

# Competency Profile

For **Recreation Therapists**

In **Alberta**

2021 Edition



## Who We Are

Established in 1985, the Alberta Therapeutic Recreation Association is a self-governing health profession with membership comprised of therapeutic recreation practitioners. 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.

Competency Profile published 2012.

## About this Publication

Standards of Practice published 1989.

No part of this publication may be reproduced, stored in a retrieval system or transmitted in any form or by any means, electronic, mechanical photocopying, recording, or otherwise without prior permission of the Alberta Therapeutic Recreation Association. If citing this document, please use the following:

Alberta Therapeutic Recreation Association (2021). *Competency Profile for Recreation Therapists in Alberta*. Calgary Alberta:

All rights reserved.

**To learn more about ATRA, please visit:**

<http://www.alberta-tr.ca>

**Or email us at:**

atra@alberta-tr.ca

PO Box 19531  
Cranston, Post Office  
Calgary, Alberta  
T3M 0V4

© The Alberta Therapeutic Recreation Association (ATRA), Registered 1985.

## Table of Contents

|   |    |
|---|----|
| Introduction                                  | 4  |
| Additional Resources                          | 4  |
| Standards of Practice and Competence Levels   | 5  |
| <b>Essential Competencies</b>                 |    |
| Assessment                                    | 7  |
| Intervention Plan                             | 7  |
| Program Development                           | 8  |
| Program Delivery                              | 8  |
| Documentation                                 | 9  |
| Evaluation                                    | 9  |
| Professional Development                      | 9  |
| Community Practice                            | 10 |
| Communication                                 | 10 |
| Problem Solving                               | 11 |
| Patient Centered Care                         | 11 |
| Risk Management                               | 11 |
| Therapeutic Relationships and Boundaries      | 12 |
| Professional Judgement                        | 12 |
| <b>Growth Competencies</b>                    |    |
| Best Practice                                 | 13 |
| Research                                      | 13 |
| Cultural Competence                           | 14 |
| Technology                                    | 14 |
| Critical Thinking                             | 14 |
| Professional Accountability                   | 15 |
| Clinical Specialties                          | 15 |
| Interdisciplinary Assessment and Intervention | 16 |
| Interdisciplinary Collaboration               | 16 |
| Case Management                               | 16 |
| <b>Leadership Competencies</b>                |    |
| Clinical Supervision and Mentoring            | 17 |
| Teaching                                      | 17 |
| Leadership                                    | 17 |
| Innovation                                    | 17 |
| References                                    | 17 |

## Introduction

The mission of the Association of Therapeutic Recreation of Alberta is to protect the public by actively promoting safe, competent, and ethical therapeutic recreation intervention.

**Competencies** are the integrated knowledge, skills, judgement and attitudes required of Recreation Therapists in order to practice safely and effectively.

The Competency Profile for Recreation Therapists in Alberta delineates the range of knowledge, skills, behaviours, and attributes of competent recreation therapy practice in Alberta.

The purpose of this Competency Profile is to articulate the skills that are approved to be within the scope of practice of the profession of recreation therapy. The progressive competencies outlined in this document must always be considered in relation to the context of the recreation therapists' practice, the complexity of the required client intervention, and the environment in which intervention is provided.

The standards are divided into three key categories: The essential skills are included on the educational program for entry to practice. Additional competencies are acquired over time by the practitioner with gained experience, professional development and reflection. These additional competencies require additional education and are referred to as growth and leadership competence.

**Essential:** which reflects those standards that are required to provide safe, ethical, effective and efficient patient care upon entry to practice. The expectation is that new graduates have addressed these essential standards of practice within their course work and practicum placements and are prepared to practice these essential components of therapeutic recreation.

**Growth:** As therapeutic recreation practitioners gain experience, knowledge, and skills in professional settings, the expectation is that their practice demonstrates improvements in effectiveness, diversity and accountability in the provision of health care service.

**Leadership:** As a therapeutic recreation practitioner grows throughout the course of their career in experience and competence, leadership attributes can be fostered. The standards of practice outlined within this highest level of competence can guide career goals for practitioners and mark a high level of career accomplishment.

No one recreation therapist is expected to demonstrate all the competencies set out in this document. Each practitioner's competencies will be determined by their entry to practice, growth and leadership training, practice experience and employer policies. Each recreation therapist is accountable to know the competencies they have attained and are competent to perform. Recreation Therapists have a responsibility to maintain and increase their knowledge, skill and ability to provide safe, competent and ethical therapeutic recreation intervention to clients. competency levels for recreation therapists are expected to have some overlap with other health professions.

## Additional Resources

ATRA Professional members are advised to reference the Canadian Therapeutic Recreation Associations Standards of Practice (2006). This complimentary document available on the CTRA website delineates the different roles within standards of practice for recreation therapists and recreation therapy assistants.

Practitioners and employers are directed to ATRA's publication by Helgason, E., Suntjens, B. and Cyr, C. (2016); for additional clarification on how standards of practice are delineated between the team of recreation therapists and assistants.

Table 1.0 Standards of Practice and Competence Levels

| Standards of Practice          |   |
|--------------------------------|---|
| <b>Essential</b><br>Competence | <ol style="list-style-type: none"> <li>1. Assessment</li> <li>2. Intervention Plan</li> <li>3. Program Development</li> <li>4. Program Delivery</li> <li>5. Documentation</li> <li>6. Evaluation</li> <li>7. Professional Development</li> <li>8. Community Practice</li> <li>9. Communication</li> <li>10. Problem Solving</li> <li>11. Patient –Centered Care</li> <li>12. Risk Management</li> <li>13. Therapeutic Relationships and Boundaries</li> <li>14. Professional Judgement</li> </ol> |
| <b>Growth</b><br>Competence    | <ol style="list-style-type: none"> <li>1. Best practice</li> <li>2. Research</li> <li>3. Cultural competence</li> <li>4. Technology</li> <li>5. Critical Thinking</li> <li>6. Professional Accountability</li> <li>7. Clinical Specialties</li> <li>8. Interdisciplinary Assessment and Intervention</li> <li>9. Interprofessional Collaboration</li> <li>10. Case Management</li> </ol>  |
|                                | <ol style="list-style-type: none"> <li>1. Clinical Supervision and Mentoring</li> <li>2. Teaching</li> <li>3. Leadership</li> <li>4. Innovation</li> </ol>  |

---

**Leadership**  
Competence

## Essential Competencies:

*Essential standards of practice for providing safe, ethical, effective and efficient patient care upon entry to practice.*

### 1. Assessment

- Identify information necessary to be collected during therapeutic recreation assessment.
- Select appropriate assessment tools based on patient profile and agency/program mandate.
- Use appropriate interview and observational techniques when administering the selected assessment tools.
- Accurately analyze and interpret results of the assessment tools administered.
- Communicate therapeutic recreation assessment results with the patient, family, key support networks and treatment team.
- Apply assessment findings to the therapeutic recreation intervention plan.

### 2. Intervention Plan

- Develop a relevant intervention plan based on an established therapeutic recreation theoretical model.
- Identify measurable, patient-centered goals based on assessment results and individual learning preferences.
- Select appropriate therapeutic recreation interventions that will facilitate goal attainment.
- Utilize a collaborative model with patient, family, key support networks and treatment team.



### 3. Program Development

- Implement a patient-centered approach to program development.
- Apply therapeutic recreation intervention based upon a continuum model of care and theoretical foundations of practice.
- Develop and apply appropriate evaluation techniques.
- Assess and access program resources as required.
- Develop outcomes that directly relate to patient profile and external diversity considerations.
- Collaborate with the patient and relevant support networks during therapeutic recreation program development.

### 4. Program Delivery

- Deliver programs taking into account the strengths, abilities and any contraindications imposed by patient diagnosis.
- Initiate and facilitate emergency response procedures in appropriate situations.
- Incorporate data derived from the therapeutic recreation assessment into program delivery.
- Apply facilitation techniques and adapt them as required to match the intervention plan.
- Identify and access relevant resources to achieve maximum patient independence.
- Ensure therapeutic recreation program delivery follows agency policies, procedures and budgetary guidelines.

## 5. Documentation

- Document in a manner that meets specific professional, agency and/or government requirements.
- Utilize patient-specific information to form appropriate patient-centered outcomes and record progress toward their realization.
- Identify and record useful data in a clear, professional and accurate manner.
- Document behaviourally using agency-specific terminology.

## 6. Evaluation

- Interpret and apply agency and/or government evaluation protocols accurately into therapeutic recreation service delivery.
- Implement outcome-oriented evaluation measures.
- Acquire and apply formal and informal information from a variety of sources to the evaluation process.
- Analyze and interpret evaluation findings.
- Write evaluation reports.
- Establish efficacy of therapeutic recreation services based on evaluation results and convey the findings to relevant groups/stakeholders.

## 7. Professional Development

- Practice the guidelines and policies as stated in current therapeutic recreation literature and documentation.
- Provide intervention that incorporates and embrace current theories, practices and philosophies behind therapeutic recreation.
- Contribute and participate in the development and growth of therapeutic recreation.
- Provide current and high quality practice through application of current therapeutic recreation materials obtained through a variety of sources (conferences, courses, research articles, seminars etc.).

- Participate in continuing competence events to ensure competence as a capable knowledgeable and skilled practitioner who is able to apply advances in the profession.

## 8. Community Practice

- Seek, support and develop appropriate partnerships with a range of community service providers.
- Facilitate connections with community services needed for transition to and/or independent participation within the community of the patient.
- Collect and compile data necessary in linking with community resources.
- Provide intervention in a variety of community settings and/or involve the community within the patient's environment.
- Demonstrate safe and appropriate procedures for accessing the community.
- Recruit, maintain, support and monitor volunteers.
- Foster mutual respect and open communication to enhance the growth of social networks and informal support mechanisms.
- Conduct evaluations of community-based programs to ascertain compatibility with individual preferences and needs.

## 9. Communication

- Communicate therapeutically with patients and families/supports by responding with information and feedback, offering support and demonstrating skills in listening, clarifying and responding.
- Provide clear, concise and timely information in written or verbal formats to team members and other agencies or health providers as appropriate to communicate patient goals, assessment outcomes, intervention plan, discharge plan, safety or care concerns.
- Utilize alternative forms of communication to ensure an effective exchange of information with a patient and accommodates for patient ability with comprehension and self- expression.

## 10. Problem Solving

- Demonstrate initiative and knowledge to examine resources and solutions to solve or adapt a situation within a health service team and/or address a patient care concern.
- Know when to access or utilize supports, supervisors, mentors and other health professionals to resolve an issue or concern impacting professional practice or patient care.

## 11. Patient Centered Care

- Utilize individualized assessment and determine individualized intervention based on needs, preferences, strengths and goals.
- Identify patient-centered goals that lead to outcomes that are meaningful and relevant to the patient and their family, supports and community.

## 12. Risk Management

- Systematically identify, analyze, evaluate, eliminate or reduce risk to patient, colleagues, public and self.
- Develop and document program delivery protocols that identify and accommodate for likely or unlikely risk to patients, colleagues, public and self occurring as a result of an intervention, treatment environment, equipment usage, patient-to-staff ratio and/or level of training.
- Handle all incidents, claims, insurance and litigation-related tasks accurately, honestly and in a time-sensitive manner.
- Follow agency and/or government policies and standards for infection prevention and control to protect self, patients, students, volunteers, families, visitors and colleagues from infectious disease transmission.
- Follow agency and/or government policies and standards for occupational health and safety including identifying and reporting hazards, determining and following communication and emergency response plans and reporting all incidents including accident or injury to self or patient, exposure to blood and bodily fluids, exposure to infectious disease and/or exposure to chemicals or hazardous materials.

### 13. Therapeutic Relationships and Boundaries

- Maintain a professional boundary to protect vulnerable patients from being improperly manipulated, treated unequally or treated without the ability to exercise informed consent and decision-making.
- Avoid any type of dual relationship with the patient whereby the patient fulfills a second role with the recreation therapist such as friend, business partner or romantic partner.
- Establish appropriate boundaries during assessment to ensure that testing protocols are followed and assessment results are accurate and reliable without being inappropriately skewed by blurred boundaries of coaching or encouraging during assessment.

### 14. Professional Judgement

- Work within the level of training for a recreation therapist and within level of experience and expertise.
- Know when to call upon, or refer to, other professionals and supervisors when patients appear to be at high risk, or issues are arising that recreation therapists are not trained to manage.
- Recognize fluctuating stability in patient condition and medication responses requiring quick assessment, intervention or adaptation to treatment plans.

## Growth Competencies:

*Standards of Practice obtained through continuing competence events and the broadening of the profession within interprofessional health teams in order to improve effectiveness, diversity and accountability in patient care.*

### 1. Best Practice

- Incorporate a combination of the best-known evidence for a diagnostic group and the best experience of the professional working with the group in assessment and treatment.
- Think critically before applying newly obtained knowledge into practice related to the benefit or harm to the patient, the implications to the service team and the appropriateness to the service or agency mandate.
- Consult and collaborate with other health professionals and recreation therapists to ensure knowledge and treatment are current and standardized.

### 2. Research

- Accurately apply agency and/or government guidelines to therapeutic recreation research initiatives.
- Utilize suitable research methods and a variety of sources to collect quantitative and/or qualitative data.
- Analyze research results and incorporate relevant findings within therapeutic recreation service delivery.
- Establish therapeutic recreation services based on research findings.
- Communicate findings either by writing in journals or professional newsletters, or verbally in professional forums.

### 3. Cultural Competence

- Respect diversity during patient care and within work environment.
- Use assessment tools, interview techniques and treatment options that consider the diversity of patients with respect to language, ethnicity, values, beliefs, and cultural traditions.
- Avoid imposing or perpetuating biases and stereotypes on a patient, based on race, ethnicity, gender, religion, age, sexual orientation, socioeconomic status, living conditions, disability, or diagnosis.
- Use certified health interpreters and translated materials where available.
- Build relationships on the principles of respect, rapport, and trust.
- Listen to stories through lens of experience.
- Communicate collaboratively.
- Provide culturally appropriate communication and resource materials.
- Accommodate extended family circles.
- Connect clients and families to supports available in facilities and communities.
- Accommodate needs for traditional healing.
- Recognize and respect Aboriginal Healing practices.

### 4. Technology

- Utilize various technologies required for competent, timely, effective and ethical practice.
- Use technology in a confidential and ethical manner to prevent inappropriate access to, or disclosure of patient information.
- Use technology to increase competence in research, evaluation, best practice and professional development.

### 5. Critical Thinking

- Use a combination of knowledge, facts, experience, clinical reasoning and expert judgement to analyze situation and make appropriate decisions.
- Use a systematic, logical and coherent process to analyze different scenarios to come up with the best action.
- Use knowledge-based skills in flexible problem solving, self-evaluation, initiation, self-monitoring and self-awareness.

## 6. Professional Accountability

- Identify self as a recreation therapist during all patient interactions through verbal introduction and work identification.
- Explain your profession and an overview of competencies upon patient introduction and as requested through patient interactions.
- Engage in effective and ethical treatments that demonstrate the competencies of the profession of recreation therapy.
- Avoid misrepresentation of competencies or engaging in patient activities that are beyond competencies or increase harm to the patient.
- Know when and how to refer to, or consult other recreation therapists or health service professionals as appropriate and consented to ensure safe and ethical patient treatment.
- Reflect on, and self-evaluate practice on an ongoing basis to assess competence, limitations, boundaries of training and expertise, areas for further education.

## 7. Clinical Specialties

- Complete training via workshops, certifications and courses in specific treatment modalities, including but not limited to, exercise for seniors, solution-focused therapy, motivational interviewing, group therapy, counseling, suicide risk assessments, cognitive-behavioural therapy, dialectical-behavioural therapy and adventure therapy to safely and competently perform more diverse interventions to meet patient needs.



## 8. Interdisciplinary Assessment and Intervention

- Utilize team-focused assessment and intervention processes to meet the interdisciplinary focus of a service/program and which increase efficiency in patient care.
- Use appropriate interview and observational techniques when administering interdisciplinary assessment tools.
- Accurately analyze and interpret results of the assessment tools administered.
- Communicate interdisciplinary assessment results with the patient, family, key support networks and treatment team.
- Apply assessment findings to the team-based intervention plan.

## 9. Interprofessional Collaboration

- Take an active role in assessment, interventions and goal setting within a team of professionals from two or more disciplines.
- Maintain timely and meaningful communication with the team members and a clear understanding of competencies of other professions in order to ensure safety to the patient and trust among the treatment team.

## 10. Case Management

- Coordinate the care, services and treatment plan for a patient according to agency/ program mandate.
- Act as a consistent and reliable contact for patients and families/supports to address needs and provide education.
- Ensure timely and effective communication with other team members, agencies and/or health providers.

## Leadership Competencies:

*Advance the training of new professionals and the professional role of recreation therapists as leaders in the provision of safe, efficient and patient centered care.*

### 1. Clinical Supervision and Mentoring

- Engage in clinical supervision of junior members and students of the profession to improve the competencies of emerging professionals in recreation therapy.
- Engage in mentoring relationships throughout years of practice to increase knowledge, skills and abilities of colleagues and junior members of the profession.
- Know when to terminate clinical supervision or mentoring relationships in cases of completion of goals, inappropriate relationships, conflict of interest, no longer able to effectively supervise such as illness, extended absence, change in health or change in position.

### 2. Teaching

- Advance the knowledge within the profession through teaching members and students of the profession through a variety of education venues.
- Advance the knowledge of the profession among the public interprofessional teams, health agencies and community stakeholders through a variety of education venues.

### 3. Leadership

- Perform assigned or inherent roles to guide and improve health service delivery in areas of professional practice, safe and ethical patient care, interprofessional collaboration and accountability to patients, agency and/or government.

### 4. Innovation

- Demonstrate enthusiasm, insight and forward-thinking within the health service team to learn and adopt best practice into treatment,

increase efficiencies in patient care and advance professional practice.

## References

- Alberta Health (2018). *Health Professions Act*.  
<http://www.health.alberta.ca/professionals/regulated-professions.html>
- Alberta Health (2004, June). *Health professions act employer's handbook*.  
<http://www.health.alberta.ca/documents/HPA-Employers-Handbook-2004.pdf>
- Alberta Therapeutic Recreation Association (1989). *Standards of Practice*.
- Alberta Therapeutic Recreation Association (May 23, 2020). Board of Directors Meeting Minutes.
- Burlingame, J., Blaschko, T.M. (2002). *Assessment tools for recreational therapy and related fields* (3rd ed.). Ravensdale, WA: Idyll Arbor, Inc.
- Canadian Therapeutic Recreation Association (2006). *Standard of practice for recreation therapists and therapeutic recreation assistants*. Available in the members section of the CTRA Website.
- Helgason, E., Suntuens, B. and McMillan, C. (2016). *Guidelines for the assignment of therapeutic recreation services to assistants and aids. Third edition*. Calgary Alberta: Alberta Therapeutic Recreation Association
- National Council for Therapeutic Recreation Certification. (2008, January). *Certification standards Part V: NCTRC national job analysis*:  
<https://nctrc.org/about-certification/national-job-analysis/>
- Peterson C.A., Stumbo, N.J. (2004). *Therapeutic recreation program design: Principles and procedures* (4th ed.). San Francisco, CA: Pearson Education, Inc.
- Shank, J., Coyle, C. (2002). *Therapeutic recreation in health promotion and rehabilitation*. State College, PA: Venture Publishing, Inc.
- Stumbo, N.J. (2002). *Client assessment in therapeutic recreation services*. State College, PA: Venture Publishing, Inc.
- Therapeutic Recreation Ontario. (2003). *Standards of practice for therapeutic recreation*.
- Truth and Reconciliation Commission of Canada: Calls to Action  
(2015) [http://trc.ca/assets/pdf/Calls\\_to\\_Action\\_English2.pdf](http://trc.ca/assets/pdf/Calls_to_Action_English2.pdf)