



American  
Therapeutic  
Recreation  
Association

**GUIDELINES**  
FOR  
**COMPETENCY ASSESSMENT**  
AND  
**CURRICULUM PLANNING**  
FOR  
**RECREATIONAL THERAPY PRACTICE**

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**2008**

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## PREFACE

While the practice of recreational therapy dates back much further, professional preparation for recreational therapy practice developed in the early 1950's, initially at the master's degree level and later at the baccalaureate degree level. The practice of recreational therapy and therapeutic recreation has evolved over the decades in response to many influences, including evolution of professional preparation programs, academic accreditation standards, national certification, the National Council for Therapeutic Recreation Certification (NCTRC) Job Analysis, the national examination for the CTRS® and the evolution of health care practice and health care regulation. Expectations from patients/consumers, administrators, payers and health care regulatory agencies have also evolved to where the current expectation is that health care disciplines will deliver safe and effective, evidence-based practice that produces valued outcomes on a predictable and consistent basis. The *Guidelines for Competency Assessment and Curriculum Planning in Therapeutic Recreation: A Tool for Self-Assessment* published in 1987, was developed by national leaders as a guide to improve competencies necessary for practice. This second edition titled *Guidelines for Competency Assessment and Curriculum Planning for Recreational Therapy Practice* incorporates revisions intended to be more consistent with current expectations for safe and effective recreational therapy practice while maintaining the foundations of consensus that served as a basis for the first edition.

The content of the first publication incorporated content and recommendations from the American Therapeutic Recreation Association (ATRA) Curriculum Conference held in Minneapolis during the ATRA Mid-Year Professional Issues Forum in April of 1995. The Curriculum Conference covered two intensive days and included approximately 60 educators and practitioners who discussed many issues and concerns critical to the profession. After the conference the ATRA Task Force on Higher Education met in the summer of 1995 and refined the recommendations developed at the Curriculum Conference. The ATRA Task Force on Higher Education included Jeff Witman and Terry Kinney, Co-Chairs, Ray West,

Ann Huston (ATRA Executive Director), GT Thomson, Diane Williams and Suzanne Bell. The task force drafted the original competency statements and guidelines. A draft of the competency statements and guidelines was presented at the ATRA conference in Louisville, Kentucky in October of 1995 and subsequent reviews, using a modified Delphi process that involved hundreds of practitioners and educators, were used to refine and revise the competency statements and guidelines into the *Guidelines for Competency Assessment and Curriculum Planning in Therapeutic Recreation: A Tool for Self-Assessment* which was published by ATRA in 1997.

The North Carolina Practice Competencies Task Force, using an early draft of competency statements developed by the ATRA Task Force on Higher Education, developed *Competencies for Practice as a Therapeutic Recreation Specialist*, an unpublished paper, as a subsequent and somewhat parallel effort to the national effort to define essential practice competencies. The task force included Karen Luken, Ed Kesgen and Trish Ostico, representing the North Carolina Recreation Therapy Association; Allen Guy, Vickie Parker and Catina Murphy, representing the Therapeutic Recreation Division of the North Carolina Recreation and Parks Society; and Ray West, Susan McGhee and Charles Johnson, representing the North Carolina Therapeutic Recreation Certification Board. The North Carolina Practice Competencies Task Force offered the revised competencies to ATRA and it was decided that they would be used as a resource in the next revision of the *Guidelines for Competency Assessment and Curriculum Planning in Therapeutic Recreation: A Tool for Self-Assessment*.

The competency statements refined by the North Carolina Therapeutic Recreation Practice Competencies Task Force as well as other current resources were used by the committee in making refinements and revisions to the competency statements and guidelines to develop *Guidelines for Competency Assessment and Curriculum Planning for Recreational Therapy Practice*. In reviewing current literature and the ATRA mission and vision, it was decided to refocus the com-

petencies and curriculum guidelines to that of recreational therapy practice due to the significant health care focus on safe and effective practice and the need to provide guidance for the competent practice of recreational therapy in health care settings where most recreational therapists and therapeutic recreation specialists are employed. This focus on recreational therapy practice also distinguishes between efforts of other organizations to define or regulate the broader aspects of therapeutic recreation practice.

The revised competency statements reflect knowledge, skills and abilities necessary for safe and effective practice as a recreational therapist. The competency statements are refined from the original version and incorporate and exceed the minimum requirements of the current NCTRC Job Analysis. They also incorporate content from recent literature about evidence-based and safe and effective recreational therapy practice in health care settings. With the assistance of Thomas Skalko, Professor of Recreational Therapy and Amy Samantha Baxter, Graduate Assistant at East Carolina

University, the refined competency statements have been validated for consensus using a modified Delphi review which involved the ATRA Board of Directors, the ATRA Past Presidents, the ATRA Chapter Affiliates and the ATRA Treatment Networks. Other sections of the publication that include helpful indicators for program resources, administrative structures and possible course titles have also been revised to be more current. Finally, the self-assessment section has been expanded to provide more explanation of self-assessment of competencies at student, practitioner and the curriculum levels.

We hope this publication will improve and assure safe and effective recreational therapy practice that leads to more consistent, predictable and valued patient/client outcomes.

**Ray West, Terry Kinney and Jeff Witman**  
*Editors*



## FOREWARD

Let me begin by saying that I have a personal uneasiness about writing a foreword. My reason is that a foreword is written expressly for the purpose of getting potential buyers to purchase the publication. Yet I have consented to write this foreword. "Why?" you might rightfully ask. There are two reasons.

First, when Ray West asked me to write this foreword it was difficult to say no. Ray is an old friend and I find it hard to say no when he asks for something. But there was more to my decision – a second reason for me to prepare this foreword. That is I knew in my heart of hearts just how important this publication can be to our profession. Be warned. *Guidelines for Competency Assessment and Curriculum Planning for Recreational Therapy* is a significant publication that every practitioner, educator, and student in recreational therapy should read and use.

Most forewords begin by trying to convince the reader of the importance of the publication. Such convincing should not be necessary here. *Guidelines for Competency Assessment and Curriculum Planning for Recreational Therapy* should be rapidly embraced by a still emerging profession that clearly recognizes the need for up-to-date guidelines to be used by practitioners and students for self-assessment and for university faculty and students to evaluate professional preparation programs.

I can imagine practitioners reviewing the competencies to determine gaps in their backgrounds so these can be filled by continuing education. I can envision students using the competencies to assess themselves upon graduation to determine if they have achieved the level of competence needed to pass

the National Council on Therapeutic Recreation Certification (NCTRC) examination. Students can also employ the Guidelines to determine if a curriculum contains all the elements necessary to produce competent recreational therapists. University faculty certainly can use this publication to evaluate their university's professional preparation program and make improvements accordingly.

Preparing this foreword affords me an opportunity to pay tribute to the editors of this publication: Ray West, Terry Kinney, and Jeff Witman. These gentlemen are among the very best who have ever served our profession. I say this having had the pleasure to spend time with pioneers in our profession such as Edith Ball, Marty Meyer, Al Grubb, Lee Meyer, Elliot Avedon, Ira Hutchinson, Doris Berryman, Bill Hillman, Fred Humphrey, David Park, Gerald O'Morrow, Ginny Frye, Gary Robb, Ann James, Marcia Carter, and Carol Peterson. Luckily, today we have professionals like Ray, Terry, and Jeff in our field willing to use their considerable abilities to edit the *Guidelines* publication. Am I personally glad that as ATRA President (1994-95) I had a hand in producing the prior edition of *Guidelines for Competency Assessment and Curriculum Planning for Recreational Therapy*? Yes, absolutely. Emphatically yes. The publishing of the first edition was a wonderful accomplishment for the leadership of ATRA and for our profession. Having this new up-to-date edition is a gift. It is a "must-read" for all who truly care about our profession of recreational therapy.

**David R. Austin, Ph.D., CTRS, FALS**  
*Professor Emeritus, Indiana University*



**INTRODUCTION  
TO  
COMPETENCIES  
AND  
SELF-ASSESSMENT**





## INTRODUCTION to COMPETENCIES and SELF-ASSESSMENT

### COMPETENT PRACTICE, CAREER-LONG LEARNING AND THE ROLE OF COLLEGES AND UNIVERSITIES

This publication represents a significant effort by the American Therapeutic Recreation Association (ATRA) to define the elements of competent practice as a recreational therapist. It is meant to be a useful companion piece to the *ATRA Standards for the Practice of Therapeutic Recreation and Self Assessment Guide*. While the *Standards of Practice* provides direction and expectations for the practitioner regarding practice, the *Guidelines for Competency Assessment and Curriculum Planning* provide direction to educators, practitioners, and agencies about the specific knowledge, skills, and abilities required to practice safely and effectively.

Professional preparation for competence in recreational therapy is rooted in the education provided by various colleges and universities offering degrees, majors or specializations in recreational therapy. Thus, the primary foundation for safe and effective practice as a recreational therapist begins with the quality and consistency of academic preparation. There are differing benchmarks of quality regarding academic preparation. The credentialing examination offered by the National Council for Therapeutic Recreation Certification (NCTRC) serves as one major benchmark of quality academic preparation. This benchmark of quality is the minimum education necessary to pass the NCTRC examination which is based upon the NCTRC Job Analysis Study. The NCTRC Job Analysis identifies the tasks and knowledge that are important for competent *entry-level* practice as a Certified Therapeutic Recreation Specialist (CTRS®). This benchmark measures the *minimum* competency necessary to pass the NCTRC examination, but it does not measure the individual knowledge, skills and abilities necessary to safely and effectively practice recreational therapy or to produce the valued patient/client outcomes on a consistent and predictable basis that are expected in health care settings. This document provides recommendations for competencies (knowledge, skills and abilities) and the means to measure the range and quality of the competencies developed for safe and effective practice

as a recreational therapist. As such, it provides the methodology to reasonably assess and compare one's individual competence or a college or university's academic program against the recommended competencies for safe and effective practice as a recreational therapist. Furthermore, these Guidelines provide individuals and institutions with opportunities to improve competencies and academic preparation.

The competencies recommended for practice contained within this document intentionally go beyond minimum standards to provide practitioners, faculty and curriculum planners and students with a yard stick by which to evaluate the development of competencies. The competencies recommended in this document should be viewed as a *target of excellence* or a measure of the best practice regarding competency development for safe, effective, contemporary recreational therapy practice in health care settings. These competencies define competent practice to be developed by the individual practitioner and by academic programs who prepare students for practice as a recreational therapist.

At the same time it should be noted that there are challenges and realistic limits to what a college or university can accomplish in terms of a finished product as reflected by its graduates. The argument for minimum competency standards has strong appeal when considering the resources available to preparation programs as well as the age, maturity, and degree of experience that many new graduates project. This reality gives stronger credence to the approach of these guidelines as being targets of excellence. For example, while it can reasonably be expected for college and university curricula to instill knowledge and, to a certain extent, skills and abilities within their graduates, it is unreasonable to expect that curricula can develop all of the abilities expected for highly competent practice since complex abilities reflect a degree of cognitive and affective integration that generally develops with maturity and experience.

The inclusion of complex abilities within these guidelines legitimizes the responsibility of the individual practitioner in his/her professional development as a competent practitioner.

The concept of education for professional practice does not end with graduation from a therapeutic recreation curriculum. In fact, *professional practice* is really a career-long learning and competency development process in which the student, practitioner and educator are partners.

Change and development is a central reality of professions and career-long learning. Professions change as do the expectations for outcomes while the rubrics of our work may remain the same (we still assess, plan, implement and evaluate), the ways in which we perform the duties and the context in which they occur continually change and evolve. The Pew Health Professions Commission's report "Critical Challenges: Revitalizing the Health Professions for the Twenty-First Century" include two areas of competencies for 2005 with particular relevance to the fluidity of healthcare provision.

First, prospective practitioners need to "accommodate expanded accountability." The relevance of formal preparation programs to patient outcomes needs to be established and monitored. Secondly, the commitment to "continue to learn" needs to be fostered along with the skills necessary to access and utilize new information. The effectiveness of students who have memorized a fixed body of knowledge of the field will diminish while students schooled in the process of problem solving and committed to doing something (as opposed to just talking) about their learning needs will be positioned to adapt and to flourish as systems change. What then are the roles of colleges and universities in the development of student/practitioners competencies? The inclusion of complex competencies within these guidelines provides direction for the college and university faculty to develop opportunities in the classroom, thorough practicum and other clinical experiences and through the internship or field placement for individuals to develop these competencies as students and to further refine them through continuing education and other experiences as practitioners with appropriate clinical supervision. The sequential development of knowledge, skills, and abilities is crucial to the development of competence for safe and effective practice and needs to be placed in perspective by colleges and universities and included within the curriculum planning process.

Ideally the sequence of learning opportunities across an individual's career will integrate didactic or classroom education and clinical practice. During initial schooling, instructors need to promote independent learning and, perhaps most importantly, to model the importance of continuing to learn

and continuing to practice. As competence to practice is assessed (by faculty, NCTRC, employers, and practitioners) measures of competence need to guide continued learning and professional development. Learning during practice is often stimulated by the need to address problems, concerns and crises. The decision making which these situations create can be a catalyst for profound individual development when placed in the context of developmental competence as opposed to problem or crisis resolution.

***Ideally, the sequence of learning opportunities across an individual's professional career will integrate didactic education and practice.***

Career change also needs to be a curriculum concern. Preparation for recreational therapy practice should allow students to qualify for subsequent involvement in a broad spectrum of graduate and specialty education. Further, it should provide a sound base of generic skills to those who take on broader responsibilities within service systems; benefit those who transition into related fields; and be responsive to those who move into recreational therapy from other fields.

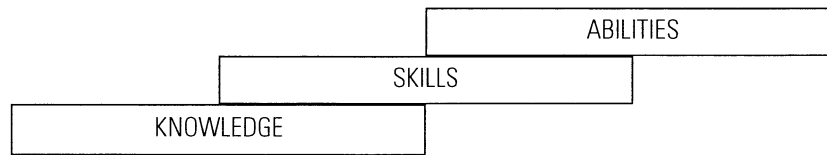
## **THE SEQUENCE OF KNOWLEDGE, SKILLS AND ABILITIES**

The relationship of knowledge, skills and abilities and subsequently "domain" of responsibility for obtaining these is depicted in Figure 1 on page 5. *Knowledge* represents information that is basic to the understanding of concepts and constructs and consists largely of factual information. It represents the knowledge portion of the taxonomy of educational objectives. *Skill* represents the level of education that results in application or performance of psychomotor skills within a particular context and generally relates to the *application* level of the taxonomy. *Ability* represents the highest and most complex demonstration of competence as it requires a higher level of integration and comparison between elements to achieve an intended outcome. Ability requires the use of judgment and relates to the *analysis, synthesis and evaluation* levels of the taxonomy of educational objectives.

Often in regards to competency development as an aspect of professional preparation, development of knowledge occurs in

FIGURE 1

**STEPS TO COMPETENT PRACTICE**



**Universities → Practice → Continuing Education**

didactic or classroom settings, while development of skills occurs when the knowledge is applied to performance of a task or tasks in lab, clinical education or actual practice settings (e.g., internship or field work). The development of abilities is facilitated when the knowledge and skill is used along with clinical judgment to reach a determination of a course of actions or an outcome (e.g., analyzing the results of the assessment to develop a treatment plan). The domain of responsibility for learning knowledge and developing skills and abilities overlaps between the college or university preparation program, practice and career-long education and professional development or competency enhancement activities. Clearly the foundation must be established within the professional development programs, though these *Guidelines* firmly establish the responsibility for refinement and enhancement of competencies with the individual practitioner, with the understanding that professional competence for recreational therapy practice is a career-long process.

**THE ROLE OF PROFESSIONAL PREPARATION**

It should be understood that the *Guidelines for Competency Assessment and Curriculum Planning for Recreational Therapy Practice* are related to the professional practice competencies. They purposely do not address the broad elements of a liberal education. Curricula in recreational therapy must be based upon a foundation of liberal arts designed to expose the students to a depth and breadth of education sufficient to ensure a practitioner is capable of critical thinking, effective verbal and written communication, and is an individual who demonstrates a strong core of central values regarding life, culture and the global community. Specific professional practice competencies then enhance the broader and lasting foun-

datations of a university education and should further refine the attributes of an educated individual.

**STAKEHOLDER INTEREST IN COMPETENCE**

Our stakeholders or communities of interest are those who have an interest or investment in recreational therapy practice and this group includes physicians, patients/clients, members of treatment teams, administrators, payers and policy makers. The Institute of Medicine (IOM), a private organization that provides advice about health policy under a congressional charter granted to the National Academy of Sciences, released the report *To Err is Human: Building a Safer Health System* in 1999 that described that as many as 98,000 people die in hospitals each year due to preventable medical errors and that the associated costs of these errors could amount to as much as \$29 billion dollars a year (IOM, 1999, p.1). As a result of this report, policy makers, regulatory agencies, accreditation and consumer organizations, payers and most people associated with health care in any capacity began to carefully scrutinize expenditures, safety, risk management and the effectiveness of procedures and practices in the health care industry. The focus on competent, safe and effective practice has become a major focus for all associated with health care, including those who practice a health care discipline. As health care expenditures continue to increase while the opportunity to generate a positive operating margin in health care agencies is restricted due to prospective and negotiated reimbursement plans, health care administrators must decide not only which disciplines are safe and effective but which disciplines consistently and predictably produce valued patient/client outcomes at the most affordable cost. Evidence-based care has gained increased attention as a

means to reduce unnecessary or ineffective care, treatment or services to reduce patient or consumer risk and unnecessary expenses. The importance of competent practice can't be overstated given the current trends in health care.

In the final report of the Pew Health Professions Commission titled *Recreating Health Professional Practice for the 21st Century* (PEW 1998, p. 29), the following twenty-one competencies are recommended for all health practitioners:

1. Embrace a personal ethic of social responsibility and service.
2. Exhibit ethical behavior in all professional activities.
3. Provide evidence-based, clinically competent care.
4. Incorporate the multiple determinants of health in clinical care.
5. Apply knowledge of the new sciences.
6. Demonstrate critical thinking, reflection, and problem-solving skills.
7. Understand the role of primary care.
8. Rigorously practice preventive health care.
9. Integrate population-based care and services into practice.
10. Improve access to health care for those with unmet health needs.
11. Practice relationship-centered care with individuals and families.
12. Provide culturally sensitive care to a diverse society.
13. Partner with communities in health care decisions.
14. Use communication and information technology effectively and appropriately.
15. Work in interdisciplinary teams.
16. Ensure care that balances individual, professional, system and societal needs.
17. Practice leadership.
18. Take responsibility for quality of care and health outcomes at all levels.
19. Contribute to continuous improvement of the health care system.
20. Advocate for public policy that promotes and protects the health of the public.
21. Continue to learn and help others learn.

In addition, the following competencies were identified by the Pew Health Professions Commission (PEW 1998, p. ix) for allied health disciplines:

1. Create incentives for public and private employers of allied health services to support outcomes-based research on allied health practices.
2. Create partnerships of educators, employers, and workers to identify and standardize auxiliary health competencies that are learned on the job.
3. Facilitate the continuous retraining of allied health professionals.

In *Health Professions Education: A Bridge to Quality*, the Institute of Medicine outlined a vision for how the health care system must be radically transformed to close the chasm between the health care system that was described in the *To Err is Human* report and what we know to be quality care treatment and services. In *Health Professions Education* (IOM, 2003 p.3-5) the IOM describes a new vision and core competencies for all health professions education:

1. Deliver patient-centered care
2. Employ evidence-based practice
3. Apply quality improvement
4. Work in interdisciplinary teams
5. Utilize informatics

In a publication titled *Profiling the Professions: A Model for Evaluating Emerging Health Professions* the Pew Health Professions Commission reports on a study to identify how health professions should move into the mainstream of health care practice and what considerations consumers, health care companies and public policy bodies should investigate before supporting the emerging profession. The topics of definition/description of the profession, safety and efficacy, government and private sector recognition, education and training and proactive practice model and viability are reviewed. Interesting questions about emerging professions and their education and training are raised including (PEW 2001, p 5-19):

1. How are students tested for competence during and at completion of all didactic and clinical programs?
2. Do faculty members in different institutions rely on standard curricula established by the profession?



3. Does the profession seek to recognize, through some sort of verification process, the credibility of education and training programs?
4. Does the profession have standard tests individuals can take to demonstrate their knowledge, skills and judgment in the profession?
5. Are individuals sufficiently prepared to be competent to provide the care they will provide? How is competence determined?
6. How does the profession's faculty promote curriculum review and revision?
7. Does the profession offer or require continuing education and life-long learning opportunities to members of the profession?

The need for consistent preparation for competent, safe and effective recreational therapy practice in health care settings is greater than ever and this trend is only expected to increase given the trend in health care towards safe, effective and cost-efficient care. This should not be a cause for concern for those in the profession or those considering entering the profession, but as an opportunity for individuals and the profession to demonstrate the competency of recreational therapists and the significant contributions of recreational therapy to the care, treatment and independence of individuals with medical, psychiatric or other disabling conditions. However, to do so requires that recreational therapists have a consistent core of competencies necessary for safe and effective practice and that curricula have academic programs that consistently develop competencies for safe and effective recreational therapy practice. The purpose of this publication is to provide the basis for developing and demonstrating consistent practice competencies. By using the self-assessment tools contained in this publication for individual self-assessment and for curriculum self-assessment consistent practice competencies can be better developed and demonstrated. By doing so the profession will evolve and emerge into the mainstream of health care services as a profession understood and valued by its stakeholders. Recreational therapists will improve job and career satisfaction as a result. Most importantly patients and consumers of recreational therapy services will improve physical, cognitive, social and emotional functioning, independence in life activities and quality of life.

## VALUE OF SELF-ASSESSMENT OF COMPLIANCE WITH THE GUIDELINES

The *Guidelines for Competency Assessment and Curriculum Planning for Recreational Therapy Practice*, as indicated in the introduction, represents targets of excellence for each recreational therapy professional preparation program to consider in curriculum planning. Each professional preparation program should attempt to provide every student with the opportunity to develop the identified competencies recognizing that students achieve differing levels of competence depending upon their abilities and motivations. The *Guidelines* also provide employers and potential students with a yardstick for a quality comparison of curricula to determine the extent of the professional preparation capabilities.

The Self-Assessment guides provide a set of instruments for the individual who wants to practice recreational therapy and the curriculum preparing students for recreational therapy practice. Conducting a self-assessment evaluates the degree to which they comply with the competencies recommended and provides the opportunity to develop a compliance improvement plan for the curriculum and a personal competency improvement plan for the individual in order to improve competencies for safe and effective recreational therapy practice and to demonstrate improved compliance with the *Guidelines*. A Self-Assessment allows each person, whether student, practitioner or educator to measure individual competence by comparing compliance with recommended competencies. If curricula use the Self-Assessments and improve compliance with the recommended competencies, consistency of academic preparation of recreational therapists will improve as will the consistent and predictable achievement of valued patient/client outcomes. In addition, by completing a self-assessment the individual may be better prepared to match personal competence with employment requirements. A Self-Assessment can also provide direction for clinical supervision and continuing professional development. The Individual Summary Self-Assessment form may also be used as a candidate screening tool by employers or as an initial assessment of competencies to meet Joint Commission requirements for an initial skills assessment during the orientation period and as a development plan for competency improvement.



**GUIDELINES  
FOR  
CURRICULUM  
PLANNING**





# GUIDELINES for CURRICULUM PLANNING

## FOUNDATIONS OF PROFESSIONAL PRACTICE

The curriculum should provide students with the opportunity to integrate an understanding of history, service models, theory/philosophy, ethics, credentials, professional conduct, evidence-based practice and professional development with recreational therapy (RT) practice.

1. Knowledge of the historical foundations and evolution of the recreational therapy (RT)/therapeutic recreation (TR) profession.
2. Knowledge of the philosophical concepts/definitions of TR/RT and implications for service delivery.
3. Knowledge of the health care and human service systems and the role and function of RT and allied disciplines within each.
4. Knowledge of the role of RT in relation to allied disciplines and the basis for collaboration with patient care services.
5. Knowledge of personal and societal attitudes related to health, illness and disability.
6. Knowledge of RT service delivery models and practice settings.
7. Knowledge of the RT process: assessment, treatment planning, implementation and evaluation.
8. Knowledge of the concepts of health, habilitation, rehabilitation, treatment, wellness, prevention and evidence-based practice as related to RT practice.
9. Knowledge of the role and responsibilities of levels of personnel providing RT services (RT, RT assistant, supervisor, manager and volunteers).
10. Knowledge of the role and responsibilities of a recreational therapist working as an integral part of the interdisciplinary treatment process.
11. Knowledge of the theories and principles of therapeutic/helping relationships.
12. Knowledge of recreational therapist's role as an advocate for client's rights.
13. Knowledge of the principles and processes of interdisciplinary treatment teams.
14. Knowledge of the development and purpose of TR/RT professional organizations at the local, state, and national levels.
15. Knowledge of TR/RT standards of practice and ethical codes.
16. Knowledge of current ethical issues in health care and human services.
17. Knowledge of professional credentialing requirements and processes: registration, certification, licensure.
18. Knowledge of agency accreditation processes applicable to RT services.
19. Knowledge of personal responsibility for continuing professional education and of appropriate resources.
20. Knowledge of principles of normalization, inclusion, self-determination, social role valorization, empowerment and personal autonomy.
21. Knowledge of issues/influences shaping the future of RT.
22. Skill in applying the principles of the RT process in individual and group treatment programs (service delivery).
23. Skill in applying techniques of evidence-based practice to recreational therapy practice.
24. Ability to communicate the purpose, techniques and effectiveness of RT to colleagues, consumers, and the public.
25. Ability to analyze, evaluate and apply models of practice in various settings.
26. Ability to use standards of practice and ethical codes in directing interactions with patients/clients and colleagues and in the design and implementation of RT Services.
27. Ability to comply with professional credentialing standards.
28. Ability to comply with agency or institutional clinical privileging and/or competency requirements.
29. Ability to evaluate personal practice skills; seek resources to continually improve practice skills; and incorporate enhanced knowledge and skill into daily practice.

## INDIVIDUALIZED PATIENT/CLIENT ASSESSMENT

The curriculum should provide students with the opportunity to develop competence to individually screen, assess and systematically collect comprehensive and accurate data about patients/clients in an efficient and effective manner and to analyze the data collected to determine the course of actions subsequent to an individualized treatment/program plan.

1. Knowledge of psychometric properties of tests and measurements.
2. Knowledge of evidence-based recreational therapy/therapeutic recreation assessment instruments used to determine physical, cognitive, emotional, and social functioning of patients/clients.
3. Knowledge of the evidence of problems and limitations for the specific medical, psychiatric or other disabling conditions being treated.
4. Knowledge of the impact of limitations in physical, cognitive, social and emotional functioning upon independence in life activities including work/school, self-maintenance and leisure.
5. Knowledge of evidence-based assessment instruments from other health care disciplines that may be relevant to recreational therapy practice.
6. Knowledge of the World Health Organization's (WHO) International Classification of Functioning, Disability and Health (ICF) as a method of assessing individual functioning and the impact of activity limitations and restrictions to participation in life activities, independence, satisfaction and quality of life.
7. Knowledge of interviewing stages and strategies.
8. Knowledge of the nature and function of documentation procedures and systems related to client assessment.
9. Knowledge of goals and mission of the various service settings as determinants for assessment procedures and protocols.
10. Skill in defining and measuring a variety of functional behaviors relevant to specific disabling conditions and to the practice of RT.
11. Skill in the use of behavioral observations.
12. Skill in the use of a variety of standardized and non-standardized instruments, batteries and rating systems.
13. Skill in the use of functional performance testing.
14. Skill in the use of rapid assessment instruments (RAI) and their application to recreational therapy practice.
15. Skill in gathering and use of relevant information from records, charts, family, significant others, and other professionals.
16. Ability to determine the need for further assessment(s).
17. Ability to determine and document the appropriateness of a referral for RT services.
18. Ability to involve clients/patients, families and their significant others in the assessment process.
19. Ability to conduct a systematic interview.
20. Ability to select the appropriate assessment instrument(s) for a selected patient/client.
21. Ability to analyze, interpret and incorporate assessment and evidence-based practice findings into a patient/client data base that is used to develop functional outcome goals to be included in an individualized treatment plan.
22. Ability to document assessment findings and review findings and implications for treatment with client, family, significant others, and team members.
23. Ability to assess the need for assistive technologies and devices to maximize functional abilities and independence in life activities.

## PLANNING TREATMENT/PROGRAMS

The curriculum should provide students with the opportunity to develop competence in the planning and development of individualized treatment plans that identify functional outcome goals, modalities, facilitation techniques and interventions based on assessment data collected and evidence regarding the diagnosis and treatment of specific medical, psychiatric and other disabling conditions. The curriculum should prepare students to use structured, systematic and evidence-based treatment interventions and facilitation techniques to improve patient/client functioning and independence in life activities.

1. Knowledge of the components of a comprehensive treatment/program plan as required by regulatory agencies and professional standards of practice.
2. Knowledge of the scope of practice of recreational therapy for treatment/program planning.
3. Knowledge of the systems approach to program planning and service delivery.
4. Knowledge of documentation procedures relevant to the processes of treatment and discharge planning.
5. Knowledge of assistive techniques and devices to facilitate appropriate treatment interventions.
6. Knowledge of resources available to the recreational therapist in planning and implementing services.
7. Skill in constructing treatment plans that incorporate patient/client strengths, resources and preferences.
8. Skill in designing discharge/transition plans relevant to patient/client resources, support systems and needs.
9. Skill in activity and task analysis.
10. Skill in integrating systematic methods of patient/client evaluation and program evaluation into treatment/program plans.
11. Ability to involve the patient/client, family and significant others, as appropriate, in the design of the treatment plan.
12. Ability to systematically apply assessment, quality improvement and evidence-based practice data in designing the treatment plan.
13. Ability to communicate and document the treatment plan to the patient/client, family, significant others, and all members of the treatment team.
14. Ability to apply accreditation, regulatory and therapeutic recreation standards of practice in the development, implementation, and evaluation of treatment plans/programs.
15. Ability to develop and use interdisciplinary collaboration in the design and implementation of treatment/program plans.
16. Ability to select evidence-based treatment interventions/programs according to diagnosis, age, cultural, socioeconomic factors, and patient/client preferences to treat problems and limitations associated with specific medical, psychiatric or other disabling conditions.
17. Ability to design and plan evidence-based treatment interventions/programs, protocols, guidelines and pathways, including such factors as contraindications, precautions, accommodations and adaptations, to improve physical, cognitive, social or emotional functioning of patients/clients.
18. Ability to select appropriate treatment interventions/programs, including such factors as type, frequency, duration and intensity, to achieve stated goals and outcomes.
19. Ability to use evidence-based treatment interventions/programs, protocols, guidelines, pathways and facilitation techniques to accomplish desired outcomes.
20. Ability to write functional outcome goals and other forms of documentation related to treatment design.

## IMPLEMENTING TREATMENT/PROGRAMS

The curriculum should provide students with the opportunity to develop competence to implement the individualized treatment/program plan using appropriate evidence-based treatment interventions and programs to restore, remediate, or rehabilitate patient/client functioning as well as to reduce or eliminate the limitations to participation in life activities resulting from medical, psychiatric or other disabling conditions. Treatment interventions/modalities and facilitation techniques commonly used by recreational therapists are identified. It is not suggested that all entry-level recreational therapists should have competence in every treatment intervention identified. However, those entering the profession should have measured competence (e.g., knowledge, skill and ability) to lead and facilitate the treatment interventions used to achieve evidence-based outcomes for the patients/clients served. It is recommended that the recreational therapist have specific education/training, assessed competency and/or the prevailing credentials in each treatment intervention used.

1. Knowledge of goals and mission of the institution/agency/organization as determinants for treatment/program intervention.
2. Knowledge of principles underlying the therapeutic/helping process, with emphasis upon interaction between the RT and the patient/client.
3. Knowledge of the role of the recreational therapist as a member of the interdisciplinary treatment team.
4. Knowledge of counseling theories and their relevance to specific interventions.
5. Knowledge of individual and group leadership and helping theories and techniques.
6. Knowledge of adjustment or activity modification principles for adaptation to the needs of the individual patient/client.
7. Knowledge of evidence-based treatment interventions/programs typically used to reach treatment outcomes for specific medical, psychiatric or other disabling conditions.
8. Knowledge of legal and ethical ramifications of treatment service delivery.
9. Skill in establishing an effective therapeutic/helping relationship.
10. Skill in designing evidence-based treatment interventions to implement the individual treatment plan of the patient/client.
11. Skill in effective oral and written communication.

12. Skill in applying individual and group leadership/helping techniques.
13. Skill in assisting the patient/client to process the treatment intervention, thereby enhancing self-awareness and formulating conclusions relevant to treatment goals and objectives.
14. Skill in facilitating a variety of evidence-based treatment interventions or modalities<sup>1</sup>, such as games, exercise, community reintegration, etc., to reach treatment outcomes.
15. Skill in using a variety of facilitation techniques<sup>2</sup>, such as social skills training, cognitive learning theories or behavioral theories, etc., to reach treatment outcomes.
16. Ability to develop and/or select and implement treatment interventions appropriate to the goals and objectives and consistent with evidence-based practice and patient/client preferences to achieve optimal functional outcomes for patients/clients.
17. Ability to effectively involve patient/client, family and significant others in implementing treatment interventions.
18. Ability to apply knowledge of the effects of pharmaceutical agents upon the health and behavior of patients/clients when implementing treatment.
19. Ability to apply knowledge of multicultural considerations when implementing treatment.
20. Ability to effectively use a variety of assistive techniques, devices and equipment to meet patient/client needs.
21. Ability to modify or discontinue treatment interventions, as appropriate in adapting to changing conditions in the patient/client or treatment environment.
22. Ability to apply behavior management strategies and helping techniques.
23. Ability to document patient's/client's response to interventions.

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<sup>1</sup> As listed in the glossary, a modality is defined as activity content that is specifically selected and designed to bring about treatment outcomes.

<sup>2</sup> As listed in the glossary, a facilitation technique is a theoretically-based process that guides how the therapist will structure the activity and interactions with the patient/client based upon the presenting diagnosis and problems of the patient/client and desired treatment outcomes.



TABLE 1

**MODALITIES AND FACILITATION TECHNIQUES**

<b>MODALITIES</b>	<b>FACILITATION TECHNIQUES</b>
Activities of daily living Adventure experiences/initiatives Animal-facilitated interventions Anger Management training Aquatics Arts/crafts Assertiveness training Athletics/sports Behavior Management Training Bibliotherapy/storytelling Biofeedback Training Cognitive retraining Conditioning/weight training Community reintegration Communication skills training Coping skills training Dance/movement Drama Empowerment/self esteem experiences Exercise (all types including Yoga, Qigong, etc.) Games/sports Horticulture	Humor Journaling/writing Leisure education experiences Martial arts (all types including Tai Chi, etc.) Meditation Music Outdoor recreation experiences Pre/post operative/procedural training Problem solving experiences Reality orientation experiences Relaxation training Remotivation training Resocialization experiences Sensory stimulation Service activities/projects Social Skills Training Special events Spirituality Stress management/relaxation training Therapeutic play activities Values clarification experiences
	Behavioral theory/therapy/modification Behavioral medicine theories Cognitive behavioral therapy Crisis intervention theory Developmental theory Dialectical behavior therapy Existential theories Family treatment theories Gestalt therapy Group treatment theories Helping/counseling theories <ul style="list-style-type: none"> <li>• Behavioristic theories</li> <li>• Cognitive-Behavioral</li> <li>• Growth or Positive psychology</li> <li>• Psychoanalytic</li> </ul> Learned optimism/positive psychology Motivational Interviewing theory Person-Centered therapy Rational-emotive therapy Reminiscence theory Resiliency/Hardiness theories Social learning theory <ul style="list-style-type: none"> <li>• Attribution</li> <li>• Learned helplessness</li> <li>• Self-concept</li> <li>• Social support</li> <li>• Self-efficacy, etc.</li> </ul> Transactional analysis theories Validation theory

**CONSIDERATIONS FOR USING MODALITIES AND FACILITATION TECHNIQUES FOR TREATMENT**

Modalities and facilitation techniques can not be viewed in isolation; to be effective, they must be considered at the same time. This is the essence of a *planned treatment intervention*. "A planned intervention is the use of a carefully selected modality, facilitation technique, and an appropriate level of processing (based on the cognitive capacity of the individual) to bring about a desired change in identified client behavior(s)" (Kinney, et al, 2006). Also, in order for the planned treatment intervention to consistently and predictably reach intended, valued, patient/client treatment outcomes the

intervention has to be structured and consistently provided in a manner that reduces variability and undesired results. Selection of modalities and techniques to be used in treatment should be based on the evidence that exists specific to their utility to address specific needs to improve patient functioning. Practitioners need to access available evidence which explains the effectiveness of particular interventions. Stumbo (2003) provides a detailed overview of systematic reviews for evidence based practice specific to recreational therapy. She includes many useful websites including the Cochrane Collaboration and the National Guideline Clearinghouse which provide systematic reviews of evidence and practice guidelines:

**Cochrane Collaboration**  
<http://www.cochrane.org>

**National Guideline Clearinghouse**  
<http://www.guidelines.gov/>

It is recommended that all recreational therapists learn how to conduct systematic reviews of evidence-based care literature and how to use evidence-based care data bases so they can determine which interventions and modalities are most effective in treating particular patient needs. Additionally, to be competent to safely and effectively use a particular modality and facilitation technique, recreational therapists should have knowledge of and skill in applying the theory or theories that serve as the basis for the intervention and facilitation technique.

The question of which modalities should be included in university curricula is an exceptionally difficult dilemma. Research has shown that the modalities most recommended by practitioners to be taught in professional preparation programs are somewhat associated with the disability group that is receiving the service (Kinney et al, 2004). For example, music activities and exercise were most recommended by those practitioners who were working with older adults. Practitioners in Physical Medicine and Rehabilitation most often recommended aquatic activities and community reintegration while practitioners in behavioral health most recommended competence in assertiveness training, self esteem, and problem solving. There is little research in the recreational therapy literature that has explored these associations and what has been undertaken is merely scratching the surface. Clearly more research is needed to determine which modalities or treatment interventions are most effective in treating the needs of patients/clients with medical, psychiatric or other disabling conditions.

Another consideration, besides which modalities and facilitation techniques students should demonstrate, is the level of proficiency at which those skills are developed and the manner in which the qualifications and competency to use the modality or treatment intervention safely and effectively is assessed. The lists included in Table 1 are modified and expanded from the original lists in the 1997 Guidelines. They have been edited to reflect the input of reviewers. Research in the last decade has served to validate much of the list, although as indicated, the degree to which particular modalities and facilitation techniques are associated with the population with which a professional works still requires much

investigation. Research also needs to further study the process by which modalities and techniques are best obtained. The argument can be made that some should be courses in curricula while some could be developed during the internship.

Despite the paucity of research, students and practitioners are advised to refer to the literature that does exist as well as other sources of evidence-based practice to select the modalities and facilitation techniques that are most suited to the population and the identified outcomes that are selected for that population. Interventions and programs used for treatment need to reflect the evidence of best practices for safe and effective treatment.

## **EVALUATING TREATMENT/PROGRAMS**

The curriculum should provide students with the competency to systematically conduct evaluation and research to determine the effectiveness of treatment interventions and programs used to reach patient/client outcomes.

1. Knowledge of a variety of systematic methods of evaluation and research.
2. Knowledge of formative and summative methods and resources used to evaluate the efficiency and effectiveness of recreational therapy services.
3. Knowledge of documentation procedures for program planning, accountability, and payment of service.
4. Knowledge of methods for interpreting client/patient progress and outcomes as a basis for program evaluation.
5. Knowledge of evaluation requirements of regulatory agencies.
6. Skill in designing and using a variety of evaluation methods to analyze client/patient outcomes and the effectiveness of the treatment interventions.
7. Ability to evaluate the recreational therapy program for effectiveness and efficiency.
8. Ability to interpret data, to modify treatment interventions and programs and to formulate recommendations for continued patient/client treatment or aftercare.
9. Ability to use treatment/program evaluation data and research to develop or refine protocols, guidelines and pathways to achieve effective client/patient outcomes on a predictable and consistent basis.
10. Ability to involve patients/clients and significant others in

the reassessment of functioning and progress related to the individualized treatment/program plan, plans for discharge and aftercare, and intervention/program evaluation.

11. Ability to use program evaluation and applied research techniques to demonstrate program/service accountability.

## MANAGING RECREATIONAL THERAPY PRACTICE

It is expected that the curriculum will provide students with the opportunity to develop the basic competencies to manage their practice. Additional competencies are needed to manage a department and/or additional staff.

1. Knowledge of the organization and delivery of health care and human services.
2. Knowledge of position design, classification, recruitment, orientation/training, supervision and performance management of personnel as an integrated human resource system.
3. Knowledge of techniques of financing, budgeting, cost accounting, rate setting and fiscal accountability.
4. Knowledge of governmental, professional, agency, and accreditation standards and regulations.
5. Knowledge of the principles and practices of promotions, public relations, and marketing.
6. Knowledge of practices of managing resources including personnel, facilities, supplies, and equipment.
7. Knowledge of principles and requirements for safety and risk management.
8. Knowledge of facility planning processes.
9. Knowledge of strategic planning processes.
10. Knowledge of legal requirements pertaining to delivery of health care and human services and recreational therapy.
11. Skill in using computers/systems for managing information and data.
12. Skill in applying ethical and conduct standards to practice.
13. Skill in practicing safety, emergency, infection control and risk management procedures.
14. Skill in scheduling, time management, and prioritization of tasks and decisions.
15. Skill in managing productivity and labor resources.

16. Skill in providing clinical supervision and education to staff and students.
17. Ability to apply knowledge of theory, techniques, and practices of quality improvement to managing service delivery.
18. Ability to balance cost and quality to provide necessary and effective evidence-based care.
19. Ability to manage and use scientific, technological and patient/client information to assess and adapt physical/environmental barriers to optimize patient/client independence in life activities.
20. Ability to manage the practice of recreational therapy within the legal and ethical requirements of health care, the agency and the profession.
21. Ability to collaborate with administrators and allied disciplines regarding the delivery and management of recreational therapy services provided to patients/clients.

## SUPPORT CONTENT/COMPETENCIES

The curriculum should provide students with a broad base of coursework to develop an understanding of human anatomy and physiology, growth/development, psychology, functioning in life activities and an understanding of health care services. Support content is essential for recreational therapists to develop competence to apply recreational therapy concepts, in the context of health care services, to improve patients'/clients' physical, cognitive, emotional and social functioning and independence in life activities. As a point of comparison, the support content identified for recreational therapy practice is comparable to the scope, but not necessarily the depth, of support content required by physical and occupational therapy (ACOTE, 2006, B.1.0, p. 21-22; CAPTE, 2007, Evaluative Criteria 2006, CC-1-3, p. 40-41).

## FUNCTIONAL ASPECTS OF THE HUMAN BODY

(Anatomy, Physiology, Analysis of Movement/Biomechanics and Motor Learning)

1. Knowledge of the structure and functions of each of the major body systems:
 

integumentary	endocrine	digestive
(skin, hair, etc.)	cardiovascular	urinary
muscular	lymphatic & immune	reproductive
nervous	respiratory	skeletal

2. Knowledge of the levels of structural organization of human body:
 

chemical	tissue	system
cellular	organ	organism
3. Knowledge of environmental factors and personal health practices that affect optimal functioning of the human body.
4. Knowledge of neurological, muscular and skeletal systems pertaining to movement.
5. Knowledge of the biomechanics of human skeletal muscles and articulations.
6. Knowledge of the biomechanics of the human spine.
7. Knowledge of motor learning and development.
8. Knowledge of motor behavior across life span.
9. Ability to apply knowledge of biomechanics related to safe lifting, transfer, positioning and ambulation.
10. Ability to apply knowledge of motor behavior in designing recreational therapy interventions to address gross and fine motor functioning.
11. Ability to use knowledge of anatomy and physiology in the design and implementation of recreational therapy interventions to improve functional independence in life activities.
12. Ability to use knowledge of motor learning and developmental milestones in designing and implementing recreational therapy interventions to improve physical independence.

## **HUMAN GROWTH AND DEVELOPMENT**

1. Knowledge of theories and developmental milestones associated with the stages of human development from conception, prenatal development and birth, to infancy, toddlerhood, childhood, adolescence, early, middle, late adulthood and aging.
2. Knowledge of the sequence and processes of physical, cognitive, emotional, and social aspects of human development throughout the lifecycle (from conception and prenatal development through death, dying and bereavement).
3. Knowledge of the interplay and relationship between biology, environment and relationships during the various stages of the human lifecycle.
4. Knowledge of influences on healthy development including nutrition, exercise and social and family relationships

as well as the impact of unhealthy behaviors such as substance abuse or disease and disability upon development and functioning throughout the life span.

5. Skill in recognizing the developmental requirements of patients/clients and activities in the planning of treatment interventions.
6. Ability to apply knowledge of human development in the planning and implementation of recreational therapy treatment.

## **PSYCHOLOGY, COGNITIVE/EDUCATIONAL PSYCHOLOGY AND ABNORMAL PSYCHOLOGY**

1. Knowledge of the scientific study of human behavior including psychodynamic, behaviorist, and humanistic-existential theories.
2. Knowledge of cognitive development patterns across the life span including information processing, memory, mental capacity and learning.
3. Knowledge of theories of human perception, personality, sensation and learning.
4. Knowledge of psychology of adjustment including models of attachment, coping skills, stress reduction strategies, family/patient/child relationships.
5. Knowledge of social psychology including socio-cultural relationships, attitudes and stereotypes, social dominance theory and stigmatization based upon disability or disease.
6. Knowledge of physiological psychology - physiological and biochemical bases of behavior.
7. Knowledge of abnormal psychology including etiology, dynamics, symptomatology, diagnosis, treatment and rehabilitation.
8. Knowledge of death and dying including the grieving process, euthanasia, coping skills, fear and spirituality.
9. Knowledge of selected psychological assessment instrument scoring, interpretation and documentation.
10. Knowledge of selected psychological assessment instrument reliability, validity, practicality and availability.
11. Skill in understanding and interpreting categories included in the current edition of the Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association (APA).
12. Skill in facilitating a variety of treatment interventions designed to address issues within the psychological

domain.

13. Skill in assisting the patient/client in processing and applying knowledge and skills learned to meet individual needs.
14. Ability to employ teaching/facilitation strategies that recognize cognitive development patterns and other indicators of patient/client psychological state.
15. Ability to engage in discipline-appropriate dialogue with other members of the treatment team regarding patient/client functioning in the psychological domain.
16. Ability to interpret the contribution of recreational therapy to the psychological domain for those outside the profession.

## **COUNSELING, GROUP DYNAMICS AND LEADERSHIP**

1. Knowledge of therapeutic communication principles (attending behaviors, reflecting feelings, encouraging, paraphrasing, summarization, confrontation, self-disclosure, empathy, open and closed questions).
2. Knowledge of helping and counseling theories and theories of facilitation techniques and their applications to individual and group interventions.
3. Knowledge of ethical concerns for therapist/counselor/leader (confidentiality, duty to warn, transference, counter-transference, values conflicts, adherence to standards of professional practice, choice of treatment, adequacy of treatment, cultural and ethnic factors that influence treatment).
4. Knowledge of issues related to co-therapy.
5. Knowledge of leadership theories, roles and techniques (autocratic, democratic, laissez-faire, educator, stimulator, enabler, controller).
6. Knowledge of group dynamics and process (stages of group development, group functions, formation of group, special group needs, contraindications for group participation).
7. Skill in establishing, maintaining, and terminating therapeutic relationships.
8. Skill in facilitating patient/client awareness and self-responsibility.
9. Ability to effectively lead and co-lead therapeutic groups.
10. Ability to effectively use selected individual and group counseling interventions.

## **FIRST AID AND SAFETY**

1. Knowledge of OSHA regulations related to bloodborne pathogens, infectious disease and bodily fluid exposure.
2. Ability to comply with isolation guidelines, infection control and risk management procedures including preventive and post-exposure actions.
3. Ability to employ health, safety and security practices for individuals and groups.
4. Ability to implement prepared behavior management programs to protect the health, safety and security of individuals and groups.
5. Ability to use standard first aid procedures for emergency care of victims of sudden accident or illness.
6. Ability to use standard cardiopulmonary resuscitation procedures.
7. Ability to apply principles of body mechanics to ensure safe lifting, transfer, positioning, and ambulation.

## **DISABLING CONDITIONS**

1. Knowledge of medical and disabling conditions, disorders and impairments affecting an individual's physical, cognitive emotional and social functioning across the lifespan.
2. Knowledge of the following for disabling conditions:
  - a. prevalence
  - b. etiology
  - c. diagnostic criteria
  - d. pathology and symptomatology
  - e. recommended course of treatment
  - f. prognosis
3. Knowledge of the bio-psycho-social impact of disabling conditions/disabilities on the individual's health status, self-concept, quality of life and functional independence in life activities.
4. Knowledge of word root, prefixes, and suffixes used in medical and psychiatric vocabulary.
5. Skill in use of standard charting signs, symbols and abbreviations.
6. Ability to use knowledge of disabling conditions addressed by recreational therapy (RT) practice including identification of:
  - a. primary patient/client needs appropriate for RT services
  - b. goals and appropriate interventions for RT services
  - c. programmatic precautions and any client/patient con

traindications for RT services

7. Ability to use appropriate medical (somatic and psychiatric) terminology when describing the human body, its structure, systems, and functioning.
8. Ability to use medical and psychiatric dictionaries, references and resources.

## **PHARMACOLOGY**

1. Knowledge of the effects of various pharmacological agents and their impact on human functioning.
2. Knowledge of basic pharmacological terminology and medications, including side effects, related to specific disabling conditions.
3. Skill in adapting treatment interventions to accommodate pharmacological concerns.
4. Ability to use reference materials/guides to obtain current information regarding pharmacological implications for recreational therapy assessment and treatment.

## **UNDERSTANDING HEALTH CARE SERVICES AND SYSTEMS**

(Health Care Organization and Delivery and Legal Aspects of Health Care Services)

1. Knowledge of the continuum of health care services including diagnosis, treatment, rehabilitation, prevention and health promotion.
2. Knowledge of the history, mission, purpose and goals of health care services in various health care settings.
3. Knowledge of organization and delivery systems for health care services
4. Knowledge of agencies, enabling legislation, related laws and regulations that regulate or influence the provision of health care services in inpatient, outpatient, partial hospitalization, day treatment, home and residential settings.

5. Knowledge of health care financing.
6. Knowledge of the relationship between safety, risk management and effective evidence-based practice to consistently and predictably reach patient/client outcomes that are valued by stakeholders.
7. Knowledge of service delivery and management in the context of health care services and skill and ability to integrate recreational therapy services into health care services in various settings.

## **RECREATION AND LEISURE**

1. Knowledge of the basic theories, philosophical concepts and principles related to play, leisure, and recreation and their impact on health, wellness and human functioning across the lifespan.
2. Knowledge of the evolution of recreation and leisure services.
3. Knowledge of resources for recreation and leisure opportunities.
4. Skill in identifying and using appropriate leisure assessments.
5. Skill in referring patients/clients to recreation and leisure services.
6. Ability to integrate knowledge of patient/client recreation and leisure behaviors with other assessment and diagnostic information.
7. Ability to integrate knowledge of recreation and leisure services and resources with patient/client needs.
8. Ability to integrate understanding of normalization, inclusion, self-determination, social role valorization, empowerment and personal autonomy in creating inclusive recreation opportunities.
9. Ability to integrate knowledge of the impact of leisure upon lifestyle development with patient/client assessment and program implementation.
10. Ability to advocate for inclusive recreation opportunities for people with disabilities.

**STRUCTURAL  
COMPONENTS  
FOR  
PROFESSIONAL  
PREPARATION**







# STRUCTURAL COMPONENTS for PROFESSIONAL PREPARATION

## TEACHING AND SUPPORT RESOURCES

### PHILOSOPHY AND GOALS

1. As a result of meeting curriculum requirements for the academic degree, major or specialization students in recreational therapy should meet the sitting requirements of the National Council for Therapeutic Recreation Certification for the Therapeutic Recreation Specialist examination.
2. There should be a written statement of philosophy and goals for the degree, major or specialization in recreational therapy, which should be developed by recreational therapy faculty in response to the demonstrated needs and expectations of the various constituents of interest served by the educational program including, but not limited to, students, graduates, faculty, sponsoring administration, employers, physicians, the public, and the ATRA Standards for the Practice of Therapeutic Recreation.

### FACULTY

1. There should be full-time faculty with specialization and experience in recreational therapy practice to provide instruction for students in the recreational therapy program.
2. Faculty should be a CTRS® with the National Council for Therapeutic Recreation Certification (NCTRC) and licensed in states where a licensure program exists.
3. Full-time faculty should hold a minimum of one degree in therapeutic recreation or recreational therapy, preferably (though not necessarily) the terminal degree.
4. Faculty should display scholarly productivity in recreational therapy or therapeutic recreation.
5. Faculty should be professionally active in local, state or national professional recreational therapy or therapeutic recreation associations.
6. Faculty should periodically practice recreational therapy or therapeutic recreation through direct service and/ or consultation.

## STUDENTS

1. Students should display involvement in professional recreational therapy or therapeutic recreation organizations.
2. The academic unit housing the degree, major or specialization recreational therapy should clearly identify all students in the recreational therapy program.

## STUDENT CLINICAL EXPERIENCES

1. There should be adequate opportunities for clinical experiences (practicum, internship/field placement or other clinical experiences) so students may apply didactic knowledge gained in the classroom to the development of skills and abilities used in recreational therapy clinical practice settings.
2. Students should be required to complete clinical field experiences in recreational therapy prior to enrolling in their full-time internships/field placements
3. Full-time faculty, who are Certified Therapeutic Recreation Specialists® and licensed where applicable, should provide the supervision on behalf of the professional preparation program for student clinical practice experiences in recreational therapy.
4. Clinical supervision for students completing internships/field placements should be provided by agency staff who are Certified Therapeutic Recreation Specialists® and licensed as applicable.
5. The professional preparation program should have a recreational therapy internship manual to guide students' internship/field placement experiences.
6. Students should be required to complete a full-time internship of not less than 12 weeks and, preferably 15 weeks in length.
7. Students' internship/field placement performance should be evaluated using the ATRA Standards of Practice Performance Appraisal Summary and Reference Form.

## PROGRAM RESOURCES

1. There should be adequate teaching resources, including resources to meet the needs of students with disabilities.
2. There should be adequate library materials including books, journals, and audio-visual media on recreational therapy, therapeutic recreation and evidence-based care.
3. There should be computer software for recreational therapy and therapeutic recreation applications.
4. There should be opportunities for faculty to have regular and systematic contacts with Certified Therapeutic Recreation Specialists® or licensed recreational therapists (e.g., advisory council or by appointing clinical faculty).
5. Program resources should be adequate for students completing programs in recreational therapy to meet all sitting requirements of the exam provided by the National Council for Therapeutic Recreation Certification.

## GENERAL ADMINISTRATIVE GUIDELINES

1. Undergraduate curricula should prepare graduates to work with a number of client groups (e.g., pediatrics, psychiatry, substance abuse, geriatrics, physical medicine and rehabil-

itation, developmental disabilities, etc.) as opposed to specialization with a client group(s). Such preparation should also reflect a variety of settings (e.g., in-patient, outpatient, long term care, community-based treatment, schools, etc.).

2. Institutions of higher education should strive to develop clinical sites for training and research through cooperative arrangements with agencies.
3. The faculty/student ratio in recreational therapy professional preparation programs should be appropriate to provide students with an appropriate educational experiences and advising. A full-time faculty member in recreational therapy who holds a terminal degree needs to be employed by any college or university that offers a recreational therapy degree, major or specialization. Programs should not be staffed only by part-time personnel nor should there be an over-reliance on part-time faculty. Only programs that are very modest in terms of numbers of students and courses instructed should have less than two full-time faculty members in recreational therapy who hold terminal degrees. Where resources limit the number of recreational therapy faculty, student enrollments should be limited to a reasonable size for the resources available.

### COURSE TITLES

The course titles that cover the content areas of the competencies for recreational therapy practice could be listed under any number of course titles. The following are suggestions only:

Foundations of RT  
Introduction to RT  
Techniques in RT  
Assessment and Documentation in RT  
Planning and Implementing RT  
Interventions  
RT Modalities and Facilitation  
Techniques

Trends and Issues in RT  
Program Design in RT  
Management of RT  
Evaluation and Research in RT  
Senior Seminar in RT  
Practicum in RT  
Internship in RT  
RT for Disability Groups

# SELF-ASSESSMENT GUIDES





## SELF-ASSESSMENT GUIDES

### SELF-ASSESSMENT

The focus on developing competency for practice must include opportunities to evaluate the competencies acquired including the degree to which the competency has been developed or proficiency level. When considering how to evaluate competence, performance in recreational therapy courses is one method to evaluate competence, but other methods include performance on skills demonstrations/tests, rated performance observations, credentialing examinations and self-assessment. To obtain the most accurate assessment of competence multiple methods and sources of evaluations are necessary to determine a reasonably accurate evaluation of competence.

Graduation from a college or university with a degree, major or specialization in recreational therapy is a measure of competence indicating that the requirements for the degree, including successful performance in coursework, has been demonstrated. Passing the exam offered by the National Council for Therapeutic Recreation Certification and obtaining the CTRS® credential is another benchmark of competence. Both of these benchmarks of competence, in addition to licensure in states where applicable, are considered basic minimal, entry level qualifications for practice as a recreational therapist.

Performance in recreational therapy and support content courses is a measure of competency in the respective con-

tent. Employers will often use assessments of competency during the screening and hiring process, sometimes assessing which courses were completed and whether the performance level was acceptable. An initial skills assessment is completed during orientation to determine whether the recreational therapist has the basic knowledge, skills and abilities for safe and effective practice. Usually the proficiency level sought is that the individual can perform the required duties of a recreational therapist, independently in a safe and effective manner. The alternative is that the individual is judged to lack certain competencies necessary to perform required duties and clinical supervision may be required until the competency is demonstrated. In the most extreme circumstance employment may be terminated. The initial skills assessment often uses multiple methods of evaluation including skills demonstration, observation of task performance, written tests and self-assessments. Self-assessment is a method of evaluation that, while potentially influenced by biases and inaccurate self-perceptions, has been used throughout time as one method of assessing competence.

The following Self-Assessment Guides provide an opportunity for individual and curriculum self-assessment to determine the scope of competencies achieved and the proficiency level in the various competencies. By conducting a self-assessment the individual and the curriculum will determine opportunities to improve compliance with the *Guidelines for Competency Assessment and Curriculum Planning for Recreational Therapy Practice*.



# INDIVIDUAL SELF-ASSESSMENT SUMMARY FORM

Adapted from UNC Health Care Department of Recreational Therapy Supplemental Employment Application  
(UNC Health Care, 2003)

RECREATIONAL THERAPY CONTENT	CONTACT TIME	COURSE TITLE	COURSE PREFIX/ NUMBER	COURSE CREDIT	GRADE
Foundations of Professional Practice	45 HR	_____	_____	_____	_____
Individualized Patient/Client Assessment	45 HR	_____	_____	_____	_____
Planning Treatment/Programs	45 HR	_____	_____	_____	_____
Implementing Treatment/Programs	45 HR	_____	_____	_____	_____
Modality/Intervention Skills_____	__HR	_____	_____	_____	_____
Modality/Intervention Skills_____	__HR	_____	_____	_____	_____
Modality/Intervention Skills_____	__HR	_____	_____	_____	_____
Evaluating Treatment/Programs	45 HR	_____	_____	_____	_____
Managing Recreational Therapy Practice	45 HR	_____	_____	_____	_____
<b>CLINICAL EXPERIENCE</b>					
Internship/Field Placement	__ HR	_____	_____	_____	_____
Practicum experiences	__ HR	_____	_____	_____	_____
Other clinical experience	__ HR	_____	_____	_____	_____
<b>SUPPORT CONTENT</b>					
Anatomy and Physiology	90 HR	_____	_____	_____	_____
Kinesiology/Biomechanics	45 HR	_____	_____	_____	_____
Motor Skill Learning	45 HR	_____	_____	_____	_____
Human Growth and Development	45 HR	_____	_____	_____	_____
Psychology	45 HR	_____	_____	_____	_____
Cognitive/Educational Psychology	45 HR	_____	_____	_____	_____
Abnormal Psychology	45 HR	_____	_____	_____	_____
Counseling	45 HR	_____	_____	_____	_____
Group Dynamics & Leadership	45 HR	_____	_____	_____	_____
First Aid and Safety	15 HR	_____	_____	_____	_____
Disabling Conditions	45 HR	_____	_____	_____	_____
Pharmacology	30 HR	_____	_____	_____	_____
Health Care Organization and Delivery	45 HR	_____	_____	_____	_____
Legal Aspects of Health Care	45 HR	_____	_____	_____	_____
Recreation and Leisure Services	45 HR	_____	_____	_____	_____





## COMPETENCY SELF-ASSESSMENT – DETAIL FORM

### FOUNDATIONS OF PROFESSIONAL PRACTICE:

The curriculum should provide students with the opportunity to integrate an understanding of history, service models, theory/philosophy, ethics, credentials, professional conduct, evidence-based practice and professional development with recreational therapy (RT) practice.

Competency Statements:	Perceived Level of Competence:
	1 = No perceived competence 2 = Minimal perceived competence 3 = Average perceived competence 4 = High perceived competence 5 = Very high perceived competence
1. Knowledge of the historical foundations and evolution of the RT/TR profession.	1    2    3    4    5
2. Knowledge of the philosophical concepts/definitions of TR/RT and implications for service delivery.	1    2    3    4    5
3. Knowledge of the health care and human service systems and the role and function of RT and allied disciplines within each.	1    2    3    4    5
4. Knowledge of the role of RT in relation to allied disciplines and the basis for collaboration with patient care services.	1    2    3    4    5
5. Knowledge of personal and societal attitudes related to health, illness and disability.	1    2    3    4    5
6. Knowledge of RT service delivery models and practice settings.	1    2    3    4    5
7. Knowledge of the RT process: assessment, treatment planning, implementation and evaluation.	1    2    3    4    5
8. Knowledge of the concepts of health, habilitation, rehabilitation, treatment, wellness, prevention and evidence-based practice as related to RT practice.	1    2    3    4    5
9. Knowledge of the role and responsibilities of levels of personnel providing RT services (RT, RT assistant, supervisor/manager and volunteers).	1    2    3    4    5
10. Knowledge of the role and responsibilities of a recreational therapist working as an integral part of the interdisciplinary treatment process.	1    2    3    4    5
11. Knowledge of the theories and principles of therapeutic/helping relationships.	1    2    3    4    5
12. Knowledge of recreational therapist's role as an advocate for client's rights.	1    2    3    4    5
13. Knowledge of the principles and processes of interdisciplinary treatment teams.	1    2    3    4    5
14. Knowledge of the development and purpose of TR/RT professional organizations at the local, state, and national levels.	1    2    3    4    5
15. Knowledge of TR/RT standards of practice and ethical codes.	1    2    3    4    5
16. Knowledge of current ethical issues in health care and human services.	1    2    3    4    5
17. Knowledge of professional credentialing requirements and processes: registration, certification, licensure.	1    2    3    4    5
18. Knowledge of agency accreditation processes applicable to RT services.	1    2    3    4    5
19. Knowledge of personal responsibility for continuing professional education and of appropriate resources.	1    2    3    4    5

# CURRICULUM SELF-ASSESSMENT – DETAIL FORM

## FOUNDATIONS OF PROFESSIONAL PRACTICE:

*(continued)*

Competency Statements:	Perceived Level of Competence:
	1 = No perceived competence 2 = Minimal perceived competence 3 = Average perceived competence 4 = High perceived competence 5 = Very high perceived competence
20. Knowledge of principles of the normalization, inclusion, self-determination, social role valorization, empowerment and personal autonomy.	1    2    3    4    5
21. Knowledge of issues/influences shaping the future of RT.	1    2    3    4    5
22. Skill in applying the principles of the RT process in individual and group treatment programs (service delivery).	1    2    3    4    5
23. Skill in applying techniques of evidence-based practice to recreational therapy practice.	1    2    3    4    5
24. Ability to communicate the purpose, techniques and effectiveness of RT to colleagues, consumers, and the public.	1    2    3    4    5
25. Ability to analyze, evaluate and apply models of practice in various settings.	1    2    3    4    5
26. Ability to use standards of practice and ethical codes in directing interactions with patients/clients and colleagues and in the design and implementation of RT Services.	1    2    3    4    5
27. Ability to comply with professional credentialing standards.	1    2    3    4    5
28. Ability to comply with agency or institutional clinical privileging and/or competency requirements.	1    2    3    4    5
29. Ability to evaluate personal practice skills; seek resources to continually improve practice skills; and incorporate enhanced knowledge and skill into daily practice.	1    2    3    4    5

CONTENT AREA	CONTACT TIME	COURSE TITLE	COURSE PREFIX	COURSE NUMBER	COURSE CREDIT
Foundations of Professional Practice	45 HR	_____	_____	_____	_____
		_____	_____	_____	_____

## COMPETENCY SELF-ASSESSMENT – DETAIL FORM

### INDIVIDUALIZED PATIENT/CLIENT ASSESSMENT:

The curriculum should provide students with the opportunity to develop competence to individually screen, assess and systematically collect comprehensive and accurate data about patients/clients in an efficient and effective manner and to analyze the data collected to determine the course of actions subsequent to an individualized treatment/program plan.

Competency Statements:	Perceived Level of Competence:
	1 = No perceived competence 2 = Minimal perceived competence 3 = Average perceived competence 4 = High perceived competence 5 = Very high perceived competence
1. Knowledge of psychometric properties of tests and measurements.	1    2    3    4    5
2. Knowledge of evidence-based recreational therapy/therapeutic recreation assessment instruments used to determine physical, cognitive, emotional, and social functioning of patients/clients.	1    2    3    4    5
3. Knowledge of the evidence of problems and limitations for the specific medical, psychiatric or other disabling conditions being treated.	1    2    3    4    5
4. Knowledge of the impact of limitations in physical, cognitive, social and emotional functioning upon independence in life activities including work/school, self-maintenance and leisure.	1    2    3    4    5
5. Knowledge of evidence-based assessment instruments from other health care disciplines that may be relevant to recreational therapy practice.	1    2    3    4    5
6. Knowledge of the World Health Organization's (WHO) International Classification of Functioning, Disability and Health (ICF) as a method of assessing individual functioning and the impact of activity limitations and restrictions to participation in life activities, independence, satisfaction and quality of life.	1    2    3    4    5
7. Knowledge of interviewing stages and strategies.	1    2    3    4    5
8. Knowledge of the nature and function of documentation procedures and systems related to client assessment.	1    2    3    4    5
9. Knowledge of goals and mission of the various service settings as determinants for assessment procedures and protocols.	1    2    3    4    5
10. Skill in defining and measuring a variety of functional behaviors relevant to specific disabling conditions and to the practice of RT.	1    2    3    4    5
11. Skill in the use of behavioral observations.	1    2    3    4    5
12. Skill in the use of a variety of standardized and non-standardized instruments, batteries and rating systems.	1    2    3    4    5
13. Skill in the use of functional performance testing.	1    2    3    4    5
14. Skill in the use of rapid assessment instruments (RAI) and their application to recreational therapy practice.	1    2    3    4    5
15. Skill in gathering and use of relevant information from records, charts, family, significant others, and other professionals.	1    2    3    4    5
16. Ability to determine the need for further assessment(s).	1    2    3    4    5
17. Ability to determine and document the appropriateness of a referral for RT services.	1    2    3    4    5
18. Ability to involve clients/patients, families and their significant others in the assessment process.	1    2    3    4    5

# CURRICULUM SELF-ASSESSMENT – DETAIL FORM

## INDIVIDUALIZED PATIENT/CLIENT ASSESSMENT:

*(continued)*

Competency Statements:	Perceived Level of Competence:
	1 = No perceived competence 2 = Minimal perceived competence 3 = Average perceived competence 4 = High perceived competence 5 = Very high perceived competence
19. Ability to conduct a systematic interview.	1    2    3    4    5
20. Ability to select the appropriate assessment instrument(s) for a selected patient/client.	1    2    3    4    5
21. Ability to analyze, interpret and incorporate assessment and evidence-based practice findings into a patient/client data base that is used to develop functional outcome goals to be included in an individualized treatment plan.	1    2    3    4    5
22. Ability to document assessment findings and review findings and implications for treatment with client, family, significant others, and team members.	1    2    3    4    5
23. Ability to assess the need for assistive technologies and devices to maximize functional abilities and independence in life activities.	1    2    3    4    5

CONTENT AREA	CONTACT TIME	COURSE TITLE	COURSE PREFIX	COURSE NUMBER	COURSE CREDIT
Individualized Patient/Client Assessment	45 HR	_____	_____	_____	_____
		_____	_____	_____	_____

## COMPETENCY SELF-ASSESSMENT – DETAIL FORM

### PLANNING TREATMENT/PROGRAMS:

The curriculum should provide students with the opportunity to develop competence in the planning and development of individualized treatment plans that identify functional outcome goals, modalities, facilitation techniques and interventions, based on assessment data collected and evidence regarding the diagnosis and treatment of specific medical, psychiatric and other disabling conditions. The curriculum should prepare students to use structured, systematic and evidence-based treatment interventions and facilitation techniques to improve patient/client functioning and independence in life activities.

Competency Statements:	Perceived Level of Competence:				
	1 = No perceived competence 2 = Minimal perceived competence 3 = Average perceived competence 4 = High perceived competence 5 = Very high perceived competence				
1. Knowledge of the components of a comprehensive treatment/program plan as required by regulatory agencies and professional standards of practice.	1	2	3	4	5
2. Knowledge of the scope of practice of therapeutic recreation for treatment/program planning.	1	2	3	4	5
3. Knowledge of the systems approach to program planning and service delivery.	1	2	3	4	5
4. Knowledge of documentation procedures relevant to the processes of treatment and discharge planning.	1	2	3	4	5
5. Knowledge of assistive techniques and devices to facilitate appropriate treatment interventions.	1	2	3	4	5
6. Knowledge of resources available to the recreational therapist in planning and implementing services.	1	2	3	4	5
7. Skill in constructing treatment plans that incorporate patient/client strengths, resources and preferences.	1	2	3	4	5
8. Skill in designing discharge/transition plans relevant to patient/client resources, support systems and needs.	1	2	3	4	5
9. Skill in activity and task analysis.	1	2	3	4	5
10. Skill in integrating systematic methods of patient/client evaluation and program evaluation into treatment/program plans.	1	2	3	4	5
11. Ability to involve the patient/client, family and significant others, as appropriate, in the design of the treatment plan.	1	2	3	4	5
12. Ability to systematically apply assessment, quality improvement and evidence-based practice data in designing the treatment plan.	1	2	3	4	5
13. Ability to communicate and document the treatment plan to the patient/client, family, significant others, and all members of the treatment team.	1	2	3	4	5
14. Ability to apply accreditation, regulatory and therapeutic recreation standards of practice in the development, implementation, and evaluation of treatment plans/programs.	1	2	3	4	5
15. Ability to develop and use interdisciplinary collaboration in the design and implementation of treatment/program plans.	1	2	3	4	5
16. Ability to select evidence-based treatment interventions/programs according to diagnosis, age, cultural, socioeconomic factors, and patient/client preferences to treat problems and limitations associated with specific medical, psychiatric or other disabling conditions.	1	2	3	4	5

# CURRICULUM SELF-ASSESSMENT – DETAIL FORM

## PLANNING TREATMENT/PROGRAMS:

*(continued)*

Competency Statements:	Perceived Level of Competence:
	1 = No perceived competence 2 = Minimal perceived competence 3 = Average perceived competence 4 = High perceived competence 5 = Very high perceived competence
17. Ability to design and plan evidence-based treatment interventions/programs, protocols, guidelines and pathways, including such factors as contraindications, precautions, accommodations and adaptations, to improve physical, cognitive, social or emotional functioning of patients/clients.	1    2    3    4    5
18. Ability to select appropriate treatment interventions/programs, including such factors as type, frequency, duration and intensity, to achieve stated goals and outcomes.	1    2    3    4    5
19. Ability to use evidence-based treatment interventions/programs, protocols, guidelines, and pathways and facilitation techniques to accomplish desired outcomes.	1    2    3    4    5
20. Ability to write functional outcome goals, and other forms of documentation related to treatment design.	1    2    3    4    5

CONTENT AREA	CONTACT TIME	COURSE TITLE	COURSE PREFIX	COURSE NUMBER	COURSE CREDIT
Planning Treatment/Programs	45 HR	_____	_____	_____	_____
		_____	_____	_____	_____

## COMPETENCY SELF-ASSESSMENT – DETAIL FORM

### IMPLEMENTING TREATMENT/PROGRAMS:

The curriculum should provide students with the opportunity to develop competence to implement the individualized treatment/program plan using appropriate evidence-based treatment interventions and programs to restore, remediate, or rehabilitate patient/client functioning as well as to reduce or eliminate the limitations to participation in life activities resulting from medical, psychiatric or other disabling conditions. Treatment interventions/modalities and facilitation techniques commonly used by recreational therapists are identified on page 15. It is not suggested that all entry-level recreational therapists should have competence in every treatment intervention identified. However, those entering the profession should have measured competence (e.g., knowledge, skill and ability) to lead and facilitate the treatment interventions used to achieve evidence-based outcomes for the patients/clients served. It is recommended that the recreational therapist have specific education/training, assessed competency and/or the prevailing credentials in each treatment intervention used.

Competency Statements:	Perceived Level of Competence:				
	1 = No perceived competence 2 = Minimal perceived competence 3 = Average perceived competence 4 = High perceived competence 5 = Very high perceived competence				
1. Knowledge of goals and mission of the institution/agency/organization as determinants for treatment/program intervention.	1	2	3	4	5
2. Knowledge of principles underlying the therapeutic/helping process, with emphasis upon interaction between the RT and the patient/client.	1	2	3	4	5
3. Knowledge of the role of the recreational therapist as a member of the interdisciplinary treatment team.	1	2	3	4	5
4. Knowledge of counseling theories and their relevance to specific interventions.	1	2	3	4	5
5. Knowledge of individual and group leadership and helping theories and techniques.	1	2	3	4	5
6. Knowledge of adjustment or activity modification principles for adaptation to the needs of the individual patient/client.	1	2	3	4	5
7. Knowledge of evidence-based treatment interventions/programs typically used to reach treatment outcomes for specific medical, psychiatric or other disabling conditions.	1	2	3	4	5
8. Knowledge of legal and ethical ramifications of treatment service delivery.	1	2	3	4	5
9. Skill in establishing an effective therapeutic/helping relationship.	1	2	3	4	5
10. Skill in designing evidence-based treatment interventions to implement the individual treatment plan of the patient/client.	1	2	3	4	5
11. Skill in effective oral and written communication.	1	2	3	4	5
12. Skill in applying individual and group leadership/helping techniques.	1	2	3	4	5
13. Skill in assisting the patient/client to process the treatment intervention, thereby enhancing self-awareness and formulating conclusions relevant to treatment goals and objectives.	1	2	3	4	5
14. Skill in facilitating a variety of evidence-based treatment interventions or modalities, such as games, exercise, community reintegration, etc., to reach treatment outcomes.	1	2	3	4	5
15. Skill in using a variety of facilitation techniques, such as social skills training, cognitive learning theories or behavioral theories, etc., to reach treatment outcomes.	1	2	3	4	5
16. Ability to develop and/or select and implement treatment interventions appropriate to the goals and objectives and consistent with evidence-based practice and patient/client preferences to achieve optimal functional outcomes for patients/clients.	1	2	3	4	5

# CURRICULUM SELF-ASSESSMENT – DETAIL FORM

## IMPLEMENTING TREATMENT/PROGRAMS:

*(continued)*

Competency Statements:	Perceived Level of Competence:
	1 = No perceived competence 2 = Minimal perceived competence 3 = Average perceived competence 4 = High perceived competence 5 = Very high perceived competence
17. Ability to effectively involve patient/client, family and significant others in implementing treatment interventions.	1    2    3    4    5
18. Ability to apply knowledge of the effects of pharmaceutical agents upon the health and behavior of patients/clients when implementing treatment.	1    2    3    4    5
19. Ability to apply knowledge of multicultural considerations when implementing treatment.	1    2    3    4    5
20. Ability to effectively use a variety of assistive techniques, devices and equipment to meet patient/client needs.	1    2    3    4    5
21. Ability to modify or discontinue treatment interventions, as appropriate in adapting to changing conditions in the patient/client or treatment environment.	1    2    3    4    5
22. Ability to apply behavior management strategies and helping techniques.	1    2    3    4    5
23. Ability to document patient's/client's response to interventions.	1    2    3    4    5

CONTENT AREA	CONTACT TIME	COURSE TITLE	COURSE PREFIX	COURSE NUMBER	COURSE CREDIT
Implementing Treatment/Programs	45 HR	_____	_____	_____	_____
		_____	_____	_____	_____



## COMPETENCY SELF-ASSESSMENT – DETAIL FORM

### MODALITIES AND FACILITATION TECHNIQUES:

It is not suggested that all entry-level recreational therapists should have competence in every treatment intervention identified or that all possible modalities or facilitation techniques are identified. However, those entering the profession should have measured competence (e.g., knowledge, skill and ability) to lead and facilitate the treatment interventions used to achieve evidence-based outcomes for the patients/clients served. It is recommended that the recreational therapist have specific education/training, assessed competency and/or the prevailing credentials in each treatment intervention used. It is also recommended that the recreational therapist have specific training in the facilitation techniques or theories used as the basis for the treatment intervention or modality used.

Modalities:	Perceived Level of Competence:				
	1 = No perceived competence 2 = Minimal perceived competence 3 = Average perceived competence 4 = High perceived competence 5 = Very high perceived competence				
Activities of daily living	1	2	3	4	5
Adventure experiences/initiatives	1	2	3	4	5
Animal-facilitated interventions	1	2	3	4	5
Anger Management training	1	2	3	4	5
Aquatics	1	2	3	4	5
Arts/crafts	1	2	3	4	5
Assertiveness training	1	2	3	4	5
Athletics/sports	1	2	3	4	5
Behavior Management Training	1	2	3	4	5
Bibliotherapy/storytelling	1	2	3	4	5
Biofeedback Training	1	2	3	4	5
Cognitive retraining	1	2	3	4	5
Conditioning/weight training	1	2	3	4	5
Community reintegration	1	2	3	4	5
Communication skills training	1	2	3	4	5
Coping skills training	1	2	3	4	5
Dance/movement	1	2	3	4	5
Drama	1	2	3	4	5
Empowerment/self esteem experiences	1	2	3	4	5
Exercise (all types including Yoga, Qigong, etc.)	1	2	3	4	5
Games/sports	1	2	3	4	5
Horticulture	1	2	3	4	5
Humor	1	2	3	4	5
Journaling/writing	1	2	3	4	5

# CURRICULUM SELF-ASSESSMENT – DETAIL FORM

## MODALITIES AND FACILITATION TECHNIQUES:

*(continued)*

Modalities:	Perceived Level of Competence:
	1 = No perceived competence 2 = Minimal perceived competence 3 = Average perceived competence 4 = High perceived competence 5 = Very high perceived competence
Leisure education experiences	1    2    3    4    5
Martial arts (all types including Tai Chi, etc.)	1    2    3    4    5
Meditation	1    2    3    4    5
Music	1    2    3    4    5
Outdoor recreation experiences	1    2    3    4    5
Pre/post operative/procedural training	1    2    3    4    5
Problem solving experiences	1    2    3    4    5
Reality orientation experiences	1    2    3    4    5
Relaxation training	1    2    3    4    5
Remotivation training	1    2    3    4    5
Resocialization experiences	1    2    3    4    5
Sensory stimulation	1    2    3    4    5
Service activities/projects	1    2    3    4    5
Social Skills Training	1    2    3    4    5
Special events	1    2    3    4    5
Spirituality	1    2    3    4    5
Stress management/relaxation training	1    2    3    4    5
Therapeutic play activities	1    2    3    4    5
Values clarification experiences	1    2    3    4    5

MODALITY CONTENT AREA	CONTACT TIME	COURSE TITLE	COURSE PREFIX	COURSE NUMBER	COURSE CREDIT
_____	HR	_____	_____	_____	_____
_____	HR	_____	_____	_____	_____
_____	HR	_____	_____	_____	_____
_____	HR	_____	_____	_____	_____

# CURRICULUM SELF-ASSESSMENT – DETAIL FORM

## MODALITIES AND FACILITATION TECHNIQUES:

(continued)

Facilitation Techniques/Theories:	Perceived Level of Competence:				
	1 = No perceived competence 2 = Minimal perceived competence 3 = Average perceived competence 4 = High perceived competence 5 = Very high perceived competence				
Behavioral theory/therapy/modification	1	2	3	4	5
Behavioral medicine theories	1	2	3	4	5
Cognitive behavioral therapy	1	2	3	4	5
Crisis intervention theory	1	2	3	4	5
Developmental theory	1	2	3	4	5
Dialectical behavior therapy	1	2	3	4	5
Existential theories	1	2	3	4	5
Family treatment theories	1	2	3	4	5
Gestalt therapy	1	2	3	4	5
Group treatment theories	1	2	3	4	5
Helping/counseling theories	1	2	3	4	5
• Behavioristic theories	1	2	3	4	5
• Cognitive-Behavioral	1	2	3	4	5
• Growth or Positive psychology	1	2	3	4	5
• Psychoanalytic	1	2	3	4	5
Learned optimism/positive psychology	1	2	3	4	5
Motivational Interviewing theory	1	2	3	4	5
Person-Centered therapy	1	2	3	4	5
Rational-emotive therapy	1	2	3	4	5
Reminiscence theory	1	2	3	4	5
Resiliency/Hardiness theories	1	2	3	4	5
Social learning theory	1	2	3	4	5
• Attribution	1	2	3	4	5
• Learned helplessness	1	2	3	4	5
• Self-concept	1	2	3	4	5
• Social support	1	2	3	4	5
• Self-efficacy, etc.	1	2	3	4	5

# CURRICULUM SELF-ASSESSMENT – DETAIL FORM

## MODALITIES AND FACILITATION TECHNIQUES:

*(continued)*

Facilitation Techniques/Theories:	Perceived Level of Competence:				
	1 = No perceived competence 2 = Minimal perceived competence 3 = Average perceived competence 4 = High perceived competence 5 = Very high perceived competence				
Transactional analysis theories	1	2	3	4	5
Validation theory	1	2	3	4	5

FACILITATION/THEORY CONTENT AREA	CONTACT TIME	COURSE TITLE	COURSE PREFIX	COURSE NUMBER	COURSE CREDIT
_____	HR	_____	_____	_____	_____
_____	HR	_____	_____	_____	_____
_____	HR	_____	_____	_____	_____
_____	HR	_____	_____	_____	_____

## COMPETENCY SELF-ASSESSMENT – DETAIL FORM

### EVALUATING TREATMENT/PROGRAMS:

The curriculum should provide students with the competency to systematically conduct evaluation and research to determine the effectiveness of treatment interventions and programs used to reach patient/client outcomes.

Competency Statements:	Perceived Level of Competence:
	1 = No perceived competence 2 = Minimal perceived competence 3 = Average perceived competence 4 = High perceived competence 5 = Very high perceived competence
1. Knowledge of a variety of systematic methods of evaluation and research.	1    2    3    4    5
2. Knowledge of formative and summative methods and resources used to evaluate the efficiency and effectiveness of recreational therapy services.	1    2    3    4    5
3. Knowledge of documentation procedures for program planning, accountability, and payment of service.	1    2    3    4    5
4. Knowledge of methods for interpreting client/patient progress and outcomes as a basis for program evaluation.	1    2    3    4    5
5. Knowledge of evaluation requirements of regulatory agencies.	1    2    3    4    5
6. Skill in designing and using a variety of evaluation methods to analyze client/patient outcomes and the effectiveness of the treatment interventions.	1    2    3    4    5
7. Ability to evaluate the recreational therapy program for effectiveness and efficiency.	1    2    3    4    5
8. Ability to interpret data, to modify treatment interventions and programs and to formulate recommendations for continued patient/client treatment or aftercare.	1    2    3    4    5
9. Ability to use treatment/program evaluation data and research to develop or refine protocols, guidelines and pathways to achieve effective client/patient outcomes on a predictable and consistent basis.	1    2    3    4    5
10. Ability to involve patients/clients and significant others in the reassessment of functioning and progress related to the individualized treatment/program plan, plans for discharge and aftercare, and intervention/program evaluation.	1    2    3    4    5
11. Ability to use program evaluation and applied research techniques to demonstrate program/service accountability.	1    2    3    4    5

CONTENT AREA	CONTACT TIME	COURSE TITLE	COURSE PREFIX	COURSE NUMBER	COURSE CREDIT
Evaluating Treatment/Programs	45 HR	_____	_____	_____	_____
		_____	_____	_____	_____

## COMPETENCY SELF-ASSESSMENT – DETAIL FORM

### MANAGING RECREATIONAL THERAPY PRACTICE:

It is expected that the curriculum will provide students with the opportunity to develop the basic competencies to manage their practice. Additional competencies are needed to manage a department and/or additional staff.

Competency Statements:	Perceived Level of Competence:
	1 = No perceived competence 2 = Minimal perceived competence 3 = Average perceived competence 4 = High perceived competence 5 = Very high perceived competence
1. Knowledge of the organization and delivery of health care and human services.	1    2    3    4    5
2. Knowledge of position design, classification, recruitment, orientation/training, supervision and performance management of personnel as an integrated human resource system.	1    2    3    4    5
3. Knowledge of techniques of financing, budgeting, cost accounting, rate setting and fiscal accountability.	1    2    3    4    5
4. Knowledge of governmental, professional, agency, and accreditation standards and regulations.	1    2    3    4    5
5. Knowledge of the principles and practices of promotions, public relations, and marketing.	1    2    3    4    5
6. Knowledge of practices of managing resources including personnel, facilities, supplies, and equipment.	1    2    3    4    5
7. Knowledge of principles and requirements for safety and risk management.	1    2    3    4    5
8. Knowledge of facility planning processes.	1    2    3    4    5
9. Knowledge of strategic planning processes.	1    2    3    4    5
10. Knowledge of legal requirements pertaining to delivery of health care and human services and recreational therapy.	1    2    3    4    5
11. Skill in using computers/systems for managing information and data.	1    2    3    4    5
12. Skill in applying ethical and conduct standards to practice.	1    2    3    4    5
13. Skill in practicing safety, emergency, infection control and risk management procedures.	1    2    3    4    5
14. Skill in scheduling, time management, and prioritization of tasks and decisions.	1    2    3    4    5
15. Skill in managing productivity and labor resources.	1    2    3    4    5
16. Skill in providing clinical supervision and education to staff and students.	1    2    3    4    5
17. Ability to apply knowledge of theory, techniques, and practices of quality improvement to managing service delivery.	1    2    3    4    5
18. Ability to balance cost and quality to provide necessary and effective evidence-based care.	1    2    3    4    5

# CURRICULUM SELF-ASSESSMENT – DETAIL FORM

## MANAGING RECREATIONAL THERAPY PRACTICE:

*(continued)*

Competency Statements:	Perceived Level of Competence:				
	1 = No perceived competence 2 = Minimal perceived competence 3 = Average perceived competence 4 = High perceived competence 5 = Very high perceived competence				
19. Ability to manage and use scientific, technological and patient/client information to assess and adapt physical/environmental barriers to optimize patient/client independence in life activities.	1	2	3	4	5
20. Ability to manage the practice of recreational therapy within legal and ethical requirements of health care, the agency and the profession.	1	2	3	4	5
21. Ability to collaborate with administrators and allied disciplines regarding the delivery and management of recreational therapy services provided to patients/clients.	1	2	3	4	5

CONTENT AREA	CONTACT TIME	COURSE TITLE	COURSE PREFIX	COURSE NUMBER	COURSE CREDIT
Managing Recreational Therapy Practice	45 HR	_____	_____	_____	_____
		_____	_____	_____	_____

# COMPETENCY SELF-ASSESSMENT – DETAIL FORM

## SUPPORT CONTENT:

The curriculum should provide students with a broad base of liberal arts, science, and health care courses to develop an understanding of human anatomy and physiology, growth/development, psychology and functioning in life activities and an understanding of health care services. Support content is essential for recreational therapists to develop competence to apply recreational therapy concepts, in the context of health care services, to improve patients'/clients' physical, cognitive, emotional and social functioning and independence in life activities.

## FUNCTIONAL ASPECTS OF THE HUMAN BODY

(Anatomy, Physiology, Analysis of Movement/Biomechanics and Motor Learning)

Competency Statements:	Perceived Level of Competence:
	1 = No perceived competence 2 = Minimal perceived competence 3 = Average perceived competence 4 = High perceived competence 5 = Very high perceived competence
1. Knowledge of the structure and functions of each of the major body systems: integumentary            endocrine            digestive (skin, hair, etc.)        cardiovascular        urinary muscular                  lymphatic & immune    reproductive nervous                  respiratory            skeletal	1    2    3    4    5
2. Knowledge of the levels of structural organization of human body: chemical                  tissue                  system cellular                  organ                  organism	1    2    3    4    5
3. Knowledge of environmental factors and personal health practices that affect optimal functioning of the human body.	1    2    3    4    5
4. Knowledge of neurological, muscular and skeletal systems pertaining to movement.	1    2    3    4    5
5. Knowledge of the biomechanics of human skeletal muscles and articulations.	1    2    3    4    5
6. Knowledge of the biomechanics of the human spine.	1    2    3    4    5
7. Knowledge of motor learning and development.	1    2    3    4    5
8. Knowledge of motor behavior across life span.	1    2    3    4    5
9. Ability to apply knowledge of biomechanics related to safe lifting, transfer, positioning and ambulation.	1    2    3    4    5
10. Ability to apply knowledge of motor behavior in designing recreational therapy interventions to address gross and fine motor functioning.	1    2    3    4    5
11. Ability to use knowledge of anatomy and physiology in the design and implementation of recreational therapy interventions to improve functional independence in life activities.	1    2    3    4    5
12. Ability to use knowledge of motor learning and developmental milestones in designing and implementing recreational therapy interventions to improve physical independence.	1    2    3    4    5

CONTENT AREA	CONTACT TIME	COURSE TITLE	COURSE PREFIX	COURSE NUMBER	COURSE CREDIT
Anatomy and Physiology	90 HR	_____	_____	_____	_____
Kinesiology or Biomechanics	45 HR	_____	_____	_____	_____
Motor Learning	45 HR	_____	_____	_____	_____



# COMPETENCY SELF-ASSESSMENT – DETAIL FORM

## SUPPORT CONTENT: *(continued)*

### HUMAN GROWTH AND DEVELOPMENT

Competency Statements:	Perceived Level of Competence:
	1 = No perceived competence 2 = Minimal perceived competence 3 = Average perceived competence 4 = High perceived competence 5 = Very high perceived competence
1. Knowledge of developmental milestones associated with the stages of human development from conception, prenatal development and birth, to infancy, toddlerhood, childhood, adolescence, early, middle, late adulthood and aging.	1    2    3    4    5
2. Knowledge of the sequence and processes of physical, cognitive, emotional, and social aspects of human development throughout the lifecycle (from conception and prenatal development through death, dying and bereavement).	1    2    3    4    5
3. Knowledge of the interplay and relationship between biology, environment and relationships during the various stages of the human lifecycle.	1    2    3    4    5
4. Knowledge of influences on healthy development including nutrition, exercise and social and family relationships as well as the impact of unhealthy behaviors such as substance abuse or disease and disability upon development and functioning throughout the life span.	1    2    3    4    5
5. Skill in recognizing the developmental requirements of patients/clients and activities in the planning of treatment interventions.	1    2    3    4    5
6. Ability to apply knowledge of human development in the planning and implementation of recreational therapy treatment.	1    2    3    4    5

CONTENT AREA	CONTACT TIME	COURSE TITLE	COURSE PREFIX	COURSE NUMBER	COURSE CREDIT
Human Growth & Development	45 HR	_____	_____	_____	_____
		_____	_____	_____	_____

# COMPETENCY SELF-ASSESSMENT – DETAIL FORM

## SUPPORT CONTENT: *(continued)*

### PSYCHOLOGY, COGNITIVE/EDUCATIONAL PSYCHOLOGY AND ABNORMAL PSYCHOLOGY

Competency Statements:	Perceived Level of Competence:
	1 = No perceived competence 2 = Minimal perceived competence 3 = Average perceived competence 4 = High perceived competence 5 = Very high perceived competence
1. Knowledge of the scientific study of human behavior including psychodynamic, behaviorist, and humanistic-existential theories.	1    2    3    4    5
2. Knowledge of cognitive development patterns across the life span including information processing, memory, mental capacity and learning.	1    2    3    4    5
3. Knowledge of theories of human perception, personality, sensation and learning.	1    2    3    4    5
4. Knowledge of psychology of adjustment including models of attachment, coping skills, stress reduction strategies, family/patient/child relationships.	1    2    3    4    5
5. Knowledge of social psychology including socio-cultural relationships, attitudes and stereotypes, social dominance theory, stigmatization based upon disability or disease.	1    2    3    4    5
6. Knowledge of physiological psychology – physiological and biochemical bases of behavior.	1    2    3    4    5
7. Knowledge of abnormal psychology including etiology, dynamics, symptomatology, diagnosis, treatment and rehabilitation.	1    2    3    4    5
8. Knowledge of death and dying including the grieving process, euthanasia, coping skills, fear and spirituality.	1    2    3    4    5
9. Knowledge of selected psychological assessment instrument scoring, interpretation and documentation.	1    2    3    4    5
10. Knowledge of selected psychological assessment instrument reliability, validity, practicality and availability.	1    2    3    4    5
11. Skill in understanding and interpreting categories included in the current edition of the Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association (APA).	1    2    3    4    5
12. Skill in facilitating a variety of treatment interventions designed to address issues within the psychological domain.	1    2    3    4    5
13. Skill in assisting the patient/client in processing and applying knowledge and skills learned to meet individual needs.	1    2    3    4    5
14. Ability to employ teaching/facilitation strategies that recognize cognitive development patterns and other indicators of patient/client psychological state.	1    2    3    4    5
15. Ability to engage in discipline-appropriate dialogue with other members of the treatment team regarding patient/client functioning in the psychological domain.	1    2    3    4    5
16. Ability to interpret the contribution of recreational therapy to the psychological domain for those outside the profession.	1    2    3    4    5

CONTENT AREA	CONTACT TIME	COURSE TITLE	COURSE PREFIX	COURSE NUMBER	COURSE CREDIT
Psychology	45 HR	_____	_____	_____	_____
Cognitive/Educational Psychology	45 HR	_____	_____	_____	_____
Abnormal Psychology	45 HR	_____	_____	_____	_____

# COMPETENCY SELF-ASSESSMENT – DETAIL FORM

## SUPPORT CONTENT: *(continued)*

### COUNSELING, GROUP DYNAMICS AND LEADERSHIP

Competency Statements:	Perceived Level of Competence:
	1 = No perceived competence 2 = Minimal perceived competence 3 = Average perceived competence 4 = High perceived competence 5 = Very high perceived competence
1. Knowledge of therapeutic communication principles (attending behaviors, reflecting feelings, encouraging, paraphrasing, summarization, confrontation, self-disclosure, empathy, open and closed questions).	1    2    3    4    5
2. Knowledge of helping and counseling theories and theories of facilitation techniques and their applications to individual and group interventions.	1    2    3    4    5
3. Knowledge of ethical concerns for therapist/counselor/leader (confidentiality, duty to warn, transference, counter-transference, values conflicts, adherence to standards of professional practice, choice of treatment, adequacy of treatment, cultural and ethnic factors that influence treatment).	1    2    3    4    5
4. Knowledge of issues related to co-therapy.	1    2    3    4    5
5. Knowledge of leadership theories, roles and techniques (autocratic, democratic, laissez-faire, educator, stimulator, enabler, controller).	1    2    3    4    5
6. Knowledge of group dynamics and process (stages of group development, group functions, formation of group, special group needs, contraindications for group participation).	1    2    3    4    5
7. Skill in establishing, maintaining, and terminating therapeutic relationships.	1    2    3    4    5
8. Skill in facilitating patient/client awareness and self-responsibility.	1    2    3    4    5
9. Ability to effectively lead and co-lead therapeutic groups.	1    2    3    4    5
10. Ability to effectively use selected individual and group counseling interventions.	1    2    3    4    5

CONTENT AREA	CONTACT TIME	COURSE TITLE	COURSE PREFIX	COURSE NUMBER	COURSE CREDIT
Counseling	45 HR	_____	_____	_____	_____
Group Dynamics and Leadership	45 HR	_____	_____	_____	_____

# COMPETENCY SELF-ASSESSMENT – DETAIL FORM

## SUPPORT CONTENT: *(continued)*

### FIRST AID AND SAFETY

Competency Statements:	Perceived Level of Competence:
	1 = No perceived competence 2 = Minimal perceived competence 3 = Average perceived competence 4 = High perceived competence 5 = Very high perceived competence
1. Knowledge of OSHA regulations related to bloodborne pathogens, infectious disease and bodily fluid exposure.	1    2    3    4    5
2. Ability to comply with isolation guidelines, infection control and risk management procedures including preventive and post-exposure actions.	1    2    3    4    5
3. Ability to employ health, safety and security practices for individuals and groups.	1    2    3    4    5
4. Ability to implement prepared behavior management programs to protect the health, safety and security of individuals and groups.	1    2    3    4    5
5. Ability to use standard first aid procedures for emergency care of victims of sudden accident or illness.	1    2    3    4    5
6. Ability to use standard cardiopulmonary resuscitation procedures.	1    2    3    4    5
7. Ability to apply principles of body mechanics to ensure safe lifting, transfer, positioning, and ambulation.	1    2    3    4    5

CONTENT AREA	CONTACT TIME	COURSE TITLE	COURSE PREFIX	COURSE NUMBER	COURSE CREDIT
First Aid and Safety	15 HR	_____	_____	_____	_____
		_____	_____	_____	_____

# COMPETENCY SELF-ASSESSMENT – DETAIL FORM

## SUPPORT CONTENT: *(continued)*

### DISABLING CONDITIONS

Competency Statements:	Perceived Level of Competence:				
	1 = No perceived competence 2 = Minimal perceived competence 3 = Average perceived competence 4 = High perceived competence 5 = Very high perceived competence				
1. Knowledge of medical and disabling conditions, disorders and impairments affecting an individual's physical, cognitive, emotional and social functioning across the lifespan.	1	2	3	4	5
2. Knowledge of the following for disabling conditions: a. prevalence b. etiology c. diagnostic criteria d. pathology and symptomatology e. recommended course of treatment f. prognosis	1	2	3	4	5
3. Knowledge of the bio-psycho-social impact of disabling conditions/disabilities on the individual's health status, self-concept, quality of life and functional independence in life activities.	1	2	3	4	5
4. Knowledge of word root, prefixes, and suffixes used in medical and psychiatric vocabulary.	1	2	3	4	5
5. Skill in use of standard charting signs, symbols and abbreviations.	1	2	3	4	5
6. Ability to use knowledge of disabling conditions addressed by recreational therapy (RT) practice including identification of: a. primary patient/client needs appropriate for RT services b. goals and appropriate interventions for RT services c. programmatic precautions and any client/patient contraindications for RT services	1	2	3	4	5
7. Ability to use appropriate medical (somatic and psychiatric) terminology when describing the human body, its structure, systems, and functioning.	1	2	3	4	5
8. Ability to use medical and psychiatric dictionaries, references and resources.	1	2	3	4	5

CONTENT AREA	CONTACT TIME	COURSE TITLE	COURSE PREFIX	COURSE NUMBER	COURSE CREDIT
Disabling Conditions	45 HR	_____	_____	_____	_____
		_____	_____	_____	_____

# COMPETENCY SELF-ASSESSMENT – DETAIL FORM

## SUPPORT CONTENT: *(continued)*

### PHARMACOLOGY

Competency Statements:	Perceived Level of Competence:
	1 = No perceived competence 2 = Minimal perceived competence 3 = Average perceived competence 4 = High perceived competence 5 = Very high perceived competence
1. Knowledge of the effects of various pharmacological agents and their impact on human functioning.	1    2    3    4    5
2. Knowledge of basic pharmacological terminology and medications, including side effects, related to specific disabling conditions.	1    2    3    4    5
3. Skill in adapting treatment interventions to accommodate pharmacological concerns.	1    2    3    4    5
4. Ability to use reference materials/guides to obtain current information regarding pharmacological implications for recreational therapy assessment and treatment.	1    2    3    4    5

CONTENT AREA	CONTACT TIME	COURSE TITLE	COURSE PREFIX	COURSE NUMBER	COURSE CREDIT
Pharmacology	45 HR	_____	_____	_____	_____
		_____	_____	_____	_____

# COMPETENCY SELF-ASSESSMENT – DETAIL FORM

## SUPPORT CONTENT: *(continued)*

### UNDERSTANDING HEALTH CARE SERVICES AND SYSTEMS

(Health Care Organization and Delivery and Legal Aspects of Health Care Services)

Competency Statements:	Perceived Level of Competence:				
	1 = No perceived competence 2 = Minimal perceived competence 3 = Average perceived competence 4 = High perceived competence 5 = Very high perceived competence				
1. Knowledge of the continuum of health care services including diagnosis, treatment, rehabilitation, prevention and health promotion.	1	2	3	4	5
2. Knowledge of the history, mission, purpose and goals of health care services in various health care settings.	1	2	3	4	5
3. Knowledge of organization and delivery systems for health care services.	1	2	3	4	5
4. Knowledge of agencies, enabling legislation, related laws and regulations that regulate or influence the provision of health care services in inpatient, outpatient, partial hospitalization, day treatment, home and residential settings.	1	2	3	4	5
5. Knowledge of health care financing.	1	2	3	4	5
6. Knowledge of the relationship between safety, risk management and effective evidence-based practice to consistently and predictably reach patient/client outcomes that are valued by stakeholders.	1	2	3	4	5
7. Knowledge of service delivery and management in the context of health care services and skill and ability to integrate recreational therapy services into health care services in various settings.	1	2	3	4	5

CONTENT AREA	CONTACT TIME	COURSE TITLE	COURSE PREFIX	COURSE NUMBER	COURSE CREDIT
Health Care Organization/Delivery	45 HR	_____	_____	_____	_____
Legal Aspects of Health Care	45 HR	_____	_____	_____	_____
		_____	_____	_____	_____

# COMPETENCY SELF-ASSESSMENT – DETAIL FORM

## SUPPORT CONTENT: *(continued)*

### RECREATION AND LEISURE

Competency Statements:	Perceived Level of Competence:
	1 = No perceived competence 2 = Minimal perceived competence 3 = Average perceived competence 4 = High perceived competence 5 = Very high perceived competence
1. Knowledge of the basic theories, philosophical concepts and principles related to play, leisure, and recreation and their impact on health, wellness and human functioning across the lifespan.	1    2    3    4    5
2. Knowledge of the evolution of recreation and leisure services.	1    2    3    4    5
3. Knowledge of resources for recreation and leisure opportunities.	1    2    3    4    5
4. Skill in identifying and utilizing appropriate leisure assessments.	1    2    3    4    5
5. Skill in referring patients/clients to recreation and leisure services.	1    2    3    4    5
6. Ability to integrate knowledge of patient/client recreation and leisure behaviors with other assessment and diagnostic information.	1    2    3    4    5
7. Ability to integrate knowledge of recreation and leisure services and resources with patient/client needs.	1    2    3    4    5
8. Ability to integrate understanding of normalization, inclusion, self-determination, social role valorization, empowerment and personal autonomy in creating inclusive recreation opportunities.	1    2    3    4    5
9. Ability to integrate knowledge of the impact of leisure upon lifestyle development with patient/client assessment and program implementation.	1    2    3    4    5
10. Ability to advocate for inclusive recreation opportunities for people with disabilities.	1    2    3    4    5

CONTENT AREA	CONTACT TIME	COURSE TITLE	COURSE PREFIX	COURSE NUMBER	COURSE CREDIT
Recreation and Leisure	45 HR	_____	_____	_____	_____
		_____	_____	_____	_____



**CURRICULUM SELF-ASSESSMENT – SUMMARY FORM**

Please use this form to list all courses required for the degree, major or specialization in recreational therapy that meet the knowledge, skill and ability statements of the ATRA Guidelines for Competency Assessment and Curriculum Planning in Recreational Therapy. This form is adapted from the Institutional KSA Matching Form, Committee on Accreditation for the Exercise Sciences (Committee on Accreditation for the Exercise Sciences, 2004).

Course Prefix/Number	Course Name	Credits
Total Credits Required for Degree, Specialization or Major in Recreational Therapy		



## CURRICULUM SELF-ASSESSMENT – DETAIL FORM

This form is used to identify where the particular knowledge, skill or ability (KSA) is taught in the curriculum. Please complete the form indicating the specific course information including the number of class sessions devoted to the KSA. Please list only those courses that are required for the degree, specialization or major. Also, please describe the primary learning activities (e.g. lecture, video, lab experience, simulation project, etc.) used to develop the competency and finally clinical education/clinical experience requirements, including patient/client contact hours, used to apply the knowledge and to develop the skill and ability level of functional performance in the content area. This form is adapted from the Institutional KSA Matching Form, Committee on Accreditation for the Exercise Sciences (Committee on Accreditation for the Exercise Sciences, 2004).

### FOUNDATIONS OF PROFESSIONAL PRACTICE:

The curriculum should provide students with the opportunity to integrate an understanding of history, service models, theory/philosophy, ethics, credentials, professional conduct, evidence-based practice and professional development with recreational therapy (RT) practice.

Description of knowledge, skill or ability (KSA)	Course title, prefix/number, credit and class sessions devoted to KSA	Primary Learning Activities: lecture, video, lab experience, simulation project, etc.	Clinical education, clinical experience required to develop competency in the KSA
1. Knowledge of the historical foundations and evolution of the RT/TR profession.			
2. Knowledge of the philosophical concepts/ definitions of TR/RT and implications for service delivery.			
3. Knowledge of the health care and human services systems and the role and function of RT and allied disciplines within each.			
4. Knowledge of the role of RT in relation to allied disciplines and the basis for collaboration with patient care services.			
5. Knowledge of personal and societal attitudes related to health, illness and disability.			
6. Knowledge of RT service delivery models and practice settings.			
7. Knowledge of the RT process: assessment, treatment planning, implementation and evaluation.			
8. Knowledge of the concepts of health, habilitation, rehabilitation, treatment, wellness, prevention and evidence-based practice as related to RT practice.			

## CURRICULUM SELF-ASSESSMENT – DETAIL FORM

### FOUNDATIONS OF PROFESSIONAL PRACTICE:

*(continued)*

Description of knowledge, skill or ability (KSA)	Course title, prefix/number, credit and class sessions devoted to KSA	Primary Learning Activities: lecture, video, lab experience, simulation project, etc.	Clinical education, clinical experience required to develop competency in the KSA
9. Knowledge of the role and responsibilities of levels of personnel providing RT services (RT, RT assistant, supervisor, manager and volunteers).			
10. Knowledge of the role and responsibilities of a recreational therapist working as an integral part of the interdisciplinary treatment process.			
11. Knowledge of the theories and principles of therapeutic/helping relationships.			
12. Knowledge of recreational therapist's role as an advocate for client's rights.			
13. Knowledge of the principles and processes of interdisciplinary treatment teams.			
14. Knowledge of the development and purpose of TR/RT professional organizations at the local, state, and national levels.			
15. Knowledge of TR/RT standards of practice and ethical codes.			
16. Knowledge of current ethical issues in health care and human services.			
17. Knowledge of professional credentialing requirements and processes: registration, certification, licensure.			
18. Knowledge of agency accreditation processes applicable to RT services.			

# CURRICULUM SELF-ASSESSMENT – DETAIL FORM

## FOUNDATIONS OF PROFESSIONAL PRACTICE:

*(continued)*

Description of knowledge, skill or ability (KSA)	Course title, prefix/number, credit and class sessions devoted to KSA	Primary Learning Activities: lecture, video, lab experience, simulation project, etc.	Clinical education, clinical experience required to develop competency in the KSA
19. Knowledge of personal responsibility for continuing professional education and of appropriate resources.			
20. Knowledge of principles of normalization, inclusion, self-determination, social role valorization, empowerment and personal autonomy.			
21. Knowledge of issues/influences shaping the future of RT.			
22. Skill in applying the principles of the RT process in individual and group treatment programs (service delivery).			
23. Skill in applying techniques of evidence-based practice to recreational therapy practice.			
24. Ability to communicate the purpose, techniques and effectiveness of RT to colleagues, consumers, and the public.			
25. Ability to analyze, evaluate and apply models of practice in various settings.			
26. Ability to use standards of practice and ethical codes in directing interactions with patients/clients and colleagues and in the design and implementation of RT Services.			
27. Ability to comply with professional credentialing standards.			
28. Ability to comply with agency or institutional clinical privileging and/or competency requirements.			

# CURRICULUM SELF-ASSESSMENT – DETAIL FORM

## FOUNDATIONS OF PROFESSIONAL PRACTICE:

*(continued)*

Description of knowledge, skill or ability (KSA)	Course title, prefix/number, credit and class sessions devoted to KSA	Primary Learning Activities: lecture, video, lab experience, simulation project, etc.	Clinical education, clinical experience required to develop competency in the KSA
29. Ability to evaluate personal practice skills; seek resources to continually improve practice skills; and incorporate enhanced knowledge and skill into daily practice.			

## CURRICULUM SELF-ASSESSMENT – DETAIL FORM

### INDIVIDUALIZED PATIENT/CLIENT ASSESSMENT:

The curriculum should provide students with the opportunity to develop competence to individually screen, assess and systematically collect comprehensive and accurate data about patients/clients in an efficient and effective manner and to analyze the data collected to determine the course of actions subsequent to an individualized treatment/program plan.

Description of knowledge, skill or ability (KSA)	Course title, prefix/number, credit and class sessions devoted to KSA	Primary Learning Activities: lecture, video, lab experience, simulation project, etc.	Clinical education, clinical experience required to develop competency in the KSA
1. Knowledge of psychometric properties of tests and measurements.			
2. Knowledge of evidence-based recreational therapy/therapeutic recreation assessment instruments used to determine physical, cognitive, emotional, and social functioning of patients/clients.			
3. Knowledge of the evidence of problems and limitations for the specific medical, psychiatric or other disabling conditions being treated.			
4. Knowledge of the impact of limitations in physical, cognitive, social and emotional functioning upon independence in life activities including work/school, self-maintenance and leisure.			
5. Knowledge of evidence-based assessment instruments from other health care disciplines that may be relevant to recreational therapy practice.			
6. Knowledge of the World Health Organization's (WHO) International Classification of Functioning, Disability and Health (ICF) as a method of assessing individual functioning and the impact of activity limitations and restrictions to participation in life activities, independence, satisfaction and quality of life.			
7. Knowledge of interviewing stages and strategies.			

## CURRICULUM SELF-ASSESSMENT – DETAIL FORM

### INDIVIDUALIZED PATIENT/CLIENT ASSESSMENT:

*(continued)*

Description of knowledge, skill or ability (KSA)	Course title, prefix/number, credit and class sessions devoted to KSA	Primary Learning Activities: lecture, video, lab experience, simulation project, etc.	Clinical education, clinical experience required to develop competency in the KSA
8. Knowledge of the nature and function of documentation procedures and systems related to client assessment.			
9. Knowledge of goals and mission of the various service settings as determinants for assessment procedures and protocols.			
10. Skill in defining and measuring a variety of functional behaviors relevant to specific disabling conditions and to the practice of RT.			
11. Skill in the use of behavioral observations.			
12. Skill in the use of a variety of standardized and non-standardized instruments, batteries, rating systems.			
13. Skill in the use of functional performance testing.			
14. Skill in the use of rapid assessment instruments (RAI) and their application to recreational therapy practice.			
15. Skill in gathering and use of relevant information from records, charts, family, significant others, and other professionals.			
16. Ability to determine the need for further assessment(s).			
17. Ability to determine and document the appropriateness of a referral for TR services.			



# CURRICULUM SELF-ASSESSMENT – DETAIL FORM

## INDIVIDUALIZED PATIENT/CLIENT ASSESSMENT:

*(continued)*

Description of knowledge, skill or ability (KSA)	Course title, prefix/number, credit and class sessions devoted to KSA	Primary Learning Activities: lecture, video, lab experience, simulation project, etc.	Clinical education, clinical experience required to develop competency in the KSA
18. Ability to involve clients/patients, families and their significant others in the assessment process.			
19. Ability to conduct a systematic interview.			
20. Ability to select the appropriate assessment instrument(s) for a selected patient/client.			
21. Ability to analyze, interpret and incorporate assessment and evidence-based practice findings into a patient/client data base that is used to develop functional outcome goals to be included in an individualized treatment plan.			
22. Ability to document assessment findings and review findings and implications for treatment with client, family, significant others, and team members.			
23. Ability to assess the need for assistive technologies and devices to maximize functional abilities and independence in life activities.			

## CURRICULUM SELF-ASSESSMENT – DETAIL FORM

### PLANNING TREATMENT/PROGRAMS:

The curriculum should provide students with the opportunity to develop competence in the planning and development of individualized treatment plans that identify functional outcome goals, modalities, facilitation techniques and interventions based on assessment data collected and evidence regarding the diagnosis and treatment of specific medical, psychiatric and other disabling conditions. The curriculum should prepare students to use structured, systematic and evidence-based treatment interventions and facilitation techniques to improve patient/client functioning and independence in life activities.

<b>Description of knowledge, skill or ability (KSA)</b>	<b>Course title, prefix/number, credit and class sessions devoted to KSA</b>	<b>Primary Learning Activities: lecture, video, lab experience, simulation project, etc.</b>	<b>Clinical education, clinical experience required to develop competency in the KSA</b>
1. Knowledge of the components of a comprehensive treatment/program plan as required by regulatory agencies and professional standards of practice.			
2. Knowledge of the scope of practice of therapeutic recreation for treatment/program planning.			
3. Knowledge of the systems approach to program planning and service delivery.			
4. Knowledge of documentation procedures relevant to the processes of treatment and discharge planning.			
5. Knowledge of assistive techniques and devices to facilitate appropriate treatment interventions.			
6. Knowledge of resources available to the recreational therapist in planning and implementing services.			
7. Skill in constructing treatment plans that incorporate patient/client strengths, resources and preferences.			
8. Skill in designing discharge/transition plans relevant to patient/client resources, support systems and needs.			
9. Skill in activity and task analysis.			

# CURRICULUM SELF-ASSESSMENT – DETAIL FORM

## PLANNING TREATMENT/PROGRAMS:

*(continued)*

Description of knowledge, skill or ability (KSA)	Course title, prefix/number, credit and class sessions devoted to KSA	Primary Learning Activities: lecture, video, lab experience, simulation project, etc.	Clinical education, clinical experience required to develop competency in the KSA
10. Skill in integrating systematic methods of patient/client evaluation and program evaluation into treatment/program plans.			
11. Ability to involve the patient/client, family and significant others as appropriate, in the design of the treatment plan.			
12. Ability to systematically apply assessment, quality improvement and evidence-based practice data in designing the treatment plan.			
13. Ability to communicate and document the treatment plan to the patient/client, family, significant others, and all members of the treatment team.			
14. Ability to apply accreditation, regulatory and therapeutic recreation standards of practice in the development, implementation, and evaluation of treatment plans/programs.			
15. Ability to develop and use interdisciplinary collaboration in the design and implementation of treatment/program plans.			
16. Ability to select evidence-based treatment interventions/programs according to diagnosis, age, cultural, socioeconomic factors, and patient/client preferences to treat problems and limitations associated with specific medical, psychiatric or other disabling conditions.			
17. Ability to design and plan evidence-based treatment interventions/programs, protocols, guidelines and pathways, including such factors as contraindications, precautions, accommodations and adaptations, to improve physical, cognitive, social or emotional functioning of patients/clients.			
18. Ability to select appropriate treatment interventions/programs, including such factors as type, frequency, duration and intensity, to achieve stated goals and outcomes.			

## CURRICULUM SELF-ASSESSMENT – DETAIL FORM

### PLANNING TREATMENT/PROGRAMS:

*(continued)*

<b>Description of knowledge, skill or ability (KSA)</b>	<b>Course title, prefix/number, credit and class sessions devoted to KSA</b>	<b>Primary Learning Activities: lecture, video, lab experience, simulation project, etc.</b>	<b>Clinical education, clinical experience required to develop competency in the KSA</b>
19. Ability to use evidence-based treatment interventions/programs, protocols guidelines, and pathways and facilitation techniques to accomplish desired outcomes.			
20. Ability to write functional outcome goals, and other forms of documentation related to treatment design.			

## CURRICULUM SELF-ASSESSMENT – DETAIL FORM

### IMPLEMENTING TREATMENT/PROGRAMS:

The curriculum should provide students with the opportunity to develop competence to implement the individualized treatment/program plan using appropriate evidence-based treatment interventions and programs to restore, remediate, or rehabilitate patient/client functioning as well as to reduce or eliminate the limitations to participation in life activities resulting from medical, psychiatric or other disabling conditions. Treatment interventions/modalities and facilitation techniques commonly used by recreational therapists are identified on page 17. It is not suggested that all entry-level recreational therapists should have competence in every treatment intervention identified. However, those entering the profession should have measured competence (e.g., knowledge, skill and ability) to lead and facilitate the treatment interventions used to achieve evidence-based outcomes for the patients/clients served. It is recommended that the recreational therapist have specific education/training, assessed competency and/or the prevailing credentials in each treatment intervention used.

Description of knowledge, skill or ability (KSA)	Course title, prefix/number, credit and class sessions devoted to KSA	Primary Learning Activities: lecture, video, lab experience, simulation project, etc.	Clinical education, clinical experience required to develop competency in the KSA
1. Knowledge of goals and mission of the institution/agency/organization as determinants for treatment/program intervention.			
2. Knowledge of principles underlying the therapeutic/helping process, with emphasis upon interaction between the RT and the patient/client.			
3. Knowledge of the role of the recreational therapist as a member of the interdisciplinary treatment team.			
4. Knowledge of counseling theories and their relevance to specific interventions.			
5. Knowledge of individual and group leadership and helping theories and techniques.			
6. Knowledge of adjustment or activity modification principles for adaptation to the needs of the individual patient/client.			
7. Knowledge of evidence-based treatment interventions/programs typically used to reach treatment outcomes for specific medical, psychiatric or other disabling conditions.			

## CURRICULUM SELF-ASSESSMENT – DETAIL FORM

### IMPLEMENTING TREATMENT/PROGRAMS:

*(continued)*

Description of knowledge, skill or ability (KSA)	Course title, prefix/number, credit and class sessions devoted to KSA	Primary Learning Activities: lecture, video, lab experience, simulation project, etc.	Clinical education, clinical experience required to develop competency in the KSA
8. Knowledge of legal and ethical ramifications of treatment service delivery.			
9. Skill in establishing an effective therapeutic/helping relationship.			
10. Skill in designing evidence-based treatment interventions to implement the individual treatment plan of the patient/client.			
11. Skill in effective oral and written communication.			
12. Skill in applying individual and group leadership/helping techniques.			
13. Skill in assisting the patient/client to process the treatment intervention, thereby enhancing self-awareness and formulating conclusions relevant to treatment goals and objectives.			
14. Skill in facilitating a variety of evidence-based treatment interventions or modalities, such as games, exercise, community reintegration, etc., to reach treatment outcomes.			
15. Skill in using a variety of facilitation techniques, such as social skills training, cognitive learning theories or behavioral theories, etc., to reach treatment outcomes.			
16. Ability to develop and/or select and implement treatment interventions appropriate to the goals and objectives and consistent with evidence-based practice and patient/client preferences to achieve optimal functional outcomes for patients/clients.			
17. Ability to effectively involve patient/client, family and significant others in implementing treatment interventions.			

## CURRICULUM SELF-ASSESSMENT – DETAIL FORM

### IMPLEMENTING TREATMENT/PROGRAMS:

*(continued)*

Description of knowledge, skill or ability (KSA)	Course title, prefix/number, credit and class sessions devoted to KSA	Primary Learning Activities: lecture, video, lab experience, simulation project, etc.	Clinical education, clinical experience required to develop competency in the KSA
18. Ability to apply knowledge of the effects of pharmaceutical agents upon the health and behavior of patients/clients when implementing treatment.			
19. Ability to apply knowledge of multicultural considerations when implementing treatment.			
20. Ability to effectively use a variety of assistive techniques, devices and equipment to meet patient/client needs.			
21. Ability to modify or discontinue treatment interventions, as appropriate in adapting to changing conditions in the patient/client or treatment environment.			
22. Ability to apply behavior management strategies and helping techniques.			
23. Ability to document patient's/client's response to interventions.			

## CURRICULUM SELF-ASSESSMENT – DETAIL FORM

### EVALUATING TREATMENT/PROGRAMS:

The curriculum should provide students with the competency to systematically conduct evaluation and research to determine the effectiveness of treatment interventions and programs used to reach patient/client outcomes.

Description of knowledge, skill or ability (KSA)	Course title, prefix/number, credit and class sessions devoted to KSA	Primary Learning Activities: lecture, video, lab experience, simulation project, etc.	Clinical education, clinical experience required to develop competency in the KSA
1. Knowledge of a variety of systematic methods of evaluation and research.			
2. Knowledge of formative and summative methods and resources used to evaluate the efficiency and effectiveness of TR recreational therapy services.			
3. Knowledge of documentation procedures for program planning, accountability, and payment of service.			
4. Knowledge of methods for interpreting client/patient progress and outcomes as a basis for program evaluation.			
5. Knowledge of evaluation requirements of regulatory agencies.			
6. Skill in designing and using a variety of evaluation methods to analyze client/patient outcomes and the effectiveness of the treatment interventions.			
7. Ability to evaluate the recreational therapy program for effectiveness and efficiency.			
8. Ability to interpret data, to modify treatment interventions, and programs and to formulate recommendations for continued patient/client treatment or aftercare.			
9. Ability to use treatment/program evaluation data and research to develop or refine protocols, guidelines, and pathways to achieve effective client/patient outcomes on a predictable and consistent basis.			



# CURRICULUM SELF-ASSESSMENT – DETAIL FORM

## EVALUATING TREATMENT/PROGRAMS: *(continued)*

<b>Description of knowledge, skill or ability (KSA)</b>	<b>Course title, prefix/number, credit and class sessions devoted to KSA</b>	<b>Primary Learning Activities: lecture, video, lab experience, simulation project, etc.</b>	<b>Clinical education, clinical experience required to develop competency in the KSA</b>
10. Ability to involve patients/clients and significant others in the reassessment of functioning and progress related to the Individualized Treatment/ Program Plan, plans for discharge and aftercare, and intervention/program evaluation.			
11. Ability to use program evaluation and applied research techniques to demonstrate program/service accountability.			

## CURRICULUM SELF-ASSESSMENT – DETAIL FORM

### MANAGING RECREATIONAL THERAPY PRACTICE:

It is expected that the curriculum will provide students with the opportunity to develop the basic competencies to manage their practice. Additional competencies are needed to manage a department and/or additional staff.

Description of knowledge, skill or ability (KSA)	Course title, prefix/number, credit and class sessions devoted to KSA	Primary Learning Activities: lecture, video, lab experience, simulation project, etc.	Clinical education, clinical experience required to develop competency in the KSA
1. Knowledge of the organization and delivery of health care and human services.			
2. Knowledge of position design, classification, recruitment, orientation/training, supervision and performance management of personnel as an integrated human resource system.			
3. Knowledge of techniques of financing, budgeting, cost accounting, rate setting and fiscal accountability.			
4. Knowledge of governmental, professional, agency, and accreditation standards and regulations.			
5. Knowledge of the principles and practices of promotions, public relations, and marketing.			
6. Knowledge of practices of managing resources including personnel, facilities, supplies, and equipment.			
7. Knowledge of principles and requirements for safety and risk management.			
8. Knowledge of facility planning processes.			
9. Knowledge of strategic planning processes.			

# CURRICULUM SELF-ASSESSMENT – DETAIL FORM

## MANAGING RECREATIONAL THERAPY PRACTICE:

*(continued)*

Description of knowledge, skill or ability (KSA)	Course title, prefix/number, credit and class sessions devoted to KSA	Primary Learning Activities: lecture, video, lab experience, simulation project, etc.	Clinical education, clinical experience required to develop competency in the KSA
10. Knowledge of legal requirements pertaining to delivery of health care and human services and recreational therapy.			
11. Skill in using computers/systems for managing information and data.			
12. Skill in applying ethical and conduct standards to practice.			
13. Skill in practicing safety, emergency, infection control and risk management procedures.			
14. Skill in scheduling, time management, and prioritization of tasks and decisions.			
15. Skill in managing productivity and labor resources.			
16. Skill in providing clinical supervision and education to staff and students.			
17. Ability to apply knowledge of theory, techniques, and practices of quality improvement to managing service delivery.			
18. Ability to balance cost and quality to provide necessary and effective evidence-based care.			
19. Ability to manage and use scientific, technological and patient/client information to assess and adapt physical/environmental barriers to optimize patient/client independence in life activities.			

# CURRICULUM SELF-ASSESSMENT – DETAIL FORM

## MANAGING RECREATIONAL THERAPY PRACTICE:

*(continued)*

Description of knowledge, skill or ability (KSA)	Course title, prefix/number, credit and class sessions devoted to KSA	Primary Learning Activities: lecture, video, lab experience, simulation project, etc.	Clinical education, clinical experience required to develop competency in the KSA
20. Ability to manage the practice of recreational therapy within legal and ethical requirements of health care, the agency and the profession.			
21. Ability to collaborate with administrators and allied disciplines regarding the delivery and management of recreational therapy services provided to patients/clients.			

# GLOSSARY





## GLOSSARY

1. **Evidence-based Medicine** – “is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research” (Sackett, et al 1996, p 1). Effective evidence-based practice integrates the preferences of the client into clinical decisions.
2. **Facilitation Technique** – a theoretically-based process that guides how the therapist will structure the activity and interactions with the patient/client based upon the presenting diagnosis and problems of the patient/client and desired treatment outcomes.
3. **Modality** – activity content that is specifically selected and designed to bring about treatment outcomes.
4. **Recreational Therapy** – use of structurally designed and systematically applied treatment interventions to improve, restore, remediate or rehabilitate specific aspects of physical, cognitive, emotional or social functioning of patients/clients with medical, psychiatric or other disabling conditions. Qualified, credentialed and competent recreational therapists provide recreational therapy to improve patients’/clients’ functioning and to increase patients’/clients’ independence in life activities by reducing or eliminating activity limitations and restrictions to participation in life activities.
5. **Recreational Therapy Internship** – a structured clinical education experience, sometimes called a field work or field placement, which is carefully designed to improve applied knowledge and develop skills and abilities of students for the practice of recreational therapy. Recreational therapy internships are courses taken for university credit, usually as a degree requirement. Clinical supervision and education of those completing internships is provided by qualified, credentialed and competent recreational therapists in clinical settings and by qualified, competent and credentialed university faculty. Internships must meet the minimum requirements of the National Council for Therapeutic Recreation Certification requirements for a field work experience. Performance of students should be evaluated using the ATRA Standards for the Practice of Therapeutic Recreation, Clinical Performance Appraisal Intern Performance Form.
6. **Treatment Intervention** – the planned use of a carefully selected modality, facilitation technique, and an appropriate level of processing, based on the cognitive capacity of the individual, to bring about a desired change in identified client behavior(s).





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## REFERENCES

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