

American Therapeutic Recreation Association
Guidelines for the Ethical Practice of
Recreational Therapy

A Training Manual

Wayne M. Pollock, PhD, CTRS

Nancy D. Montgomery, MA

Editors



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Foreword

The mark of a profession is more than occupational recognition by the public and a set of standards that govern its practices. It is more than having training programs and credentialing systems. Indeed, it can be argued that the true mark of a profession is an unwavering commitment to being the best it can be at advancing the well-being of others. Such a commitment requires more than an adherence to agreed-upon practice standards; it requires a willingness to examine its motives and methods in order to ensure a morally and ethically sound foundation for these practices. Therefore, a profession requires a set of moral and ethical principles that will inform and guide its practice with integrity, fairness, and respect. This is especially germane to any profession that purports to promote and protect the health and well-being of persons who contend with health challenges and disabling conditions. It is precisely for these reasons that the professionalizing occupation of recreational therapy needs a code of ethics and multiple pathways, contexts, and frames of reference to deliberate its work.

Recreational therapy professionals have demonstrated a commitment to several important characteristics of a profession such as published standards of practice, curriculum accreditation guidelines, and practice regulation via certification and licensure. There are also two variations of a code of ethics adopted by our professional organizations since 1990. Yet, our discourse on ethics has been notably sparse in our literature and public discussions. Being able to point to a code of ethics is simply not enough to be considered a professional. The moral and ethical dimensions of everyday practice must be examined routinely; we must have the courage to wonder, to doubt, and to be thoughtful about our work (Sylvester, 1986). Only then can we gain the insight and wisdom needed to navigate the complexities of our moral and ethical obligations to our clients, colleagues, and society.

Wayne Pollock and Nancy Montgomery, along with numerous educators and practitioners, have addressed this void with a document that encourages and assists us to consider the place of ethics in everyday practice. With this training manual, an overdue light has been cast on an important yet neglected dimension of what it truly means to be a profession and a professional. It is now up to us, individually and collectively, to bring the discussion of ethics into our classrooms and conference sessions, staff meetings, and supervision sessions. Only with such deliberation will we advance our level of ethical competence and to be the reflective practitioners that 21st century health and human services need and expect.

John Shank, EdD, CTRS, FDRT

Professor Emeritus
Temple University

Introduction

Serving patients/clients with the highest standard of ethical behavior is paramount for all recreational therapists. A uniform standard of ethical conduct is the basis of our obligations as health care professionals. All qualified recreational therapists, those individuals holding the CTRS® (Certified Therapeutic Recreation Specialist®) credential from the National Council for Therapeutic Recreation Certification (NCTRC®), are expected to practice and adhere to principles that ensure ethical behavior and project a positive image of our profession. These principles constitute the American Therapeutic Recreation Association Code of Ethics (COE).

Historically, principles such as respecting privacy, using best judgment, and working to the best of one's ability are embodied in the original Hippocratic Oath. Today, although in modern language, these same principles are found in our professional Code of Ethics. Universally in health care, the prevailing principle when providing services to patients/clients is to be guided by moral wisdom (Veatch, 2011). However, as Shank and Coyle (2002) described, "situations may arise with competing ethical obligations" and CTRSs are "forced to choose between two equally unacceptable alternative actions" (p. 254). This requires a CTRS to examine, interpret, and apply the guiding principles that are impacted by specific circumstances, which is not always an easy task.

In the profession of recreational therapy, early conversations regarding ethical practice led to the subsequent establishment by the National Therapeutic Recreation Society (NTRS) of a Code of Ethics in 1972 (revised in 1990). The NTRS has since been dissolved. As the authors detailed in *Finding the Path: Ethics in Action* (1998), "NCTRC® established an Ethics Board in 1998 and in 1991 established a Standards Review Committee and Standards Hearing Committee" (1998). The American Therapeutic Recreation Association (ATRA) established a Code of Ethics in 1990, with the current revised version completed and adopted in 2009. A training manual, *Guidelines for the Ethical Practice of Recreational Therapy*, was initiated as an Ethics Committee long-range goal in 2010.

It has been close to 20 years since *Finding the Path: Ethics in Action* was introduced as a training guide and reference to help recreational therapists navigate ethical dilemmas that relate to the delivery of service to patients/clients. While there have been a significant number of changes in health care over that time span, the topic of ethics, as it relates to recreational therapy, remains relatively unaddressed.

Some of the earliest articles discussing ethics as it relates to recreational therapy appeared in the *Therapeutic Recreation Journal (TRJ)* 30 years ago. As the profession was continuing to grow, standards of practice and ethical principles were being discussed. Fain (1985) encouraged the profession to look at what needs to be done to advance knowledge of ethics. An

entire *TRJ* was devoted to the topic of ethics in 1985. In that issue, Sylvester (1985) noted that students and professionals should receive appropriate and sufficient training in ethical behavior (p. 8). In his article of interpretation of the NTRS Code of Ethics, Patterson (1985) contended that a professional code of ethics would "provide guidance in resolving issues" that a recreational therapist may encounter in the work environment (p. 51). Yet little was offered in the way of ethics training for recreational therapists even though it was acknowledged that "ethics guide professional practice" (Sylvester, 2002). Sylvester went on to recommend that the ethical development of our students and professionals requires greater emphasis. As recently as 2009, Sylvester revisited his theme of the need to have a "healthy debate" about ethical issues and stated his belief that ethics "constitutes the core of therapeutic recreation practice" (p. 10).

With all of the changes occurring in health care, recreational therapists need to be vigilant concerning the need to practice with ethical integrity. As professionals, we must keep pace with the changing health care environment while self-monitoring for ethical conduct. Recreational therapists have *The Standards for the Practice of Recreational Therapy & the Self-Assessment Guide* (ATRA, 2013) and the aforementioned Code of Ethics that should be used to guide our practice. This text is an attempt to take the sometimes abstract concepts of ethics and make them practical and useful for recreational therapists and students in everyday practice.

The impetus for developing this training manual was born out of the career paths of two recreational therapists who volunteered to serve on the ATRA Ethics Committee and realized not enough attention is placed on ethics within our profession. It is our hope that all qualified recreational therapists take time to apply these principles, as they translate to work behaviors that ultimately benefit patients/clients as well as lead to increased esteem within the agency. Surprisingly, application of these principles may also provide justification for necessary budget allocations that may translate into additional personnel, training opportunities, equipment, and supplies. In short, once one understands and applies these principles, the resulting positive outcomes will impact all aspects of our profession.

You will note the term *Scope of Practice* is used in some chapters and refers to the definition provided by the National Council for Therapeutic Recreation Certification. Specifically, NCTRC's® *Scope of Practice for the Practice of Recreation Therapy* states:

The primary purpose of recreation therapy practice is to improve health and quality of life by reducing impairments of body function and structure, reducing activity limitations, participation restrictions, and

continued...

Foreword continued...

environmental barriers of the clients served. The ultimate goal of recreation therapy is to facilitate full and optimal involvement in community life. The scope of recreation therapy practice includes all patient/client services of assessments, planning, design, implementation, evaluation and documentation of specific therapeutic interventions, management, consultation, research, and education, for either individuals or groups that require specific therapeutic recreation or recreation therapy intervention. This scope of practice represents, at a minimum, the process and knowledge base delineated in the most recent National Council for Therapeutic Recreation Certification Job Analysis Study (Job Tasks and Knowledge Areas for the Certified Therapeutic Recreation Specialist) and delivered by a qualified recreational therapist consistent with professional standards of practice, and codes of ethics with the intent of enhancing patient/client safety. (Developed via State Recognition Project and accepted by the Boards of Directors of ATRA, NTRS, and NCTRC®, 2004)

The "Instructions for Use" section of this text explains the format for each principle and defines the subsections. It also provides a brief explanation of each appendix. The manual is

intended as an instructional tool for students, practitioners, and educators.

The editors would like to acknowledge the tremendous contributions of our authors. Ten esteemed recreational therapy educators and practitioners each provided a comprehensive review of a specific principle found within the Code of Ethics. These author biographies are provided in Appendix E. The editors would also like to acknowledge the ATRA Board of Directors and, in particular, Drs. Jo-Ellen Ross and Dawn DeVries for their guidance and support throughout this project. We would also like to thank Dr. John Shank for his thoughtful insights and writing the foreword and Mr. Scott Montgomery for his contribution to the draft cover design.

We are at a point where refinement of our profession is critical to our continued success and growth. It is imperative that all recreational therapists are well versed in the NCTRC® Scope of Practice for the Practice of Recreation Therapy, the ATRA Code of Ethics, and the *ATRA Standards for the Practice of Recreational Therapy & the Self-Assessment Guide*. We must be serious about our dedication to these tenets and integrate them into our daily practice. The benefits are both personal and professional.

Instructions for Use

The instructions for using this manual are provided to help you navigate the various chapters, sections, and appendices. The manual is divided into two parts: Part I, Understanding the ATRA Code of Ethics; and Part II, Application of the ATRA Code of Ethics. Each part has subsections as explained below.

Part I is uniform in its chapter design; each chapter begins by providing the Statement of Principle being addressed, defines Key words related to the principle, explains the General Intent of the principle, the Audience for whom the principle is intended, and concludes with a Summation.

Following the format used in the *ATRA Standards for the Practice of Recreational Therapy & the Self-Assessment Guide*, this manual is organized so that each principle can be presented and discussed in terms of its structure, process, and outcome criteria. **Structure Criteria** include Environment, which looks at the relationship of the principle to the specific service location; Resources, which includes materials, support, and other assets that enhance the service; Organizational Mission/Purpose, which describes how the principle relates to the agency/organization; Legal Authority, describing the responsible parties for ensuring ethical behavior and their roles; and Facilities, which explains how the principle relates to the assigned service delivery area. Additional structure criteria include Qualifications of Providers and Standards of Licensing, where the relationship of the principle to credentialing and accreditation agencies is presented; Regulatory/Accreditation Agencies, which describes the relationship of the principle to the ATRA Standards for the Practice of Recreational Therapy & the Self-Assessment Guide and other accrediting agencies and organizations; and Data Sources, which identifies methods of providing evidence or proof of compliance with the principle.

Process Criteria define both compliance and non-compliance issues of each ethical principle. Compliance describes the recreational therapist's behaviors, attitudes, and actions that are indicative of compliance with the principle. Non-Compliance describes the recreational therapist's responsibilities in identifying, reporting, and rectifying ethical non-compliance. Examples of possible resolutions are provided as well. **Outcome Criteria** include expected results for the Patients/clients, Agency, and Profession in regard to positive ethical conduct. **References** used by authors in the development

of their chapters are provided and offer opportunity to seek additional information/clarity about a given ethical principle.

There are a multitude of factors that influence ethical decisions made by health care providers. An individual's personality type, personal and professional moral standards, agency and department size and protocols, as well as agency accreditation standards, may factor into the decision-making process.

In Part II, Application of the ATRA Code of Ethics, the ATRA Code of Ethics is (re)introduced along with fundamental information on Ethical Reasoning. Three Decision-Making Models illustrate processes whereby ethical situations may be addressed. Recreational therapists are encouraged to determine which method works best for their practice and more important, to feel confident they have the knowledge and ability to address ethical situations when they arise. Suggested Methods are offered that may be used for training any audience seeking further understanding of the ethical principle. The methods are not exhaustive, so the trainer may choose to personalize or modify the methods according to the group characteristics (size, years of experience, time constraints, situation, etc.). The need for Governance of Alleged Violations is the next critical step our profession must address.

To assist in discussions of professional ethics, a variety of material is provided in the appendices. Creative Exercises (Appendix A) can be used to teach and further explore each principle. Case Examples (Appendix B) provide scenarios depicting a possible violation of an ethical principle and thought-provoking questions that lend themselves nicely to group discussion. Whether using this manual individually, within a recreational therapy department as part of staff training, or as instruction to a college/university class, test questions with answers (Appendix C) are provided to assess knowledge of each principle. Discussion questions (Appendix D) are provided to stimulate thought/conversation about the principle and promote a clear understanding of how recreational therapists' attitudes, knowledge, and behaviors directly transfer into professional ethical conduct.

This manual could not have been completed without the diligent efforts of our 10 distinguished authors. Author/editor biographies are provided in Appendix E.



Part 1:
Understanding the ATRA
Code of Ethics



The American Therapeutic Recreation Association's
CODE OF ETHICS

Introduction The American Therapeutic Recreation Association's **Code of Ethics** is to be used as a guide for promoting and maintaining the highest standards of ethical behavior. The Code applies to all recreational therapy personnel, including Certified Therapeutic Recreation Specialists® (CTRSs®), recreational therapy assistants, and recreational therapy students. Acceptance of membership in the American Therapeutic Recreation Association commits a member to adherence to these principles. The ATRA Code of Ethics, which was revised and adopted by the board of directors in July 2009, is provided as a resource as you delve further into your discussion and understanding of the ethical principles and their application.

Principle 1
Beneficence Recreational therapy personnel shall treat persons served in an ethical manner by actively making efforts to provide for their well-being by maximizing possible benefits and relieving, lessening, or minimizing possible harm.

Principle 2
Non-Maleficence Recreational therapy personnel have an obligation to use their knowledge, skills, abilities, and judgment to help persons while respecting their decisions and protecting them from harm.

Principle 3
Autonomy Recreational therapy personnel have a duty to preserve and protect the right of each individual to make his/her own choices. Each individual is to be given the opportunity to determine his/her own course of action in accordance with a plan freely chosen. In the case of individuals who are unable to exercise autonomy with regard to their care, recreational therapy personnel have the duty to respect the decisions of their qualified legal representatives.

Principle 4
Justice Recreational therapy personnel are responsible for ensuring that individuals are served fairly and that there is equity in the distribution of services. Individuals should receive services without regard to race, color, creed, gender, sexual orientation, age, disability/ disease, social or financial status.

Principle 5
Fidelity Recreational therapy personnel have an obligation, first and foremost, to be loyal, faithful, and meet commitments made to persons receiving services. In addition, recreational therapy personnel have a secondary obligation to colleagues, agencies, and the profession.

Principle 6
Veracity Recreational therapy personnel must be truthful and honest. Deception, either by making false statements or by omitting what is true, should always be avoided.

Principle 7
Informed Consent Recreational therapy personnel should provide services characterized by mutual respect and shared decision-making. They are responsible for providing each individual receiving service with information regarding the services, benefits, outcomes, length of treatment, expected activities, risks and limitations, and the professional's training and credentials. Informed consent is obtained when information needed to make a reasoned decision is provided by the professional to competent persons seeking services, who then decide whether to accept the treatment.

Principle 8
Confidentiality and Privacy Recreational therapy personnel have a duty to disclose all relevant information to persons seeking services; they also have a corresponding duty not to disclose private information to third parties. If a situation arises that requires disclosure of confidential information about an individual (i.e., to protect the individual's welfare or the interest of others), the professional has the responsibility to inform the individual served of the circumstances.

Principle 9
Competence Recreational therapy personnel have the responsibility to maintain and improve their knowledge related to the profession and to demonstrate current, competent practice to persons served. In addition, personnel have an obligation to maintain their credentials.

Principle 10
Compliance with Laws and Regulations Recreational therapy personnel are responsible for complying with local, state, and federal laws, regulations, and ATRA policies governing the profession of recreational therapy.

PRINCIPLE 1: BENEFICENCE

by Teresa M. Beck, PhD, CTRS

A. STATEMENT OF THE PRINCIPLE

Recreational therapy personnel shall treat persons served in an ethical manner by actively making efforts to provide for their well-being by maximizing possible benefits and relieving, lessening, or minimizing possible harm.

B. DEFINITION OF THE PRINCIPLE

1. Key Words

Benefits	Something that is advantageous or good; an advantage (benefits, n.d.)
Ethical	Being in accordance with the rules or standards for right conduct or practice, especially the standards of a profession (ethical, n.d.)
Harm	Physical injury or mental damage (harm, n.d.)
Lessening	To make less; reduce (lessening, n.d.)
Minimizing	To reduce to the smallest possible amount or degree (minimizing, n.d.)
Relieving	To ease or alleviate (pain, distress, anxiety, need, etc.) (relieving, n.d.)
Well-being	A good or satisfactory condition of existence; a state characterized by health, happiness, and prosperity (well-being, n.d.)

2. General Intent

The actions of the qualified recreational therapist are to benefit persons served throughout the recreational therapy process. All recreational therapists have an obligation to be continuously vigilant in order to help prevent or remove harm or to improve the situation of others. The qualified recreational therapist is always to act in the best interest of patient/client.

3. Audience

This principle is solely concerned with the actions of the qualified recreational therapist toward patient/client.

4. Summation

The qualified recreational therapist should select interventions for patients/clients based on positive impact and improved functioning of the individual.

In addition, interactions of the qualified recreational therapist with an individual should enhance their therapeutic relationship. All outcomes of interactions/interventions should have a beneficial impact on the quality of life of persons served.

C. STRUCTURE CRITERIA

1. Environment

- » A qualified recreational therapist is part of a treatment team that collectively works in the best interest of patients/clients.
- » A qualified recreational therapist has a supervisor for guidance and feedback regarding positive impact approaches for working with patients/clients.
- » A qualified recreational therapist affirms the recreational therapy department provides services that are consistently advantageous to patients/clients.
- » A qualified recreational therapist utilizes American Therapeutic Recreation Association (ATRA) *Standards for the Practice of Recreational Therapy & the Self-Assessment Guide* and department and agency-written plans of operation.
- » A qualified recreational therapist provides services in accordance with the National Council for Therapeutic Recreation Certification (NCTRC®) job analysis and its agency position description.
- » A qualified recreational therapist provides services in accordance with agency accreditation standards and regulatory mandates.
- » A qualified recreational therapist provides services according to a collaborative agency schedule that is beneficial to patients/clients.

2. Resources

- » A qualified recreational therapist utilizes agency and department written plans of operation as parameters for practice as described in the ATRA *Standards for the Practice of Recreational Therapy & the Self-Assessment Guide*.
- » A qualified recreational therapist uses and maintains agency facilities, equipment, and supplies to the maximum benefit of patients/clients.
- » A qualified recreational therapist has access to adequate fiscal resources for acquisition of items (equipment, supplies, and cash allocation) to provide effective interventions.
- » A qualified recreational therapist works in collaboration with community agencies to benefit patients/clients.
- » A qualified recreational therapist works with college/university therapeutic recreation programs to benefit patients/clients.

- » A qualified recreational therapist seeks guidance and feedback from other qualified recreational therapists/health care service providers for effective intervention/interaction approaches.
- » A qualified recreational therapist attends appropriate continuing education opportunities regularly to benefit patients/clients.
- » A qualified recreational therapist has access to library/medical library/online resources for acquisition of research providing evidence of best practices.
- » A qualified recreational therapist is a member in good standing of the national recreational therapy professional organization: ATRA.

3. Organizational Mission/Purpose

- » A qualified recreational therapist consistently acts in accordance with standards, guidelines and the scope of practice established by the department and documented in the recreational therapy department's written plan of operation as related to maximizing patient/client benefits and relieving harm.
- » A qualified recreational therapist consistently acts in accordance with the mission, purpose, policies, and procedures established by the agency and documented in the agency's written plan of operation as related to maximizing patient/client benefits and relieving harm.

4. Legal Authority

- » A qualified recreational therapist complies with all application, maintenance and recertification requirements of NCTRC®.
- » A qualified recreational therapist complies with standards and regulations of accrediting bodies (i.e., The Joint Commission [TJC]), Commission on Accreditation of Rehabilitation Facilities [CARF], Center for Medicaid & Medicare Services [CMS]).
- » A qualified recreational therapist complies with local, state, and federal regulations.
- » A qualified recreational therapist complies with agency and departmental written plans of operation.
- » A qualified recreational therapist is aware of patient/client safety and patient advocate entities in relation to their scope of services.

5. Facilities

- » A qualified recreational therapist has access to adequate space to implement a variety of interventions that are deemed most beneficial to patients/clients.
- » A qualified recreational therapist has access to transportation to implement a variety of interventions that are deemed most beneficial to patients/clients.
- » A qualified recreational therapist has adequate office space for patient/client documentation and administrative duties.

- » A qualified recreational therapist has access to other agency facilities as necessary in order to provide the most beneficial services to patients/clients (i.e., special events).
- » A qualified recreational therapist works collaboratively with other agencies to provide off-site facilities to enhance the benefits of patient/client services.

6. Qualifications of Providers and Standards of Licensing

- » A qualified recreational therapist is credentialed by NCTRC® and respective state licensing boards as appropriate; credentials are displayed.
- » A qualified recreational therapist maintains the NCTRC®/state credentials as regulated by the respective agencies.
- » A qualified recreational therapist is appropriately credentialed or trained to provide specialty interventions (aquatic therapy, biofeedback, dementia practice guidelines, etc.).
- » A qualified recreational therapist maintains certifications in specialty interventions.
- » A qualified recreational therapist is certified and maintains certification in first aid, CPR, and other agency-mandated trainings.
- » A qualified recreational therapist is the sole expert to implement/supervise the services of the recreational therapy department; furthermore, the recreational therapist does not provide services outside the scope of the recreational therapy profession unless trained and authorized by the agency, for the agency.

7. Regulatory/Accreditation Agencies

In order to maximize benefits and relieve, lessen, or minimize possible harm:

- » A qualified recreational therapist adheres to the *ATRA Standards for the Practice of Recreational Therapy & the Self-Assessment Guide*.
- » A qualified recreational therapist adheres to the recreational therapy department's written plan of operation.
- » A qualified recreational therapist adheres to the agency's written plan of operation.
- » A qualified recreational therapist provides services in compliance with standards of the regulatory and accrediting agencies as related to beneficence. Agencies may include the ATRA, TJC, CARF, CMS, State Departments of Public Health, Departments of Mental Health, Departments of Child and Family Services, and so forth.
- » A qualified recreational therapist provides services in compliance with local ordinances (fire, safety, public health department, etc.).
- » A qualified recreational therapist provides services in compliance with laws of local, state, and federal governments.

8. Data Sources

Evidence and/or proof of compliance may be found as follows:

- » A qualified recreational therapist's Human Resource File (certification/licensure maintenance, performance evaluations, disciplinary actions, patient/client concerns/comments, etc.)
- » Patient/client medical records documenting progress and attainment of intervention goals
- » Patient/client surveys regarding satisfaction and outcome attainment
- » Recreational therapy incident reports/risk management records
- » Recreational therapy quality assurance reports/indicators, thresholds/triggers and ADA compliance records (Americans with Disabilities Act, 1990)
- » Recreational therapy program evaluations
- » Accreditation and/or regulatory agency citations for unmet standards/standards violations
- » Departmental and agency written plans of operation

D. PROCESS CRITERIA

1. Compliance Includes the Following:

- » A qualified recreational therapist maintains NCTRC® certification and state licensure as appropriate.
- » A qualified recreational therapist provides services within the scope of the recreational therapy profession.
- » A qualified recreational therapist utilizes the APIE process (assessment, planning, implementation, evaluation) with all patients/clients.
- » A qualified recreational therapist practices according to the *ATRA Standards for the Practice of Recreational Therapy & the Self-Assessment Guide*.
- » A qualified recreational therapist practices according to the ATRA Code of Ethics.
- » A qualified recreational therapist works in collaboration with patients/clients in all phases of treatment, from assessment to discharge, based on patient/client needs.
- » A qualified recreational therapist provides interventions based on best practices.
- » A qualified recreational therapist consistently strives to maximize benefits and minimize possible harm in all interactions with patients/clients.

2. Non-Compliance Includes the Following:

- » A qualified recreational therapist should continually be aware of professional obligations in order to maximize possible benefits and relieve, lessen or minimize possible harm while implementing services.
- » A qualified recreational therapist should recognize issues related to beneficence and rectify and report as

necessary. Issues may include but are not limited to the following:

- » Failure to implement best practice
- » Failure to implement evidenced-based practice
- » Failure to maintain NCTRC® and/or state credential
- » Failure to maintain specialty credentials (CPR, first aid, aquatics, biofeedback, dementia practice, etc.)
- » Failure to adhere to the *ATRA Standards for the Practice of Recreational Therapy & the Self-Assessment Guide*
- » Failure to utilize an assessment tool appropriate for diagnosis, program placement, implementation, and evaluation (APIE process)
- » Failure to develop and utilize protocols (program and treatment)
- » Failure to be mindful to observe signs of harm (emotional, physical, social, cognitive, spiritual) during, after, or as a result of patient/client contact
- » Failure to be mindful of quality indicators as related to identified causes of possible harm
- » Resolution of issues related to beneficence may include but are not limited to the following:
 - » Utilizing professional resources to maintain and enhance knowledge, skills, abilities, and judgment (i.e., conferences, trainings, colleagues, experts, treatment networks, recreational therapy publications)
 - » Ensuring responsible and appropriate choices are made regarding patient/client treatment
 - » Being mindful of quality indicators while continuously reviewing the department risk assessment plan, as related to identified causes of possible harm
 - » Addressing performance evaluation deficiencies in a timely manner
 - » Avoiding implementation of interventions where potential harm may be incurred
 - » Maintaining NCTRC® and/or state credentials
 - » Maintaining specialty credentials
 - » Consistently utilizing an assessment tool appropriate for diagnosis, program placement, implementation, and evaluation (APIE process)
 - » Developing and utilizing treatment and program protocols
 - » Vigilantly observe for signs of harm (emotional, physical, social, cognitive, spiritual) during, after, or as a result of patient/client contact
 - » Developing and adhering to quality indicators

E. OUTCOME CRITERIA**1. Patient/Client Outcomes**

- » Patient/client receives maximum benefits and improves functional abilities as a result of recreational therapy services.
- » Patient's/client's chart provides documentation of the achievement of recreational therapy treatment goals.
- » Patient/client/qualified legal representative provides verbal or written feedback regarding the benefit of recreational therapy services.
- » Patient/client/qualified legal representative reports successful reintegration into the community and engagement in leisure activities.
- » Patient/client receives no harm or ill effects from recreational therapy services.

2. Agency Outcomes

- » Agency receives positive feedback from patient/client/qualified legal representative as related to maximizing benefits and minimizing the potential for harm.
- » Agency receives new patients/clients as the result of communication with previous patients/clients/qualified legal representatives.
- » Agency has no documented incident reports/citations regarding poor and/or inappropriate services or interactions.
- » Agency is in compliance with all quality indicators.

3. Professional Outcomes

- » A qualified recreational therapist feels respected and valued as an integral member of the treatment team.
- » A qualified recreational therapist receives positive feedback from agency colleagues (i.e., treatment team, administration, and other agency personnel).
- » A qualified recreational therapist receives positive feedback from patient/client/qualified legal representative.

- » A qualified recreational therapist's ethical behavior with patient/client/qualified legal representative results in positive image of the recreational therapy profession.
- » A qualified recreational therapist reports any unethical conduct and disciplinary actions resulting in suspension and/or termination to the appropriate licensing and credentialing organizations.
- » A qualified recreational therapist reports unethical behavior of colleagues to supervisor.

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