

Code of Ethics

A Guide for Ethical and Moral Decision-Making for
Recreation Therapists

May 2021

Who We Are

Established in 1985, the Alberta Therapeutic Recreation Association represents Recreation Therapy professionals throughout the province of Alberta. ATRA supports our members through professional development, research, and education. Our members work together to improve the health and quality of life of the public by advancing therapeutic recreation practice through adherence to defined education, code of ethics, standards of practice, and a continued competency program.

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About this Publication

ATRA gratefully acknowledges the work of the Alberta College of Occupational Therapists in providing their Code of Ethics (2005) framework and adopted portions for this document.

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Cyr, C., Helgason, E., Appleton, K., Yunick, A. (2021). *Code of ethics*. Calgary, AB: Alberta Therapeutic Recreation Association.

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Alberta Therapeutic Recreation Association Code of Ethics

Introduction

The Alberta Therapeutic Recreation Association (ATRA) promotes competent and ethical practice to ensure public safety. Since 1986, ATRA has provided professional members, and those trying to enter the therapeutic recreation profession, with ethical principles and standards to ensure that Albertans receive care that is aligned with important moral and societal values of professional and therapeutic practice.

This guiding document has been written to provide recreation therapists with a definition of our four core values and a set of expectations of conduct, competence, and performance in a variety of practice settings and scenarios. These core values align with ATRA's Competency Profile, Risk to the Public for Recreation Therapists in Alberta, and the Canadian Therapeutic Recreation Association Standards of Practice. We hope that this guide serves as an effective tool for recreation therapists in their clinical practice and interaction with clients, health professionals, service providers, and the public.

How to Use this Guide

This guide serves as a reference for recreation therapists in utilizing and understanding the core values within the Alberta Therapeutic Recreation Association (ATRA) Code of Ethics. The format consists of statements and definitions related to the core values of *respect, integrity, competence, and non-maleficence*. In no order of precedence, the core values have been chosen for their relevance to recreation therapy practice. While not intended to be all encompassing, these are general statements that recreation therapists are encouraged to consider and apply in specific situations.

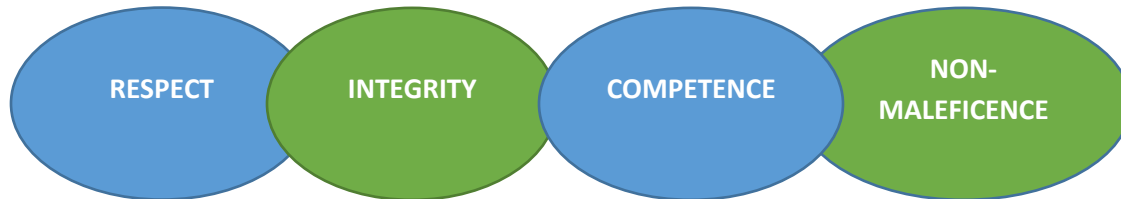
Each core value is followed by a definition and one or more descriptive scenarios. Some of the scenarios clearly demonstrate ethical or unethical practice. Others illustrate ethical dilemmas where factors may vary due to context, group characteristics, community, society, and individuals – where the therapist may need to consider that a single solution may not necessarily be better than another. While this guide will assist recreation therapists to reflect on ethical practice and principles, it is important to keep in mind that an individual's clinical judgement is essential for practice.

Should recreation therapists be unsure of what an unethical behaviour is within their practice, they are encouraged to seek the advice of colleagues, supervisors, or experts both within and outside of the field of therapeutic recreation. Others may view these situations in a more objective manner, as each situation may be interpreted in more than one way.

The recipient of recreation therapy services may include individual clients, groups, organizations, community, etc. The recipient may change throughout the process of providing service from assessment and intervention through to discharge.

This document typically uses the terms "Recreation Therapist" or "Therapist." However, ATRA acknowledges that our membership serves in various roles and capacities. This Code of Ethics is intended to be applied to all therapeutic recreation professionals regardless of job title, including practitioner, educator, consultant, researcher, administrator, manager, etc.

Four Core Values for Therapeutic Recreation Practice



Respect Recreation therapists shall demonstrate respect by exhibiting due regard for the feelings, wishes, rights, and traditions of others in each of their interactions with clients, colleagues, support systems, and all others in a professional manner. The core value of respect will be carried out by:

- 1.1 Acknowledging inherent Human Rights guaranteed by law and treating each client with dignity and respect.
- 1.2 Recognizing that the client has the right to accept or refuse any recommended therapeutic recreation service.
- 1.3 Being self-aware and committed to negate personal biases within service provision and relationships.
- 1.4 Collaborating with the client(s) and/or care partners in setting goals and priorities of service as much as reasonably possible.
- 1.5 Providing clients with the information they need to make decisions about the options available to them.

Integrity Recreation therapists shall demonstrate integrity by having strong moral principles and engaging in honest, equitable, and fair interactions. The core value of integrity will be carried out by:

- 2.1 Establishing the trust and confidence of each client and others through professional conduct and appearance.
- 2.2 Informing and communicating fees and cost of services to clients and/or helping to source other options.
- 2.3 Accurately representing the role of a recreation therapist's professional qualifications, skills, and competencies.
- 2.4 Exercising independent professional judgement by being aware and not compromising integrity by being pressured or negatively influenced by others.
- 2.5 Serving as an advocate for therapeutic recreation by promoting the purpose, values, and ethics of the profession.



Competence Recreation therapists shall achieve high standards of competence (ACOT, 2005) by:

- 3.1 Being knowledgeable of the Standards of Practice and the Competency Profile for Therapeutic Recreation.
- 3.2 Committing to continuous learning and self-improvement that is essential to professional development and increased effectiveness as a professional and competent service provider.
- 3.3 Delivering services only in areas of expertise and within scope of practice.
- 3.4 Refraining from providing services when impaired by a substance, illness, or personal difficulties.
- 3.5 Supporting colleagues and students in advancing their abilities through supervision and/or teaching.
- 3.6 Documenting recreation therapy service delivery to identify strengths, areas of growth, and to develop the treatment plan.
- 3.7 Ensuring referrals and requests are made to the appropriate sources when treatment is beyond the competencies or scope of the recreation therapist.
- 3.8 Functioning as a cooperative and collaborative member of the treatment team for the delivery of effective health care.

Non-Maleficence The duty to do no harm and protect others from harm. Recreation therapists shall demonstrate avoiding the causation of harm by:

- 4.1 Maintaining professional boundaries by avoiding any activity or relationship which would exploit or cause harm to others or to the profession (ACOT, 2005, p. 14).
- 4.2 “[Accepting] responsibility and accountability for one’s own actions taking all necessary steps to prevent or minimize harm; and should harm occur, ensure appropriate disclosure” (CRPNA, 2013, p. 4).
- 4.3 “[Reporting] in good faith any incompetent or unethical behaviour of health care providers and/or others to the appropriate authorities” (CRPNA, 2013, p. 4).
- 4.4 Preserving and protecting the confidentiality of all personal and health information of the client, except where disclosure of such information is necessary to the service or treatment of the client or is a legal requirement of the courts (HIA, 2018).
- 4.5 Conducting all programs with due regard for the psychological, physical, emotional, etc. safety of the clients, colleagues, and facilitators.

Definitions and Scenarios

1.0 Respect

Recreation therapists shall demonstrate respect by exhibiting due regard for the feelings, wishes, rights and traditions of others in each of their interactions with clients, colleagues, support systems, and all others in a professional manner.

1.1 Human Rights

Acknowledging inherent Human Rights guaranteed by law and treating each client with dignity and respect.

Definition: "15(1) Every individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination and, in particular, with discrimination based on race, national or ethnic origin, colour, religion, sex, age or mental or physical disability" (*Canadian Charter, 1982, s 15(1)*).

The role of a recreation therapist is to understand the unique variety of individuals and groups that we support and to empower all people regardless of age, ethnicity, income, or abilities. Our responsibility is to remove barriers and provide enabling opportunities for our clients, groups, organizations, societies, and systems so they are not excluded from participating in their communities. As recreation therapists we provide a voice for all.

Scenario

A client, who is a minor, is in a mental health residential treatment program and the divorced parents are the decision-makers. One parent has a religious belief that prohibits dancing, while the other parent has no concerns. The health team is challenged in meeting the conflicting beliefs of the parents, which is causing barriers to the leisure education plan. The client is part of the planning group and has chosen to attend a dance.

Response 1

The recreation therapist would facilitate a discussion with the parents. The discussion will reflect how the shared care approach can be accomplished with all parties in agreement. Once an agreement is in place, the youth client would then participate in the conversation as a vital member of the decision-making team so that the goal of therapy can be achieved.

Response 2

The parents cannot come to a mutual agreement. Therefore, the recreation therapist will discuss other activity options with the parents and client that will respect parental beliefs and continue to support the client's goal.

1.2 Consent for Service

Recognizing that the client has the right to accept or refuse any recommended therapeutic recreation service.

Definition: Client choice means the right to information necessary for making informed choices to consent to or refuse services. Clients know the context in which they live, and they hold their own beliefs and values. As such, when they are provided with the necessary information, they can decide what is best for themselves. Clients who are not competent in all areas of their lives may still be capable of making sound decisions in some areas and need to be allowed the opportunity to make decisions in those areas. When a client has been declared unable to make decisions for themselves, clinicians need to ensure that a therapeutic relationship is maintained within the limits possible for the client and with the substitute decision-maker as well. When individual clients are unable to make decisions, a substitute decision-maker must always be consulted.

There are limits to client choice. For instance, clients do not have the right to choose to endanger the safety of others. Client choice may be restricted by policies that promote health as well as resources available in a particular situation (CNO, 2018).

Scenario

A client has refused to participate in a therapeutic recreation program on the unit. A health care provider approaches and states: "Just take him to the program. He will have a good time."

Response 1

The conversation with the health care provider may include an explanation of the therapeutic recreation assessment process, evaluating the client's strengths, interests, abilities, decision-making skills, etc. A client-centred approach and respect for their decision is addressed. Each program has a goal-oriented approach and client's consent to participate before therapy begins. As this client does not consent to participation in the program, it would not be appropriate to have them join the program. The client has chosen not to participate.

Response 2

Upon further review of the client's chart, the client's substitute decision-maker has requested for the client to be involved in all programs. The recreation therapist will connect with the decision-maker to get clarification and to have the opportunity to educate them on consent and the results of the assessment process.

1.3 Personal Bias

Being self-aware and committed to negate personal biases within service provision and relationships.

Definition: Recreation therapists will be consistent in their interactions and ensure that communication and treatment is the same for all clients. All clients will be treated equally and fairly, without judgement. Services are offered to clients while focusing on their goals, abilities, values, beliefs, etc.

Scenario

A client in an acute care setting is referred to an expressive arts program. The client arrives to the program and is still wearing the clothes from the day before. The client's clothes are soiled, and the client has poor hygiene.

Response

The recreation therapist would welcome the client into the program and treat them with the same respect as the other participants. The client would be encouraged to participate in the program. Upon completion of the program, the recreation therapist speaks to the client in private and encourages them to seek out assistance from staff for their personal hygiene. The recreation therapist would note the condition of the client, communicate to the care team following the program, and follow proper documentation procedures.

1.4 Collaboration

Collaborating with the client(s) and/or care partners in setting goals and priorities of service as much as reasonably possible.

Definition: "Effective goal setting involves collaboration between the client and therapist and is an important component of" recreation therapy (VanPuymbrouck, 2014, p .1). "The goals of the client need to be clearly understood and utilized in setting service priorities. Effective and ethical practice demands that we understand the context of the situation including the client's state of mind. We need to consider factors that may be influencing the client's judgment and ability or desire to participate (e.g., depression, potential side effects of medication, pressure to resume work, influence from family members, etc.) In addition, the process of collaborating with the client should take into consideration safety and health issues when prioritizing services, to protect the individual, ourselves, and the public" (ACOT, 2005, p. 6).

Scenario

A recreation therapist from the home living team books an appointment with a client in their home to follow up on a referral. The client has recently returned home after spending a month in the hospital after having a stroke. The family requested the referral stating that they wanted the client to attend a day support program. The client's perception of their current abilities and interests are different than the perception of their family. The client has been deemed competent to make their own decisions.

Response 1

The recreation therapist asks a question, such as: "What matters to you?" or "What would you like to do?" The conversation includes a shared care approach to goal setting and what the client would like to accomplish. The client states that their goal is to return to golfing with their friends. The client has stated they are not interested in attending the day support program but is willing to look at other opportunities within their home and community.

Response 2

The family members are not in agreement. They feel that the client cannot golf again and would like the client to attend the day support program so that they feel the client is taken care of and is safe. The recreation therapist supports the client's goal while addressing the family's concerns by meeting with them to discuss the treatment plan. The recreation therapist discusses some of the adapted options, risks, and benefits for the client.

1.5 Informed Decision-Making

Providing clients with the information they need to make decisions about the options available to them.

Definition: Recreation therapists respect and support clients in making decisions and provide the client with all available options and information. This includes education and support to promote potential benefits, to address barriers or risks, as well as to provide a variety of leisure activities.

Scenario

A new referral is made to therapeutic recreation for a client to participate in a social community outing. This referral was made by the interdisciplinary team as they feel the client should expand their social connections in the community.

Response

The recreation therapist meets with the client to discuss the referral. The client indicates that they are not comfortable in community settings and have always preferred in-home activities. The client describes themselves as a loner who experiences social anxiety in community settings. The client is open to alternatives, such as small group and one-to-one programs. The recreation therapist reports back to the interdisciplinary team that an outing is not appropriate, but the client has agreed to participate in other ways.

2.0 Integrity

Recreation therapists shall demonstrate integrity by having strong moral principles and engaging in honest, equitable, and fair interactions.

2.1 Professional Conduct and Appearance

Establishing the trust and confidence of each client and others through professional conduct and appearance.

Definition: Recreation therapists strive to uphold the core values of their profession by presenting themselves as transparent, honest, and respectful, while demonstrating empathy and integrity. Recreation therapists are mindful of meeting clients in a timely manner, being aware of tone of voice, body language, and professional attire.

Scenario

A recreation therapist is meeting with a client and their family on a palliative care unit for the first time.

Response 1

The recreation therapist will use a calm and empathetic approach when introducing themselves to the client. In order to build confidence in the client and family, the recreation therapist will ensure that their attire is appropriate for the setting. The recreation therapist will be prepared to provide information regarding assessment and treatment options.

Response 2

The therapist will also liaise with the care team regarding the client/family wishes for recreation and leisure involvement and how the client may be engaged by members of the care team when the recreation therapy team is unavailable.

2.2 Cost of Service

Informing and communicating fees and cost of services to clients and/or helping to source other options.

Definition: Costs for therapeutic recreation can include product and/or delivery of service.

Scenario

The recreation therapy team is approached by a family member asking them to transport their loved one from the facility to a family function outside of regular work hours. This would include using the facility-owned bus. Further discussion needs to occur regarding cost and use of the bus.

Response

As this may go against a facility's policy and procedures, a discussion needs to happen with the manager/supervisor, followed by connecting with the family to share other potential transportation options.

Scenario

As part of a leisure education treatment plan, a recreation therapist and client are accessing a community facility. The cost for using the facility is \$10 per person.

Response 1

Part of leisure education is to work through barriers such as costs, transportation, equipment, etc. This process should include exploring funding subsidies when necessary or choosing activities with little or no cost. Additionally, reaching out to the organization providing the community services should be done regarding their policy relating to how potential users may be accompanied by support staff.

Response 2

Facility policies and procedures may clearly outline who is responsible for these costs as this varies from site to site. The client could potentially have to cover all expenses involved in their treatment, including support staff costs. At other sites, these fees may be included in health care services.

Scenario

You own and operate a private therapeutic recreation company and have been approached to provide a consultation and service. The cost of private recreation therapists will vary depending on the company and the service requirements.

Response

Private companies are required to provide a detailed explanation of potential services and costs. It is important to provide an explanation of these services and costs, which is shared with the payee through a verbal agreement and/or written terms of payment. Terms of payment include all expenditures related to the program expenses and/or leisure equipment costs.

2.3 Representation of Qualifications

Accurately representing the role of a recreation therapist's professional qualifications, skills, and competencies.

Definition: Recreation therapists can offer a wide range of services in a variety of sectors. It is each recreation therapist's responsibility "to accurately describe the range and quality of our professional services and not to attempt tasks that are outside the restricted activities recreation therapists can perform or beyond our level of competence. The client should be informed about our qualifications and the extent of the services provided" (ACOT, 2005, p. 20).

Scenario

A family reads about a music therapy program on a facility calendar and inquires about the qualifications of the individual facilitating the program.

Response

The recreation therapist explains the difference and that they are not a music therapist, then changes the program name to avoid confusion. For example: music appreciation, music and reminisce, sing-along, etc.

Scenario

A private recreation therapist is hired to consult on a fitness training program for a rehabilitation client to improve strength and flexibility.

Response 1

The recreation therapist has informed the client that they have additional certification (Alberta Fitness Leadership Certification Association, etc.), which their organization requires and allows them to provide a more detailed fitness treatment plan than other recreation therapists.

Response 2

The recreation therapist has a discussion with the client regarding possible fitness opportunities and organizations as well as the potential benefits. The client is encouraged to inquire about the qualifications of the fitness professional.

2.4 Professional Judgement

Exercising independent professional judgement by being aware and not compromising integrity by being pressured or negatively influenced by others.

Definition: “Applying knowledge, skills and experience, in a way that is informed by professional standards, laws and ethical principles, to develop an opinion or decision about what should be done to best serve clients” (Cohen, 2015, p. 6).

Scenario

A family expresses appreciation for services provided by the therapeutic recreation team and wishes to make a financial donation in memory of their loved one.

Response

The recreation therapist is aware of the organization’s policy, which states that they are not able to accept the financial gifts directly. There are several non-profit groups that support the recreation therapy department, and the family is encouraged to donate the funds to one of those groups (i.e., hospital auxiliary, resident council, hospital foundation, etc.).

Scenario

A family asks the recreation therapist to have their mother, who lives in a long-term care facility, go on all bus outings, and explains that she will get more out of the trip than other specific residents in the facility.

Response

The recreation therapist explains the assessment process, the objectives of different outings, the bus capacity, and the value of outings for all individuals. After residents have been assessed, the recreation therapist plans outings to ensure equal opportunity for all and shares this with the family.

2.5 Professional Advocacy

Serving as an advocate for therapeutic recreation by promoting the purpose, values, and ethics of the profession.

Definition: The Alberta Therapeutic Recreation Association and its members act as a consistent voice and advocate for therapeutic recreation in Alberta with colleagues, prospective members, members of the public, employers, educational institutions, other health professions, and national/international groups representing therapeutic recreation.

Scenario

A recreation therapist is asked by another colleague with authority to strictly offer only physical activities for all clients to help burn off excess energy and keep the clients busy so they sleep better at night.

Response 1

The recreation therapist views this as a chance to educate the colleague and the health care team about therapeutic recreation services and what that role includes. It is also an opportunity to problem solve with the team to meet the needs of the client.

Response 2

The recreation therapist provides an overview of the client's assessment, treatment plan and outcomes at family/client conference, team meetings as well as in their documentation records.

3.0 Competence

Recreation therapists shall achieve high standards of competence (ACOT, 2005).

3.1 Professional Knowledge

Being knowledgeable of the Standards of Practice and the Competency Profile for Therapeutic Recreation.

Definition: Recreation therapists assure the systematic provision of quality therapeutic recreation services by following ATRA's guiding documents (ATRA, 1991).

Scenario

A recreation therapist has chosen not to incorporate the use of standardized, valid, and reliable assessment tools within their practice.

Response 1

It is imperative for all recreation therapists to have a clear understanding of the most appropriate use of assessment tools within their practice. This includes understanding the use of interview and observational techniques, knowledge of comprehensive assessment processes, understanding the importance of incorporating information gathered through standardized functional assessments, leisure assessments and/or leisure interest inventories (ATRA, 1998).

Response 2

The recreation therapist may need to explain their reasons for not using standardized tools. Perhaps the organization they are working at uses their own tools and expects the recreation therapist to use the ones provided. Some site-based discussion about the standardized tools available and the Provincial Recreation Therapy Competency requirements need to be conducted with the therapist's team lead.

3.2 Continuing Competence

Commitment to continuous learning and self-improvement that is essential to professional development and increased effectiveness as a professional and competent service provider.

Definition: As recreation therapists, “we continuously use our critical thinking skills to review our own practice and look for areas that require strengthening through professional development.” Professional development activities are outlined within ATRA’s Continued Competency Program. Therapists must meet minimal practice standards, but as professionals, are encouraged to strive for high standards of competence (ACOT, 2005).

Scenario

A recreation therapist with over 15 years of experience is often sought out by others for advice or direction. This therapist works in a remote community and is unable to travel to access further educational opportunities to maintain professional competence.

Response 1

This recreation therapist is encouraged to use discretion when providing scenarios, direction, or advice. The therapist is encouraged to remain current with their practice through further education. Many learning opportunities are available through telehealth sessions, webinars, online or distance learning, reading journals, writing articles, doing research, taking a class, on-site education, etc.

Response 2

Recreation therapists must maintain best practice in their area of expertise by staying current with new and emerging evidence informed practice. This is an expectation for all therapeutic recreation professionals.

Scenario

A recreation therapist has not been practicing for five years due to a personal/family situation. The former therapist wants to return to work but has not obtained any continuing education since leaving their position.

Response 1

The therapist will have to re-apply to ATRA for professional membership. The Membership Review Committee would assess competency and help to determine a bridging process and requirements for continuing education to attain professional membership status. ATRA requires that all professional members maintain CEU’s (Continuing Education Units) whether they are practicing or not. Therefore, the therapist will need to complete the necessary continuing education.

Response 2

ATRA members are required to complete Continuing Education Units (CEU). The ATRA Board of Directors encourages all members to plan if they are going to be absent from the profession. Members can collect their CEU’s in a variety of ways. For suggestions, refer to the ATRA website under the Continuing Competence section or email ATRA for further support.

3.3 Scope of Practice

Delivering services only in areas of expertise and within scope of practice.

Definition: “Advanced knowledge and skill in recreation therapy can be acquired through several methods including education programs, conferences focused upon specific skills or diagnostic populations and the successful acquisition of expert skills that have been mastered over a substantial period of practice” (NCTRC, 2019).

Scenario

Virtual reality equipment was donated to a therapeutic recreation program to use with their clientele. The technology is new to the recreation therapy team.

Response 1

With new technologies, such as virtual reality, it is vital that the staff utilizing this equipment undertake relevant education, training, supervised experiences, consultation and/or study (Dean, 2010).

Response 2

“In those emerging areas in which generally recognized standards for preparatory training do not yet exist, recreation therapy staff nevertheless take reasonable steps to ensure the competence of their work and to protect clients..., students, staff, research participants,and others from harm” (Dean, 2010, p. 1).

Scenario

A recreation therapist working at a physical rehabilitation unit was asked by the manager to cover for the recreation therapist on an acute psychiatry unit. This recreation therapist has limited experience and training working with psychiatry clients.

Response

The recreation therapist requests to meet with the manager to discuss concerns and their lack of experience in working with this population. The recreation therapist recognizes that this is not within their scope of practice. If the manager insists that the coverage is needed, the recreation therapist shall request further training to gain competence in this area. The recreation therapist also seeks out further training.

3.4 Non-Impaired Service Provision

Refraining from providing services when impaired by a substance, illness, or personal difficulties.

Definition: Recreation therapists refrain from performing job duties where there is substantial likelihood that their personal difficulties, illness, or substance use will negatively impact judgement and performance, and/or unintentionally create harm.

Scenario

A recreation therapist has influenza and has been away from work for the last four days. They decide to return to work because they feel they need to meet with a client on their caseload who is discharging. The therapist continues to be symptomatic.

Response 1

Most organizations' policies state that following a contagious illness, staff cannot return to work for 48 hours after the last symptom. These measures are put into place to protect clients, staff, and visitors from contracting the illness. The recreation therapist could reach out to a member of their team or the interdisciplinary team to support the client who is being discharged. They would explain the site policy regarding illness and how the staff are protecting the health of the client by staying home until well. Once the recreation therapist returns to work they may have a follow-up conversation with the client over the phone or by using virtual technology.

Response 2

Staff may not be fully competent when they are compromised by certain illnesses or the medications used to treat them. This puts clients, staff, the public, and themselves at risk when the recreation therapist's judgement is impaired.

Scenario

A recreation therapist regularly utilizes cannabis and co-workers suspect that they are impaired while at work.

Response 1

A co-worker approaches the recreation therapist and inquires if they are okay out of concern. The recreation therapist responds by telling the co-worker to mind their own business and walks away. The co-worker continues to observe the recreation therapist slurring their words, appearing unable to concentrate on simple tasks and has red glassy eyes. The co-worker then takes their concerns to the manager.

Response 2

When a recreation therapist becomes aware of their substance use interfering with their work-related duties, they should take appropriate measures, such as obtaining professional support while considering time away from work until the issues are resolved.

3.5 Professional Mentoring

Supporting colleagues and students in advancing their abilities through supervision and/or teaching.

Definition: It is part of the integrity of the profession that all members support and guide colleagues/students in improving and advancing their practice. It is part of the therapeutic recreation professional structure that we turn to each other for assistance in maintaining competence (ACOT, 2005).

Scenario

A recently graduated recreation therapist has been hired at a site. This therapist is overwhelmed and unsure of their professional role. There was minimal orientation and there is limited therapeutic recreation support. The new recreation therapist seeks the support of an experienced recreation therapist through ATRA.

Response

Although assisting the new recreation therapist is an additional responsibility, the experienced recreation therapist determines that they can support this individual to achieve competence by suggesting resources, networking contacts, educational opportunities, communities of practice, etc.

Scenario

During a student placement, a recreation therapist notices a relationship between the student and a client that may be bordering on inappropriate.

Response

The recreation therapist is obligated to address the concern and educate the student about ethical behaviour and appropriate boundaries between staff and clients. When supervising students, it is the recreation therapist's responsibility to teach and role model competence. If the student's behaviour does not change, the recreation therapist is responsible to report it to the practicum instructor and the placement location to determine the next steps.

3.6 Documentation

Documentation of recreation therapy service delivery in order to identify strengths, areas of growth, and to develop the treatment plan.

Definition: Documentation provides a means of measuring client progress and provides a basis of accountability of intervention through recreation therapy services. It provides a permanent record of what professional services and activities occurred with the client, it is a legal document, and required whenever recreation therapy services are performed. Documentation is essential to ensuring the accurate and comprehensive collection of information regarding a client and the recreation therapy intervention through a variety of methods (written, verbal, electronic, etc.) (TRO, 2012, p. 19).

Scenario

Chart audits are being conducted by a recreation therapist at a long-term care facility. The auditor discovers that the recreation therapist has not been completing the facility required documentation.

Response

The auditor passes along the report to the assigned manager who then follows up with the recreation therapist to inquire why no documentation is being performed. Working together, a plan is put in place to correct the barriers (caseload management, time management, use of current terminology, unsure of charting content, etc.) as well as to educate the recreation therapist on the importance of being competent in this area of practice. If the recreation therapist chooses to not follow through on the plan, performance measures may be enforced.

3.7 Referral Process

Ensuring referrals and requests are made to the appropriate sources when treatment is beyond the competencies or scope of the recreation therapist.

Definition: Recreation therapists are willing and obligated to connect with service professionals when requests are beyond their scope of practice and personal skill set. Recreation therapists are recognized as a profession with certain obligations and rights; therefore, it is our responsibility to seek other professionals when necessary for the best interest of the client (CNO, 2018, p. 12).

Scenario

A recreation therapy referral from home care is made for a client who experiences chronic pain. The recreation therapist completes a functional screening. During this assessment the client states that their pain is manageable. However, during the first aquatics therapy session the therapist observes that the client may be in more pain than first identified.

Response 1

The recreation therapist modifies or adapts the aquatic exercise program to meet the functional needs of the client to ensure their safety and that they experience only minimal pain. The recreation therapist may consult with other health care professionals, such as nursing staff, pharmacists, or physiotherapists for additional input.

Response 2

The recreation therapist determines that the client's level of pain may be too severe for them to be able to participate in an aquatic exercise program. The recreation therapist advises the client to see their physician and discuss pain management. If no further pain management modifications are available, the recreation therapist and client will meet to discuss other recreation and leisure options.

3.8 Treatment Team

Functioning as a cooperative and collaborative member of the treatment team for the delivery of effective health care.

Definition: Recreation therapists are an integral part of the interdisciplinary team and work formally and informally to help meet client goals. "An interdisciplinary approach relies on health professionals from different disciplines, along with the patient, working collaboratively as a team. The most effective teams share responsibilities and promote role interdependence while respecting individual members experience and autonomy" (Victorian Government, 2015, p. 1).

Scenario

During a family care conference, a family member is expressing their concern that their mother is not walking enough to maintain her mobility.

Response

The recreation therapist identifies and validates the family member's concern. The recreation therapist discusses the programming involving physical movement in which their mother is currently engaged in and will continue to encourage her participation. The interdisciplinary team identifies a treatment plan to maintain or improve the client's mobility. This could include nurses walking with the client to meals and other locations. Physiotherapy will direct staff on safe walking practices and encourage the client to participate in a walking program, etc.

4.0 Non-Maleficence

The duty to do no harm and protect others from harm. Recreation therapists shall demonstrate avoiding the causation of harm.

4.1 Maintaining Professional Boundaries

Maintaining professional boundaries by avoiding any activity or relationship that would exploit or cause harm to others or to the profession (ACOT, 2005, p. 14).

Definition: Limits that protect a recreation therapist's professional power and their client's vulnerability.

Scenario

A recreation therapist working on an inpatient unit received a referral to support a client to develop healthy community and social connections. During the therapy process of introducing the client to community resources, a friendship developed prior to the client being discharged. The recreation therapist invited the client to a social event in their home. The recreation therapist had intended for this to be a one-time occurrence, but the client misunderstood their relationship and continues to pursue their friendship outside the unit.

Response 1

The therapist needs to be aware of personal and professional boundaries. Pursuing a relationship with a client while providing treatment is deemed unethical and inappropriate. The therapist needs to meet with their supervisor to inform them that a boundary has been crossed and seek direction as to what steps need to occur. An example of the next step could be a meeting between the therapist, patient, and the supervisor to explain the importance of professional boundaries.

Response 2

The therapist did not heed warnings from their professional organization/employer or co-workers. The client has filed a grievance with the therapist's employer or the Alberta Human Rights Commissioner. The therapist is at risk of disciplinary action, which could include losing their job. Once the recreation therapy profession is regulated, the recreation therapist may not be able to practice in this province.

Scenario

A recreation therapist reconnects with a former client who they treated in the past. The recreation therapist has not seen this person professionally in three years and meets the client for a lunch date. During their conversation, the client shares that they are still receiving treatment and refers to their past treatment provided by the recreation therapist.

Response 1

There are indications that the former client may still be influenced by the therapist-client relationship and has no other basis for a relationship. This relationship has the potential for exploitation, so the recreation therapist discusses this issue with their supervisor to ensure there is no conflict.

Response 2

A meeting with the client is held to discuss the situation. An explanation of the circumstances should be undertaken so that there is no misunderstanding between the therapist providing treatment and the patient going forward.

Scenario

A recreation therapist allows a recently discharged client access to their personal social media account, such as Facebook, Twitter, or Instagram.

Response 1

The recreation therapist is strongly encouraged to avoid connecting with recently discharged clients due to the importance of maintaining a therapist-client professional relationship. The recreation therapist and the client should consider the following questions:

- What are the organization's policies regarding the use of social media accounts?
- Does any inequality exist due to a power differential? (ACOT, 2005, p. 14).
- Could the potential personal relationship interfere with their professional relationship if the client were to be re-admitted?
- Is the client seeking professional support through personal friendship and social media?

Response 2

The recreation therapist must consider the impact of connecting with others on social media and what is posted on these sites as they are also representing the profession and the organization they are employed by. Our duty as professionals also extends to the public as we must protect their trust. As recreation therapists we promote and maintain that trust of the public through our actions and behaviours.

4.2 Minimizing Harm

"[Accepting] responsibility and accountability for one's own actions taking all necessary steps to prevent or minimize harm; and should harm occur, ensure appropriate disclosure" (CRPNA, 2013, p. 4).

Definition: Abuse is defined as "to use something for the wrong purpose in a way that is harmful or morally wrong" (Cambridge Dictionary Online, n.d.). Abuse can include physical, verbal/emotional, sexual, financial, material exploitation, mental/psychological, cultural/identity, etc., as well as from individuals in positions of influence.

Scenario

A recreation therapist gives a client a hug and rubs their shoulder with the intent to console them as they were sad and tearful.

Response

Touch clients in a therapeutic manner only and obtain and maintain informed consent when completing interventions that involve touching or that could be misconstrued to be of a sexual nature. This includes, but is not limited to, explaining the nature of or reason for the therapeutic intervention and the rationale or purpose of any touching and documenting the discussion. Refrain from making remarks that could be construed by the client as seductive, sexually demeaning, or disrespectful (Alberta Health, 2018).

Scenario

A recreation therapist goes with a client to their first session at a fitness centre. The recreation therapist feels the client is wearing inappropriate gym attire and makes a derogatory comment to the client in front of the fitness instructor. The client appears to be embarrassed by the comment, as their face went red, they became teary eyed and no longer made eye contact.

Response

Once observing the client's reaction, the recreation therapist needs to acknowledge that the client was humiliated, and that this can be viewed as abuse. The recreation therapist is encouraged to apologize to the client, being specific about the comment and appropriately rephrasing the intent of the comment. This should be documented and the incident report to their supervisor.

Scenario

A recreation therapist and their practicum student are in a social setting celebrating Recreation Therapy Month with the rest of the team. The recreation therapist offers to drive the student home, and once there, holds the student's hand and attempts to kiss them. The student pulls back and states that they are not comfortable with the situation and leaves.

Response

This behaviour is extremely unprofessional, inappropriate, and may be considered sexual misconduct due to the power differential and uninvited advances of the recreation therapist. The student needs to report the situation to their school's placement coordinator as well as to the recreation therapist's manager. The manager and the educational institution need to follow their respective policies and procedures for abuse in order to move forward.

Scenario

During a student placement, the recreation therapist has noticed a relationship between the student and a client that may be bordering on inappropriate.

Response

The recreation therapist is obligated to address the concern and educate the student about ethical behaviour and appropriate boundaries between staff and clients. When supervising students, it is the recreation therapist's responsibility to teach and role model ethical and professional behaviour that reflects competence and minimizes harm.

4.3 Reporting Unethical Behaviour

"[Reporting] in good faith, any incompetent or unethical behaviour of health care providers and/or others to the appropriate authorities" (CRPNA, 2013, p. 4).

Definition: Recreation therapists are obligated to put the client's safety first and report any illegal, immoral, or illegitimate practices. The purpose of reporting is to stop behaviours that cause harm and to prevent them from continuing in the future.

Scenario

A recreation therapist goes to get a client and notices another staff member in the client's room taking money out of the dresser. The recreation therapist asks the individual why they are taking money. The staff responds that the client asked them to buy them something at the store. When the client is approached about the situation, they denied that they made a request.

Response

The recreation therapist reports this situation to their supervisor so an investigation can occur.

Scenario

A supervisor observes a program being facilitated by a recreation therapist. When the supervisor checks the attendance statistics, they notice higher reported numbers between what the recreation therapist has documented and what was observed. The supervisor makes the time to observe this program a second time and notices a similar discrepancy.

Response

The supervisor approaches the recreation therapist to discuss the discrepancies. After the discussion, the recreation therapist is informed that this unethical behaviour must change. If not, disciplinary action will follow.

4.4 Confidentiality

Preserving and protecting the confidentiality of all personal and health information of the client, except where disclosure of such information is necessary to the service or treatment of the client or is a legal requirement of the courts (HIA, 2018).

Definition: Recreation therapists demonstrate respect by protecting a client’s personal information. As a recreation therapist, a cornerstone of professional relationships is confidentiality with respect to all matters associated with professional services to clients. A recreation therapist demonstrates respect for the trust and confidence placed in them by clients, communities, and other professionals by protecting the privacy of client information and respecting the client’s right to control when or whether this information will be shared with third parties. Recreation therapists only disclose confidential information to other parties (including family members) with the informed consent of clients, clients’ legally authorized representatives or when required by law or court order. It is an expectation that recreation therapists are responsible to keep all client information confidential except when disclosure is necessary to prevent serious, foreseeable, and imminent harm to a client or others. In all instances, the recreation therapist will disclose the least amount of confidential information necessary to achieve the desired purpose (CASW, 2005, p. 7).

Scenario

A client who lives in a facility is attending a community activity with the therapeutic recreation staff. Staff are required to bring some personal, confidential information, i.e., goals of care designation and emergency contact information. The documents were not secured and were left behind on the table at the restaurant.

Response 1

A staff member would need to retrieve the confidential documents and report the incident according to facility policy. All confidential documents are to be locked in a secure manner and kept on the designated person.

Response 2

Follow up training will be provided for staff to ensure policies are followed for transporting confidential client documents.

4.5 Safety

Conducting all programs with due regard for the psychological, physical, emotional, etc. safety of the clients, colleagues, and facilitators.

Definition: Collective mindfulness is important for recreation therapy teams to understand that the health system has the potential to fail. Teams should continuously focus on minimizing all forms of risk (Joint Commission, n.d.).

Scenario

While travelling in the van on a community engagement program, two clients are talking, and the conversation escalates to an argument. The exchange has the potential to become aggressive without immediate staff intervention.

Response 1

Staff would intervene by asking the clients to be respectful of each other and to everyone else in the van. Explain that it is important for everyone to feel safe in the program and their argument was making others feel unsafe. Once the van has stopped at the destination (or sooner if required) a staff member would talk to the clients involved in the exchange to ensure that there is a resolution to the situation. The expectation for the clients is that they are willing to treat each other with respect and if this occurs, the program will continue. If this conversation does not resolve the argument, the staff would be required to determine the best way to handle the situation. Potentially, one client may be asked to return to the facility, accompanied by a staff member, if deemed appropriate and safe. The remaining clients would have the opportunity to continue the program and not be negatively impacted by the exchange. Another option would be to return the entire group to the facility if it can be done in a safe manner (i.e., strategic seating arrangements).

Response 2

When unsuccessful attempts have been made and if the situation escalates to aggression, 911 would be called immediately to ensure the safety of all clients and staff.

Response 3

The recreation therapist will document the incident and communicate with their team regarding the clients' behaviours. The team would decide on strategies to address the behaviours and/or decide if the client(s) are ready for community programs.

Scenario

During an expressive arts group session, one client has been making frequent inappropriate comments to another and continues despite direction to stop.

Response 1

Remove the disruptive client from the group and discuss the behaviour and potential consequences if that inappropriate behaviour continues. Follow through on the stated consequences if the behaviour persists.

Ask the disruptive client in private if they are okay. Depending on the response of the client, the recreation therapist would determine the best course of action. The client may have had a difficult situation to deal with earlier in the day and this is their way of asking to be heard. Perhaps this is an awkward way of wanting to connect with other clients, where they do not have the skills to do so successfully. Or perhaps this client is attempting to make the other participant uncomfortable. The course of action would be determined by the client's response. They may just need someone to hear how they are feeling. They may be offered an opportunity to participate in a social skills group to develop communication skills. The client may need to be asked to leave the program and return when they are willing to be respectful to all people present.

The client that was the target of the inappropriate comments would also be spoken to privately to ensure that they were feeling safe.

Response 2

If these inappropriate comments become a consistent problem, the recreation therapist and the client would have a meeting to determine why this behaviour is continuing. The action plan would be mutually decided upon to ensure the client feels empowered to make a change in their behaviour. The client would be encouraged to apologize to the client who was the target of the inappropriate comments.

Response 3

The recreation therapist would document and share the information with the care team. Feedback from the care team would be included in the consideration of the care plan decided on with the client.

Scenario

In a Leisure Education session, a client shares that they frequently use drugs when they are riding their bike with friends.

Response 1

The recreation therapist would use questioning to determine what stage of change the client is in with their addiction (pre-contemplation, contemplation, preparation, action, or maintenance). Knowing the client's stage would help determine the response. It is imperative that the recreation therapist's response meets the stage that the client is at for the interaction to remain open. If the therapist responds with the incorrect stage, the client may become resistant and not want to explore the situation further.

Response 2

The recreation therapist may decide that this discussion would be better served in a one-on-one conversation. Motivational interviewing, harm reduction, and the trans-theoretic model of addiction would all be considered during the individual session. Leisure and drug use would be discussed with client so that they are able to make informed decisions regarding their use.

Response 3

The recreation therapist would document the interaction and consult with the addictions counsellor to ensure both therapists are aware of the situation. This may be a sharing of information or a strategy may be determined for both therapists on how to best approach the topic of drug use during leisure activities.

Glossary

Assignment: The process by which a recreation therapist designates support personnel to carry out specific activities related to the recreation therapy service. While specific activities may be assigned to support personnel, the recreation therapist remains accountable for the overall client program and care plan.

Client: May be a person, family, group, community, or organization receiving professional services, products, or information. Person, client, or resident with illnesses and disabling conditions who receives intervention within a health service to protect, maintain, or improve health and well-being.

Community: "Within one's environment, for example: the community in which the client lives or the client's definition of their community" (ATRA, 2019, p. 24).

Community Integration: Purposeful intervention used to apply the client's functional skills, awareness, and attitude to the real environment or situation where the activity takes place. A performance-focused assessment of abilities, strengths, and further treatment requirements to improve success and sustainability.

Competent: Having the ability and capacity to perform the task, while meeting the established minimal standards/expectations. Possessing the combined knowledge, skills, attitudes, and judgment required to effectively provide professional services.

Core Values: The beliefs and principles upon which therapeutic recreation service delivery is based (TRO, 2012, p. 31).

Interprofessional Collaboration: Occurs when a treatment team, made up of more than one discipline, coordinates assessment, interventions, and goal setting initiatives based on the knowledge and skills of the entire professional team. Requires high level communication among disciplines and a clear understanding of competencies of other professions in order to ensure safety to the patient and trust among the treatment team. Recreation therapists contribute to general treatment goals and specific leisure-related goals.

Informed Consent: "Permission given by a client to be involved in a treatment procedure or research study" (Austin, 2001, p. 70).

Quality of Life: Life satisfaction perceived by the patient based on cultural context, value system, expectations, goals, incorporation of physical health, their psychological state, level of independence, social relationships, personal beliefs, and their relationship to salient features of the environment.

Restricted Activities: Regulated health services that are identified in legislation as requiring specific competencies and skills to be safely provided to the public. They are generally seen as high-risk activities. Restricted activities may only be performed by practitioners authorized to do so in legislation. These individuals may be regulated health professionals whose scope of practice includes the provision of the restricted activity or other practitioners who have been exempted from the restriction. These activities may be performed by several regulated health practitioners and are not linked to any particular health profession. Restricted activities also apply to non-regulated practitioners by defining what they may not do.

Supervision: A process in which two or more people participate in a joint effort to promote establish, maintain, or increase a level of performance and service. One person is identified as having ultimate responsibility for the quality of service.

Sexual Misconduct: As defined in the *Health Professions Act*, "means any incident or repeated incidents of objectionable or unwelcome conduct, behaviour or remarks of a sexual nature by a regulated member towards a patient that the regulated member knows or ought reasonably to know will or would cause offence or humiliation to the patient or adversely affect the patient's health and well-being but does not include sexual abuse" (Alberta Health, 2018).

Therapeutic Relationship: Refers to the relationship that exists between a recreation therapist and a client during the course of recreation therapy treatment. The relationship is based on trust, respect, and the expectation that the recreation therapist will establish and maintain the relationship according to applicable legislation and regulatory requirements and will not harm or exploit the client in any way.

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