychologists) either as external agents for the patient or as internal team members. Patients may assume that the referral by one trusted health professional to a recreation therapist will support their progress and recovery and that the recreation therapist follows standards of care consistent with other health professionals. In the case of adolescents, children and patients who lack capacity for making their own treatment decisions, the consent for referral to recreation therapists is obtained from parents and legal guardians who may also make an assumption of competence and ethical practice on behalf of their child, parent or dependent adult.

## 10. Treatment environment and community integration

Recreation therapists work with patients in a variety of physical and structural environments that expose patients to risk. Recreation therapists provide treatment in environments such as patient homes, community settings and secure units. Patients treated in these settings may be away from contact from other health professionals or personal contacts, increasing their vulnerability and risk to unethical boundaries. Patients treated in locked units or who cannot provide consent for treatment (e.g., youth) may have no power to decline treatments from incompetent or inappropriate recreation therapists.

Recreation therapists assess patients to determine readiness for entry into alternate environments. The determination of readiness relies on systematic assessment, behavioural observation, documentation, medication review, team communication and professional judgement. Thorough assessment also works to identify environmental factors which may trigger physical or psychological responses in the patient that may cause harm. For example:

- Cold weather may trigger breathing difficulties or malfunction of equipment (e.g., portable oxygen containers);
- Loud, bright or over-stimulating settings may trigger adverse environmental sensitivities in a patient with a traumatic brain injury;
- A crowded environment may trigger a psychological response such as anxiety or panic attack.

Recreation therapists who do not practice patient-centred care or individualized assessment and treatment, may expose patients to harm by providing generic or non-therapeutic treatment in environments that are unsuitable, ineffective or inappropriate for the patient and may cause damage during the rehabilitative process.

Recreation therapists use professional judgement to determine that a patient is not ready for community integration even in the case where other health team members may be recommending community-based treatment. For example:

- An elderly resident in a continuing care facility using high flow oxygen is scheduled to attend a group-based community treatment off-site. The recreation therapist uses judgement, medical knowledge, awareness of staff-to-resident ratios, knowledge of staff level of training and awareness of agency policy to determine that the oxygen flow is too high for off-site activity and declines the treatment activity. This action reduces the risk for the resident and the potential of emotional risk to other residents and staff in the case of a medical emergency in a community setting.
- A patient who has suffered a stroke and is MRSA-positive is scheduled to trial a stroke-recovery community-based exercise program prior to discharge. The recreation therapist determines that the frailty of the community members in the program and the nature of hands-on activity whereby the patient and community members would be in frequent physical contact and sharing hand-held equipment creates too high risk of spread of infection. The recreation therapist works with the patient and public recreation facility to determine a more suitable program whereby the risk of spreading MRSA to a frail community population would be minimal.

An untrained recreation therapist who follows unknown competencies in assessment and risk management may expose the patient, a group of patients and/or the public to unnecessary risk and physical and psychological harm. Errors in assessment of medical and behaviour stability, judgement and ineffective risk management by an incompetent recreation therapist can lead to the following scenarios of public, staff and patient harm:

- An adolescent on an acute mental health unit flees from the recreation therapist upon community entry and runs into the pathway of traffic. Hospital security and local enforcement services have to be employed to detain the adolescent. The adolescent responds in a physically aggressive manner, causing potential harm to enforcement personnel.
- A male patient with a traumatic brain injury is being assessed for safety, physical and cognitive ability to use public transit. While on transit, the patient directs inappropriate verbal and sexual comments toward a young woman on the bus. The woman and other members of the public are subject to emotional distress and fear.

## 11. Public safety and trust

Recreation therapists develop partnerships and facilitate connections for patients with a range of community service providers, provide intervention in a variety of community settings and demonstrate safe and appropriate procedures for accessing the community. Recreation therapists frequently complete referrals to service agencies to advocate or enlist for services for patients. Publicly-funded resources such as accessible transportation and financial assistance for recreation utilize recommendations from registered health professionals to determine eligibility. Often, recreation therapy is a recognized health profession by these agencies. These agencies assume that the assessment and professional judgement competencies of recreation therapists are on par with other trusted health professions such as occupational therapy and social work. Recreation therapists complete assessments and reports which are used for approving treatment and third-party funding such as Workers Compensation Board (WCB) and private insurance. Again, these agencies assume that assessments are systematic, valid and reliable, similar to other health professions within the same service.



In partnering with public facilities to complete interventions and support successful community integration and independent participation, the public trusts that risk assessments and professional judgement occur in order to protect the public from harm. For example:

- A patient with diagnosed co-morbidities including diabetes, anxiety, obesity, agoraphobia and dependent traits is referred to recreation therapy for community integration. The patient's goal is to begin a gentle exercise program, with aquasize being determined as the most preferred. Due to obesity, the patient has multiple folds in her skin that have resulted in many lesions and boils. Generally the sores are closed wounds and not of a concern. Prior to an aquasize session, the patient asked the recreation therapist for Band-Aids. Upon further assessment, it is determined that the patient displayed a postulant open sore. The recreation therapist follows risk assessment protocols to cease the aquatic session due to risk to both the patient and the public, educates the patient on risk of public infection and discusses the plan for urgent medical attention for wound care and medication management.

When the public seeks services from recreation therapists through private practice, they may unknowingly be exposed to services not overseen by standard public safety nets or policies that govern publicly-funded or privately-contracted services. Patient protection acts and complaint mechanisms such as Protections of Persons in Care Act (PPCA), Patient Care Officer (Alberta Ombudsman) and accreditation are not applicable in all settings of health care and service delivery. For example, PPCA is not applicable in the case of a private hospice employing recreation therapists. Also, not all private practice is directed to follow standardized hiring practices or employee screening processes. For example, many publicly-funded or contracted health agencies require their recreation therapists to be registered with ATRA which ensures a minimum education and continued education requirement has been met. A patient may receive services from a recreation therapist registered with ATRA in one setting and then obtains recreation therapy services from a private practice that does not follow the same hiring practice.

In an unregulated profession, anyone can call themselves a recreation therapist and offer therapeutic recreation services to the public. This may vary from leisure services to day programs to companion services where services are identified as recreation therapy without employing recreation therapists known to the profession. As a voluntary association, ATRA does not have the jurisdiction to require that health providers identifying themselves as recreation therapists register with ATRA or that therapeutic recreation services follow a standardized hiring practice. The public may not differentiate that the services received by one recreation therapist versus another may be performed at a different level of care or may have different levels of education and competence. The patient may make service selection based on price or location rather than by the competence of the therapist.

## **12. Protection of patient rights, dignity and confidentiality**

ATRA recognizes that government acts, such as the Health Information Act (HIA) and Freedom of Information and Protection of Privacy Act (FOIP) direct health care providers regarding rules for the collection, use and disclosure of health information. Recreation therapists are required to follow government legislation in order to protect patient confidentiality and dignity. Recreation therapists may obtain highly sensitive patient information such as finances, social and medical history, history of abuse, suicidality and addictions. Improper collection, use and disclosure of this information increases patient vulnerability and risk of emotional harm. ATRA recognizes that inappropriate access to, or disclosure of, health information may lead to a breach investigation and disciplinary action. Beyond these acts, or in the case of a complaint against a recreation therapist, ATRA does not have the authority to investigate unregulated workers who have caused patient harm through breaches of patient confidentiality or inappropriate and unethical use of patient information.

### 13. Infection prevention and control, occupational health and safety

Recreation therapists are required by their employers and the government to follow policies and standards in infection prevention and control. Recreation therapists work in residential and care settings with frail and immune-compromised patients such as continuing care, assisted living and haemodialysis units where a high knowledge of prevalent illnesses and infections such as *Clostridium difficile* (C. diff), Methicillin Resistant *Staphylococcus Aureus* (MRSA) and Vancomycin Resistant *Enterococcus* (VRE) is imperative for patient safety. In order to reduce the spread of infectious disease and illness, recreation therapists are expected to follow the same standards as other health professionals in terms of patient evaluation, obtaining thorough and relevant medical history of the patient, knowledge of signs and symptoms of communicable diseases, hand hygiene, use of personal protective equipment (PPE), proper cleaning and disinfecting of surfaces, work areas and equipment, especially those which come into contact by multiple people (e.g., patient computer workstation, recreation equipment, food preparation surfaces).

During new strains of illness or heightened periods of infections (e.g., Pandemic H1N1 2009), recreation therapists are required to follow guidelines for health professionals the same as regulated professions. Additional diligence for patient and personal risk management is required in recreation therapy due to the high use of group-based interventions, community-based programming and home-based encounters. The Point of Care Risk Assessment Tool for Pandemic (H1N1) 2009 Flu Virus (Public Health Agency of Canada) identifies recreation therapy alongside regulated professions such as occupational therapy as performing direct, face-to-face interactions such as patient care and home visits which require a risk assessment and appropriate use of personal protective equipment (PPE). This risk assessment is based on professional judgement about the clinical situation and up-to-date information on the availability and use of PPE. In an unregulated profession, the public may not be aware that their health care professional is following unknown competencies in risk management and professional judgement.

Recreation therapists are required by their employers and the government to follow policies and standards in occupational health and safety. Recreation therapists are expected to follow the same standards as other health professionals in terms of identifying and reporting hazards, having communication and emergency response plans, reporting all incidents including accident or injury to self or patient, exposure to blood and bodily fluids, exposure to infectious disease, exposure to chemicals or hazardous materials. Recreation therapists who act as clinical leaders, mentors and student preceptors, who delegate activities to assistant and aides, and who supervise volunteers are required to identify and communicate the same infection prevention and control and occupational health and safety standards as other health professionals in order to protect patients, staff, students and volunteers.

### 14. Legislation and policies

While existing professional legislation and government policies do work to support safe patient care and establish mechanisms for standardization and reporting of harmful care, they do not approve or prevent a health worker from practicing a particular profession. Only the professional governing body has the authority to decide who can and cannot practice a particular profession and remove a license to practice in the case of unethical, incompetent or harmful patient care. For example, the Protection of Persons in Care Act (PPCA) applies to adults in publicly funded care facilities as a system to report patient abuse and neglect by others. Although investigations by the PPCA towards a specific workplace and employee(s) may result in loss of employment, it does not necessarily hinder the professional's future employability unless they are accountable to their professional college. Without this level of accountability, as in unregulated professions

such as recreation therapy, the public may not be protected in future cases because only the regulatory college can initiate disciplinary action and revoke the professional's license to practice. This Act also does not govern care by recreation therapists that occurs in many private practices.

Similarly, the Ombudsman Act gives the Provincial Ombudsman the authority to review decisions, recommendations, actions or omissions in patient concerns resolution processes at the level of health region or professional college proclaimed under the HPA. The Patient Concerns Officers (PCO) receives and deals with complaints regarding the provision of goods and services to patients, any failure or refusal to provide goods or services to patients, or the terms and conditions under which goods and services are provided to patients. This process does not include identifying action plans for individual professions or for managing complaints against a health professional as this would fall under the responsibility of the profession's regulatory college.

Accreditation is another example of an evaluation mechanism for specific health service teams, organizations, and programs to evaluate the specific delivery of services against national standards. The accreditation assessment is based on patient care standards or service delivery standards, but does not evaluate the standards of individual professionals or have the power to remove practicing licenses of individual practitioners.

## Summary

Over its 25 year history, ATRA has received one formal complaint from the public against a recreation therapist who was not practicing patient-centred care and not conducting meaningful assessment. ATRA regularly responds to inquiries from employers and members of the public regarding scope of practice and hiring standards which works to heighten the awareness and expectations of the public, health employers and other health professionals that recreation therapists follow established standards of practice and meet entry to practice and continuing education criteria in order to reduce harm and improve patient safety.

Even though many health employers across the province require ATRA registration for their recreation therapists as the only known standard in Alberta, they ultimately cannot enforce an employee to be a member of a voluntary association. Without regulation and with only voluntary registration, there continues to be unidentified recreation therapists practicing across the province with unknown education and no guarantee of continued education. Without knowing these practitioners, ATRA cannot provide further education on competent practice and cannot support those practitioners through clinical supervision and mentoring programs.

Employers are not expected to train their employees on their standards of practice; only policies and procedures for the work setting. It is expected that the employee understands their professional standards and scope of practice. As an unregulated profession, inconsistent practice by recreation therapists creates discrepancies in care from one employer to the next with no accountability or standardized protection to the public. Employers presently rely on the judgment of their recreation therapists to establish appropriate intervention protocols, safety and risk standards and professional and healthy boundaries with patients.

Professional legislations and government policies do not determine who is allowed to practice as a health service; only the professional governing body has authority to decide who can and cannot practice. As professionals, recreation therapists are bound by laws that protect privacy, confidentiality, documentation and disclosure of health information, which will be written as requirements under the proposed college.

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Contact Us:  
ATRA

Alberta Therapeutic Recreation Association  
8038 Fairmount Drive SE  
Calgary, AB T2H 0Y1  
email: [atra@alberta-tr.ca](mailto:atra@alberta-tr.ca)

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[www.alberta-tr.ca](http://www.alberta-tr.ca)