

GUIDELINES
FOR
INTERNSHIPS
IN
THERAPEUTIC
RECREATION

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INTRODUCTION

The American Therapeutic Recreation Association was born in 1984 from great hopes and with great promise.

There was great hope that this new membership organization could address the growing needs that faced therapeutic recreation specialists in the competitive health care arena. It was the beginning of the managed care era, when insurance companies and agencies that regulate health care were placing more emphasis on credentialing, quality management, efficacy research, and at every possible step, evolving tighter rules for accountability, reimbursement and program accreditation.

There was great promise. ATRA generated much excitement and enthusiasm among practitioners, educators and students alike as it grew. These were people of commitment, people of dedication who were willing to work many unpaid hours to put together the pieces of a giant puzzle.

The pieces of the puzzle were many. There were committees to establish, liaisons to send to the Council on Accreditation of Rehabilitation Facilities and to the Joint Commission on Accreditation of Healthcare Organizations. There were books to write on reimbursement, quality assurance, research and medical terminology, and an annual journal to publish. There were legislative efforts to be made in Washington and in state capitals. There were conferences, forum and workshops to plan.

Perhaps most important of all was the work in establishing standards and guidelines for

how we practice as therapeutic recreation specialists. The significant pieces of this puzzle include the standards of practice, the code of ethics, the curriculum guidelines and now the internship guidelines. All of these documents together hold us to a level of consistent professional competence, calling us to meet minimum standards of preparation, competence and performance, and helping us to clearly communicate with interested parties such as legislators and third party payers.

This manual was written in response to frequent requests for guidance about how to provide internship experiences for students. Many educators and practitioners were consulted about ideas, suggestions, and concerns for this manual. In 1997, the ATRA board of directors made specific recommendations to NCTRC regarding practice trends affecting the certification standards. These recommendations are included later in this document. Other issues, for which there is no policy or written precedent, are addressed as recommendations in this manual.

The authors wish to thank all those practitioners and educators from agencies and universities who contributed information which we reviewed before writing this manual. We especially appreciate the time and diligence of those people who reviewed the draft before publication, including Marjorie Malkin, Jean Folkerth, Susan "Boon" Murray, Glenn Kastrinos, John Jacobson and Ray West. The manual was also presented for review and comment at the 1998 ATRA Annual Conference and revised in 2002. This is a better document for all of their contributions.



THE INTERNSHIP EXPERIENCE

CHAPTER ONE

WHAT IS AN INTERNSHIP?

An internship is the means by which a student who has completed all or most of the academic coursework in therapeutic recreation, translates knowledge into clinical skills and abilities in a structured, supervised setting. The student interns with an experienced certified therapeutic recreation specialist™ (CTRS®) in order to put learning into practice with actual participation in a health or human service setting.

The internship is directed by standards established by the National Council for Therapeutic Recreation Certification® (NCTRC®), by the requirements of the academic institution sponsoring the student, and the individual expectations and requirements of the internship agency. It is recommended that all parties use the competency assessment guidelines published by the American Therapeutic Recreation Association in *Guidelines for Competency Assessment and Curriculum Planning in Therapeutic Recreation: A Tool for Self Evaluation* (Kinney & Witman, 1997) as a guide to developing practice competence.

NCTRC® currently defines the minimum length of the internship as a full-time, continuous, twelve-week period of time of at least 480 hours of supervised practice (NCTRC®, 2002). ATRA

recommends that the internship be a fifteen week, 600 hour experience (ATRA, communication to NCTRC®, October, 1997). In states where there are licensure or legislated professional practice acts for therapeutic recreation, the state may require a specific number of internship hours for the student to be eligible for independent practice.

According to data collected by NCTRC® a correlation has been found between the number of hours and weeks spent in field placement and increased performance on the national certification exam.

In the evolving healthcare arena, the role and titles of certified therapeutic recreation specialists is drastically changing. There are continuing questions regarding the structure (length of time, title of supervisor, etc.) and process (type of setting, etc.) of the internship. Any questions regarding the structure of an internship should be addressed directly with NCTRC®.

WHAT ARE THE PURPOSES OF AN INTERNSHIP?

1. To apply academic knowledge of therapeutic recreation in a practice setting.

NCTRC is the trademark owner of the designations "Certified Therapeutic Recreation Specialist™," "CTRS®," "National Council for Therapeutic Recreation Certification®," "NCTRC®" and the NCTRC Logo. Unauthorized use of any NCTRC trademark is strictly prohibited.

2. To develop clinical practice skills and abilities under the guidance of a professionally certified practitioner of therapeutic recreation.
3. To assess and expand the student's competencies in therapeutic recreation.
4. To acquire in-depth understanding of how therapeutic recreation fits into health and human service delivery systems.
5. To develop and practice ethical and professional behaviors in a work setting.
6. To develop an understanding of critical issues related to the practice of therapeutic recreation.

GLOSSARY OF TERMS

There is considerable confusion about the use of several terms related to the student's final learning experience. The words "field placement," "internship," "practicum," and "fieldwork" are often used interchangeably. For the purpose of continuity, the term "internship" will be used throughout this manual.

Academic Supervisor - the person at a college or university responsible for advising, monitoring and evaluating the student in an internship for academic credit. ATRA recommends that the academic supervisor hold a current credential as a CTRS® from the National Council for Therapeutic Recreation Certification (NCTRC®) (ATRA, communication to NCTRC®, October, 1997).

American Therapeutic Recreation Association (ATRA) - a non-profit, professional organization, founded in 1984 to advance the profession of therapeutic recreation and to promote the needs of therapeutic recreation professionals in service

settings.

Certified Therapeutic Recreation Specialist™ (CTRS®) - a registered trademark of the National Council for Therapeutic Recreation Certification that assures the public that the individual has met minimum academic requirements, completed a supervised internship, and passed a national examination. When the certification is renewed, this means that the holder has completed the required procedures to maintain the certification (e.g. re-testing, continuing education, working or volunteering in the field).

Fieldwork - the field experience that precedes the student's final internship. While academic requirements for fieldwork vary, ATRA recommends that the student complete 120 hours of fieldwork, or three academic credits before the internship (ATRA, communication to NCTRC®, October, 1997).

Intern - the student who has completed all of the required therapeutic recreation courses and all or most of the academic coursework as required by the college or university toward the completion of a bachelor's or master's degree in therapeutic recreation. The student has applied to complete an internship in a therapeutic recreation program in a practice setting.

National Council for Therapeutic Recreation Certification™ (NCTRC®) - an independent credentialing organization that certifies therapeutic recreation personnel at the entry level of practice.

Site Supervisor - the person at an agency who directs, supervises, and evaluates the student in the completion of an internship in an agency to satisfy academic requirements and NCTRC® standards. The site supervisor maintains a current credential as a CTRS® from NCTRC® for the length of the internship. The authors recommend that a CTRS® is eligible to be a site supervisor who has success-

fully completed two years of employment in therapeutic recreation and six months to one year of employment at the present agency. A site supervisor should have demonstrated experience developing and supervising volunteers or staff, or have taken courses and seminars that prepare the supervisor for this critical responsibility.

References

Kinney, T. & Witman, J. (Eds.). (1997). *Guidelines for competency assessment and curriculum planning in therapeutic recreation: A tool for self evaluation*. Hattiesburg, MS: American Therapeutic Recreation Association.

National Council For Therapeutic Recreation Certification. (2002). *Certification standards*. New City, NY: Author.



ROLES AND RESPONSIBILITIES OF THE ACADEMIC SUPERVISOR AND THE THERAPEUTIC RECREATION CURRICULUM

CHAPTER TWO

The academic supervisor must guide students in selecting appropriate internship sites. Care should be taken in evaluating the students' level of competence and comfort with different client populations, and in different agency settings. Academicians have a significant role in guiding students to select internship sites where they can complete their education and development.

The internship is usually the final phase of the academic program's preparation of therapeutic recreation students. The tasks of the academic supervisor are to:

1. Prepare the student for the internship experience.
2. Assist in the selection of the appropriate agency site.
3. Consult with the agency's site supervisor.
4. Advise the student throughout the experience.
5. Consult with the student about the selection and development of a special project, if this is required for academic credit.
6. Evaluate the student's reports and assignments.
7. Collect evaluations from the site supervisor.
8. Assign a final grade.

In order to be eligible to sit for the national examination, NCTRC® requires that the intern have experience in all areas of the therapeutic recreation process. This includes establishing a therapeutic relationship, individualized assessment, goal setting and the design of an individual treatment/program plan, implementing therapeutic recreation services with selected interventions, evaluating progress toward the plan, developing a discharge/transition plan, coordinating services, and documenting the outcome of services (Luken & Rios, 1998). Students should carefully choose their internships so that they will experience the full continuum of the therapeutic recreation process.

The academic program and the site agency enter into a partnership to educate students and prepare them for professional practice. In relation to the internship, the student can expect the academic program to evaluate the prospective internship site, to enter into an agreement with the site agency, to maintain regular communication with the agency, and to provide continued guidance and support to the student as needed.

TASKS TO BE COMPLETED BEFORE THE INTERNSHIP

1. Provide the intern with adequate coursework and learning experiences to satisfy the NCTRC® academic coursework requirements and to help the student achieve the professional competencies described in *Guidelines for Competency Assessment and Curriculum Planning in Therapeutic Recreation: A Tool for Self Evaluation* (Kinney & Witman, 1997).
2. Prepare the intern to work in a professional therapeutic environment that is in compliance with the ATRA *Standards for the Practice of Therapeutic Recreation & Self Assessment Guide* (2000) and the ATRA *Code of Ethics* (2001).
3. Furnish the intern with a resource list of potential therapeutic recreation internship sites that have been evaluated by the academic program, and which conform to the ATRA *Standards of Practice*. Many colleges or universities will have a database with information about potential internship sites. This information will include the name of the agency, the type(s) of program(s), the population served, the number of CTRS® at the agency and their years of experience, copies of current CTRS® certification credentials, any benefits offered to the intern including housing, meals or stipend, malpractice insurance requirements, and the date of expiration of the institutional affiliation agreement. Some therapeutic recreation internship sites have begun to charge an internship fee. This requirement should be included in the resource information.
4. Advise interns that they must be registered at the university for the internship the same semester or quarter that they begin the internship.
5. Develop a college or university internship

manual specific to therapeutic recreation to guide the student through the selection of a site and the duration of the experience.

The manual will include:

- a. Purpose, goals and objectives of the internship.
- b. The academic prerequisites for the internship.
- c. The roles and responsibilities of the school, the student and the internship site.
- d. The academic institution's requirements, such as content and length of the internship, assignments, report formats, grading system, and liability insurance. If a student is paid a stipend from the agency, this may affect the status of liability insurance that is provided by the college or university. The stipend may cause the intern to be classified legally as an employee. The intern must investigate to ensure that the correct liability insurance is in effect.
- e. Information about compliance with the NCTRC® requirements for the internship, including a qualified site supervisor, the uninterrupted length of the internship, and coverage of job responsibilities and knowledge areas for therapeutic recreation practice.
- f. Advice to interns on selecting sites, presenting themselves through resumes, applications and/or portfolios, interviews, telephone contacts, and the appropriate timeline for this application process.
- g. Notice that an agreement between the agency site and the college or university is required. If no student from this curricu-

lum has ever completed an internship at the particular agency chosen, the agreement between the agency and the college or university may require legal consultation that can take twelve weeks or more. Students must plan early for their internships.

- h. Information about evaluations that will occur during the internship.
 - i. Discussion of possible agency requirements, including liability insurance, immunizations and health records, and confidentiality agreements. Agencies often require that the student already have essential skills in universal precautions, First Aid, cardio-pulmonary resuscitation (CPR), and client transfers.
 - j. Financial obligations on the part of the student. Students should be advised that some agencies are now requiring a fee for completing an internship at that site.
 - k. Forms to be completed during and at the end of the internship.
6. Approve the student's plan for completing an internship at a designated agency. This plan may include learning objectives, arrangements for clinical supervision, requirements for any special projects, dates for beginning and ending the internship, and any special arrangements or agreements made between the university and the agency.
 7. Sign an affiliation agreement with the agency site, unless such a letter has been signed and is still current.
 8. Furnish the site supervisor with a list of the academic requirements for the course, including a competency-based evaluation.

TASKS TO BE COMPLETED DURING THE INTERNSHIP

1. Maintain regular communication about the student's supervision throughout the internship with the site supervisor through on-site visits, mail, telephone or computer-assisted correspondence. If electronic mail or facsimile machines will be used to transmit official reports or documents, the academic supervisor and the site supervisor need to make arrangements in advance to verify the authenticity of signatures.
2. Advise the student throughout the internship and resolve problems that may arise between the student and the site supervisor that cannot be resolved at the agency site.
3. Review and evaluate intern reports and assignments required by the college or university.
4. Review the mid-term evaluation from the site supervisor.
5. Support the site supervisor and agency with emerging knowledge about therapeutic recreation whenever feasible and desired.
6. Make at least one visit to the internship site, unless it is geographically out of the region.

TASKS TO BE COMPLETED AT THE END OF THE INTERNSHIP

1. Review the final evaluation of the intern from the site supervisor.
2. Review the student's evaluation of the internship.
3. Grade final reports, papers and/or other assignments.

4. Assign a grade to the student, or pass/no pass according to the requirements of the academic program.
5. Maintain a record that contains verification of the internship hours, dates, grade and therapeutic recreation process responsibilities. This can be used as a referral resource when the student requires documentation of academic course work and internship records for future employment or certification.
6. Send a follow-up thank you letter to each site supervisor, acknowledging their time and efforts devoted to the professional preparation of the internship students. The therapeutic recreation curriculum should give serious consideration to ways that it can recognize and show appreciation to internship sites and site supervisors. This may be demonstrated in a variety of ways, perhaps as an honorarium, a guest lecturer invitation, free textbooks for staff development, free tuition to classes or workshops, or an appointment to a clinical advisory committee.

References

American Therapeutic Recreation Association. (2001). *Code of ethics*. Alexandria, VA: Author.

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Luken, K. & Rios, D. (1998, Fall). Clinical is not a place: The clinical process in TR. *NCTRC® Newsletter*, 3.

ROLES AND RESPONSIBILITIES OF THE INTERN

CHAPTER THREE

In order to be certified by NCTRC®, the student must complete an internship for academic credit in therapeutic recreation.

Therapeutic recreation students must take responsibility for educating themselves about internship requirements at the college or university, as well as the NCTRC® internship standards. Students must make every effort to ensure that their internships will satisfy NCTRC® standards.

The internship is an opportunity for the student to put into practice the knowledge, skills and abilities that have been learned and developed in the academic program. When the student takes seriously the internship responsibility, it reflects in a positive manner on the academic institution, the therapeutic recreation department at the agency, and the profession. The intern is expected to act in a professional and ethical manner in all interactions with clients, families and staff.

The internship is often a demanding and rewarding experience that marks the student's entry into professional practice.

TASKS TO BE COMPLETED BEFORE THE INTERNSHIP

1. Determine the desired type of internship setting and client population.
2. Consult with an academic instructor or study departmental records to locate possible placements. Conference and workshops are often an opportunity to investigate possible internship sites, as well as web sites.
3. Review the NCTRC® standards for internships and the university internship manual.
4. Complete a self-assessment using the *Guidelines for Competency Assessment and Curriculum Planning in Therapeutic Recreation: A Tool for Self Evaluation* (Kinney & Witman, 1997).
5. Prepare a resume and a cover letter with a list of references.
6. Six months to one year before the start of the internship, contact one or more possible agencies and apply for an internship as if it were a professional job application. The selection process may include an initial telephone call, application forms, in-person or telephone interviews, review of college transcripts, and references. The agency may also require review of a portfolio or other samples of the student's written work.
7. Inquire about and complete the agency's prerequisites for internships. This may include certain course work, liability insurance, CPR and other certifications, health records with immunizations, a valid driver's license, or confidentiality agreement. An agency may require that the student completes assigned readings prior to starting the internship.
8. Examine the agency's plan for the internship, and reports, assignments and/or special

projects that will be expected of the student.

9. Inquire about the appropriate dress code.
10. Prepare a personal budget so that there will be adequate financial resources to last until the end of the internship. Ask about a possible stipend from the agency or required fee, subsidized housing or meal discounts which are available from some agencies.

After being offered an internship by an agency, and once the student has decided to accept it:

11. Locate suitable housing. The site agency may be able to help with this process.
12. Verify CTRS® certification of the site supervisor at the agency on www.nctrc.org. If it is due to expire during the internship, be sure to acquire a copy of the renewal certification before the end of the internship. This issue is critical to the student's ability to apply for certification at a later date.
13. Inquire about the agency's policy for completion of the internship if the site supervisor is no longer able to conclude the supervision of the internship.
14. Establish goals for the internship, referring to the agency and university requirements, the *Guidelines for Competency Assessment and Curriculum Planning in Therapeutic Recreation: A Tool for Self Evaluation* (Kinney & Witman, 1997), the *ATRA Standards for the Practice of Therapeutic Recreation & Self Assessment Guide* (2000), the *NCTRC® National Job Analysis* (2002) and the *NCTRC® field placement requirements in the NCTRC® Certification Standards*.

TASKS TO BE COMPLETED DURING THE INTERNSHIP

1. Develop a professional relationship with the site supervisor, agency staff and clients.
2. Follow the agency's performance schedule and complete all assignments of the agency and of the academic program in a timely manner.
3. Acquire the knowledge, skills and abilities for practicing therapeutic recreation as an entry-level therapist by following the agency's performance schedule with increasing autonomy.
4. Participate actively in clinical supervision.
5. Evaluate ones own progress throughout the internship by keeping a log and discussing with staff. Participate in mid-term evaluation with site supervisor.

TASKS TO BE COMPLETED AT THE END OF THE INTERNSHIP

1. Complete a self-evaluation.
2. Evaluate the site supervisor's performance and the overall plan for internships at the agency.
3. Complete closure with clients and staff.
4. Return all agency property, including such items as keys, badges, books and other resources.
5. Complete final documentation of academic requirements (e. g. reports, and evaluations of the experience, the agency, the academic institution) for a final grade.
6. Complete again the self-assessment document in *the Guidelines for Competency Assessment and*

Curriculum Planning in Therapeutic Recreation: A Tool for Self Evaluation (Kinney & Witman, 1997) in order to identify the progress made during the internship.

7. Demonstrate your appreciation to the site supervisor and agency personnel for your education and learning experience.

References

American Therapeutic Recreation Association. (2000). *Standards for the practice of therapeutic recreation & self assessment guide*. Alexandria, VA: Author.

Kinney, T. & Witman, J. (Eds.). (1997). *Guidelines for competency assessment and curriculum planning in therapeutic recreation: A tool for self evaluation*. Hattiesburg, MS: American Therapeutic Recreation Association.

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ROLES AND RESPONSIBILITIES OF THE SITE SUPERVISOR AND THE AGENCY

CHAPTER FOUR

The contributions of the site supervisor are of critical importance to the therapeutic recreation student's education and professional development. Interns must be able to rely on the site supervisor's commitment to his/her own increasing professional competence, respect for the student's learning process, ability to inspire and educate through hands-on methods, and ability to model professional practice and to give constructive evaluation.

The site supervisor is a person who:

1. Holds a current CTRS® certification from NCTRC® and maintains that certification for the duration of the internship.
2. Holds a state certification, license or registration where applicable.
3. Complies with any agency requirements for specialized competency credentials.
4. Is a full time employee of the agency where the internship will occur.

The authors strongly recommend that the site supervisor have at least two years of practice in therapeutic recreation, and that the supervisor has been an employee of that agency for at least one year. Many agencies provide liability insurance coverage for its professional staff. Nevertheless, it

is wise for the site supervisor to consider if there is a need for additional malpractice insurance.

At an agency there may be an internship coordinator who is not a CTRS®, while a CTRS® is assigned as the site supervisor for an individual student. For instance, the therapeutic recreation staff may be supervised by another discipline. A practitioner from that discipline may be the department's internship coordinator for administrative issues, even though a CTRS® is the site supervisor. The coordinator and/or site supervisor will develop the plan for the internship, seek administrative approval, market the program, complete all agreements, and coordinate all student applications.

It is the agency site supervisor's responsibility to:

1. Be competent and ethical in therapeutic recreation practice.
2. Enter into the affiliation agreement with the academic program.
3. Have the time and ability to provide clinical supervision and mentoring to the intern.
4. Provide a structured, sequential learning experience.
5. Fairly evaluate the intern's knowledge, competence and performance, and share this information with the intern as well as reporting it to

the college or university.

6. Treat the intern with respect as a professional-in-training.
7. Communicate with the academic supervisor.
8. Write a letter of reference for the student following successful completion of the internship, upon a formal request from the intern.

TASKS TO BE COMPLETED BEFORE THE INTERNSHIP

Develop a comprehensive plan for the internship that is consistent with the mission and goals of the agency's therapeutic recreation plan of operation, with the *ATRA Standards for the Practice of Therapeutic Recreation & Self Assessment Guide* (2000), the *ATRA Code of Ethics* (2001), and the NCTRC® field placement requirements in the *Certification Standards* (2002).

The plan will include:

- a. Goals and objectives of the internship.
- b. Agency's expectations of the intern.
- c. Description of the agency and the particular program or service unit where the intern will work.
- d. A statement about a required affiliation agreement between the academic curriculum and the agency, and any required agreement between the agency and the student.
- e. What assistance the agency offers the intern in terms of locating housing, stipends, meals, parking, immunizations, access to medical libraries, work space, keys, identification badges, books and other resources.

- f. The hours of operation of the therapeutic recreation program and the intern's work schedule.
- g. Intern selection criteria.
- h. Policies and procedures governing issues such as:
 - 1) What to do if the intern or site supervisor is ill.
 - 2) How the intern can request letters of recommendation following the internship.
 - 3) The intern's role in the professional environment.
 - 4) The agency's requirement for clinical supervision.
 - 5) The need to co-sign intern clinical documentation.
 - 6) Agency property return policy.
 - 7) What will happen if the site supervisor has to take an unplanned leave of absence or is unable to complete the supervision of the internship; Such issues can be problematic for the intern. The agency must adopt such a policy that takes into consideration what other qualified therapeutic recreation staff may be available for interim coverage. The plan should be discussed with a credentialing specialist at NCTRC®, so that the student's internship will continue to meet the requirements for internship supervision.
 - 8) Internship termination procedures.

- i. A performance schedule that outlines the intern's progression of daily and weekly tasks and responsibilities, so that the intern is taking on more complex activities throughout the internship.
- j. A position description of the duties and responsibilities of the intern.
- k. Prerequisites for the intern, including required coursework and/or readings, proof of liability insurance and required immunizations, fees that may be assessed to the student, confidentiality statements, and any required certifications such as CPR or first aid training.
- l. Application procedures, including an application form.
- m. Secure approval of the internship plan from the agency administration.
- n. Develop a strategy for marketing internship opportunities.
- o. Review and evaluate applicants for internships.
- p. When the selection is made, complete the affiliation agreement with the academic institution. This is often initiated by the agency, but may also be initiated by the college or university. Remember to allow sufficient time if legal decisions are necessary to develop an agreement between this agency and the college or university.
- q. Send a formal letter of acceptance to the student.

TASKS TO BE COMPLETED DURING THE INTERNSHIP

1. Provide orientation to the intern, including a tour of the agency, introduction to the program, staff, agency and the community.
2. Distribute agency identification badges and keys.
3. Assist the student in setting internship goals and evaluating clinical competence using the *Guidelines for Competency Assessment and Curriculum Planning in Therapeutic Recreation: A Tool for Self Evaluation* (Kinney & Witman, 1997), the *ATRA Standards for the Practice of Therapeutic Recreation & Self-Assessment Guide* (2000), the NCTRC® *National Job Analysis Study*.
4. Provide clinical supervision, which includes giving the intern constructive criticism, feedback and evaluation, establishing professional boundaries, conducting hands-on demonstrations and observation, lecturing on topics relevant to the particular setting or client population, and providing opportunities for processing the intern's observations and learning.
5. Complete formal mid-term evaluations of the intern, using a formal competency-based or performance assessment, and forward to the academic setting.
6. Introduce the intern to local professional therapeutic recreation organizations, and include the intern in agency continuing education opportunities, when appropriate and available.
7. Consult with the academic supervisor to review the intern's performance, including both positive and negative outcomes. If the

intern is having significant difficulties, the site supervisor and/or the academic supervisor will assist the intern in developing a plan for improvement. If acceptable improvements are not demonstrated, and the goals of the improvement plan are not achieved, the site supervisor may request termination of the intern from the agency. A student's poor performance will usually be evident throughout the internship. Care should be taken not to terminate the student near the end of the internship without adequate efforts to help the student improve. The agency must maintain documentation of the intern's failure to demonstrate acceptable performance.

TASKS TO BE COMPLETED AT THE END OF THE INTERNSHIP

1. Review any formal projects, papers or presentations required of the intern by the academic institution or the agency.
2. Complete formal final evaluation of the intern, using a competency-based or performance assessment, and forward to the academic program.
3. At the intern's request, write a letter of recommendation.
4. Recover agency property such as identification badges, keys, uniforms, books and other materials.
5. Have the intern complete an evaluation of the internship and of the site supervisor at that agency.
6. Help the intern achieve closure with clients and staff.
7. Maintain a confidential file for the intern as a record of experience and a referral source for use when the intern requires a job referral or documentation of the internship for future certification.

References

American Therapeutic Recreation Association. (2001). *Code of ethics*. Alexandria, VA: Author.

American Therapeutic Recreation Association. (2000). *Standards for the practice of therapeutic recreation & self assessment guide*. Alexandria, VA: Author.

National Council For Therapeutic Recreation Certification. (2002). *National job analysis study*. New City, NY: Author.

SAMPLE STUDENT PERFORMANCE SCHEDULE

(Note: This performance schedule is meant as a sample. The timetable and specific clinical tasks will need to be individualized to the particular agency and program, based on the agency's plan of operation and policies for supervision.)

Throughout the internship, the student will:

1. Meet with site supervisor daily to process clinical observations and review progress.
2. Attend all required clinical and non-clinical meetings.
3. Complete all agency and university/college assignments on time.
4. Once a caseload is assigned, complete assessments, treatment plans, progress notes and discharge plans on time.
5. Attend all available in-services.
6. Follow an assigned schedule.

WEEK ONE

General Orientation to Agency

1. Attend new employee orientation.
2. Complete all necessary paperwork.
3. Meet with site supervisor.
4. Acquire authorization to work from employee health.
5. Obtain agency name badge.
6. Review employee handbook.
7. Tour facility.
8. Review agency's mission statement, policies and procedures, and plan of operation.

Orientation to Work Environment

1. Meet department directors and other team members.

2. Tour department and work area.
3. Review university/college requirements with site supervisor.
4. Review department policies and procedures.
5. Review plan of operation of the therapeutic recreation program.
6. Review the internship schedule and requirements with site supervisor.
7. Discuss student's goals for internship with site supervisor.
8. Discuss confidentiality rules, patient bill of rights, and informed consent.
9. Obtain keys and other necessary materials.
10. Learn to use phone system, computer or other office equipment.

WEEK TWO

Orientation to Therapeutic Recreation Program

1. Review screening and assessment procedures.
2. Learn procedures for documentation of treatment planning, evaluating client progress and discharge planning.
3. Review frequently treated diagnoses and clinical indications.
4. Review program protocols/group descriptions.
5. Shadow therapeutic recreation staff and observe treatment assessments and interventions.
6. Review client charts.
7. Study agency's approved list of abbreviations.
8. Discuss behavioral management techniques for motivating clients and managing disruptive behavior.
9. Discuss the issue of professional boundaries between the intern and clients.
10. Complete orientation to community resources.
11. Review crisis intervention, emergency, safety and code procedures.
12. Learn and practice procedures for escorting, transporting, transferring and lifting clients.
13. Learn referral process.
14. Discuss budget and fiscal resources.
15. Discuss vehicle procedures.
16. Learn about local professional organizations.

WEEK THREE

1. Adopt a caseload of one client.
2. Complete assessment.
3. Develop a treatment plan.
4. Write progress notes.
5. Continue to observe treatment interventions.
6. Attend treatment team meetings.

WEEK FOUR

1. Adopt a caseload of up to two clients.
2. Complete all documentation on assigned clients.
3. Co-plan and co-lead two assigned treatment groups or individual interventions.
4. Review treatment outcomes with supervisor.
5. Plan a recreation event or outing.

WEEK FIVE

1. Adopt a caseload of up to three clients.
2. Arrange site visits to other therapeutic recreation programs.
3. Observe available medical procedures.
4. Co-lead three assigned groups or individual interventions.
5. Review agency and department quality performance improvement philosophy and plan.
6. Develop a plan for a special project.

BY THE END OF WEEK SEVEN

1. Adopt a caseload of up to five clients.
2. Lead one assigned group per day and individual interventions as necessary.
3. Meet with site supervisor to complete mid-term evaluation.

BY THE END OF WEEK TEN

1. Adopt a caseload of up to eight clients.
2. Conduct family meeting or intervention to assess client progress or family patterns, or to

discuss discharge planning.

3. Develop a new treatment group of at least six sessions, write a program protocol and evaluation procedure.

BY THE END OF WEEK TWELVE

1. Adopt a caseload of a maximum of ten clients.
2. Complete all sessions of the new group and evaluate outcomes.

BY THE END OF WEEK FOURTEEN

1. Complete and present the special project.
2. Present a case study at therapeutic recreation staff meeting.

WEEK FIFTEEN

1. Complete all documentation for caseload clients.
2. Accomplish closure with clients and staff.
3. Turn in all agency supplies, books, keys, badges or other materials.
4. Obtain a copy of the site supervisor's certification.
5. Clarify the agency's procedures for obtaining employment references.
6. Meet with the site supervisor to complete final evaluation.
7. Complete evaluation of the agency's internship plan and site supervisor.
8. Complete evaluation of college/university internship program.
9. Turn in all required projects, papers and evaluations to the college or university.

COMPETENCY BASED EVALUATION

CHAPTER FIVE

Competency-based evaluation must become an important value to the total educational experience, including the internship.

There is significant variation in content of therapeutic recreation curricula. Although there has been some progress in standardizing the educational experience, much work still remains to be done in this area. Using the competency-based approach allows the academic setting, the site agency, and the student to be consistent in their language and content in order to share a common understanding for the requirements of the internship and the student's performance outcome.

A competency-based approach articulates a clear statement about the expectations of competent practice in therapeutic recreation. Early efforts at defining competence were made by the Council on Accreditation in 1965. NCTRC® conducted job content analyses in 1988 and in 1996 that defined competencies in the field. Progress continued with the work conducted in the therapeutic recreation curriculum at Temple University. At the Mid-Year Professional Issues Forum in the Spring of 1995, the ATRA Task Force of Higher Education began the process of developing recommendations that led to the creation of the *Guidelines for Competency Assessment and Curriculum Planning in Therapeutic Recreation: A Tool for Self Evaluation* (Kinney & Witman, 1997).

The editors, Terry Kinney and Jeff Witman, described how the tool could be seen as both a set of minimum competencies of therapeutic

recreation practice, as well as targets of excellence that the student/practitioner can use to enhance expertise through a career-long process of continuing education and professional development. They reminded us that "there are limits to what colleges and universities can accomplish in terms of a finished product as reflected by its graduates" (1997, p.1). While some learning will occur during the internship, more competence will be developed as the practitioner advances in the field.

In addition, there are limitations to what a given internship site may offer to the student. Even though there is a CTRS® supervising the student, and the therapeutic recreation program is designed to comply with ATRA *Standards of Practice*, variations will occur in the internship. For instance, an intern working with adolescent psychiatric patients may not have the opportunity to develop competence in the area of reminiscence or the use of adaptive devices.

The competencies for practice developed by ATRA can be used to:

1. Develop a plan for the internship at the agency site.
2. Identify and evaluate the student's academic knowledge, acquired skills, abilities and areas that need further development during or following the internship.
3. Establish goals for the student's internship.
4. Integrate the student's needs and expecta-

tions with the site agency's plan in order to individualize the internship.

5. Provide guidance for clinical supervision.
6. Evaluate the intern's competence and performance and make recommendations for further development.

Internship evaluations have been developed and is included in the *ATRA Standards for the Practice of Therapeutic Recreation & Self Assessment Guide* (2000), and the *Guidelines for Competency Assessment and Curriculum Planning in Therapeutic Recreation: A Tool for Self Evaluation* (Kinney & Witman, 1997).

The Therapeutic Recreation Internship Evaluation (TRIE) was developed in 1997 by the Cincinnati-Dayton Area Recreational Therapy Association (CDARTA), a chapter of ATRA (Cincinnati-Dayton, 1997). The *ATRA Standards for the Practice of Therapeutic Recreation & Self Assessment Guide* (2000), the *Guidelines for Competency Assessment and Curriculum Planning in Therapeutic Recreation: A Tool for Self Evaluation* (Kinney & Witman, 1997), and the *NCTRC® National Job Analysis Study* were used in the NCTRC® composition of the TRIE. Respondents to a field study of this document in 1997 reported high scores for utility, practicality, comprehensiveness and clarity. The TRIE was published by ATRA in 2001 and is available for purchase from ATRA.

References

American Therapeutic Recreation Association. (2000). *Standards for the practice of therapeutic recreation & self assessment guide*. Alexandria, VA: Author.

American Therapeutic Recreation Association. (2001). *Therapeutic recreation internship evaluation*. Alexandria, VA: Author.

Kinney, T. & Witman, J. (Eds.). (1997). *Guidelines for competency assessment and curriculum planning in therapeutic recreation: A tool for self evaluation*. Hattiesburg, MS: American Therapeutic Recreation Association.

National Council For Therapeutic Recreation Certification. (2002). *National job analysis study*. New City, NY: Author.

PROJECTS AND ASSIGNMENTS

CHAPTER SIX

In addition to completing all the tasks on the performance schedule, interns will often be asked to complete special projects and assignments. Some of these may help interns gain additional knowledge and skills in therapeutic recreation on the job. Other special projects may be designed to leave a legacy to the therapeutic recreation department to increase or improve the resources available for clients.

Some of the common assignments for students in many settings are:

1. Completing a resource scavenger hunt (See appendix 6-A). This particular sample is designated as a tool for the intern in a mental health setting to learn about local resources. It can easily be redesigned to reflect other disability settings.
2. Readings from a designated list of professional journals, manuals, or books about therapeutic recreation or pertaining to the particular population served.
3. Outside visits to other therapeutic recreation sites, related agencies, associations or support groups.
4. Planning, implementing and evaluating a new group or intervention with written goal-oriented and sequential program activity sessions.
5. Planning and coordinating a community reintegration outing.
6. Case study presentations about particular clients, their treatments and outcomes (See sample).
7. Writing a diagnostic protocol or a program protocol (See appendix 6-B and 6-C respectively).
8. Meeting with or interviewing other members of the interdisciplinary treatment team to learn about other departments and how therapeutic recreation fits into the design of the overall client program.
9. Maintaining a daily journal, reflecting on the learning experience and how the intern is progressing. The journal may include a description of the events of the internship each day, what the student is learning and feeling about the practice of therapeutic recreation, and how the student is growing both personally and professionally.
10. Attending local professional therapeutic recreation meetings, workshops and conferences, as well as in-house grand rounds, in-services, lectures and journal clubs.
11. Placing an order for therapeutic recreation supplies.

Examples of some special projects that interns have completed are:

1. Inventing a therapeutic game that can be

used by participants with a particular disability.

2. Assembling a resource manual for future field internship students describing such necessary information as common diagnoses, frequently used medications and their side effects, and the implications for therapeutic recreation practice.
3. Developing a community resource manual for clients.
4. Designing a public relations brochure or slide presentation about the program.
5. Creating National Therapeutic Recreation Week materials and activities for the second week of July.
6. Writing a manual for volunteers.
7. Preparing a grant to solicit funding.
8. Developing an interest survey for a special population group.
9. Creating a videotape for training.
10. Completing a standards of practice evaluation of the program.
11. Creating adaptations of specific activities for particular client groups.
12. Participating in a continuous quality improvement plan.
13. Evaluating the therapeutic recreation department's documentation procedures.
14. Designing and implementing special events.
15. Designing programs that emphasize family

support and participation (e. g. sober Olympics).

16. Researching and presenting an in-service for staff (e. g. a specific modality like adventure therapy) to facilitate a greater understanding of therapeutic recreation.
17. Developing and implementing a multi-disciplinary intern support group.

RESOURCE SCAVENGER HUNT

Appendix 6-A

STUDENT'S NAME _____

The Resource Scavenger Hunt is an assignment that helps the intern become acquainted with the community resources available to mental health patients in this area. This information will be helpful to you when you work with patients to develop discharge plans.

You may use any resources at your disposal to find answers to the questions. Consult the resource information located in the department, the local newspapers and telephone book, or any of the proud locals who can give you oral suggestions.

1. Name three community resources that you could contact if you were looking for a senior citizen's center near your home.
 - a)
 - b)
 - c)
2. Where could you look for information about volunteering?
 - a)
 - b)
 - c)
3. What types of facilities or clubs offer programs for individuals interested in the outdoors?
 - a)
 - b)
 - c)
4. If you are a recovering alcoholic, or the family member of someone who has a substance abuse problem, where would you look for a support group?
 - a)
 - b)
 - c)

Resource Scavenger Hunt (continued)

5. Where can you go if you have a serious mental illness and are looking for a support group or a social club?
 - a)
 - b)
 - c)

6. Where can you get information about joining a volleyball team in the winter?
 - a)
 - b)
 - c)

7. You want to join a jazzercise group. Where would you find one?
 - a)
 - b)
 - c)

8. What resources would you recommend to someone who is single, widowed, divorced or separated?
 - a)
 - b)
 - c)

9. Where could you go to meet new people if you have trouble making friends?
 - a)
 - b)
 - c)

10. You are counseling a patient whose family relationships are stressed and often estranged. Money is often a problem. Name six things the family can do together that cost little or no money.
 - a)
 - b)
 - c)
 - d)
 - e)
 - f)

CASE STUDY PRESENTATION

Appendix 6-B

OUTLINE

1. Client's first name and identifying demographic information.
2. Diagnosis and clinically relevant criteria.
3. Medical history, including physical and psychiatric factors.
4. Functional abilities, strengths and limitations, and adaptations necessary.
5. Social history, including family and peer relationships, and educational information.
6. Assessment of skills, abilities, interests, attitudes and knowledge of resources.
7. Assessment of needs and areas of concern.
8. Individual treatment plan, including goals and objectives.
9. Outcome of implementing the treatment plan as documented in progress notes.
10. Reassessment of further problems and needs.
11. Discharge plan.
12. Implications for further practice - what was learned from the course of this treatment that can be applied to other cases in the future.



SAMPLE DIAGNOSTIC PROTOCOL FORM

Appendix 6-C

<p>I. Diagnosis</p> <p>State the specific diagnostic group from the current edition of <i>the Diagnostic and Statistical Manual for Mental Disorders</i> (1994) or <i>International Classification of Diseases</i> (1990).</p>	
<p>II. Assessment Criteria</p> <p>Identify how the patient with this diagnosis will be assessed, what information will be gathered and what standardized assessment should be used.</p>	
<p>III. Symptoms</p> <p>List the cluster of psychiatric symptoms that are used to accurately diagnose a patient with this disorder. Add any additional common psychosocial symptoms that may be addressed through recreational therapy.</p>	
<p>IV. Process Criteria</p> <p>Identify the steps the therapist will take to assess and treat this type of patient. Consider all relevant and appropriate modalities that will be used in the treatment plan.</p>	<p>V. Outcome Criteria</p> <p>State the outcomes that patient can expect after s/he is treated by a recreational therapist who employs this protocol.</p>
<p>VI. Bibliography</p> <p>Record the bibliographical references used to develop this protocol.</p>	

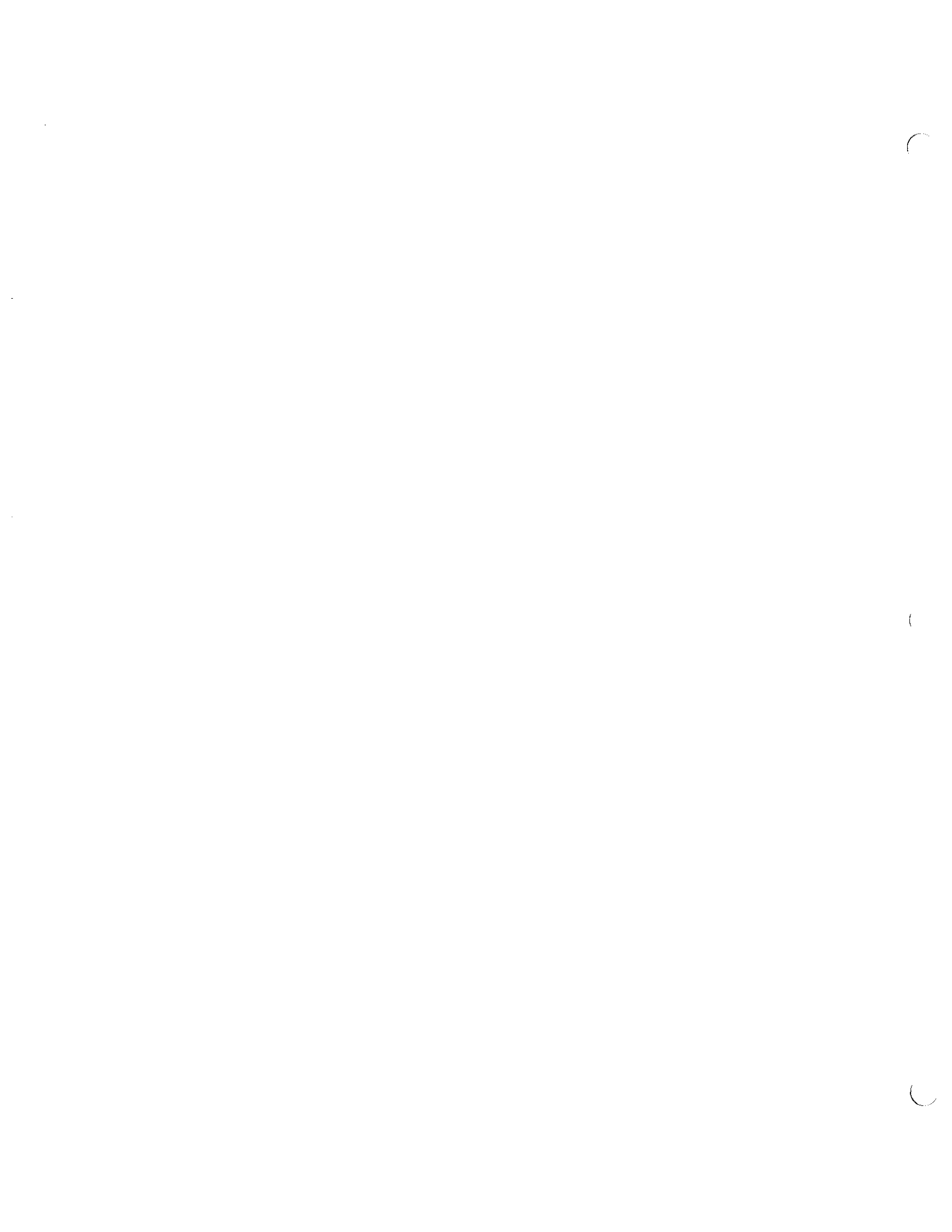
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American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.

Grote, K., Hasl, M., Krider, R., & Mortensen, D. (1995). *Behavioral health protocols for recreational therapy*. Ravensdale, WA: Idyll Arbor, Inc.

US Department of Health and Human Services. (1990). *International classification of diseases, ninth edition, clinical modification*. Washington, DC: US Government Printing Office.



SAMPLE PROGRAM PROTOCOL FORM

Appendix 6-D

I. Treatment Modality

Write in the name of the group or individual program.

II. Rationale

Cite from the current version of the *Diagnostic and Statistical Manual for Mental Disorders* (1994) or *International Classification of Diseases* (1990) the symptomatology that this program plans to treat. Use citations from available efficacy research to support the need for this program.

III. Referrals

Identify what kind of patients will participate in this program. Particular diagnostic groups may be cited or patients may be chosen according to assessed needs and symptoms observed. State any contraindications that exist for participation in this group.

IV. Risk Management

Consider what extraordinary organizational risk may be incurred by the health care organization, as well as any unusual personal risks that could be incurred by patients in the program. Suggest ways of controlling the possible risks through careful assessment, observation, procedures, or taking immediate action in response to untoward events.

continued on next page

<p>V. Structure Criteria</p> <p>State the structure for conducting the groups, e.g. length of group, frequency. List the specific treatment modules (if any) to be used in the program.</p>	<p>VI. Process Criteria</p> <p>List what steps the therapist will take, including content of the program and facilitation interventions.</p>	<p>VII. Outcome Criteria</p> <p>Identify what outcomes the patients may anticipate if they complete the process and content of the group.</p>
<p>VIII. Credentialing</p> <p>Identify what specific certifications, clinical privileges or special training the therapist must have to conduct this program.</p>		
<p>IX. Bibliography</p> <p>Record bibliographical references used to develop this protocol.</p>		

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References

American Psychiatric Association. *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.

Grote, K., Hasl, M., Krider, R., & Mortensen, D. (1995). *Behavioral health protocols for recreational therapy*. Ravensdale, WA: Idyll Arbor, Inc.

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HOW TO MARKET AN AGENCY INTERNSHIP PROGRAM

CHAPTER SEVEN

DIRECT MAIL MARKETING

Properly written, direct mail can be one of the most effective, low-cost techniques for attracting students to an internship program. With follow-up phone calls, it can be one of the most productive sources of new students and referrals from past interns. The following suggestions will help the agency market the internship program.

1. Assemble an information packet that describes the agency and the internship program. Describe the advantages to the student after completing an internship at this agency. The more benefits that are featured in the packet, the more likely the response will be. The packet may include:
 - a. An overview, history, mission and vision of the agency and the therapeutic recreation program.
 - b. An introduction to the current CTRS staff.
 - c. Significant accomplishments of the program and staff.
 - d. An application along with filing deadlines.
 - e. List of agency pre-requisites, internship requirements and a copy of the performance schedule.
 - f. Information about the geographic area.
 - g. A description of what the agency can offer to interns in the way of housing, meals and other benefits.
2. Design a brochure. Be creative, original and positive in the presentation.
3. Visit the ATRA Academic Curriculum Directory on the ATRA website (www.atra-tr.org) to locate colleges and universities with active TR programs.
4. Follow up with periodic telephone calls and packet updates to internship coordinators at colleges or universities.
5. A one-page flyer can be faxed to colleges or universities to update information about the program.

NEWSLETTER MARKETING

Most local and statewide professional associations for therapeutic recreation publish a newsletter. This may be a good resource to find local internship sites and potential students.

TELEPHONE COMMUNICATION

Phone calls to colleges and universities can be influential in advertising your agency as a potential internship site. Each academic program has a designated internship advisor or coordinator. Selling points that are topics for a phone call conversation may include the success of former interns, the significant achievements of the program and its staff, how therapeutic recreation is perceived within the health delivery system, and advantages to living in this geographic location.

INTERNET MARKETING

A quick, effective way to reach a large number of candidates for internships is advertising on the World Wide Web. There are a growing number of Internet sites that specialize in the promotion of internships. Some of them will charge a fee for an agency to post a listing. Others may include resumes of students seeking internships. The sites may be designed and managed by private companies, colleges and universities, large hospital systems, or by professional local, state or national associations such as ATRA chapters.

Some of the web addresses collected (but certainly not limited to) are:

ATRA Employment Update
Address: www.atra-tr.org

Therapeutic Recreation Directory
Address: www.recreationtherapy.com

In addition, students may want to communicate with one another about internship possibilities. Visit the ATRA web site (www.atra-tr.org) for further information about student opportunities and networking.

PERSONAL FACE-TO-FACE CONTACT

Conferences and workshops hosted by national, state and local professional organizations are an excellent place to distribute announcements, flyers or completed packets of information advertising internship opportunities. In a conference exhibit hall, agencies may rent a booth where information can be distributed and perhaps a videotape can be shown about the agency. Students may find that job marts or resource areas are appropriate locations to collect information. Also, the personal contacts made networking with other professionals and students may yield individual interest.

Because of the camaraderie formed among local professional colleagues, ATRA chapter affiliate meetings are an excellent way to develop interest in the internship program.

Some colleges and universities also host career fairs or mentor days that would provide an opportunity to share information about internships.

Reference

ATRA academic curriculum directory (2002). Retrieved October, 23, 2002, from <http://www.atra-tr.org>.

APPENDIX

The ATRA publication, *Guidelines for Competency Assessment and Curriculum Planning in Therapeutic Recreation: A Tool for Self Evaluation* (1997) provides valuable information in preparing for, implementing and evaluating a successful internship program. As these competencies are a significant contribution to the therapeutic recreation internship experience, the self assessment guides are included as originally published in this appendix.

It is important to note that the competencies and the self assessment guides are not an independent document and should be used in its entirety as found in the original publication. The competencies and self assessment guides are published here to provide useful guidance to the academic advisor, agency site and supervisor, and student intern with complete reference to the competency assessment guidelines found in the original publication.

NAME _____ DATE: _____

FOUNDATIONS OF PROFESSIONAL PRACTICE: The Therapeutic Recreation Specialist demonstrates competency to integrate understanding of history, service models, philosophy, ethics, credentials, professional conduct, and professional development with TR practice.

Competency	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 recreation, play, and leisure as they relate to health and human behavior across the lifespan.	1 2 3 4 5
2. Knowledge of history and development of health care and human services with Therapeutic Recreation applications.	1 2 3 4 5
3. Knowledge of the evolution of Therapeutic Recreation philosophy and practice.	1 2 3 4 5
4. Knowledge of a comprehensive approach to health care in contrast to only acute or episodic care.	1 2 3 4 5
5. Knowledge of models of health care/human service and Therapeutic Recreation service delivery.	1 2 3 4 5
6. Knowledge of a philosophy of helping including assumptions about human nature.	1 2 3 4 5
7. Knowledge of elements involved in therapeutic relationships.	1 2 3 4 5
8. Knowledge of health and wellness, including disease prevention and health promotion.	1 2 3 4 5
9. Knowledge of the holistic approach to treating patients/clients.	1 2 3 4 5
10. Knowledge of the major theories of helping (e.g., psychoanalytic, humanistic, cognitive behavioral, etc).	1 2 3 4 5
11. Knowledge of the process and principles of registration, certification, and licensure.	1 2 3 4 5
12. Knowledge of the process and principles of clinical privileging/institutional credentialing.	1 2 3 4 5
13. Knowledge of Standards for the Practice of Therapeutic Recreation and the Code of Ethics as related to practice and ethical conduct as a Therapeutic Recreation Specialist.	1 2 3 4 5
14. Knowledge of resources and references for continuing professional education.	1 2 3 4 5
15. Knowledge of professional associations and organizations related to therapeutic recreation.	1 2 3 4 5
16. Knowledge of ethics and laws concerning confidentiality and application to therapeutic recreation.	1 2 3 4 5
17. Knowledge of related disciplines and their relationship to therapeutic recreation and health care and human services.	1 2 3 4 5
18. Skill in articulating Therapeutic Recreation practice to others, including patients/clients, colleagues and the public.	1 2 3 4 5
19. Skill in accessing resources and applying knowledge to continuing development of practice skills.	1 2 3 4 5
20. Skill in recognizing and demonstrating ethical practice and conduct.	1 2 3 4 5
21. Ability to articulate the role, function and value of Therapeutic Recreation in health care and human services, including professional development, credentials, ethics, conduct, and practice skills.	1 2 3 4 5
22. Ability to apply understanding of health care/human service models and Therapeutic Recreation service delivery to provide effective, humane, professional, safe, and contemporary Therapeutic Recreation interventions/programs.	1 2 3 4 5
23. Ability to contribute to the purposes and tasks of interdisciplinary teams.	1 2 3 4 5

Content Area _____ Contact _____ Course Title _____ Course Prefix _____ Course Number _____ Course Credit _____
 Foundations of Professional Practice _____ Time 45 hr

INDIVIDUALIZED PATIENT/CLIENT ASSESSMENT: The Therapeutic Recreation Specialist demonstrates competence to individually screen, assess and systematically collect comprehensive and accurate data in an efficient and effective manner to determine the course of actions subsequent to an individualized treatment/program plan.

Competency	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 to assess physical, cognitive, social, emotional and behavioral functioning, as it relates to leisure behavior, leisure knowledge and skills, and functional independence in life activities.	1 2 3 4 5
2. Knowledge of psychometric properties of tests and measurements, and how those properties are affected by cultural diversity.	1 2 3 4 5
3. Knowledge of computer applications in patient/client assessment.	1 2 3 4 5
4. Knowledge of various techniques and systems used to document assessment results.	1 2 3 4 5
5. Skill in behavioral observation.	1 2 3 4 5
6. Skill in interview techniques.	1 2 3 4 5
7. Skill in functional performance testing.	1 2 3 4 5
8. Skill in the use of standardized and non-standardized instruments/batteries/rating systems.	1 2 3 4 5
9. Skill in the use of relevant information from records, charts, other professionals and family/significant others.	1 2 3 4 5
10. Ability to analyze, interpret and summarize data to determine patient/client strengths and limitations.	1 2 3 4 5
11. Ability to determine need for assistive devices and technologies to achieve maximal independence and functional capacity to maintain optimal health and leisure functioning.	1 2 3 4 5
12. Ability to involve clients, families, significant others in the assessment process.	1 2 3 4 5

Content Area _____ Contact _____ Course Title _____ Course Number _____ Course Credit _____
 Assessment for Therapeutic Recreation 45 hr _____

PLANNING AND DEVELOPMENT OF TREATMENT/PROGRAM PLANS: The Therapeutic Recreation Specialist demonstrates competence in the planning and development of individualized plans that identify goals, objectives, strategies and interventions based on assessment data collected. The Therapeutic Recreation Specialist demonstrates competence in planning and developing programs to achieve goals, objectives, strategies, through the use of structured and systematic interventions that improve patient/client functioning and independence in life activities and leisure functioning.

Competency	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 components of a comprehensive treatment/program plan. That is, date of referral for assessment and treatment; assessment summary findings and strengths/limitations; short/long term measurable goals (described in functional or behavioral terms); type, frequency, intensity, and duration of interventions; time frames for achievement; methods for evaluating achievement; considerations for discharge and aftercare; and patient/family/significant others involvement in the treatment/program plan.	1 2 3 4 5
2. Knowledge of documentation systems and techniques relevant to the planning process.	1 2 3 4 5
3. Skill in developing programs to meet protocols/goals and objectives.	1 2 3 4 5
4. Skill in activity and task analysis.	1 2 3 4 5
5. Skill in writing measurable client outcome goals, objectives, strategies, and interventions in functional/behavioral terms.	1 2 3 4 5
6. Skill in using assessment data in the treatment/program planning process.	1 2 3 4 5
7. Ability to coordinate and collaborate in providing interdisciplinary interventions and programs.	1 2 3 4 5
8. Ability to include the client, family, and significant others in the planning process.	1 2 3 4 5
9. Ability to design interventions and programs based on patient/client need, activity, and task analysis consistent with diagnosis, precautions and/or contraindications.	1 2 3 4 5
10. Ability to incorporate assistive devices/technology in the planning process.	1 2 3 4 5
11. Ability to prioritize and select type, frequency, duration and intensity of interventions and programs to meet planned outcomes consistent with reasonable timeframes and patient/client readiness.	1 2 3 4 5
12. Ability to select appropriate interventions/programs according to diagnosis, age, cultural and socioeconomic factors.	1 2 3 4 5
13. Ability to use treatment/program assessment data to design protocols, guidelines and pathways to assure effective patient/client outcomes on a predictable and consistent basis.	1 2 3 4 5

Content Area _____ Contact Course Title _____ Course Number _____ Course Credit _____
 Time 45 hr
 Therapeutic Recreation _____
 Intervention/Program Planning _____

12. Skill in a variety of facilitation techniques such as: (Note: it is not intended to imply that any individual would be skilled in all of the following)											
American sign language	1	2	3	4	5	Pre/post op. procedural train.	1	2	3	4	5
Behavior modification/management	1	2	3	4	5	Remotivation	1	2	3	4	5
Biofeedback	1	2	3	4	5	Resocialization	1	2	3	4	5
Cognitive retraining	1	2	3	4	5	Reality orientation	1	2	3	4	5
Family interventions	1	2	3	4	5	Reminiscence	1	2	3	4	5
Grief and loss counseling	1	2	3	4	5	Sensory stimulation	1	2	3	4	5
Group interventions	1	2	3	4	5	Social skills training	1	2	3	4	5
Guided imagery	1	2	3	4	5	Stress mgmt/relaxation	1	2	3	4	5
Humor	1	2	3	4	5	Therapeutic community	1	2	3	4	5
Leisure education/counseling	1	2	3	4	5	Values clarification	1	2	3	4	5
Play therapy/skills	1	2	3	4	5						
13. Abilities to integrate Therapeutic Recreation interventions/programs as a part of the interdisciplinary approach and provide co-treatment as indicated.											
14. Ability to select appropriate interventions/programs to achieve optimal patient/client outcomes.											
15. Ability to use variety of assistive techniques, devices and equipment to meet patient/client goals.											
16. Ability to review, modify, or discontinue interventions/programs based on patient/client progress or change of condition.											
17. Ability to use a variety of interventions/programs to improve physical, cognitive, social, emotional, and behavioral functioning and independence in life activities and leisure functioning.											
18. Ability to involve patient/client, family and significant others in the implementation process.											

Content Area	Contact Time	Course Title	Course Prefix	Course Number	Course Credit
Leadership & Group Dynamics	45 hr				
Helping/Counseling Skills	45 hr				
Modality Skills:	hr				
	hr				
	hr				
	hr				
	hr				
	hr				
	hr				

EVALUATION OF THE TREATMENT PLAN: The Therapeutic Recreation Specialist demonstrates competence in the systematic reassessment of patient/client functioning, and comparison of patient's/client's progress to the individualized treatment/program plan in order to plan for discharge and aftercare and to evaluate the effectiveness of the intervention/program.

Competency	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 method of evaluation and research.	1 2 3 4 5
2. Knowledge of methods to collect formative and summative data.	1 2 3 4 5
3. Knowledge of resources to evaluate the effectiveness of the treatment intervention/programs.	1 2 3 4 5
4. Knowledge of the documentation requirements of discharge plans that include a summary of intervention/program goals, the patient's/client's current functional level, the need and recommendations for continued treatment or aftercare to achieve goals, and the potential for independence and successful integration into the community, considering living arrangements, support systems, resources, adaptive skills, assistive devices and technologies and referrals for continued services.	1 2 3 4 5
5. Knowledge of opportunities for continued treatment and aftercare.	1 2 3 4 5
6. Knowledge of requirements of regulatory agencies and data-based reporting formats.	1 2 3 4 5
7. Skill in designing methods to collect formative and summative data to evaluate the effectiveness of the intervention/program.	1 2 3 4 5
8. Skill in using a variety of methods to monitor and reassess patient/client functioning in life and leisure activities.	1 2 3 4 5
9. Ability to analyze and evaluate data to modify the Individualized Treatment/Program Plan, the intervention/program or to recommend discharge plans/aftercare.	1 2 3 4 5
10. Ability to use treatment/program evaluation data and research to refine protocols, guidelines and pathways to assure effective patient/client outcomes on a predictable and consistent basis.	1 2 3 4 5
11. Ability to involve patients/clients and significant others in the reassessment of functioning and progress related to the Individualized Treatment Plan, plans for discharge and aftercare, and intervention/program evaluation.	1 2 3 4 5

Content Area _____ Contact _____ Course Title _____ Course Number _____ Course Credit _____
 Evaluation of TR _____ Time 45 hr _____

ORGANIZING AND MANAGING THERAPEUTIC RECREATION SERVICES: The Therapeutic Recreation Specialist demonstrates competence to manage the practice of Therapeutic Recreation, to include personnel, fiscal, quality improvement, compliance with standards and regulations, resources, safety, and risk management, marketing and public relations, facility and strategic planning and contractual and legal concerns.

Competency	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 organization and delivery of health care and human services.	1 2 3 4 5
2. Knowledge of recruitment, orientation/training, supervision and performance management of personnel.	1 2 3 4 5
3. Knowledge of techniques of financing, budgeting, and fiscal accountability.	1 2 3 4 5
4. Knowledge of theory, techniques, and practices of quality improvement.	1 2 3 4 5
5. Knowledge of governmental, professional, agency, and accreditation standards and regulations.	1 2 3 4 5
6. Knowledge of public relations, promotions, and marketing principles and practices.	1 2 3 4 5
7. Knowledge of practices of managing resources (personnel, facilities, supplies, and equipment).	1 2 3 4 5
8. Knowledge of clinical supervision.	1 2 3 4 5
9. Knowledge of principles and requirements for safety and risk management.	1 2 3 4 5
10. Knowledge of facility and strategic planning processes.	1 2 3 4 5
11. Knowledge of legal and risk management issues pertaining to delivery of health care, human services and Therapeutic Recreation.	1 2 3 4 5
12. Skill in using computers for managing information and data.	1 2 3 4 5
13. Skill in communicating ethical and conduct issues relevant to practice.	1 2 3 4 5
14. Skill in practicing safety, emergency, infection control and risk management procedures.	1 2 3 4 5
15. Skill in scheduling, time management, and prioritization of tasks and decisions.	1 2 3 4 5
16. Ability to coordinate and integrate agency and regulatory standards with the practice of Therapeutic Recreation.	1 2 3 4 5
17. Ability to balance cost and quality to provide appropriate, cost effective and high value services.	1 2 3 4 5
18. Ability to manage and use scientific, technological and patient/client information to assess and adapt physical/environmental barriers to optimize independence in life activities.	1 2 3 4 5
19. Ability to form and utilize networks across service systems.	1 2 3 4 5
20. Ability to practice Therapeutic Recreation within legal and ethical parameters of the agency and profession.	1 2 3 4 5

Content Area _____ Contact _____ Course Title _____ Course Prefix _____ Course Number _____ Course Credit _____
 Management of TR Services 45 hr _____

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ATRA CODE OF ETHICS

The American Therapeutic Recreation Association's Code of Ethics is intended to be used as a guide for promoting and maintaining the highest standards of ethical behavior. The code applies to all Therapeutic Recreation personnel. The term Therapeutic Recreation Personnel includes Certified Therapeutic Recreation Specialists (CTRS), Therapeutic Recreation Assistants and Therapeutic Recreation students. Acceptance of membership in the American Therapeutic Recreation Association commits a member to adherence to these principles.

PRINCIPLE 1
**Beneficence/
Non-Maleficence**

Therapeutic Recreation personnel shall treat persons in an ethical manner not only by respecting their decisions and protecting them from harm but also by actively making efforts to secure their well-being. Personnel strive to maximize possible benefits, and minimize possible harms. This serves as the guiding principle for the profession. The term "persons" includes not only persons served, but colleagues, agencies and the profession.

PRINCIPLE 2
Autonomy

Therapeutic Recreation personnel have a duty to preserve and protect the right of each individual to make his/her own choices. Each individual is to be given the opportunity to determine his/her own course of action in accordance with a plan freely chosen.

PRINCIPLE 3
Justice

Therapeutic Recreation personnel are responsible for ensuring that individuals are served fairly and that there is equity in the distribution of services. Individuals receive service without regard to race, color, creed, gender, sexual orientation, age, disability/disease, social and financial status.

PRINCIPLE 4
Fidelity

Therapeutic Recreation personnel have an obligation to be loyal, faithful and meet commitments made to persons receiving services, colleagues, agencies and the profession.

PRINCIPLE 5
**Veracity/Informed
Consent**

Therapeutic Recreation personnel shall be truthful and honest. Therapeutic Recreation personnel are responsible for providing each individual receiving service with information regarding the service and the professional's training and credentials, benefits, outcomes, length of treatment, expected activities, risks, and limitations. Each individual receiving service has the right to know what is likely to take place during and as a result of professional intervention. Informed consent is obtained when information is provided by the professional.

PRINCIPLE 6
**Confidentiality
and Privacy**

Therapeutic Recreation personnel are responsible for safeguarding information about individuals served. Individuals served have the right to control information about themselves. When a situation arises that requires disclosure of confidential information about an individual to protect the individual's welfare or the interest of others, the Therapeutic Recreation professional has the responsibility/obligation to inform the individual served of the circumstances under which confidentiality was broken.

PRINCIPLE 7
Competence

Therapeutic Recreation personnel have the responsibility to continually seek to expand one's knowledge base related to Therapeutic Recreation practice. The professional is responsible for keeping a record of participation in training activities. The professional has the responsibility for contributing to advancement of the profession through activities such as research, dissemination of information through publications and professional presentations, and through active involvement in professional organizations.

PRINCIPLE 8
**Compliance with
Laws & Regulations**

Therapeutic Recreation personnel are responsible for complying with local, state and federal laws and ATRA policies governing the profession of Therapeutic Recreation.



**American
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Recreation
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