Committee on Accreditation of Recreational Therapy Education:
The Nuts and Bolts of Accreditation

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Peg Connolly, Ph.D., LRT/CTRS
Terry Kinney, Ph.D., LRT/CTRS
Pamela Wilson, MS, LRT/CTRS
Robert DuPont, MS, CTRS/L
Anne Richard, MS, LRT/CTRS
This session will provide an overview of accreditation under the Commission on Accreditation of Allied Health Education Programs (CAAHEP). Specifics on the standards and guidelines of accreditation will be addressed and the process for securing accreditation.
Session Objectives

Upon completion of this session, the participant will be able to:

• 1.0 demonstrate understanding of the evolution of CARTE and the rationale for CAAHEP accreditation by CARTE.

• 2.0 identify the key components of the standards and guidelines for CAAHEP accreditation by CARTE.

• 3.0 identify the process for pursuing CAAHEP Accreditation of Recreational Therapy Education.
What Educational or Academic Program Accreditation is Supposed to Accomplish

Educational accreditation should:

• Provide evaluation and judgments of institutions and programs
• Offer guidelines that influence decisions regarding an educational program including:
  • specific student outcomes (knowledge, skills, and abilities),
  • the number of hours of a particular subject area offered,
  • and the types of learning experiences students undertake.
What value should educational or academic program accreditation bring to the public?

According to the Institute of Medicine (1995), accreditation, if effective:

- Protects the public welfare by ensuring that health professions’ graduates are appropriately prepared to provide health care services.
- Ensures that their educational program meets basic standards and facilitates the transfer of credit between different programs.
- Guards public funds from use in support of inferior programs.
Functions of Accreditation

According to the U. S. Department of Education, accreditation programs are used to:

- Verify that a program or institution meets established standards
- Assist student in identifying acceptable institutions
- Identify programs for the investment of public and private funds
- Establish criteria for professional certification and licensure*
- Creating goals for self-improvement of weaker programs and stimulate a general raising of standards among educational institutions.

www.ed.gov/print/admins/finaid/acred/accreditation.html
Assumptions

Establishing a Baseline for Action
Assumption 1: That recreational therapy is a distinct discipline vs. a sub-specialty of the recreation, park resources, and leisure services profession.
Recreational therapists, along with physical therapists, occupational therapists, and speech-language pathologists, are under the job classification of Healthcare Practitioner and Technical Occupations.

Recreation worker falls in the family of Personal Care and Services (U.S. Department of Labor, 2010).
CIP Codes

• Classification of Instructional Programs (CIP) codes of the Integrated Postsecondary Education Data System classifies Therapeutic Recreation/Recreational Therapy (CIP Code: 51.2309) under Rehabilitation and Therapeutic Professions (U. S. Department of Education, 2010).

• Parks, Recreation, and Leisure, on the other hand, falls under its own CIP code (i.e., 31.0101) and includes Parks, Recreation, Leisure, and Fitness Studies (U. S. Department of Education, 2010).
Assumption 2: That recreational therapy is active treatment.
• "Recreational Therapy means a treatment service designed to restore, remediate and rehabilitate a person’s level of functioning and independence in life activities, to promote health and wellness as well as reduce or eliminate the activity limitations and restrictions to participation in life situations caused by an illness or disabling condition. (2009a)."
To be designated as active treatment, they must be:

• Provided under an individualized treatment or diagnostic plan;

• Reasonably expected to improve the patient's condition or for the purpose of diagnosis; and

• Supervised and evaluated by a physician (CMS, 2007).
Assumption 3: That, since greater than 85% of recreational therapists work in health care settings, RT is more closely aligned to allied health than the parks, recreation, and tourism experience industry.
Where RTs work

• National Council for Therapeutic Recreation Certification (NCTRC) national study report, approximately 86% of recreational therapists worked in hospital, residential, skilled nursing facilities, adult day care, and partial or outpatient settings (Riley & Connolly, 2006)
Assumption 4: That Recreational Therapists have a distinct set of competencies that differ significantly from recreation, park resources, and leisure services personnel.
Knowledge, Skills, and Abilities (KSAs) for RT

• *ATRA Guidelines for Competency Assessment and Curriculum Planning for Recreational Therapy Practice (ATRA, 2009)*
  - Developed by years of consensus activities among educators and practitioners.
Assumption 5: That recreational therapy curriculum should reflect the demands of independent national and state credentialing mechanisms, the employment market and professional duties, and the consumers served
Credentialing

- Recreational therapy or therapeutic recreation is licensed as a discipline in four states, OK, NC, NH, and UT, with certification in CA.
- NCTRC differentiates between recreation and recreational therapy
Assumption 6: That the discussion of professional preparation and accreditation is an ethical issue that supersedes university departmental placement and should focus on degree content and professional knowledge, skills, and abilities (KSAs) for recreational therapy practice.
Ethical Obligations

- Academic preparation should adhere to the ethical principles of:
  - Non-maleficence,
  - Beneficence,
  - Veracity, and
  - Competence (ATRA, 2009)
Evolution of CARTE

The future of accreditation for recreational therapy
Established by the North Carolina Recreational Therapy Association (NCRTA) in 2008 to investigate the feasibility of an academic accreditation program for *recreational therapy*.

NCRTA decided to investigate academic accreditation because of the significant professional need and because the state has nine (9) colleges/universities with degrees/options in RT/TR, four with specific degrees in recreational therapy.
Committee Goals:

• To complete the development of a model for accreditation of recreational therapy education programs.

• To complete development of accreditation policies and procedures, forms, and accreditation standards and guidelines for recreational therapy academic accreditation.

• To complete a pilot test of accreditation standards, policies and procedures and forms using a self-assessment methodology.

• To seek input and review of the draft recreational therapy accreditation standards and guidelines
The CARTE was introduced and discussed at:
- NCRTA in 2008 and 2009
- SRTS in 2009 and 2010
- TREC II in 2009
- ATRA in 2009
Committee on Accreditation of Recreational Therapy Education

In January 2010, the American Therapeutic Recreation Association (ATRA) completed a comprehensive review of accreditation options for the profession.

- The ATRA Board reviewed the working documents of CAAHEP - CARTE and reviewed the NRPA/COAPRT approach.

- The ATRA Board voted to support CAAHEP as a national accreditation mechanism for recreational therapy education.
Commission on Accreditation of Allied Health Education Programs

- The Commission on Accreditation of Allied Health Education Programs (CAAHEP) is a programmatic postsecondary accrediting agency recognized by the Council for Higher Education Accreditation (CHEA) and carries out its accrediting activities in cooperation with 18 review committees (Committees on Accreditation). CAAHEP currently accredits over 2100 entry level education programs in 22 health science professions.
CAAHEP

- CAAHEP, a 501(c)(3) tax exempt organization, was formed in 1995. Its predecessor organization was the Committee on Allied Health Education and Accreditation (CAHEA). CAHEA was part of the American Medical Association (AMA).
Commission on Accreditation of Allied Health Education Programs (CAAHEP)

- In April 2010, CARTE and ATRA completed the CAAHEP applications to:
  - Recognize Recreational Therapy as an allied health profession,
  - Accept ATRA as the sponsor for academic accreditation, and
  - Accept CARTE as the accreditation mechanism for recreational therapy education.
After several revisions and input from the CAAHEP Standards Committee, the CARTE submitted the Standards and Guidelines for Accreditation of Recreational Therapy Education in June 2010.

- Call was distributed to comment on the standards and guidelines.
- Comments were received and many were incorporated into the document.
CARTE Standards and Guidelines

• Final copy of the *Standards and Guidelines for Accreditation of Recreational Therapy Education* were accepted by CAAHEP on August 20, 2010.
CARTE Board

- Nine Members – Staggering 3 year terms
  - 3 educators
  - 3 practitioners
  - 1 employer
  - 1 public member
  - 1 consumer (student in RT)
## CARTE Committee Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thomas K. Skalko, Ph.D.</td>
<td>LRT/CTRS (Chair)</td>
<td>2010 - 2013</td>
</tr>
<tr>
<td>Ray West, MS, LRT/CTRS</td>
<td>Vice Chair</td>
<td>2010 - 2012</td>
</tr>
<tr>
<td>Pam Wilson, MS, LRT/CTRS</td>
<td>Treasurer</td>
<td>2010 - 2013</td>
</tr>
<tr>
<td>Peg Connolly, Ph.D.</td>
<td>LRT/CTRS (Secretary)</td>
<td>2010 - 2012</td>
</tr>
<tr>
<td>Robert DuPont, MS, CTRS/L</td>
<td>Member at Large</td>
<td>2010 - 2013</td>
</tr>
<tr>
<td>Terry Kinney, Ph.D.</td>
<td>LRT/CTRS</td>
<td>2010 - 2011</td>
</tr>
<tr>
<td>Anne Richard, MS</td>
<td>LRT/CTRS</td>
<td>2010 - 2011</td>
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<tr>
<td>Consumer Open</td>
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<td>2010 - 2011</td>
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<tr>
<td>Public Member Open</td>
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<td>2010 - 2011</td>
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</table>
Status of CARTE

• Standards and Guidelines have been developed

• Policies and Procedures have been developed

• Knowledge, Skills and Abilities (KSAs) established
  • ATRA Guidelines for Competency Assessment and Curriculum Planning for RT Practice (ATRA, 2008, 1995)

• Field Tested
  • East Carolina University, April 2009
The CARTE Process

- Institutions will apply for accreditation.
- Institution will perform a self-study based on CAAHEP Standards for Accreditation of Recreational Therapy Education.
- Institution will request a site visit.
  - 3 visitors (2 educators and 1 practitioner).
The CARTE Process

- Following a review of the self-study materials and the site visit:
  - Visitation team will meet with administrative personnel
  - Offer a preliminary report
- Formal report submitted within 6 weeks
- Recommendation submitted from CARTE to CAAHEP for action and notification to the institution of accreditation status.
Accreditation Decisions

- Initial Accreditation
- Continuing Accreditation
- Transfer of Sponsorship
- Probationary Accreditation
- Withhold of Accreditation, or
- Withdrawal of Accreditation.
<table>
<thead>
<tr>
<th>CARTE Fees</th>
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<tbody>
<tr>
<td>• CARTE Application Fee - $2,100.00</td>
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<tr>
<td>• CAAHEP Fee for a University - $450.00/yr</td>
</tr>
<tr>
<td>• University can have as many programs as appropriate covered for one fee (Ex. Committee on the Accreditation of the Exercise Sciences)</td>
</tr>
<tr>
<td>• Due when approved for accreditation</td>
</tr>
<tr>
<td>• Visitation Costs for site visits</td>
</tr>
<tr>
<td>• Annual Maintenance Fee - $600.00</td>
</tr>
</tbody>
</table>
The CARTE Process

- Institution will complete the self-study and schedule a site visit.
  - Review and approve visitors
  - Schedule a mutually agreeable date
  - Submit the self-study to CARTE
    - One hard copy and 4 electronic copies
- Site Visitation Team will make a 1.5 – 2 day visit to the institution.
CAAHEP Standards and Guidelines for the Accreditation of Recreational Therapy Education
I. Sponsorship

A. Sponsoring Educational Institution

- A sponsoring institution must be at least one of the following:
  1. A post-secondary academic institution accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education, and authorized under applicable law or other acceptable authority to provide a postsecondary program, which awards a minimum of a baccalaureate degree at the completion of the program.
II. Program Goals

• A. Program Goals and Outcomes
  • There must be a written statement of the program’s goals and learning domains consistent with and responsive to the demonstrated needs and expectations of the various communities of interest served by the educational program.

• B. Appropriateness of Goals and Learning Domains
  • The program must regularly assess its goals and learning domains. Program personnel must identify and respond to changes in the needs and/or expectations of its communities of interest.
Program Goals

• C. Minimum Expectations
  • The program must have the following goal defining minimum expectations: “To prepare competent entry-level recreational therapists in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.
  • *Nothing in this Standard restricts programs from formulating goals beyond entry-level competence*
• III. Resources
  • A. Type and Amount
    • Program resources must be sufficient to ensure the achievement of the program’s goals and outcomes.
Resources

• **B. Personnel**
  • The sponsor must appoint sufficient faculty and staff with the necessary qualifications to perform the functions identified in documented job descriptions and to achieve the program’s stated goals and outcomes.

• **Program Director**
  • A. Responsibilities:
    • The Program Director must
    • 1) coordinate all aspects of the program, including the organization, administration, continuous review, planning, development and achievement of program’s goals and outcomes.
b. Qualifications
   The Program Director must:
   • 1) possess a minimum of an earned Masters Degree.
   • 2) be full time consistent with institutional practices.
   • 3) have a minimum of three (3) years of relevant professional experience, including a minimum of one (1) year of direct service delivery in recreational therapy/therapeutic recreation
   • 4) be nationally certified, in good standing, in Therapeutic Recreation/Recreational Therapy, and
   • 5) have registration, certification, or licensure as required by state laws.
2. Faculty and/or Instructional Staff

• a. Responsibilities
  • Faculty and other instructional staff must provide instruction and assess students' knowledge and clinical proficiencies, and where appropriate mentor students in the development of effective recreational therapy practice competencies.
Faculty and Staff

b. Qualifications

- Faculty and instructional staff must
  1) possess a minimum of an earned Masters Degree.
  2) be knowledgeable in the subject matter taught and be credentialed as appropriate,
  3) Recreational therapy faculty must have a minimum of three (3) years of related field experience, including a minimum of one (1) year of direct service delivery in recreational therapy/therapeutic recreation; and
  4) Recreational Therapy faculty and staff must be nationally certified, in good standing, in therapeutic recreation/recreational therapy and have registration, certification, or licensure as required by state laws.
Faculty

• Faculty and instructional staff should have competency in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains, for the subject matter taught. Recreational therapy faculty should have competencies for recreational therapy practice as described in Appendix B. [this is a guideline not a standard]

• The ratio of RT/TR faculty to RT/TR majors should be consistent with similar university degree programs. [this is a guideline not a standard]
3. Clinical Instructors

a. Responsibilities

Clinical Instructors must:

1) supervise students during clinical experiences and be consistently and physically present (i.e., provide face-to-face supervision and evaluation, etc.) and have the ability to intervene on behalf of the student (or patient/consumer) to provide ongoing and consistent education.

2) interact consistently and physically with the student at the site of the clinical experience.
3. Clinical Instructors

- 3) participate in regularly planned communication between the program and the clinical instructor.
- 4) provide instruction and clinical experience in relevant practice competencies delineated in Appendix B.
- 5) evaluate students’ performance.
- 6) assist students to complete a self-assessment of practice competencies at the completion of the clinical education experience.
3. Clinical Instructors

b. Qualifications

Clinical Instructors must:

1) possess a minimum of a bachelor’s degree.
2) be nationally certified, in good standing, in therapeutic recreation/recreational therapy and have registration, certification, or licensure as required by state laws.
3) be appropriately credentialed for one (1) or more year(s) and have a minimum of one (1) year of direct service delivery in recreational therapy or therapeutic recreation;

Clinical Instructors should have competency in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains, described in Appendix B, for recreational therapy practice.
C. Curriculum

• The curriculum **must** ensure the achievement of program goals and learning domains. Instruction must be an appropriate sequence of classroom, laboratory, and clinical activities. Instruction must be based on clearly written course syllabi that include course description, course objectives, methods of evaluation, topic outline, and competencies required for graduation.
C. Curriculum

• Curriculum competency requirements must include the curriculum content areas and corresponding competencies adapted from the American Therapeutic Recreation Association (ATRA) Guidelines for Competency Assessment and Curriculum Planning for Recreational Therapy Practice (2008) stated in Appendix B.

• CAAHEP is committed to the inclusion of emergency preparedness (EP) content in the curriculum as appropriate to the profession. See Form 13, Standardized Course Syllabus, for an example of how the curriculum should address this content.
D. Resource Assessment

- The program must, at least annually, assess the appropriateness and effectiveness of the resources described in these Standards. The results of resource assessment must be the basis for ongoing planning and appropriate change. An action plan must be developed when deficiencies are identified in the program resources. Implementation of the action plan must be documented and results measured by ongoing resource assessment.
IV. Student and Graduate Evaluation/Assessment

• A. Student Evaluation
  • 1. Frequency and purpose
    • Evaluation of students must be conducted on a recurrent basis and with sufficient frequency to provide both the students and program faculty with valid and timely indications of the students’ progress toward and achievement of the competencies and learning domains stated in the curriculum.
  • 2. Documentation
    • Records of student evaluations must be maintained in sufficient detail to document learning progress and achievements.
IV. Student and Graduate Evaluation/Assessment

B. Outcomes

1. Outcomes Assessment

• The program must periodically assess its effectiveness in achieving its stated goals and learning domains. The results of this evaluation must be reflected in the review and timely revision of the program.

• Outcomes assessments must include, but are not limited to: national credentialing examination performance, competency assessment, programmatic retention/attrition, graduate satisfaction, employer satisfaction, job (positive) placement, and programmatic summative measures.
IV. Student and Graduate Evaluation/Assessment

- The program must meet the outcomes assessment thresholds of CARTE.

- “Positive placement” means that the graduate is employed full or part-time in a related field; and/or continuing his/her education; and/or serving in the military.
IV. Student and Graduate Evaluation/Assessment

2. Outcomes Reporting

- The program must periodically submit to the CARTE the program goal(s), learning domains, evaluation systems (including type, cut scores, and appropriateness), outcomes, its analysis of the outcomes, and an appropriate action plan based on the analysis.

- Programs not meeting the established thresholds must begin a dialogue with the CARTE to develop an appropriate plan of action to respond to the identified shortcomings.
V. Fair Practices

A. Publications and Disclosure

1. Announcements, catalogs, publications, and advertising must accurately reflect the program offered.

2. At least the following must be made known to all applicants and students: the sponsor’s institutional and programmatic accreditation status as well as the name, mailing address, web site address, and phone number of the accrediting agencies; admissions policies and practices, including technical standards (when used); as appropriate, policies on advanced placement, transfer of credits, and credits for experiential learning; number of credits required for completion of the program; tuition/fees and other costs required to complete the program; policies and processes for withdrawal and for refunds of tuition/fees.
V. Fair Practices

3. At least the following must be made known to all students: academic calendar, student grievance procedure, criteria for successful completion of each segment of the curriculum and for graduation, and policies and processes by which students may perform clinical work while enrolled in the program.

4. The sponsor must maintain, and provide upon request, current and consistent information about student/graduate achievement that includes the results of one or more of the outcomes assessments required in these Standards.

The sponsor should develop and provide a suitable means of communicating to the communities of interest the achievement of students/graduates.
V. Fair Practices

• B. Lawful and Non-discriminatory Practices
  • All activities associated with the program, including student and faculty recruitment, student admission, and faculty employment practices, must be non-discriminatory and in accord with federal and state statutes, rules, and regulations. There must be a faculty grievance procedure made known to all paid faculty.

• C. Safeguards
  • The health and safety of patients, students, and faculty associated with the educational activities of the students must be adequately safeguarded.
  • All activities required in the program must be educational and students must not be substituted for staff.
V. Fair Practices

• D. Student Records

• Satisfactory records must be maintained for student admission, advisement, counseling, and evaluation. Grades and credits for courses must be recorded on the student transcript and permanently maintained by the sponsor in a safe and accessible location.
V. Fair Practices

• **E. Substantive Change**
  • The sponsor must report substantive changes as described in Appendix A to CAAHEP/CARTE in a timely manner. Additional substantive changes to be reported to the CARTE within the time limits prescribed include the:
    • 1. educational institution's legal status or form of control;
    • 2. educational institution's regional or national accreditation status; and
    • 3. degree awarded.

• **F. Agreements**
  • There must be a formal affiliation agreement or memorandum of understanding between the sponsor and all other entities that participate in the education of the students describing the relationship, roles, and responsibilities of the sponsor and that entity.
Appendix A

Application, Maintenance and Administration of Accreditation
Program and Sponsor Responsibilities

1. Applying for Initial Accreditation
2. Applying for Continuing Accreditation
3. Administrative Requirements for Maintaining
4. Voluntary Withdrawal of a CAAHEP-Accredited Program Accreditation
5. Requesting Inactive Status of a CAAHEP-Accredited Program
B. CAAHEP and Committee on Accreditation Responsibilities – Accreditation Recommendation Process

• Opportunity to respond to the accreditation report

• The recommendation may be for any of the following statuses: initial accreditation, continuing accreditation, transfer of sponsorship, probationary accreditation, withhold of accreditation, or withdrawal of accreditation.
1.0 Curriculum Content Requirements

- The content areas and associated competency statements are adapted by CARTE from the *ATRA Guidelines for Competency Assessment and Curriculum Planning for Recreational Therapy Practice* (2008, 1995).
CURRICULUM

1.1 Foundations of Professional Practice
1.2 Individualized Patient/Client Assessment
1.3 Planning Treatment/Programs
1.4 Implementing Treatment/Programs
1.5 Students must acquire specific modality/skills and facilitation techniques used as treatment interventions in recreational therapy practice.
• 1.6 Evaluating Treatment/Programs
• 1.7 Managing Recreational Therapy Practice
• 1.8 Support Content/Competencies
  • Support Content must include: anatomy and physiology, kinesiology or biomechanics, human growth and development, psychology, cognitive or educational/learning psychology, abnormal psychology, and disabling conditions (ATRA 2008, pp. 46-51).
### CARTE Comparisons with NCTRC

<table>
<thead>
<tr>
<th>CARTE RT Content</th>
<th>NCTRC TR Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Foundations of Professional Practice</td>
<td>Foundational of Knowledge</td>
</tr>
<tr>
<td>• Individualized Patient/Client Assessment</td>
<td>• Background</td>
</tr>
<tr>
<td>• Planning Treatment/Programs</td>
<td>• Diagnostic Groups</td>
</tr>
<tr>
<td>• Implementing Treatment/Programs</td>
<td>• Theories and concepts</td>
</tr>
<tr>
<td>• Modality/Intervention Skills X3</td>
<td>Practice of TR/RT</td>
</tr>
<tr>
<td>• Evaluating Treatment/Programs</td>
<td>• Strategies &amp; Guidelines</td>
</tr>
<tr>
<td>• Managing Recreational Therapy Practice</td>
<td>Assessment</td>
</tr>
</tbody>
</table>

ATRA Guidelines for Competency Assessment and Curriculum Planning for RT Practice (ATRA, 2008)

NCTRC Certification Standards: Part II (2007)
<table>
<thead>
<tr>
<th>CARTE Comparisons with NCTRC</th>
</tr>
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<tbody>
<tr>
<td><strong>CARTE</strong></td>
</tr>
<tr>
<td>• Clinical Experience</td>
</tr>
<tr>
<td>• Internship/Field Placement</td>
</tr>
<tr>
<td>• Practicum experience</td>
</tr>
<tr>
<td>• Other Clinical experiences</td>
</tr>
<tr>
<td>Support Content (Standard)</td>
</tr>
<tr>
<td>---------------------------</td>
</tr>
<tr>
<td>Anatomy and Physiology*</td>
</tr>
<tr>
<td>Kinesiology/Biomechanics</td>
</tr>
<tr>
<td>Human Growth &amp; Development*</td>
</tr>
<tr>
<td>Disabling Conditions*</td>
</tr>
<tr>
<td>Psychology</td>
</tr>
<tr>
<td>Cognitive/Educational/Learning Psychology</td>
</tr>
<tr>
<td>Abnormal Psychology *</td>
</tr>
<tr>
<td>* Denotes NCTRC Requirement</td>
</tr>
</tbody>
</table>

ATRA Guidelines for Competency Assessment and Curriculum Planning for RT Practice (ATRA, 2008)
• The RT/TR Content Summary points, the Intervention/Modalities Summary points, the Support Content Summary points, and the Clinical Education Experience Summary points will be added to determine the total points and the total points will be transferred into a percentage of compliance to reach an Overall Competency Compliance Score. This score is used to determine the Overall CARTE Competency Compliance Score and will be considered with compliance with other CARTE Standards and Guidelines when reaching a decision about accreditation.
<table>
<thead>
<tr>
<th><strong>1. RT/TR Content Scores:</strong></th>
<th><strong>POINTS</strong></th>
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<tbody>
<tr>
<td>CARTE Content areas required by program</td>
<td>_____%</td>
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<tr>
<td>CARTE Knowledge and Skills Verified</td>
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<tr>
<td>RT/TR Content Summary Score</td>
<td>_____%</td>
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<td>RT Content Points</td>
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### CARTE COMPETENCY COMPLIANCE SCORING SUMMARY WORKSHEET

<table>
<thead>
<tr>
<th>2. Intervention/Modality Skills Content</th>
<th>_____%</th>
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<tbody>
<tr>
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<tr>
<td>Intervention/modality: _____________<em><strong><strong>SH</strong></strong></em></td>
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<td>Intervention/modality: _____________<em><strong><strong>SH</strong></strong></em></td>
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**Intervention/Modality Skills Points**

_______
### CARTE COMPETENCY COMPLIANCE SCORING SUMMARY WORKSHEET

<table>
<thead>
<tr>
<th>Component</th>
<th>Score</th>
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<tbody>
<tr>
<td>CARTE Support Content areas required by program</td>
<td>_____ %</td>
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<tr>
<td>CARTE Knowledge and Skills Verified</td>
<td>_____ %</td>
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<tr>
<td>Support Content Summary Score</td>
<td>_____ %</td>
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<tr>
<td>Support Content Total Points</td>
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</table>
# CARTE COMPETENCY COMPLIANCE SCORING SUMMARY WORKSHEET

## 4. Clinical Education Experience Content Scores

<table>
<thead>
<tr>
<th>Category</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Internship/Field Placement</td>
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<tr>
<td>Clinical Education Experience Summary Score</td>
<td>_____ %</td>
</tr>
<tr>
<td>Clinical Education Points</td>
<td>_____</td>
</tr>
<tr>
<td>Overall CARTE Competency Compliance Summary Score</td>
<td>_____ %</td>
</tr>
<tr>
<td>Points</td>
<td>_____</td>
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</table>

**Accreditation Summary Comments:**
### Calculating a Competency Compliance Score

<table>
<thead>
<tr>
<th>Competency Area</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. RT Content</td>
<td>______(25%)</td>
</tr>
<tr>
<td>2. Modalities/Interventions</td>
<td>______(25%)</td>
</tr>
<tr>
<td>3. Support Content</td>
<td>______(25%)</td>
</tr>
<tr>
<td>4. Clinical Education</td>
<td>______(25%)</td>
</tr>
<tr>
<td><strong>Total Competency Compliance Score</strong></td>
<td>______(100%)</td>
</tr>
</tbody>
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Status of CARTE (continued)

- Structure, Policies and Procedures, Process and Content will continue to be evaluated and revised as needed.
- Input and revisions will continue to evolve the standards and guidelines
Assumptions Revisited

• That Recreational Therapy is a distinct discipline vs. a sub-specialty of the recreation, park resources, and leisure services.

• That RT is active treatment.

• That, since 85% (+/-) of Recreational Therapists work in health care settings, RT is more closely aligned to allied health than the experience industry.

• That Recreational Therapists have a distinct set of competencies that differ significantly from recreation, park resources, and leisure services deliver personnel.

• That RT curriculum should reflect the demands of independent national and state credentialing mechanisms, the employment market, and the consumers served.

• That it is an ethical obligation ensure our students are prepared for practice.
Competencies for Practice

RT is significantly less prepared in the health sciences competencies than other health care professions.

Without more consistent preparation, can we ethically claim, as a professional collective to be:

- competent to work in health care,
- competent to treat a variety of very complex problems patients experience from a wide variety of complex acute and chronic medical conditions, and
- that we will consistently and predictably reach patient outcomes that are valued by stakeholders?

Can RT grow as a profession without specific academic accreditation?
## Recreational Therapy Academic Accreditation

<table>
<thead>
<tr>
<th><strong>Pros:</strong></th>
<th><strong>Cons:</strong></th>
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<tbody>
<tr>
<td>✓ Will improve consistency of academic preparation and competencies of recreational therapists.</td>
<td>✓ May compete with NRPA COA Accreditation.</td>
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<tr>
<td>✓ Will improve safe and effective recreational therapy practice.</td>
<td>✓ Institutions need resources to support costs of accreditation.</td>
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<tr>
<td>✓ Will improve the consistency and predictability of valued patient/client outcomes achieved.</td>
<td>✓ Academic programs must be interested in RT Academic Accreditation.</td>
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<tr>
<td>✓ Will enable profession to grow and develop.</td>
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</tbody>
</table>
The Academic Angst

- Can RT programs establish independent degrees under a recreation and leisure services department structure?
  - Yes.
  - Several programs have separate degree under RCLS
  - Programs in HPER Departments have separate degrees.

- Are there advantages for separate degree programs in RT?
  - Yes.
  - RT faculty can teach in the core of the recreation curriculum and in the RT area (general recreation faculty cannot teach in RT)
The Academic Angst

- Will universities support separate accreditation programs for recreation and RT?
  - With compelling discussion based on ethical principles and industry/market requirements/demands (85% of CTRS in health care related agencies) separate accreditation systems can be supported for RT just as they are for any other degree/professional program of study.
The Academic Angst

• Can such a program meet requirements for consistency and competency for practice demanded by state and national credentialing programs?
  • Yes.
    • The proposed accreditation program by CARTE exceeds competencies and requirements proposed by NCTRC and current state laws.
The Academic Angst

• Can small TR/RT programs meet the standards set by CARTE?
  • Yes.
  • Outcomes are based upon meeting the curriculum areas delineated in the adapted KSAs in the *Guidelines for Competency Assessment and Curriculum Planning in RT Practice* (ATRA, 2008).
Questions or Comments?

Thanks for your attention and participation!
At times, persons will seek that which is easy and requires less energy than accept the challenge to do what is right.