

Committee on Accreditation of Recreational Therapy Education (CARTE)

Procedures for Accreditation of Education for Recreational Therapy Practice

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Procedures for Accreditation**

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Preface

In the fall of 2007, a group of educators and practitioners requested that the North Carolina Recreational Therapy Association (NCRTA) support a committee effort to determine the feasibility of establishing an academic accreditation program for educational programs that prepare students for recreational therapy practice in health care and human service settings. This group of educators and practitioners were concerned about the variability in the academic preparation of recreational therapists and the impact that variable competency development had on recreational therapy practice designed to achieve, on a consistent and predictable basis, patient/consumer outcomes that are valued by stakeholders in health care and human service settings. The Board of Directors of NCRTA approved an ad hoc committee to begin this effort in 2008. This ad hoc committee became the NCRTA-Committee on Accreditation of Recreational Therapy Education (CARTE). NCRTA CARTE used an adaptation of the *ATRA Guidelines for Competency Assessment and Curriculum Planning for Recreational Therapy Practice* to develop an accreditation program for education programs that prepare students for recreational therapy practice.

In January 2010, the American Therapeutic Recreation Association, with cooperation from the NCRTA, voted to utilize the foundation work done by the NCRTA-CARTE committee to sponsor CARTE, as a Committee on Accreditation (CoA) of the Commission on Accreditation of Allied Health Education (CAAHEP), as the mechanism for the national accreditation of education for recreational therapy practice. ATRA determined that the Commission on Accreditation of Allied Health Education Programs (CAAHEP) would be the most appropriate organization for the accreditation of education for recreational therapy practice because of its nationally recognized, long and distinguished history of accreditation of allied health education programs.

In April 2010, recreational therapy was approved as an allied health profession by CAAHEP, CARTE was accepted as the committee on accreditation for recreational therapy (CoA), and ATRA was accepted as a sponsor for CARTE. In August 2010, the CAAHEP Board of Directors approved the *Standards and Guidelines for the Accreditation of Educational Programs in Recreational Therapy*.

The CAAHEP *Standards and Guidelines for the Accreditation of Educational Programs in Recreational Therapy*, like the *ATRA Guidelines for Competency Assessment and Curriculum Planning for Recreational Therapy Practice* are designed around competencies necessary for safe and effective practice as a recreational therapist in health care and human service agencies. The standards and guidelines, forms and site visitation process in the *Procedures for Accreditation of Recreational Therapy Education* are the culmination of over two years of dedicated effort to initiate a formal accreditation process of education for recreational therapy practice.

The CARTE Committee is indebted to the NCRTA and ATRA for their support of this effort to address an issue of great significance for the recreational therapy profession and its future in health care and human service settings. Members of the CAAHEP-CARTE have worked diligently to develop a relevant and viable accreditation of education programs for recreational therapy practice in order to improve the competency and consistency of recreational therapy practice in health care and human service settings. The future of accreditation of educational programs for recreational therapy practice will rest with the implementation and on-going refinement of the CAAHEP *Standards and Guidelines for the Accreditation of Educational Programs in Recreational Therapy* and accreditation structure, procedures and processes.

Introduction

Academic Accreditation

Accreditation of academic programs is necessary to assure that graduates of accredited academic programs have the competencies (knowledge, skills and abilities) necessary for safe and effective practice. Unlike professional credentials (e.g., licensure, certification and registration), accreditation of academic programs evaluates and judges compliance of university curricula with accreditation standards and guidelines to assure that students are adequately prepared to seek professional credentials and to enter into professional practice (Greiner & Knebel, 2003).

Standards and guidelines of academic program accreditation influence decisions about the educational program or curriculum including: specific student outcomes, such as competencies attained, the number of hours of a particular subject or content area offered (e.g., foundations of professional practice, individualized patient/client assessment, etc.) and the types of learning experiences used (e.g., didactic/classroom and clinical experiences) to develop the specific competencies necessary for safe and effective practice. As described in *Health Professions Education: A Bridge to Quality* (Greiner & Knebel, 2003) effective, academic accreditation protects the public welfare by ensuring that graduates of academic programs in the health professions are appropriately prepared to provide quality health care services. Accreditation assists academic programs to achieve and improve upon minimum standards and assures students that their educational program meets basic standards for safe and effective professional practice and acquisition of professional credentials required for employment. Accreditation may also facilitate the transfer of credit between different programs and in some cases the use of public funds may be restricted to those programs that meet accreditation standards (Greiner & Knebel, 2003). Accreditation not only provides verification that the college's or university's academic program met minimum standards for accreditation, but it also reduces variation in academic preparation and challenges programs to stimulate a general raising of the quality of academic preparation within the profession. In this respect, accreditation assists students to identify acceptable universities to acquire the necessary competencies to enter professional practice.

Accrediting organizations establish standards and review processes that require accredited colleges and universities and academic programs to regularly gather and report concrete evidence about student learning outcomes or what students know and can do as a result of their respective courses of study as a measure of institutional or program effectiveness. Evidence about other dimensions of effective institutional or program performance, with respect to student outcomes (e.g., graduation, retention, transfer, job placement or admission to graduate school) that do not constitute direct evidence of student learning are generally required as an aspect of accreditation and are usually provided at an appropriate level of aggregation (e.g., at the institutional or program level) (Council for Higher Education Accreditation (CHEA), 2006; Committee on Allied Health Education Accreditation (CAHEA), 2006). In the U.S., colleges and universities are accredited by one of 19 recognized institutional accrediting organizations and academic programs are accredited by one of approximately 60 recognized programmatic accrediting organizations (CHEA, 2010). Accrediting organizations that are "recognized" have been reviewed for quality by the Council for Higher Education Accreditation (CHEA) or the United States Department of Education (USDE).

Accreditation of Academic Preparation for Health Care Practice

In response to stakeholder expectations, the roles of the health care workforce have become more specialized over recent decades and a number of new professions have emerged. As a result, educational programs have been refined and new educational programs have been developed (Dower, O'Neil & Hough,

2002). Today's health care is increasingly based on evidence-based practice to assure safe and effective care and consistent achievement of valued patient/consumer outcomes. Most academic programs for health professions have specialized accreditation agencies. Greiner and Knebel in *Health Professions Education: A Bridge to Quality* (2003) cite Gelmon in identifying that today there are more than 50 health profession accreditation programs. The average educational program is accredited every 3-10 years, with occasional random audits being conducted between accreditation cycles in response to specific problems needing immediate attention (Greiner & Knebel, 2003).

In preparing practitioners for employment in health care and human services, universities must adhere to a reasonable standard of quality for the academic program in order to assure students and stakeholders that the education received and the competencies developed will adequately prepare graduates for professional careers and safe, effective practice (Guide to Health Care Schools, 2000). Career success or failure is largely determined by how well a student has been prepared for his or her field of professional practice. A natural standard or expectation of competency, qualification and patient/client outcomes develops from the high expectation of stakeholders and each individual health care discipline is accountable for preparing healthcare graduates to meet and maintain that standard.

Academic Preparation and Accreditation of Recreational Therapy Education

Most recreational therapists and therapeutic recreation specialists are employed in some facet of the health care continuum of services including diagnosis, treatment, rehabilitation, education, prevention and health promotion and in some aspect of the health care and human services industry including inpatient, outpatient, home and community living settings, continuing care and long term care settings for health care. The stated purposes of recreational therapy, as a treatment service, are defined by the American Therapeutic Recreation Association's (ATRA) as follows: "to restore, remediate or rehabilitate in order to improve functioning and independence as well as to eliminate or reduce the effects of illness or disability" (ATRA, 2009). Eliminating or reducing the effects of illness or disability through recreational therapy intervention can be described as reducing or eliminating activity limitations and restrictions to participation in life activities, including, but not limited to leisure participation, so the patient/client can achieve maximum independence and quality of life. Specialized education is needed to achieve this purpose and to produce patient/consumer outcomes, on a consistent and predictable basis, that are recognized and valued by stakeholders.

While educational programs preparing recreational therapy professionals may present material differently, they must adhere to a high standard of quality in order to assure that the education received by students will adequately prepare graduates for professional careers in the health and human services industry. Recreational therapists, as healthcare professionals, must demonstrate a high degree of competency and qualification. Career success or failure is determined by how well a student has been prepared for effective recreational therapy practice in health care and human service settings. Success or failure is very important to all stakeholders since treatment that affects the health of others leaves a minimal margin for error. Academic preparation of recreational therapy professionals must focus on optimal competencies for safe and effective evidence-based practice to produce optimal patient/client results or outcomes that are recognized and valued by stakeholders. Variation in student outcomes and practice competencies must be reduced to the minimal degree possible if the recreational therapy professional is to be recognized and valued as an integral member of the team of health care professionals necessary to provide the most effective treatment and outcomes.

With respect to academic preparation, several questions must be addressed by recreational therapy professionals. How can academic accreditation adequately regulate the preparation of recreational therapy practitioners to meet the expectations of stakeholders for the type and quality of recreational therapy services expected by stakeholders in the health care and human service industry? More specifically, how

can recreational therapists have adequate and consistent competencies to provide safe and effective treatment services in inpatient, outpatient, home and community living settings and continuing and long term care settings? Can recreational therapists develop adequate and consistent competencies to contribute to all aspects of health care services including diagnosis, treatment, rehabilitation, education, prevention and health promotion? What is the ethical imperative to provide a high degree of competency and qualification, to reliably provide safe and effective services that consistently and predictably achieve patient/consumer outcomes that are perceived and valued by stakeholders?

Effective accreditation programs are usually built upon a national consensus, to the degree possible, of required competencies for effective practice. The *ATRA Guidelines for Competency Assessment and Curriculum Planning in Therapeutic Recreation (ATRA 1997)* resulted from the largest number of educators and practitioners involved in developing consensus about competencies necessary for safe and effective recreational therapy practice. This initial effort used many resources including the results of the ATRA Curriculum Conference in 1995, a review of relevant literature including the NCTRC National Job Analysis, standards of regulatory and allied health accreditation agencies, the *ATRA Standards for the Practice of Therapeutic Recreation (ATRA 2000)*, and related health care professional and educational literature.

The *ATRA Guidelines* were revised in 2008 by Ray West, Terry Kinney and Jeff Witman using a variety of resources including the *Competencies for Practice as a Therapeutic Recreation Specialist* developed by the North Carolina RT Practice Competencies Task Force, the 2007 NCTRC Job Analysis, current standards of regulatory and allied health accreditation agencies, the *ATRA Standards for the Practice of Therapeutic Recreation (ATRA, 2000)* and related current health care, professional and educational literature. A modified Delphi review, which involved the ATRA Board of Directors, ATRA Past Presidents, ATRA Chapter Affiliates and ATRA Treatment Networks, was used to validate revisions in the *ATRA Guidelines* for consensus. The revision was published in 2008 as the *ATRA Guidelines for Competency Assessment and Curriculum Planning for Recreational Therapy Practice*.

ATRA Guidelines for Competency Assessment and Curriculum Planning for Recreational Therapy Practice were adapted and utilized as the basis for the *CAAHEP Standards and Guidelines for the Accreditation of Educational Programs in Recreational Therapy*. These *CAAHEP Standards and Guidelines for the Accreditation of Educational Programs in Recreational Therapy* were modified to respond to what is possible within most baccalaureate degree requirements while at the same time establishing a baseline of competencies for safe and effective recreational therapy practice.

Based upon the educational program's compliance with *CAAHEP Standards and Guidelines for the Accreditation of Educational Programs in Recreational Therapy*, including an overall CARTE Competency Assessment, a level of accreditation is determined with recommendations for improved compliance with *CAAHEP Standards and Guidelines for the Accreditation of Educational Programs in Recreational Therapy*. Accreditation is determined at the levels of Accreditation (Initial, Continuing or Probationary), and may include recognition for agencies exceeding accreditation expectations. 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.

CAAHEP Accreditation of Recreational Therapy Education is designed to be an accreditation program for curricula that prepare students to provide safe, effective, and contemporary recreational therapy practice in health care and human service settings. CARTE accreditation is designed to be a measurable and achievable benchmark of quality academic preparation for optimal recreational therapy practice.

Committee on Accreditation of Recreational Therapy Education (CARTE)

Mission:

The mission of CARTE is to promote the highest levels of professional competence of recreational therapists through:

- the development and promotion of professional preparation standards;
- the encouragement of excellence in educational program development; and
- the accreditation of recreational therapy professional preparation programs.

Vision:

The vision of CARTE is to provide effective leadership in the accreditation of recreational therapy and therapeutic recreation education which results in a standard of excellence in safe and effective recreational therapy practice. As a Committee on Accreditation of the Commission on Accreditation of Allied Health Education Programs, CARTE is committed to the development of standards and procedures to effectively prepare students for safe and effective practice in the diversity of settings and populations served by recreational therapists. CARTE is committed to:

1. Promoting self-evaluation, and continuing development and improvement of professional preparation programs in recreational therapy and therapeutic recreation that remain relevant and responsive to the needs of patients and consumers and the changing nature of safe and effective recreational therapy practice as a component of healthcare service delivery; and
2. Facilitating the preparation of recreation therapy professionals for the provision of services that promote optimal health and functioning of the patient and consumer, value human dignity, and offer opportunities for independence and community involvement.

CARTE is committed to maintaining collaborative relationships between related accreditation groups, licensure and certification bodies, and professional associations to improve the practice competencies of recreational therapists.

Core Values

The Statement of Core Values of CARTE provides further clarification and support for the CARTE Mission and Vision statements. The CARTE believes in

- advancing the recreational therapy profession through quality and excellence in recreational therapy education that results in advanced levels of safe and effective recreational therapy practice;
- serving as a responsible leader in protecting the public, including patients and consumers through the promotion of safe, effective, consistent, and competent RT practice;
- ensuring a fair, consistent, relevant, and ethical decision-making process in recreational therapy educational practices;
- promoting cooperation, and collaboration in accreditation of recreational therapy and therapeutic recreation education to influence and encourage growth, and consistently increasing levels of competence in recreational therapy practice; and

- creating and strengthening standards that reflect the needs of the patient and consumer and society as-a-whole, respect the integrity of instructional approaches and strategies, and encourage educational program improvement and best practices in recreational therapy education and clinical practice.

CARTE Committee Composition and Selection:

In an effort to effectively respond to the needs of recreational therapy (RT) education, the Committee on Accreditation of Recreational Therapy Education (CARTE) strives to establish balanced and representative membership. Dedicated educators, professionals and consumers work on CARTE in an effort to address the needs of recreational therapy professional preparation programs, the RT profession, employers of recreational therapists, and ultimately, the consumers of recreational therapy services.

The membership of CARTE is comprised of a nine (9) member board consisting of three (3) credentialed recreational therapy educators, three (3) credentialed recreational therapy practitioners engaged in the delivery of recreational therapy services, one (1) consumer (student) of RT education services, one (1) public member, and one (1) RT employer member. The CARTE members are selected via nominations from CARTE, the CARTE sponsoring organization, State Chapters of the sponsoring organization, CARTE accredited institutions, recreational therapy professionals, employers, and consumers of services. The sitting Committee will review all nominations and identify CARTE membership that reflects the diverse communities of interest in recreational therapy education. CARTE membership will demonstrate a commitment to recreational therapy education, knowledge of contemporary recreational therapy and allied health practice, and sensitivity to the needs of consumers. Membership is on a rotating three-year term with no member serving longer than 2 terms.

“The members of the CARTE Board of Directors serve as a Committee on Accreditation (CoA) of CAAHEP.” Changes in membership will be filled by nomination and selection by the CARTE Board of Directors. The Officers of the CARTE will be selected via a vote of the CARTE membership.

CARTE Accreditation Procedures

Appendix A of the *CAAHEP-Standards and Guidelines for the Accreditation of Educational Programs in Recreational Therapy* addresses the Application, Maintenance and Administration of Accreditation under CAAHEP.

This section will describe procedures for CAAHEP accreditation of recreational therapy education. CARTE incorporates traditional process-oriented review with outcomes based accreditation (OBA) review. CARTE, as a CAAHEP Committee on Accreditation believes that accreditation should be focused on student outcomes as well as the process-oriented activities of the educational program. The data used for accreditation purposes should be as objective as possible. Once CAAHEP accredited, colleges and universities will be asked to report their outcomes data to the CARTE on an annual basis. CARTE will determine compliance of each program with the *CAAHEP Standards and Guidelines for the Accreditation of Educational Programs in Recreational Therapy* as a result of the review of a Self-Study Report and by conducting an on-site evaluation to verify information included in the Self-Study Report. Based upon the review of the Self-Study Report and the on-site evaluation, compliance with the *CAAHEP Standards and Guidelines for the Accreditation of Educational Programs in Recreational Therapy* will be determined and an accreditation decision will be communicated by CAAHEP to the college or university seeking accreditation.

Application for CAAHEP Accreditation of Recreational Therapy Education

Colleges and universities who are interested in CAAHEP accreditation should carefully read the Self-Study Instructions of this procedures manual and submit the Request for Accreditation Services application (Form 01) plus \$600 of the application fee, as an indication of their commitment to completion of the accreditation process. Following application, the agency will assemble the materials required for the Self-Study Report. A completed Self-Study Report and payment of the remaining \$1500 of the application fee (total application fee is \$2100) will constitute formal request for a CARTE accreditation review. Incomplete Self-Study Reports will not be processed for review. Receipt of the Self-Study Report and associated fees by CARTE will initiate the preparation for review of accreditation application materials included in the Self-Study Report and planning for the site visit to verify aspects of the Self-Study Report.

CARTE Self-Study Review Process

The Self-Study Report from a college or university applying for CAAHEP Accreditation in Recreational Therapy Education will be assigned to a review team who will begin review of the application materials, including the Self-Study Report. Content will be reviewed to determine areas of compliance with the *CAAHEP Standards and Guidelines for the Accreditation of Educational Programs in Recreational Therapy* and areas of concern or questions about compliance. The review team will conduct an on-site visit for the purpose of verifying and evaluating content from the Self-Study Report and other CARTE Self-Study Review processes.

This is an outcomes and process-based evaluation and the program is reviewed and approved based on reported outcomes and how it is structurally in compliance with the *CAAHEP Standards and Guidelines for the Accreditation of Educational Programs in Recreational Therapy*. The Self-Study Report and all other related information will be verified through the review of documentation, data collected to evaluate compliance and interview of program faculty/administration, students, graduates, employers and/or clinical affiliation staff/faculty. In cases where the program does not have basic outcome information to report, the program is expected to have a system for acquiring outcomes data, analysis, and a plan of action to use data analyzed to enhance the program.

Selection of Site Visit Team

Site Visit team members are appointed by the CARTE from a roster of potential evaluators, who have received orientation and training on the CAAHEP and CARTE evaluation process. Evaluators are selected on the basis of their knowledge, education, geographic proximity to the applicant program, and ability to be impartial in reviewing the program under consideration. For example, close friendship with members of the program faculty or staff or any potential conflict of interest or potential bias that could affect impartial evaluation of the perceived quality of the program would disqualify a person from serving on an evaluation team. To avoid bias, evaluators should assess their relationship with the applicant and any potential conflicts of interest that may exist.

Approximately 6 weeks prior to the on-site evaluation, the program will receive written notification of the individuals serving on the site visit team for the on-site evaluation. If the program perceives a possible conflict of interest with regard to a team member, it will be given 48 hours, following the written notification, to request another evaluator. Otherwise, the program will be responsible for any expenses incurred due to requested changes made to the on-site evaluation team after the designated 48 hours.

CARTE will provide site visit team members with a copy of the Self-Study Report, Annual Report and/or a previously requested follow up report (if applicable) and any other miscellaneous supporting

information. A copy of the *CAAHEP Standards and Guidelines for the Accreditation of Educational Programs in Recreational Therapy* will be provided to each member of the site visit team. Before arrival at a college/university, team members are expected to be thoroughly familiar with the Self-Study, Annual Reports and all supporting documentation provided by the applicant program to the CARTE.

The process by which the CARTE does on-site evaluations has been organized into three different categories: Initial, Continuing, and Qualitative. After the initial site visit, site visits for the purpose of Continuing Accreditation are scheduled at five-year intervals. Qualitative site visits, for the purpose of assisting colleges and universities to improve compliance, are scheduled as needed. The purpose of the site visit is to clarify, verify and evaluate information submitted in the Self-Study Report and application materials and/or Annual Report and to improve the extent to which the program is in compliance with the *CAAHEP Standards and Guidelines for the Accreditation of Educational Programs in Recreational Therapy*.

Initial Accreditation Site Visit

For programs seeking initial accreditation, site visits should be scheduled at a mutually acceptable time for the university and site visit evaluators while students are in session. The program administration will prepare a schedule for the evaluators' visit to accommodate individual discussions with the program director, faculty members, executive officer of the sponsoring college/university, students, recent program graduates, and others. CARTE reserves the right to request interviews and/or reviews as determined to be necessary based upon Self-Study Report information and/or findings during an on-site evaluation. Tours of the facilities used by faculty and students are also scheduled.

Continuing Accreditation Site Visit

Each program will receive a continuing on-site evaluation at five-year intervals from the last scheduled on-site evaluation, in order to meet requirements of the *CAAHEP Standards and Guidelines for the Accreditation of Educational Programs in Recreational Therapy* and CARTE recommendations for improved compliance. Continuing Accreditation occurring on five year cycles of odd years (years 5, 15, 25, etc.) requires a review by one educator and on the even Continuing Accreditation cycle (years 10, 20, 30, etc.) the review requires a full review with three independent reviewers comprised of two educators and one practitioner. Even Continuing Accreditation cycles should be budgeted for three visitors like the Initial Accreditation visit.

The purpose of the on-site evaluation is to verify information provided in the "Annual Report." Interviews of graduates, employers and a review of the facilities are not typically performed during site visits as this information is provided through the standardized surveys and program assessment tool in the Self-Study Report. CARTE reserves the right, however, to perform the interviews and or reviews as determined to be necessary based upon Annual Report information and/or findings during an on-site evaluation.

Qualitative Site Visit

In the case that a program is consistently unable to demonstrate compliance with the *CAAHEP Standards and Guidelines for the Accreditation of Educational Programs in Recreational Therapy* as demonstrated by consistently low outcome thresholds, a qualitative visit may be performed to verify or identify and clarify any specific areas of non-compliance for the purpose of determining opportunities to improve compliance. A Qualitative Site Visit is scheduled upon a mutually agreed upon date, and since the evaluation done during this site visit may take the place of the continuing evaluation, a site visitor will verify

data reported in Annual Reports and other miscellaneous submitted data to determine compliance or non-compliance with the *CAAHEP Standards and Guidelines for the Accreditation of Educational Programs in Recreational Therapy* and CARTE recommendations for improved compliance. The CARTE will assist the program in developing an on-site evaluation schedule that will best accommodate and focus on predicted deficiencies.

Scheduling a Site Visit

The actual site visit schedule will be dependent upon the type and focus (e.g., Initial Accreditation, Continuing Accreditation or Qualitative) of the site visit. As the qualitative evaluation will target specific predicted areas of deficiency, additional time and areas of observance may be added/customized to each specific program evaluation.

A thorough and accurate evaluation of the program can be conducted by a team of three persons (for initial and every ten year cycle), within a period of approximately one and one-half days. For alternate continuing accreditation reviews, a one-person site visit can be conducted within a period of approximately two days. The on-site evaluation should verify and clarify Annual Reports submitted and/or any other submitted documentation through the exposure of the members of the team to all facets of the educational program and provide the team with opportunities to meet and discuss the program with the administrative staff, faculty, advisors and students.

The breadth of exposure provides the on-site evaluation team with a heightened awareness of the various components of the total educational experience afforded students of the program. While the actual schedule may vary to avoid any unnecessary disturbance in normal routine, it is suggested that the types of activities to be considered in developing the agenda are illustrated below (This agenda is particularly appropriate for an Initial and recurring ten year cycle Accreditation Site Visit):

EVENING BEFORE

Members of the Evaluation Team arrive at designated hotel. The team members meet to get acquainted, to discuss their perspectives of the program on the basis of the information provided in the Annual Reports, and/or other miscellaneous documentation, to review the schedule prepared by the program director and to identify those areas that need their most thorough attention.

FIRST DAY

Activity 1: Meeting with Academic Program Director & Chairperson

The on-site evaluator(s) should meet with the Program Director and Chairperson to review the schedule of activities planned by the program director for the site visit, making adjustments as necessary. (15 minutes)

Activity 2: General Group Session

The evaluator(s) meet with the program director, members of the administrative staff, and faculty members:

- To allow the evaluation team to explain the CAAHEP accreditation process and the role of the CARTE;
- To discuss the functions of the on-site evaluation team;
- To review the types of accreditation status available to the program; and
- To affirm the purposes of the on-site evaluation.

Similarly, the on-site evaluation team will have an opportunity to make individual observations of the

program's guiding philosophies, operating procedures, curriculum content and sequence, student evaluation procedures, program enrollment, student attrition, and success of graduates, from those most directly informed in these matters. (60 minutes)

Activity 3: Review of Program Documentation and Facilities

The on-site evaluation team should be provided with the opportunity to review relevant documentation available (to include, but not limited to, student records, complete course syllabi, program documentation, etc.) and to observe the facilities and supplies, as appropriate. (90 minutes to 2 hours)

Activity 4: Meeting with Representatives of the Program's Advisory Committee

The team should assess the extent to which the program and the advisors understand the functions of the committee and the subjects addressed by it. (Faculty members should not be present during these interviews.) (60 minutes)

Activity 5: Interviews with Members of the Faculty

The evaluator(s) identify the frequency with which the faculty jointly assess curriculum content, the clarity to which they have described the learning objectives of the various components of the didactic and supervised practice components of the curriculum, the means and frequency for which they assess each student's progress through the various units of a course or supervised practice assignment, and the manner in which students are informed of their successes and their need for improvement. This activity may include interviews with program faculty, general education faculty, and librarian. (60 minutes)

Activity 6: Interviews with Students in the Didactic Phase and/or the Clinical/Practical Phase of the Program

The evaluator(s) obtain students' assessments of the curriculum, faculty, frequency and means by which faculty assess their progress, and related subjects. Evaluator(s) also obtain students' responses to the program and their understanding, knowledge, and perception of their roles after graduation. (Faculty should not be present during these interviews.) (30 minutes)

EVENING OF THE FIRST DAY

No meetings or social activities should be scheduled in order to allow the evaluation team sufficient time to review their observations of the program and their need to obtain further information on the following day.

THE SECOND DAY (If Applicable)

Activity 7: Conversation with Program Director

The program director is given an opportunity to clarify and discuss the observations made by the on-site evaluation team with regard to program content, processes, policies, etc. (15 minutes).

Activity 8: Preparation of the Draft Site Visit Report

During the preparation of the site visit report, the evaluation team drafts an initial report with regard to program content, processes, policies, etc. (1-2 hours).

Activity 9: Final Meeting with Program Director, Chairperson, Dean, and Other Administrative Principles

The final meeting provides an opportunity for members of the evaluation team to present an oral report of their conclusions, comments, concerns, and considerations. (Approximately 45 – 60 minutes is recommended for this session.)

Adjournment

Fees for CAAHEP Accreditation of Recreational Therapy Education

Fees for CARTE include formal accreditation application, annual accreditation maintenance fees and site visit fees are charged to cover the costs of the accreditation process. No college or university will receive initial or continuing accreditation until all fees and reimbursements, including site visit expenses have been paid in full. Extensions or exceptions may be requested if an institution is experiencing a temporary financial crises. All CARTE fees are non-refundable, regardless of the accreditation decision.

The CAAHEP and CARTE approved fee structure is as follows:

Initial Application Fee:

Application Fee (\$2,100.00): An initial deposit of \$600 of the Application fee is due to the Committee on Accreditation of Recreational Therapy Education (CARTE) upon request for application for accreditation. This is noted as a Commitment Deposit, indicating the college or university's commitment to completion of the accreditation process. The submission of the Self-Study Report and remaining \$1500 of the Application Fee will facilitate the scheduling of a site visit.

Annual Fees:

Annual Accreditation Maintenance Fee (\$600.00): Payable in each calendar year to the CARTE, after initial accreditation. This fee is due with the submission of the required annual report.

Annual College/University Fee (\$450.00): Payable to CAAHEP, this is a fee charged to an institution regardless of the number of academic programs the institution may have accredited. If a college or university has multiple accredited programs, the fee remains at \$450.00 and is payable to the Commission on Accreditation of Allied Health Education Programs (CAAHEP).

Other Fees:

Late Fee (\$100.00). This fee will apply to any materials received by the CARTE after the assigned date. This fee will only be waived if the program notifies the CARTE prior to the due date of its inability to meet the assigned date and an extension is granted by the CARTE. Only one extension will be granted to each program.

Inactive Accreditation Fee (\$600.00): The sponsoring college/university may request Inactive Accreditation status for a program that does not enroll students for a period of up to two years. Such programs must continue to pay annual fees to the CARTE. After being inactive for two consecutive years with appropriate notification to the college/university, the program will be considered discontinued and accreditation will be withdrawn.

Expenses associated with the on-site evaluation are described below:

Initial Site Visit (Expenses TBD by Site Visit Team and university):

Site Visit Team members should be reimbursed by the college or university at the conclusion of the site visit for all actual expenses associated with the on-site evaluation, including transportation, meals, lodging, and any other expenses associated with the site visit, in accordance with the college/university's reimbursement policies. It is the college's or university's responsibility to notify CARTE in writing, before the scheduled visit, of any expenses that a program would choose to deny. Otherwise, the program is responsible for all expenses incurred. All payments should be made payable to the individual

evaluators using standard college/university reimbursement procedures. All Initial Accreditation site visits require three independent reviewers comprised of two educators and one practitioner.

Continuing Accreditation Site Visit (Expenses TBD by Site Visit Team and university): Continuing Accreditation requires a one visitor continuing accreditation review and occurs on five year cycles with two cycles, the odd years' cycle (years 5, 15, 25, etc.) and the even years' cycle (years 10, 20, 30, etc.). The odd years' cycle for Continuing Accreditation review involves one evaluator and the cycle for even years continuing accreditation review requires a full review with three independent reviewers comprised of two educators and one practitioner. Each type of continuing accreditation review should be budgeted accordingly and the reviewer(s) should be reimbursed for all actual expenses, including transportation, meals, lodging and any other expenses associated with the site visit, at the conclusion of the on-site evaluation by the sponsoring college/university.

Qualitative Site Visit (Expenses TBD by Reviewer): Qualitative site visitations will only involve a single CARTE visitor (RT/TR educator) and should be budgeted for accordingly. A Qualitative Site Visit may be needed to assist a degree program that is consistently unable to demonstrate acceptable compliance with *CAAHEP Standards and Guidelines for the Accreditation of Educational Programs in Recreational Therapy*. A Qualitative Site Visit may be performed to identify, verify and clarify any specific areas of non-compliance. The purpose of this evaluation is to try to find the core cause(s) of non-compliance. This evaluation is scheduled at a mutually agreed upon date, and since this evaluation may take the place of the continuing evaluation, the site visitor will verify data reported in Annual Reports and other miscellaneous submitted data to determine compliance or non-compliance with the *CAAHEP Standards and Guidelines for the Accreditation of Educational Programs in Recreational Therapy*, CARTE recommendations for improved compliance and CARTE competency requirements as adapted from the *ATRA Guidelines for Competency Assessment and Curriculum Planning for Recreational Therapy Practice*. The CARTE will assist the program in developing an on-site evaluation schedule that will best accommodate and focus on predicted deficiencies. The single visitor Qualitative Site Visit should be budgeted accordingly and the reviewer should be reimbursed for all actual expenses, including honorarium, transportation, meals, lodging and any other expenses associated with the site visit, at the conclusion of the on-site evaluation by the sponsoring college/university. All questions regarding the evaluation process and schedule should be directed to the CARTE.

Accreditation Decisions

A Site Visit Report will be drafted jointly by members of the Site Visit team at the conclusion of the site visit. A verbal report is provided to the program director and senior administrative officers of the college or university to review the site visit team's evaluation of the degree program before the team departs. The format used for the report is the Site Visit Report.

The final, written Site Visit Report will be sent within six weeks of the site visit and will reflect the evaluators' determination of the relative compliance of the degree program with the *CAAHEP Standards and Guidelines for the Accreditation of Education Programs in Recreational Therapy*, including compliance with CARTE competency requirements. The academic institution will have an opportunity to submit corrections to any factual information at that time and should respond within two weeks. Should the Site Visit team need additional follow-up information from the program, delays in the 6-week target may occur. The original of this Site Visit Report is sent by the site visit team coordinator to CARTE where an accreditation decision is determined within the approximate six week window following the receipt of the Site Visit Report. The CARTE accreditation determination will be sent to the CAAHEP Board for final action. (See Appendix A for details.)

Program and Sponsor Responsibilities: Application, Maintenance Administration of Accreditation

The following addresses the CAAHEP process for the Application, Maintenance and Administration of CAAHEP Accreditation and is consistent with Appendix A of the *CAAHEP Standards and Guidelines for the Accreditation of Educational Programs in Recreational Therapy*.

A. General Information:

1. The “Request for Accreditation Services” form can be obtained from the CAAHEP website at www.caahep.org/Content.aspx?ID=11.
2. Email Address for CARTE: The Committee on Accreditation of Recreation Therapy Education (CARTE) at cartecoa@gmail.com
3. Mail Address for CARTE: The Committee on Accreditation of Recreational Therapy Education, C/O Thomas K. Skalko, Ph.D., LRT/CTRS, 1463 Saddlewood Dr., Greenville, NC 27858

Note: There is no CAAHEP fee when applying for accreditation services; however, individual committees on accreditation may have an application fee.

B. Program and Sponsor Responsibilities

1. Applying for Initial Accreditation

- a. The chief executive officer or an officially designated representative of the sponsor completes a “Request for Accreditation Services” form and returns it electronically or by mail to:

CARTE@gmail.com

or via mail to:

Dr. Thomas K. Skalko, Ph.D., LRT/CTRS, Chair
Committee on Accreditation of Recreational Therapy Education
1463 Saddlewood Dr.
Greenville, NC 27858

- b. The program undergoes a comprehensive review, which includes a written self-study report and an on-site review.
- c. The self-study instructions and report form are available from the Committee on Accreditation of Recreational Therapy Education. The on-site review will be scheduled in cooperation with the program and CARTE once the self-study report has been completed, submitted, and accepted by the CARTE.

2. Applying for Continuing Accreditation

- a. Upon written notice from the CARTE, the chief executive officer or an officially designated representative of the sponsor completes a “Request for Accreditation Services” form, and returns it electronically or by mail to CARTE (see email and address information above).
- b. The program may undergo a comprehensive review in accordance with the policies and procedures of the CARTE.

- c. If it is determined that there were significant concerns with the conduct of the on-site review, the sponsor may request a second site visit with a different team.
 - d. After the on-site review team submits a report of its findings, the sponsor is provided the opportunity to comment in writing and to correct factual errors prior to the CARTE forwarding a recommendation to CAAHEP.
3. Administrative Requirements for Maintaining Accreditation
- a. The program must inform the CARTE and CAAHEP within a reasonable period of time (as defined by the CARTE and CAAHEP policies) of changes in chief executive officer, dean of the health professions or equivalent position, and required program personnel (Refer to Standard III.B.).
 - b. The sponsor must inform CAAHEP and the CARTE of its intent to transfer program sponsorship. To begin the process for a Transfer of Sponsorship, the current sponsor must submit a letter (signed by the CEO or designated individual) to CAAHEP and the CARTE that it is relinquishing its sponsorship of the program. Additionally, the new sponsor must submit a “Request for Transfer of Sponsorship Services” form. The CARTE has the discretion of requesting a new self-study report with or without an on-site review. Applying for a transfer of sponsorship does not guarantee that the transfer of accreditation will be granted.
 - c. The sponsor must promptly inform CAAHEP and the CARTE of any adverse decision affecting its accreditation by recognized institutional accrediting agencies and/or state agencies (or their equivalent).
 - d. Comprehensive reviews are scheduled by the CARTE in accordance with its policies and procedures. The time between comprehensive reviews is determined by the CARTE and based on the program’s on-going compliance with the Standards, however, all programs must undergo a comprehensive review at least once every ten years.
 - e. The program and the sponsor must pay CARTE and CAAHEP fees within a reasonable period of time, as determined by the CARTE and CAAHEP respectively.
 - f. The sponsor must file all reports in a timely manner (self-study report, progress reports, probation reports, annual reports, etc.) in accordance with CARTE policy.
 - g. The sponsor must agree to a reasonable on-site review date that provides sufficient time for CAAHEP to act on a CARTE accreditation recommendation prior to the “next comprehensive review” period, which was designated by CAAHEP at the time of its last accreditation action, or a reasonable date otherwise designated by the CARTE.

Failure to meet any of the aforementioned administrative requirements may lead to administrative probation and ultimately to the withdrawal of accreditation. CAAHEP will immediately rescind administrative probation once all administrative deficiencies have been rectified.

4. Voluntary Withdrawal of a CAAHEP- Accredited Program

Notification of voluntary withdrawal of accreditation from CAAHEP must be made by the Chief Executive Officer or an officially designated representative of the sponsor by writing to CAAHEP indicating: the desired effective date of the voluntary withdrawal, and the location where all records

will be kept for students who have completed the program.

5. Requesting Inactive Status of a CAAHEP- Accredited Program

Inactive status for any accredited program other than one holding Initial Accreditation may be requested from CAAHEP at any time by the Chief Executive Officer or an officially designated representative of the sponsor writing to CAAHEP indicating the desired date to become inactive.

No students can be enrolled or matriculated in the program at any time during the time period in which the program is on inactive status. The maximum period for inactive status is two years. The sponsor must continue to pay all required fees to the CARTE and CAAHEP to maintain its accreditation status.

To reactivate the program the Chief Executive Officer or an officially designated representative of the sponsor must provide notice of its intent to do so in writing to both CAAHEP and the CARTE. The sponsor will be notified by the CARTE of additional requirements, if any, that must be met to restore active status.

If the sponsor has not notified CAAHEP of its intent to re-activate a program by the end of the two-year period, CAAHEP will consider this a “Voluntary Withdrawal of Accreditation.”

C. CAAHEP and Committee on Accreditation Responsibilities – Accreditation Recommendation Process

1. After a program has had the opportunity to comment in writing and to correct factual errors on the on-site review report, the CARTE forwards a status of public recognition recommendation to the CAAHEP Board of Directors. 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.

The decision of the CAAHEP Board of Directors is provided in writing to the sponsor immediately following the CAAHEP meeting at which the program was reviewed and voted upon.

2. Before the CARTE allows the Initial Accreditation of a program to expire, the sponsor must have the opportunity to request reconsideration of that decision or to request voluntary withdrawal of accreditation.

The CARTE’s decision is final and CAAHEP will not entertain any appeal on behalf of the program. CAAHEP will notify the sponsor in writing of the CARTE’s decision.

3. Before the CARTE forwards a recommendation to CAAHEP that a program be placed on probationary accreditation, the sponsor must have the opportunity to request reconsideration of that recommendation or to request voluntary withdrawal of accreditation. The CARTE’s reconsideration of a recommendation for probationary accreditation must be based on conditions existing both when the committee arrived at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

The CAAHEP Board of Directors’ decision to confer probationary accreditation is not subject to appeal.

4. Before the CARTE forwards a recommendation to CAAHEP that a program’s accreditation be withdrawn or that accreditation be withheld, the sponsor must have the opportunity to request

reconsideration of the recommendation, or to request voluntary withdrawal of accreditation or withdrawal of the accreditation application, whichever is applicable. The CARTE's reconsideration of a recommendation of withdraw or withhold accreditation must be based on conditions existing both when the CARTE arrived at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

The CAAHEP Board of Directors' decision to withdraw or withhold accreditation may be appealed. A copy of the CAAHEP "Appeal of Adverse Accreditation Actions" is enclosed with the CAAHEP letter notifying the sponsor of either of these actions.

At the completion of due process, when accreditation is withheld or withdrawn, the sponsor's Chief Executive Officer is provided with a statement of each deficiency. Programs are eligible to re-apply for accreditation once the sponsor believes that the program is in compliance with the accreditation Standards.

Note: Any student who completes a program that was accredited by CAAHEP at any time during his/her matriculation is deemed by CAAHEP to be a graduate of a CAAHEP-accredited program.

Annual Report

The CARTE Annual Report Form for CAAHEP Accreditation of Recreational Therapy Education is designed to offer a complete picture of the current profile for the academic program including background information, facilities and resources, and academic outcomes. The Annual Report is required of colleges and universities seeking *Continuing Accreditation*. The program should utilize the instructions provided for the completion of the Annual Report. When completing the Annual Report, each program should include reporting information as delineated on the Annual Report Form. Basic information and significant events or changes in the program should be included.

The reporting form and instructions are self-explanatory and should be completed for the most currently completed academic year listed on the form. The following information will be included:

1. General Academic Information: The program is to report administrative information and any changes. The current status of the institution's regional accreditation(s), with inclusive dates is to be provided.
2. Academic Program Information: The academic program should provide current information as it relates program structure (resources, personnel, curriculum, etc.), process (admissions), and outcomes (student measures).
3. Clerical, Technological and Laboratory Support: The program should receive support consistent with other academic degree programs within the institution and academic unit.
4. Budget: The program shall provide budget information demonstrating adequate support for the program. The annual report asks for data from the current year, one year past and two years past. In the case that complete data are not available for all three years, an explanation for the missing data and a plan of action for future reporting must be included in the report. Support should be consistent with support provided to other academic degree programs or units.
5. Faculty: All existing and new faculty/staff must meet or exceed the existing standard. Changes in program faculty/staff should be accompanied by copies of program director/faculty/instructional staff curriculum vitae and proof of credentialing.

6. Curriculum: Changes in the curriculum since the last Annual Report should be reported.
7. Clinical/Fieldwork Placement Sites: Changes in clinical fieldwork sites should be reported including agencies affiliation agreements that have been added and discontinued.
8. Student Measures: The agency should have well documented admission processes that reflect fair practices. Documentation demonstrating that student evaluation of competencies is conducted on a recurrent basis with sufficient frequency should be provided. Examples of student work should be kept in a file for review during an on-site evaluation.
9. Student Retention: Students must continue in the program at a rate reasonably justified by the college/university. The annual report will ask for retention rates for your program. A simple formula on the annual report will help you calculate these rates.
10. Culminating Experiences: The institution should keep records that reflect the outcome of student culminating experiences. Outcomes for culminating experience include passage rates on credentialing examinations, and students securing state license and certification where applicable. Institutions are to utilize the Clinical Performance Appraisal Summary form. (See current version of ATRA Standards of Practice) as a measure to track student performance for practice. In addition, institutions are requested to use the Competency Self Assessment Detail Form of the *ATRA Standards and Guidelines for Competency Assessment and Curriculum Planning for Recreational Therapy Practice* (ATRA, 2008) as a measure of student acquisition of knowledge, skills, and abilities (KSAs). The minimum recommended performance standard set by CARTE is 85% of the measures having a rating of 3 or better. Results should be reported for the academic year of the Annual Report and compared to prior performance data.
11. Graduate Information/Placement: An important measure of an academic programs performance is reflected by outcomes measure such as placement, and employer and graduate satisfaction. Students should obtain jobs (or continue in the educational system) at a level reasonably justified by the college/university. Programs should institute methods to track graduates and their post-graduation placements.
12. Employer Surveys: The academic program should attempt to seek approval and secure information from employers on the job performance of program graduates. The Sample Employer Survey (Form 13) asks for employers of your graduates to respond as to the quality of your graduates in the workplace one year after graduation. The minimum recommended standard set by the CARTE for these surveys is 85% of the measures having a 3 or better on a 5 point Likert scale. Efforts should be implemented by the academic program to track student placement.
13. Graduate Satisfaction: The program should secure graduate satisfaction data. The Sample Graduate Survey (Form 11) should be administered to students who have recently graduated approximately six months after graduation. Institutions must report the survey return rate as well as document efforts to reach the majority of their graduates during the past three years.

Annual Report Format

The Annual Report format is provided within the CARTE Annual Report Form. The report is to be completed in a narrative format by section where requested.

Annual Report Scheduling

The scheduling of the Annual Report is staggered based upon an academic program's accreditation time line. Program accreditations completed between January and June will follow the Group A schedule. Program accreditation completed between July and December will follow the Group B schedule.

Group A

1. Accreditation year-end dates of January – June.
2. Annual Report is due October 1st.
3. Any deficiencies found will be reviewed at the Spring CARTE meeting.
4. Deficient programs begin “Due Process” system.

Group B

1. Accreditation year-end dates of July – December.
2. Annual Report is due April 1st.
3. Any deficiencies found will be reviewed at the Fall CARTE meeting.
4. Deficient programs begin “Due Process” system.

Outcomes Monitoring By The CARTE

Outcomes data from the annual report that graphs on the performance of the program will be reviewed by the CARTE. Deficiencies are noted whenever a particular outcome drops below the minimum standard. The program will be asked for an explanation and a remedy, and the CARTE will decide if the situation merits further review and consideration. If the remedy is feasible, then the CARTE will continue to monitor the situation through follow-up reports.

CAAHEP Standards and Guidelines for the Accreditation of Educational Programs in Recreational Therapy



Commission on Accreditation of Allied Health Education Programs

Standards initially adopted in 2010

Adopted by the
American Therapeutic Recreation Association
Committee on Accreditation of Recreational Therapy Education
and
Commission on Accreditation of Allied Health Education Programs

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredits programs upon the recommendation of the Committee on Accreditation of Recreational Therapy Education (CARTE).

These accreditation **Standards and Guidelines** are the minimum standards of quality used in accrediting programs that prepare individuals to enter the Recreational Therapy (also referred to as Therapeutic Recreation) profession. **Standards** are the minimum requirements to which an accredited program is held accountable. Guidelines are descriptions, examples or recommendations that elaborate on the Standards. Guidelines are not required, but can assist with interpretation of the Standards.

Standards are printed in regular typeface in outline form. *Guidelines* are printed in italic typeface in narrative form.

Preamble

The Commission on Accreditation of Allied Health Education Programs (CAAHEP), the Committee on Accreditation of Recreational Therapy Education (CARTE) and the American Therapeutic Recreation Association (ATRA) cooperate to establish, maintain and promote appropriate standards of quality for educational programs in Recreational Therapy and to provide recognition for educational programs that meet or exceed the minimum standards outlined in these accreditation **Standards and Guidelines**. Lists of accredited programs are published for the information of students, employers, educational institutions and agencies, and the public.

These **Standards and Guidelines** are to be used for the development, evaluation, and self-analysis of Recreational Therapy or Therapeutic Recreation educational programs. On-site review teams assist in the evaluation of a program's relative compliance with the accreditation Standards.

Description of the Profession

“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” (ATRA 2009). Recreational therapy is a treatment service provided by qualified and credentialed recreational therapy professionals. Reducing or eliminating activity limitations and restrictions to participation in life situations, include, but are not limited to play, recreation, and leisure participation, so the patient/consumer can achieve maximum independence and quality of life.

Graduates of Recreational Therapy or Therapeutic Recreation (RT/TR) programs are prepared to individually assess the patient or consumer, to plan RT/TR intervention programs, to implement safe and effective evidence-based RT/TR interventions, to evaluate the effectiveness of RT/TR intervention programs used to improve health, wellness, and to reduce or eliminate activity limitations to achieve maximum independence in life activities, and to manage recreational therapy practice. Recreational Therapists provide individual and group recreational therapy intervention programs for individuals affected by disability, illness or disease, aging, and/or developmental factors, including those at risk. Recreational therapists use a variety of educational, behavioral, and activity oriented strategies to enhance functional performance and improve positive lifestyle behaviors to increase independence and effective community participation. The recreational therapist is an effective member of treatment teams in health care and community based health care and human services agencies.

I. Sponsorship

A Sponsoring Educational Institution

A sponsoring institution must be at least one of the following:

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.

A foreign post-secondary academic institution acceptable to CAAHEP, which is 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 academic program.

B. Consortium Sponsor

A consortium sponsor is an entity consisting of two or more members that exists for the purpose of operating an educational program. In such instances, at least one of the members of the consortium must meet the requirements of a sponsoring educational institution as described in I.A.

The responsibilities of each member of the consortium must be clearly documented in a formal affiliation agreement or memorandum of understanding, which includes governance and lines of authority.

C. Responsibilities of Sponsor

The Sponsor must ensure that the provisions of these Standards are met.

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. The communities of interest that are served by the program must include, but are not limited to, students, graduates, faculty, sponsor administration, employers, physicians, and the public.

Program-specific statements of goals and learning domains provide the basis for program planning, implementation, and evaluation. Such goals and learning domains must be compatible with the mission of the sponsoring institution(s), the expectations of the communities of interest, and nationally accepted standards of the roles and functions. Goals and learning domains are based upon the substantiated needs of health care and human service providers and employers, and the educational needs of the students 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.

An advisory committee, which is representative of at least each of the communities of interest named in these Standards, must be designated and charged with the responsibility of meeting at least annually to assist program and sponsor personnel in formulating and periodically revising appropriate goals and learning domains, monitoring needs and expectations, and ensuring program responsiveness to change.

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.

Programs adopting educational goals beyond entry-level competence must clearly delineate this intent and provide evidence that all students have achieved the basic competencies prior to entry into the field.

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 must include, but are not limited to: faculty; clerical and support staff; curriculum; finances; offices; classroom, laboratory, and, ancillary student facilities; clinical affiliates; equipment; supplies; computer resources; instructional reference materials, and faculty/staff continuing education.

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.

1 Program Director

a. Responsibilities:

The Program Director must

- coordinate all aspects of the program, including the organization, administration, continuous review, planning, development and achievement of program’s goals and outcomes.
- establish criteria for sites that provide clinical education experiences for students.

- evaluate on an annual and planned basis all clinical education sites where students are gaining clinical experience.
- provide a clinical instructor orientation and evaluation program.
- ensure regularly planned communication between the program and the clinical instructor
- ensure all clinical education experiences of students occur under the direct supervision of a recreational therapy licensed/certified clinical instructor.

Administrative and coordination responsibilities of the Program Director should be recognized as a department assignment. The amount of time devoted to these responsibilities should be consistent with departmental or institutional policy, but should be deemed appropriate in view of the administrative responsibilities of the Program Director.

b. Qualifications

The Program Director must:

- possess a minimum of an earned Master’s Degree.
- be full time consistent with institutional practices.
- 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
- be nationally certified, in good standing, in Therapeutic Recreation/Recreational Therapy, and
- have registration, certification, or licensure as required by state laws.

The Program Director should have competency in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains, described in Appendix B, for recreational therapy.

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.

b. Qualifications

Faculty and instructional staff must

- possess a minimum of an earned Master’s Degree.

- be knowledgeable in the subject matter taught and be credentialed as appropriate,
- 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
- 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 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.

The ratio of RT/TR faculty to RT/TR majors should be consistent with similar university degree programs.

3 Clinical Instructors

a. Responsibilities

Clinical Instructors must:

- 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 on-going and consistent education.
- interact consistently and physically with the student at the site of the clinical experience.
- participate in regularly planned communication between the program and the clinical instructor.
- provide instruction and clinical experience in relevant practice competencies delineated in Appendix B.
- evaluate students' performance.
- assist students to complete a self-assessment of practice competencies at the completion of the clinical education experience.

b. Qualifications

Clinical Instructors must:

- possess a minimum of a bachelor's degree.
- be nationally certified, in good standing, in therapeutic recreation/recreational therapy and have registration, certification, or licensure as required by state laws.

- 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.

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.

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, programmatic retention/attrition, graduate satisfaction, employer satisfaction, job (positive) placement, and programmatic summative measures.

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.

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.
- 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.

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.

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.

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

A. Program and Sponsor Responsibilities

1. Applying for Initial Accreditation

- a. The chief executive officer or an officially designated representative of the sponsor completes a “Request for Accreditation Services” form and returns it electronically or by mail to:

The Committee on Accreditation of Recreational Therapy Education
C/O Thomas K. Skalko, Ph.D., LRT/CTRS
1463 Saddlewood Dr.
Greenville, NC 27858
cartecoa@gmail.com

The “Request for Accreditation Services” form can be obtained from the CAAHEP website at www.caahep.org/Content.aspx?ID=11.

Note: There is no CAAHEP fee when applying for accreditation services; however, individual committees on accreditation may have an application fee.

- b. The program undergoes a comprehensive review, which includes a written self-study report and an on-site review.

The self-study instructions and report form are available from the Committee on Accreditation of Recreational Therapy Education (CARTE). The on-site review will be scheduled in cooperation with the program and CARTE once the self-study report has been completed, submitted, and accepted by the CARTE.

2. Applying for Continuing Accreditation

- a. Upon written notice from the CARTE, the chief executive officer or an officially designated representative of the sponsor completes a “Request for Accreditation Services” form, and returns it electronically or by mail to:

The Committee on Accreditation of Recreational Therapy Education
C/O Thomas K. Skalko, Ph.D., LRT/CTRS
1463 Saddlewood Dr.
Greenville, NC 27858
cartecoa@gmail.com

The “Request for Accreditation Services” form can be obtained from the CAAHEP website at www.caahep.org/Content.aspx?ID=11.

- b. The program may undergo a comprehensive review in accordance with the policies and procedures of the CARTE.

If it is determined that there were significant concerns with the conduct of the on-site review, the sponsor may request a second site visit with a different team.

After the on-site review team submits a report of its findings, the sponsor is provided the opportunity to comment in writing and to correct factual errors prior to the CARTE forwarding a recommendation to CAAHEP.

3. Administrative Requirements for Maintaining Accreditation

- a. The program must inform the CARTE and CAAHEP within a reasonable period of time (as defined by the CARTE and CAAHEP policies) of changes in chief executive officer, dean of health professions or equivalent position, and required program personnel (Refer to Standard III.B.).
- b. The sponsor must inform CAAHEP and the CARTE of its intent to transfer program sponsorship. To begin the process for a Transfer of Sponsorship, the current sponsor must submit a letter (signed by the CEO or designated individual) to CAAHEP and the CARTE that it is relinquishing its sponsorship of the program. Additionally, the new sponsor must submit a “Request for Transfer of Sponsorship Services” form. The CARTE has the discretion of requesting a new self-study report with or without an on-site review. Applying for a transfer of sponsorship does not guarantee that the transfer of accreditation will be granted.
- c. The sponsor must promptly inform CAAHEP and the CARTE of any adverse decision affecting its accreditation by recognized institutional accrediting agencies and/or state agencies (or their equivalent).
- d. Comprehensive reviews are scheduled by the CARTE in accordance with its policies and procedures. The time between comprehensive reviews is determined by the CARTE and based on the program’s on-going compliance with the Standards, however, all programs must undergo a comprehensive review at least once every ten years.
- e. The program and the sponsor must pay the CARTE and CAAHEP fees within a reasonable period of time, as determined by the CARTE and CAAHEP respectively.
- f. The sponsor must file all reports in a timely manner (self-study report, progress reports, probation reports, annual reports, etc.) in accordance with the CARTE policy.
- g. The sponsor must agree to a reasonable on-site review date that provides sufficient time for CAAHEP to act on a CARTE accreditation recommendation prior to the “next comprehensive review” period, which was designated by CAAHEP at the time of its last accreditation action, or a reasonable date otherwise designated by the CARTE.

Failure to meet any of the aforementioned administrative requirements may lead to administrative probation and ultimately to the withdrawal of accreditation. CAAHEP will immediately rescind administrative probation once all administrative deficiencies have been rectified.
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4. Voluntary Withdrawal of a CAAHEP- Accredited Program

Notification of voluntary withdrawal of accreditation from CAAHEP must be made by the Chief Executive Officer or an officially designated representative of the sponsor by writing to CAAHEP indicating: the desired effective date of the voluntary withdrawal, and the location where all records will be kept for students who have completed the program.

5. Requesting Inactive Status of a CAAHEP- Accredited Program

Inactive status for any accredited program other than one holding Initial Accreditation may be requested from CAAHEP at any time by the Chief Executive Officer or an officially designated representative of the sponsor writing to CAAHEP indicating the desired date to become inactive. No students can be enrolled or matriculated in the program at any time during the time period in which the program is on inactive status. The maximum period for inactive status is two years. The sponsor must continue to pay all required fees to the CARTE and CAAHEP to maintain its accreditation status.

To reactivate the program the Chief Executive Officer or an officially designated representative of the sponsor must provide notice of its intent to do so in writing to both CAAHEP and the CARTE. The sponsor will be notified by the CARTE of additional requirements, if any, that must be met to restore active status.

If the sponsor has not notified CAAHEP of its intent to re-activate a program by the end of the two-year period, CAAHEP will consider this a “Voluntary Withdrawal of Accreditation.”

B. CAAHEP and Committee on Accreditation Responsibilities – Accreditation Recommendation Process

1. After a program has had the opportunity to comment in writing and to correct factual errors on the on-site review report, the CARTE forwards a status of public recognition recommendation to the CAAHEP Board of Directors. 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.

The decision of the CAAHEP Board of Directors is provided in writing to the sponsor immediately following the CAAHEP meeting at which the program was reviewed and voted upon.

2. Before the CARTE allows the Initial Accreditation of a program to expire, the sponsor must have the opportunity to request reconsideration of that decision or to request voluntary withdrawal of accreditation. The CARTE’s decision is final and CAAHEP will not entertain any appeal on behalf of the program. CAAHEP will notify the sponsor in writing of the CARTE’s decision.
3. Before the CARTE forwards a recommendation to CAAHEP that a program be placed on probationary accreditation, the sponsor must have the opportunity to request reconsideration of that recommendation or to request voluntary withdrawal of accreditation. The CARTE’s reconsideration of a recommendation for probationary accreditation must be based on conditions existing both when the committee arrived at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

The CAAHEP Board of Directors’ decision to confer probationary accreditation is not subject to appeal.

4. Before the CARTE forwards a recommendation to CAAHEP that a program’s accreditation be withdrawn or that accreditation be withheld, the sponsor must have the opportunity to request reconsideration of the recommendation, or to request voluntary withdrawal of accreditation or withdrawal of the accreditation application, whichever is applicable. The CARTE’s reconsideration of a recommendation of withdraw or withhold accreditation must be based on conditions existing both when the CARTE arrived at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

The CAAHEP Board of Directors' decision to withdraw or withhold accreditation may be appealed. A copy of the CAAHEP "Appeal of Adverse Accreditation Actions" is enclosed with the CAAHEP letter notifying the sponsor of either of these actions.

At the completion of due process, when accreditation is withheld or withdrawn, the sponsor's Chief Executive Officer is provided with a statement of each deficiency. Programs are eligible to re-apply for accreditation once the sponsor believes that the program is in compliance with the accreditation Standards.

Note: Any student who completes a program that was accredited by CAAHEP at any time during his/her matriculation is deemed by CAAHEP to be a graduate of a CAAHEP-accredited program.

Appendix B: Curriculum Competency Requirementsⁱ

Standards are printed in regular typeface in outline form. *Guidelines* are printed in italic typeface in narrative form. Standards are the minimum requirements to which an accredited program is held accountable. Guidelines are descriptions, examples, or recommendations that elaborate on the Standards. Guidelines are not required, but can assist with interpretation of the Standards.

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).

1.1 Foundations of Professional Practice

“The curriculum must provide students with the opportunity to integrate an understanding of history, service models, theory/philosophy, ethics, credentials, professional conduct, evidence-based practice and professional development with recreational therapy (RT) practice” (Adapted from ATRA 2008, p. 31). The following competencies must be developed for adequate competency in the content area:

- 1.1.1 Knowledge of the historical foundations and evolution of the recreational therapy (RT)/therapeutic recreation (TR) profession.
- 1.1.2 Knowledge of the philosophical concepts/definitions of TR/RT and implications for service delivery.
- 1.1.3 Knowledge of the health care and human service systems and the role and function of RT and allied disciplines within each.
- 1.1.4 Knowledge of the role of RT in relation to allied disciplines and the basis for collaboration with patient care services.
- 1.1.5 Knowledge of personal and societal attitudes related to health, illness and disability.
- 1.1.6 Knowledge of RT service delivery models and practice settings.
- 1.1.7 Knowledge of the RT process: assessment, treatment planning, implementation and evaluation.
- 1.1.8 Knowledge of the concepts of health, habilitation, rehabilitation, treatment, wellness, prevention and evidence-based practice as related to RT practice.
- 1.1.9 Knowledge of the role and responsibilities of levels of personnel providing RT services (RT, RT assistant, supervisor, manager and volunteers).
- 1.1.10 Knowledge of the role and responsibilities of a recreational therapist working as an integral part of the interdisciplinary treatment process.
- 1.1.11 Knowledge of the theories and principles of therapeutic/helping relationships.
- 1.1.12 Knowledge of recreational therapist’s role as an advocate for client's rights.
- 1.1.13 Knowledge of the principles and processes of interdisciplinary treatment teams.
- 1.1.14 Knowledge of the development and purpose of TR/RT professional organizations at the local, state, and national levels.
- 1.1.15 Knowledge of TR/RT standards of practice and ethical codes.

- 1.1.16 Knowledge of current ethical issues in health care and human services.
- 1.1.17 Knowledge of professional credentialing requirements and processes: registration, certification, licensure.
- 1.1.18 Knowledge of agency accreditation processes applicable to RT services.
- 1.1.19 Knowledge of personal responsibility for continuing professional education and of appropriate resources.
- 1.1.20 Knowledge of principles of normalization, inclusion, self-determination, social role valorization, empowerment and personal autonomy.
- 1.1.21 Knowledge of issues/influences shaping the future of RT.
- 1.1.22 Skill in applying the principles of the RT process in individual and group treatment programs (service delivery).
- 1.1.23 Skill in applying techniques of evidence-based practice to recreational therapy practice.

Adequate coverage of this content area should constitute the equivalency of three or more semester hours of content.

1.2 Individualized Patient/Client Assessment

“The curriculum must provide students with the opportunity to develop competence to individually screen, assess and systematically collect comprehensive and accurate data about patients/clients in an efficient and effective manner and to analyze the data collected to determine the course of actions subsequent to an individualized treatment/program plan” (Adapted from ATRA 2008, p. 33). The following competencies must be developed for adequate competency in the content area:

- 1.2.1 Knowledge of psychometric properties of tests and measurements
- 1.2.2 Knowledge of evidence-based recreational therapy/therapeutic recreation assessment instruments used to determine physical, cognitive, emotional, and social functioning of patients/clients.
- 1.2.3 Knowledge of the evidence of problems and limitations for the specific medical, psychiatric or other disabling conditions being treated.
- 1.2.4 Knowledge of the impact of limitations in physical, cognitive, social and emotional functioning upon independence in life activities including work/school, self-maintenance and leisure.
- 1.2.5 Knowledge of evidence-based assessment instruments from other health care disciplines that may be relevant to recreational therapy practice.
- 1.2.6 Knowledge of the World Health Organization’s (WHO) International Classification of Functioning, Disability and Health (ICF) as a method of classifying individual functioning and the impact of activity limitations and restrictions to participation in life activities, independence, satisfaction and quality of life.
- 1.2.7 Knowledge of interviewing stages and strategies.
- 1.2.8 Knowledge of the nature and function of documentation procedures and systems related to client assessment.

- 1.2.9 Knowledge of goals and mission of the various service settings as determinants for assessment procedures and protocols.
- 1.2.10 Skill in defining and measuring a variety of functional behaviors relevant to specific disabling conditions and to the practice of RT.
- 1.2.11 Skill in the use of behavioral observations.
- 1.2.12 Skill in the use of a variety of standardized and non-standardized instruments, batteries and rating systems.
- 1.2.13 Skill in the use of functional performance testing.
- 1.2.14 Skill in the use of rapid assessment instruments (RAI) and their application to recreational therapy practice.
- 1.2.15 Skill in gathering and use of relevant information from records, charts, family, significant others, and other professionals.

Adequate coverage of this content area should constitute the equivalency of three or more semester hours of content.

1.3 Planning Treatment/Programs

“The curriculum must provide students with the opportunity to develop competence in the planning and development of individualized treatment plans that identify functional outcome goals, modalities, facilitation techniques and interventions based on assessment data collected and evidence regarding the diagnosis and treatment of specific medical, psychiatric and other disabling conditions" (Adapted from ATRA 2008, p. 35).

The curriculum must prepare students to use structured, systematic and evidence based treatment interventions and facilitation techniques to improve patient/client functioning and independence in life activities.

The following competencies must be developed for adequate competency in the content area:

- 1.3.1 Knowledge of the components of a comprehensive treatment/program plan as required by regulatory agencies and professional standards of practice.
- 1.3.2 Knowledge of the scope of practice of recreational therapy for treatment/program planning.
- 1.3.3 Knowledge of the systems approach to program planning and service delivery.
- 1.3.4 Knowledge of documentation procedures relevant to the processes of treatment and discharge planning.
- 1.3.5 Knowledge of assistive techniques and devices to facilitate appropriate treatment interventions.
- 1.3.6 Knowledge of resources available to the recreational therapist in planning and implementing services.
- 1.3.7 Skill in constructing treatment plans that incorporate patient/client strengths, resources and preferences.
- 1.3.8 Skill in designing discharge/transition plans relevant to patient/client resources, support systems and needs.

- 1.3.9 Skill in activity and task analysis.
- 1.3.10 Skill in integrating systematic methods of patient/client evaluation and program evaluation into treatment/program plans.

Adequate coverage of this content area should constitute the equivalency of three or more semester hours of content.

1.4 Implementing Treatment/Programs

“The curriculum must provide students with the opportunity to develop competence to implement the individualized treatment/program plan using appropriate evidence-based treatment interventions and programs to restore, remediate, or rehabilitate patient/client functioning as well as to reduce or eliminate the limitations to participation in life activities resulting from medical, psychiatric or other disabling conditions” (Adapted from ATRA 2008, p. 37). The following competencies must be developed for adequate competency in the content area:

- 1.4.1 Knowledge of goals and mission of the institution/agency/organization as determinants for treatment/program intervention.
- 1.4.2 Knowledge of principles underlying the therapeutic/helping process, with emphasis upon interaction between the RT and the patient/client.
- 1.4.3 Knowledge of the role of the recreational therapist as a member of the interdisciplinary treatment team.
- 1.4.4 Knowledge of counseling theories and their relevance to specific interventions.
- 1.4.5 Knowledge of individual and group leadership and helping theories and techniques.
- 1.4.6 Knowledge of adjustment or activity modification principles for adaptation to the needs of the individual patient/client.
- 1.4.7 Knowledge of evidence-based treatment interventions/programs typically used to reach treatment outcomes for specific medical, psychiatric or other disabling conditions.
- 1.4.8 Knowledge of legal and ethical ramifications of treatment service delivery.
- 1.4.9 Skill in establishing an effective therapeutic/helping relationship.
- 1.4.10 Skill in designing evidence-based treatment interventions to implement the individual treatment plan of the patient/client.
- 1.4.11 Skill in effective oral and written communication.
- 1.4.12 Skill in applying individual and group leadership/helping techniques.
- 1.4.13 Skill in assisting the patient/client to process the treatment intervention, thereby enhancing self-awareness and formulating conclusions relevant to treatment goals and objectives.
- 1.4.14 Skill in facilitating a variety of evidence-based treatment interventions or modalities¹, such as games, exercise, community reintegration, etc., to reach treatment outcomes.

¹ A modality is defined as activity content that is specifically selected and designed to bring about treatment outcomes.

- 1.4.15 Skill in using a variety of facilitation techniques², such as social skills training, cognitive learning theories or behavioral theories, etc., to reach treatment outcomes.

Those entering the profession should have measured competence (e.g., knowledge, skill and ability) to lead and facilitate the treatment interventions used to achieve evidence-based outcomes for the patients/clients served. It is recommended that the recreational therapist have specific education/training, assessed competency and/or the prevailing credentials in each treatment intervention used [italics added].”

Adequate coverage of this content area should constitute the equivalency of three or more semester hours of content.

1.5 Modalities

Students must acquire specific modality/skills and facilitation techniques used as treatment interventions in recreational therapy practice.

Those entering the profession should have measured competence (e.g., knowledge, skill and ability) to lead and facilitate the treatment interventions used to achieve evidence-based outcomes for the patients/clients served. It is recommended that the recreational therapist have specific education/training, assessed competency and/or the prevailing credentials in each treatment intervention used [italics added].”

Students should acquire competency in a minimum of 3 specific Modality skills and facilitation techniques used in recreational therapy treatment.

The contact time should be a minimum of 15 contact hours per modality/skill.

1.6 Evaluating Treatment/Programs

“The curriculum must provide students with the competency to systematically conduct evaluation and research to determine the effectiveness of treatment interventions and programs used to reach patient/client outcomes” (Adapted from ATRA 2008, p. 43). The following competencies must be developed for adequate competency in the content area:

- 1.6.1 Knowledge of a variety of systematic methods of evaluation and research.
- 1.6.2 Knowledge of formative and summative methods and resources used to evaluate the efficiency and effectiveness of recreational therapy services.
- 1.6.3 Knowledge of documentation procedures for program planning, accountability, and payment of service.
- 1.6.4 Knowledge of methods for interpreting client/patient progress and outcomes as a basis for program evaluation.
- 1.6.5 Knowledge of evaluation requirements of regulatory agencies.
- 1.6.6 Skill in designing and using a variety of evaluation methods to analyze client/patient

² A facilitation technique is a theoretically-based process that guides how the therapist will structure the activity and interactions with the patient/client based upon the presenting diagnosis and problems of the patient/client and desired treatment outcomes.

outcomes and the effectiveness of the treatment interventions.

Adequate coverage of this content area should constitute the equivalency of three or more semester hours of content.

1.7 Managing Recreational Therapy Practice

“...The curriculum must provide students with the opportunity to develop the basic competencies to manage their practice. Additional competencies are needed to manage a department and/or additional staff” (Adapted from ATRA 2008, p. 44). The following competencies must be developed for adequate competency in the content area:

- 1.7.1 Knowledge of the organization and delivery of health care and human services.
- 1.7.2 Knowledge of position design, classification, recruitment, orientation/training, supervision and performance management of personnel as an integrated human resource system.
- 1.7.3 Knowledge of techniques of financing, budgeting, cost accounting, rate setting and fiscal accountability.
- 1.7.4 Knowledge of governmental, professional, agency, and accreditation standards and regulations.
- 1.7.5 Knowledge of the principles and practices of promotions, public relations, and marketing.
- 1.7.6 Knowledge of practices of managing resources including personnel, facilities, supplies, and equipment.
- 1.7.7 Knowledge of principles and requirements for safety and risk management.
- 1.7.8 Knowledge of facility planning processes.
- 1.7.9 Knowledge of strategic planning processes.
- 1.7.10 Knowledge of legal requirements pertaining to delivery of health care and human services and recreational therapy.
- 1.7.11 Skill in using computers/systems for managing information and data.
- 1.7.12 Skill in applying ethical and conduct standards to practice.
- 1.7.13 Skill in practicing safety, emergency, infection control and risk management procedures.
- 1.7.14 Skill in scheduling, time management, and prioritization of tasks and decisions.
- 1.7.15 Skill in managing productivity and labor resources.
- 1.7.16 Skill in providing clinical supervision and education to staff and students

Adequate coverage of this content area should constitute the equivalency of three or more semester hours of content.

1.8 Support Content/Competencies

“The curriculum must provide students with a broad base of support content coursework to develop an understanding of human anatomy and physiology, growth/development, psychology, functioning in life activities and an understanding of health care services to serve as a foundation for

recreational therapy practice. Support content is required so recreational therapists develop competence that apply recreational therapy concepts, in the context of health care services, to improve patients'/clients' physical, cognitive, emotional and social functioning and independence in life activities" (Adapted from ATRA, 2008, p 17).

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). The following competencies must be developed for adequate competency in the content area:

Anatomy, Physiology, and Analysis of Movement/Biomechanics

- 1.8.1 Knowledge of the structure and functions of each of the major body systems:

integumentary (skin, hair, etc.)	endocrine	digestive
muscular	cardiovascular	urinary
nervous	lymphatic & immune	reproductive
	respiratory	skeletal
- 1.8.2 Knowledge of the levels of structural organization of human body:

chemical	tissue	system
cellular	organ	organism
- 1.8.3 Knowledge of environmental factors and personal health practices that affect optimal functioning of the human body.
- 1.8.4 Knowledge of neurological, muscular and skeletal systems pertaining to movement.
- 1.8.5 Knowledge of the biomechanics of human skeletal muscles and articulations.
- 1.8.6 Knowledge of the biomechanics of the human spine.

Human Growth and Development

- 1.8.7 Knowledge of theories and developmental milestones associated with the stages of human development from conception, prenatal development and birth, to infancy, toddlerhood, childhood, adolescence, early, middle, late adulthood and aging.
- 1.8.8 Knowledge of the sequence and processes of physical, cognitive, emotional, and social aspects of human development throughout the lifecycle (from conception and prenatal development through death, dying and bereavement).
- 1.8.9 Knowledge of the interplay and relationship between biology, environment and relationships during the various stages of the human lifecycle.
- 1.8.10 Knowledge of influences on healthy development including nutrition, exercise and social and family relationships as well as the impact of unhealthy behaviors such as substance abuse or disease and disability upon development and functioning throughout the life span.
- 1.8.11. Skill in recognizing the developmental requirements of patients/clients and activities in the planning of treatment interventions.

Psychology, Cognitive or Educational Psychology and Abnormal Psychology

- 1.8.12 Knowledge of the scientific study of human behavior including psychodynamic, behaviorist, and humanistic-existential theories.

- 1.8.13 Knowledge of cognitive development patterns across the life span including information processing, memory, mental capacity and learning.
- 1.8.14 Knowledge of theories of human perception, personality, sensation and learning.
- 1.8.15 Knowledge of psychology of adjustment including models of attachment, coping skills, stress reduction strategies, family/patient/child relationships.
- 1.8.16 Knowledge of social psychology including socio-cultural relationships, attitudes and stereotypes, social dominance theory and stigmatization based upon disability or disease.
- 1.8.17 Knowledge of physiological psychology - physiological and biochemical bases of behavior.
- 1.8.18 Knowledge of abnormal psychology including etiology, dynamics, symptomatology, diagnosis, treatment and rehabilitation.
- 1.8.19 Knowledge of death and dying including the grieving process, euthanasia, coping skills, fear and spirituality.
- 1.8.20 Knowledge of selected psychological assessment instrument scoring, interpretation and documentation.
- 1.8.21 Knowledge of selected psychological assessment instrument reliability, validity, practicality and availability.
- 1.8.22 Skill in understanding and interpreting categories included in the current edition of the Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association (APA).
- 1.8.23 Skill in facilitating a variety of treatment interventions designed to address issues within the psychological domain.
- 1.8.24 Skill in assisting the patient/client in processing and applying knowledge and skills learned to meet individual needs.

Disabling Conditions

- 1.8.25 Knowledge of medical and disabling conditions, disorders and impairments affecting an individual's physical, cognitive emotional and social functioning across the lifespan.
- 1.8.26 Knowledge of the following for disabling conditions:
 - a. prevalence
 - b. etiology
 - c. diagnostic criteria
 - d. pathology and symptomatology
 - e. recommended course of treatment
 - f. prognosis
- 1.8.27 Knowledge of the bio-psycho-social impact of disabling conditions/disabilities on the individual's health status, self-concept, quality of life and functional independence in life activities.
- 1.8.28 Knowledge of word root, prefixes, and suffixes used in medical and psychiatric vocabulary.
- 1.8.29 Skill in use of standard charting signs, symbols and abbreviations.

Adequate coverage of the anatomy and physiology content area should constitute the equivalency of six or more semester hours of content. Adequate coverage of the other support content areas should constitute the equivalency of three or more semester hours of credit for each of the content areas.

Additional support content should include: motor skill learning, counseling, group dynamics and leadership, first aid and safety, pharmacology, health care organization and delivery, legal aspects of health care, recreation and leisure services.

The following competencies should be developed for adequate competency in the content area (Adapted from ATRA 2008, pp. 49-54):

Motor Learning

1.8.30 Knowledge of motor learning and motor development.

1.8.31 Knowledge of motor behavior across the lifespan.

Counseling, Group Dynamics and Leadership

1.8.32 Knowledge of therapeutic communication principles (attending behaviors, reflecting feelings, encouraging, paraphrasing, summarization, confrontation, self-disclosure, empathy, open and closed questions).

1.8.33 Knowledge of helping and counseling theories and theories of facilitation techniques and their applications to individual and group interventions.

1.8.34 Knowledge of ethical concerns for therapist/counselor/leader (confidentiality, duty to warn, transference, counter-transference, values conflicts, adherence to standards of professional practice, choice of treatment, adequacy of treatment, cultural and ethnic factors that influence treatment).

1.8.35 Knowledge of issues related to co-therapy.

1.8.36 Knowledge of leadership theories, roles and techniques (autocratic, democratic, laissez-faire, educator, stimulator, enabler, controller).

1.8.37 Knowledge of group dynamics and process (stages of group development, group functions, formation of group, special group needs, contraindications for group participation).

1.8.38 Skill in establishing, maintaining, and terminating therapeutic relationships.

1.8.39 Skill in facilitating patient/client awareness and self-responsibility

First Aid and Safety

1.8.40 Knowledge of OSHA regulations related to blood borne pathogens, infectious disease and bodily fluid exposure.

1.8.41 Knowledge of isolation guidelines, infection control and risk management procedures including preventive and post-exposure actions.

1.8.42 Skill in employing health, safety and security practices for individuals and groups.

1.8.43 Skill in implementing prepared behavior management programs to protect the health, safety and security of individuals and groups.

1.8.44 Skill in using standard first aid procedures for emergency care of victims of sudden

accident or illness.

1.8.45 Skill in using standard cardiopulmonary resuscitation procedures.

1.8.46 Skill in applying principles of body mechanics to ensure safe lifting, transfer, positioning, and ambulation.

Pharmacology

1.8.47 Knowledge of the effects of various pharmacological agents and their impact on human functioning.

1.8.48 Knowledge of basic pharmacological terminology and medications, including side effects, related to specific disabling conditions.

1.8.49 Skill in adapting treatment interventions to accommodate pharmacological concerns.

1.8.50 Skill in using reference materials/guides to obtain current information regarding pharmacological implications for recreational therapy assessment and treatment.

Health Care Organization and Delivery; Legal Aspects of Health Care

1.8.51 Knowledge of the continuum of health care services including diagnosis, treatment, rehabilitation, prevention and health promotion.

1.8.52 Knowledge of the history, mission, purpose and goals of health care services in various health care settings.

1.8.53 Knowledge of organization and delivery systems for health care services

1.8.54 Knowledge of agencies, enabling legislation, related laws and regulations that regulate or influence the provision of health care services in inpatient, outpatient, partial hospitalization, day treatment, home and residential settings.

1.8.55 Knowledge of health care financing.

1.8.56 Knowledge of the relationship between safety, risk management and effective evidence-based practice to consistently and predictably reach patient/client outcomes that are valued by stakeholders.

1.8.57 Knowledge of service delivery and management in the context of health care services and skill and ability to integrate recreational therapy services into health care services in various settings.

Recreation and Leisure

1.8.58 Knowledge of the basic philosophical concepts and principles related to play, leisure, and recreation and their impact on health, wellness and human functioning across the lifespan.

1.8.59 Knowledge of the evolution of recreation and leisure services.

1.8.60 Knowledge of resources for recreation and leisure opportunities.

1.8.61 Skill in referring patients/clients to recreation and leisure services.

1.8.62 Ability to integrate knowledge of patient/client recreation and leisure behaviors with other assessment and diagnostic information.

- 1.8.63 *Ability to integrate knowledge of recreation and leisure services and resources with patient/client needs.*
- 1.8.64 *Ability to integrate understanding of normalization, inclusion, self-determination, social role valorization, empowerment and personal autonomy in creating inclusive recreation opportunities.*
- 1.8.65 *Ability to advocate for inclusive recreation opportunities for people with disabilities.*

Adequate coverage of the motor skill learning, counseling, group dynamics and leadership, health care organization and delivery, legal aspects of health care and recreation and leisure services should constitute the equivalency of three or more semester hours of content for each support content area. Adequate coverage of pharmacology should constitute the equivalency of two or more semester hours of credit. Adequate coverage of first aid and safety may be evidence of current certification in first aid and safety or the equivalency of one or more semester hours of credit.

1.9 Clinical Education Experiences

1.9.1 The recreational therapy/therapeutic recreation curriculum must include provision for clinical experiences, including clinical education/practicum and clinical internship/field placement, under the direct supervision of a qualified clinical instructor in an appropriate setting.

1.9.2 Clinical education experiences must provide students with opportunities to practice and integrate the cognitive learning, with the associated psychomotor skills requirements of the profession, in accordance with professional standards of practice, to develop entry-level clinical proficiency and professional behavior as a recreational therapist/ therapeutic recreation specialist as defined by professional guidelines for competencies necessary for safe and effective recreational therapy practice.

1.9.3 The clinical internship or field placement experience must meet the requirements of the national credentialing organization and state laws and regulations for certification, registration or licensure. Competencies for practice as a recreational therapist must be a focus of development during the clinical internship or field placement experience. In order to establish consistency in practice, competencies for practice as a recreational therapist and performance of duties of a recreational therapist during the clinical internship or field placement must be assessed on the CARTE approved, "Clinical Performance Appraisal Summary Form" (ATRA, 2000, pp. 85-86). It is also recommended that agencies utilize the "Competency Self-Assessment Detail Form" (ATRA, 2008, pp. 31-54) for student self-assessment of competencies following the internship/field placement experience.

The length of clinical experiences should be consistent with the objectives and competency outcomes of the curriculum requirements. Competency should be assessed at the beginning and end of the clinical internship or field placement experience. Performance of duties of a recreational therapy intern should be assessed at the mid-term and end of the internship or field placement experience.

The clinical experiences should allow students opportunities to practice with different consumer populations and in different settings.

Determining Accreditation Compliance

A key component of an accreditation process is to assure compliance with accreditation requirements. CARTE accreditation requirements include compliance with *CAAHEP Standards and Guidelines for the Accreditation of Educational Programs in Recreational Therapy*, including compliance with CARTE requirements for competency adapted from the *ATRA Guidelines for Competency Assessment and Curriculum Planning for Recreational Therapy Practice (2008)*. The *CAAHEP Standards and Guidelines for the Accreditation of Educational Programs of Recreational Therapy*, including competency requirements, are detailed in the Standards and Guidelines section of this document (pages 39-49). This section will describe how compliance will be reviewed and scored.

Determining Compliance with CAAHEP Standards and Guidelines for the Accreditation of Education Programs in Recreational Therapy

A site visit team is determined via the procedures established in the *CARTE Procedures for the Accreditation of Education for Recreational Therapy Practice*. Once a team has been established, CARTE will appoint one member of the visit team to serve as Chair of the team. In addition, two members of the CARTE will be designated as contact persons for the site visit team and as CARTE readers of the Self-Study. One of the CARTE members will serve as the lead staff for the applicant's review and will provide support as needed.

Upon determination, the site visit team and CARTE lead and support persons are provided with a copy of the Self-Study Report and associated materials and data summaries from the applicant for accreditation. The Self-Study Report and associated materials provide the team information about the degree program seeking CAAHEP-CARTE accreditation. The content of the Self-Study Report should be carefully reviewed and compared to the *CAAHEP Standards and Guidelines for the Accreditation of Educational Programs in Recreational Therapy* to determine areas of compliance, aspects of compliance that require clarification or greater detail and areas of non-compliance.

Prior to the site visit, the site visit team members (evaluators) should independently review the submitted materials and develop a list of questions or items needing clarification. Each team members should discuss these items with the other members of the site visit team in order to develop a comprehensive list of questions to pursue with representatives of the college or university seeking CAAHEP-CARTE accreditation during the site visit. The Site Visit Report Form provides a useful means to compare information from the college or university with CAAHEP Accreditation Requirements. Since those seeking CAAHEP accreditation are required to submit complete and accurate data and information in the Self-Study Report to successfully evaluate compliance of the degree program with *CAAHEP Standards and Guidelines for the Accreditation of Educational Programs in Recreational Therapy* and the CARTE accreditation procedures, the evaluators should have an accurate profile of the program prior to arrival. Should additional information be needed, however, the chair of the site visit team may choose to contact the program degree director (applicant for accreditation) prior to the site visit to ask for clarification or additional information or data needed to effectively evaluate compliance.

After a review of the Self-Study Report, the visit team, during the site visit, should pursue all questions necessary to obtain the information needed to successfully complete the Site Visit Report to determine and verify compliance. On the last day of the site visit, the evaluators, who constitute the site visit team, will complete a draft Site Visit Report to summarize compliance, areas needing attention to improve compliance, and any preliminary recommendations and areas of concern. Determinations of compliance (e.g., standards determined to be met, partially met or not met and competency compliance areas), areas of concern, and recommendations to be reported should be determined by consensus of the

evaluators. The draft Site Visit Report is used to provide the verbal report to the program director and senior administrative officer of the college or university to summarize the site visit team's evaluation of the degree program before the team departs. The draft Site Visit Report is used to develop the final, written Site Visit Report, in consultation with CARTE designated lead and support members, which should be sent to the applicant for accreditation within six weeks of the site visit. The Site Visit Report should reflect the evaluators' determination, reached by the rating and consensus of the evaluators, of the relative compliance of the degree program with the *CAAHEP Standards and Guidelines for the Accreditation of Educational Programs in Recreational Therapy*.

After a program has had the opportunity to comment in writing and to correct factual errors on the on-site review report, the CARTE forwards a status of public recognition recommendation to the CAAHEP Board of Directors. 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.

The decision of the CAAHEP Board of Directors is provided in writing to the sponsor immediately following the CAAHEP meeting at which the program was reviewed and voted upon.

Before the CARTE allows the Initial Accreditation of a program to expire, the sponsor must have the opportunity to request reconsideration of that decision or to request voluntary withdrawal of accreditation.

The CARTE's decision is final and CAAHEP will not entertain any appeal on behalf of the program. CAAHEP will notify the sponsor in writing of the CARTE's decision.

Determining Competency Compliance

The basis for CARTE competency requirements for safe and effective recreational therapy practice is the *ATRA Guidelines for Competency Assessment and Curriculum Planning for Recreational Therapy Practice* (2008). Understanding that the *ATRA Guidelines* use a life-long learning approach to developing competencies for optimal safe and effective recreational therapy practice during a career, CARTE adapted the *ATRA Guidelines* for use in CAAHEP accreditation so the majority of quality programs could meet accreditation requirements recognizing that accreditation requirements as well as the competencies necessary for safe and effective practice are not static, but dynamic and evolving.

To reasonably adapt the breadth and scope of competencies identified in the *ATRA Guidelines for Competency Assessment and Curriculum Planning for Recreational Therapy Practice* (2008) to what is reasonable and possible within most recreational therapy/therapeutic recreation baccalaureate degree programs, CARTE has limited and narrowed the competency requirement focus to the recreational therapy content areas and *knowledge* and *skill* competency statements for recreational therapy courses that are primarily didactic in nature. The *ATRA Guidelines* requirements for *ability* will not be included in the compliance scoring at this time but CARTE is requesting that agencies collect data on student abilities at the conclusion of the clinical internship or field placement in order to better define the base-line abilities for entry-level practice across settings. The *ATRA Guidelines* 'contact time' listed for each content area is a guideline or recommendation used to interpret whether or how the standards are met. CARTE will determine compliance with knowledge and skills but will continue to collect ability competencies data as an aspect of continuing development. Assessment of compliance will focus on compliance with the recreational therapy content areas as defined in Appendix B of this Manual.

With this adaptation of competency assessment based upon the *ATRA Guidelines for Competency Assessment and Curriculum Planning for Recreational Therapy Practice* (2008), it is expected that any

curriculum concerned with preparing students for safe and effective recreational therapy practice should be able to meet the competency requirements.

In addition, CARTE has reasonably adapted the broad and diverse set of support content requirements identified in the *ATRA Guidelines for Competency Assessment and Curriculum Planning for Recreational Therapy Practice* (2008), to those deemed most important to understanding health and human functioning as a foundation for recreational therapy practice. This adaptation affords institutions a more realistic breadth and scope of support content for baccalaureate level entry into the profession.

CARTE requirements identify support content necessary to establish the foundation of understanding of health and human functioning upon which to build competencies for safe and effective recreational therapy practice. Support Competencies are considered fundamental competencies essential to understanding physical, cognitive, social and emotional functioning of patients/consumers. Agencies should refer to Appendix B of the *CAAHEP Standards and Guidelines for the Accreditation of Educational Programs in Recreational Therapy for specific curriculum requirements*.

CARTE Outcome Measures and Thresholds

Consistent with other CAAHEP CoA's, CARTE has adopted outcome measures and performance thresholds that must be achieved by the academic program seeking accreditation in order for CARTE to recommend CAAHEP accreditation. The outcome measures are consistent with outcome measures selected by other CAAHEP CoA's and the threshold levels are also consistent with those established by other CoA's. It is the intent of CARTE, as a new CoA, to select outcome measures and threshold levels that are both consistent with other CAAHEP CoA's and achievable by the majority of quality educational programs preparing students for recreational therapy practice. Some outcome measures selected may not be currently used by the academic programs in recreational therapy so no threshold has been established at this time. A statement of "Data should be collected to establish an appropriate threshold." is used to direct the academic program to begin collecting this data so CARTE can later establish an appropriate threshold, based upon an analysis of the data collected nationally. Over time it is the intent of CARTE to raise thresholds as performance levels and compliance by academic programs increase.

Following are the CARTE outcome measures and thresholds;

1. Student retention rates from the past three years are $\geq 65\%$.
2. Credentialing Exam Success with 65% at one standard deviation above or below the national passing rate.
3. Graduate Satisfaction with average rating of ≥ 3.0 on a 5-point scale.
4. Clinical Supervisor Performance Evaluation: 70% of interns obtain rating ≥ 3.0 (achieves expectations)
5. Clinical Intern Competency Self-Assessment: 70% of interns rating ≥ 3.0 (average perceived competence)

Applicants for accreditation are also requested to collected data on the following outcome measures so that a threshold can be established at a later date:

1. Graduate survey return rate

2. Positive placement, defined as the graduate is employed full or part-time in a related field and/or continuing his/her education; and /or serving in the military.

3. Employer survey return rate

4. Employer Satisfaction Survey

Outcome measures and performance thresholds will be reviewed by the Site Visit Team and the CARTE designated reviewer of Self-Study Report of the academic program seeking accreditation and performance compared to the threshold will be reported on the Site Visit Summary Report and used by CARTE in determining whether to recommend an academic program for CAAHEP accreditation.

Determining Competency Compliance

Assessment of competency development and achievement is considered a programmatic summative measure of the outcomes assessment of the academic program. The Site Visit Team and the CARTE assigned reviewers will review academic program requirements for Content Areas and the Knowledge and Skill competencies that are required as student learning in required courses of the curriculum in comparison to the CARTE Standards and Guidelines, Appendix B, pages 34-44.

Standards are the minimum requirements to which a program seeking accreditation and an accredited program is held accountable. Guidelines are descriptions, examples, or recommendations that elaborate on the Standards. Guidelines are not required, but assist with interpretation of the Standards. For example, Guidelines provide the suggested semester contact hours for a Content Area (a Standard) as an indication of the reasonable depth of coverage expected for the Content Area and the Knowledge and Skill competencies to be developed for the Content Area. The Guideline may be applied to one or more required courses in the curriculum to assess whether the academic program reasonably meets the Standard requirements of the Content Area and the Knowledge and Skills competencies to be developed. Likewise, Knowledge and Skill competency statements may be introduced in one course that addresses a Content Area (Standard) and be continued in other courses or Content Areas to assure adequate depth of coverage and opportunity for a reasonable proficiency in the competencies to be developed.

The determination to be made by the Site Visit Team and reviewers is whether the academic program provides documentation that adequately demonstrates that required Content Areas and Knowledge and Skill competency statements are appropriately taught and developed in the academic program. Each Content Area and Knowledge and Skill statement is rated in the Standards and Guidelines Rating and Verification sections of the Site Visit Summary Report as either Met (M) Partially Met (PM) or Not Met (NM) and a citation or recommendation for correction of all ratings of Partially Met and Not Met shall be made in the Recommendations for Program Improvement section of the Site Visit Summary Comments. The basis for recommending accreditation to CAAHEP is made by using the following decision criteria that indicate the minimal level of compliance with the Content Areas and Competencies necessary for a CARTE recommendation of CAAHEP Accreditation:

To receive a CARTE recommendation for CAAHEP accreditation, the academic program must have courses that significantly comply or match 71% or 5 of 7 (rounded to the whole number) of recreational therapy Content Areas.

To receive a CARTE recommendation for CAAHEP accreditation, the academic program must demonstrate evidence of substantial compliance, or teaching and developing 90% or 77 of the 85 (rounded to the whole number) required recreational therapy knowledge and skill competencies.

To receive a CARTE recommendation for CAAHEP accreditation, the academic program must have courses that significantly comply or match 71% or 5 of 7 (rounded to the whole number) of Support Content Areas.

To receive a CARTE recommendation for CAAHEP accreditation, the academic program must demonstrate evidence of substantial compliance or teaching and developing 90% or 26 of the 29 (rounded to the whole number) Support Content knowledge and skill competencies.

Appendix C: Self Study Instructions

Instructions:

After making application for accreditation, each program should complete a self-study to evaluate compliance of the Recreational Therapy/Therapeutic Recreation (RT/TR) degree program with *CAAHEP Standards and Guidelines for the Accreditation of Educational Programs in Recreational Therapy*. The culmination of the self-study is the Self-Study Report. In order to prepare the Self-Study Report, please respond to the instructions below. Should you have questions during the self-study process, please contact the CARTE office for assistance.

Report Format:

Self Study materials should be completed and submitted electronically. Save forms and content in separate sections as noted below. Electronically submit one (1) copy via the CARTE email address (CARTECOA@gmail.com).

Self-Study Report Instructions:

Before beginning to prepare your Self-Study Report, you will need to gather the data necessary for documenting the compliance of your program with the CARTE Standards and Guidelines. It is suggested that you begin by reviewing all course syllabi to insure that they are in compliance with and include the curriculum competency requirements for recreational therapy/therapeutic recreation content, support content, modality/facilitation skills and clinical education experiences. There must be evidence that the required knowledge and skills as documented in Appendix B of this manual are included in actual existing coursework. Each syllabus for each class offered in the Program must be submitted with the self-study and will be evaluated by site visitors to determine compliance.

Additionally, data is requested from graduates, employers or clinical supervisors, faculty and current students. You may collect this data prior to writing your self-study report. Sample forms are provided for all survey areas. You may adapt these forms to your particular needs, however, the minimum content provided as an example must be included in any surveys you construct. You will be asked to include a copy of your survey instruments along with an analysis of results you obtain on the survey of graduates, employers or clinical supervisors, faculty and current students.

Finally, there is administrative information and data you will be required to submit in your self-study report, so you may wish to compile information on the number of students enrolled in your program, number of graduates annually, accreditation of your institution, etc. We suggest that you familiarize yourself with the CARTE Standards and Guidelines, the Curriculum Competency Requirements, and each form required for your Self Study prior to writing the report.

All forms described below for the Self-Study Report may be downloaded from the CARTE website at: <http://www.caahep.org/Committees-On-Accreditation/default.aspx?ID=carte>.

Steps to Completing the Self-Study Report.

1. The first form to include in your Self-Study is the **CARTE Request for Accreditation Services** (Form 1) signed by the sponsoring institution's Chief Administrative Officer (CAO), Dean (or comparable administrator), Department Chair and/or Program Director.

2. Next, insert the **Table of Contents** for your Self-Study. The Table of Contents should include the following sections:
 - Program Overview (Forms 2 and 3)
 - Compliance with CARTE Standards and Guidelines (Forms 4, 5, and 6)
 - Information on Faculty (Form 8 for each faculty member)
 - Clinical Education and Experiences
 - Competencies and Learning Outcomes
 - Appendices

3. The Program Overview Section of the Self-Study Report follows the Accreditation Request Section. In this section, include the **Program Overview Questions** (Form 2) and corresponding program response to each question. This form includes seven sections regarding the Program, including:
 - Historical Development
 - Program Goals and Objectives
 - Methods to Assure Continued Appropriateness of Program Goals and Objectives
 - How Program Goals and Objectives are Used in Program Planning and Implementation
 - Special Considerations Which Impact Your Program Characteristics
 - Mission of the Sponsoring Institution
 - Mission of the Program

4. The next form to be included in the Program Overview Section is **Institutional Program Information** (Form 3). This form will document data on
 - Length of the program
 - Total credits for completion
 - Maximum class size
 - Actual current enrollment
 - Number of students admitted each year
 - Type of degree awarded
 - Number of RT/TR faculty (full and part-time)
 - Number of internship sites
 - Year Program enrolled the first class

A Program Organizational Chart needs to be included immediately following this form and should reflect the administrative location of the RT/TR degree program within the College/School. The Program Director needs to sign this form to verify that all information is true and accurate.

5. The next section of your report will be the Compliance with CARTE Standards and Guidelines and the first item to include is the **CARTE Standards and Guidelines Response Form** (Form 4). This form provides the Program the opportunity for verification of compliance with CARTE Standards and Guidelines. This verification should be supported by information or data which should appear in an appendices section of the Self-Study Report. For each standard area, document how the standard is met at your institution and in your program and provide the exact location of supporting documentation within the appendices so reviewers have a clear indication of where information on standards compliance is located in your Self-Study Report.

6. The next two reports to be included are: the **CARTE Academic Program Self-Assessment**

Summary (Form 5) and the **Recreational Therapy KSA Compliance Matrix** (Form 6). For each Recreational Therapy Content Course and Support Content course, be sure to include a recent course outline with a copy of the **Standardized Course Syllabus Form** (Form 7) as a cover sheet for each course syllabus submitted.

7. The next section of the report includes Information on Faculty (both full and part time). The **Faculty Biographical Summary** (Form 8) for all RT faculty. Applicants may choose to use the Faculty Biographical Summary, or another format approved by the university (e.g., Sedona), but all biographical summaries submitted must be in a consistent format for each faculty member in the Program.
8. The next section of the report covers Clinical Education Experiences. Within this section, provide information about clinical experiences including clinical education/practicum and clinical internships/field placements to include the process for orientation and interactions with clinical supervisors of the clinical education/practicum and clinical internships/field placements as well as information about verification of qualifications, credentials and experience of clinical supervisors. In addition, summary data of clinical performance, assessed at the completion of internships/field placements, must be submitted for all students completing internships for the reporting year, using the Clinical Performance Appraisal Summary and Reference form. This form can be found in the *ATRA Standards for the Practice of Therapeutic Recreation & Self-Assessment Guide* (ATRA, 2000, pp. 85-86)
9. The next section of the report covers Competencies and Learning Outcomes. CARTE Standards state:

“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, programmatic retention/attrition, graduate satisfaction, employer satisfaction, job (positive) placement, and programmatic summative measures.”

In this section, provide summary evaluation data of student self-assessment of competencies and specific learning outcomes using the Competency Self-Assessment Detail Form found in the *ATRA Guidelines for Competency Assessment and Curriculum Planning for Recreational Therapy Practice* (ATRA, 2008, pp. 31-54). This Competency Self-Assessment may be administered during the first recreational therapy course upon admittance to the recreational therapy/therapeutic recreation degree program and near the end of the internship/field placement. A minimum sample size of 85% or more of those students completing internships in the reporting year is required for the assessment of competencies summary data. Data from other sources documenting student learning outcomes include such data as the NCTRC Score Report for the Program, program retention and graduation data, etc. Please note, it is advantageous to the degree program in assessing compliance with *CAAHEP Standards and Guidelines for the Accreditation of Educational Programs in Recreational Therapy* to seek maximum participation of all enrolled in the program.

Also include a summary of the data collected from communities of interest. According to the CARTE Standards, communities of interests are students, graduates, faculty, and employers and/or clinical supervisors.

10. Finally, the report should include an Appendices Section which provides additional data to document the program.

Survey data from students, graduates, faculty, and employers/clinical supervisors should be included. You may use the sample forms provided by CARTE as follows:

- Self-Study Student Evaluation (Form 9)
- Sample Graduate Survey (Form 10)
- Sample Faculty Assessment Survey (Form 11)
- Sample Employer Survey (Form 12)

Additional questions may be added to all surveys provided that minimum information as displayed in the sample forms is included. For each survey, be sure to insert a “blank” copy of the survey forms used for the required graduate and employer surveys. These forms are used by the Program to collect some of the required “outcomes” data. Note, additional or supplemental questions may be added to the surveys. In addition to the blank forms, the summary data from the required Graduate Survey and the Employer Survey should be included in the Competencies and Learning Outcomes section of the Self-Study Report.

Also include a “blank” copy of the survey forms used for the Faculty Assessment Survey and the Self-Study Student Evaluation. The Faculty Assessment Survey is used to collect data about the program from individual faculty members (full and part time). The Self-Study Student Evaluation should allow for anonymous input from currently enrolled students.

Other important information to include in the Appendices Section include: Student Handbook, Internship Manual, Technical Standards, Admission Process and Application, Annual Assessment Reports (for independent degree programs), and other policies and procedures as delineated in the CARTE Standards and Guidelines.

Additional materials, to be provided by ALL programs:

Include a CD or web address to access the latest edition of the institution’s general catalog/bulletin for its educational programs.

If you have any questions during the preparation of this Self-Study document, please call or email the CARTE Office for assistance.

Annual Reporting for Accredited Programs

Once a program is accredited by CARTE, an annual report must be filed. The Annual Report is designed to provide an on-going mechanism for quality assurance of curriculum accredited by the Committee on Accreditation of Recreational Therapy Education. Each section of the report is relatively self-explanatory and should provide information on general administrative facets of the program, as well as resource, and outcome measures. This report will collect information on General and Administrative Information and Academic Program Information. This form may be downloaded from the CARTE website at: <http://www.caahep.org/Committees-On-Accreditation/default.aspx?ID=carte>.

Appendix D: Glossary of Terms

American Therapeutic Recreation Association (ATRA): Professional organization representing the profession of recreational therapy throughout the United States. ATRA publishes documents relevant to the competency and practice of recreational therapists including the *ATRA Standards for the Practice of Therapeutic Recreation and Self-Assessment Guide*, *ATRA Guidelines for Competency Assessment and Curriculum Planning for Recreational Therapy Practice*, and the *ATRA Code of Ethics*.

Approved Clinical Education Site: A recreational therapy program in a health care or human service agency or a free-standing recreational therapy program that has been approved by the college or university to serve as a site for completion of the recreational therapy student's clinical education, including practicum, internship or field placement.

Approved Clinical Instructor: A nationally certified and licensed (where available) recreational therapy professional who has been approved by the university education program, to serve as a clinical instructor for students completing clinical education experiences of the recreational therapy education program. The Approved Clinical Instructor is responsible for assisting the recreational therapy faculty of the curriculum in the education of the recreational therapy student. The Approved Clinical Instructor plays a crucial role in providing mentoring and the professional socialization of the recreational therapy student to the profession of recreational therapy.

CARTE (Committee on the Accreditation of Recreational Therapy Education): CARTE is a Committee on Accreditation (CoA) of the Commission on Accreditation of Allied Health Education Programs (CAAHEP) and is sponsored by the American Therapeutic Recreation Association (ATRA). The CAAHEP accreditation for recreational therapy education program focuses on student outcomes, as Outcomes Based Accreditation (OBA), as well as the process-oriented activities of the educational program.

Clinical Education Experiences: Formal clinical education experiences required by the college or university to develop applied knowledge and the development of skill and ability necessary for safe and effective recreational therapy practice. Clinical Education experiences in the form of practicum, internships or field placements are completed at approved clinical sites, under the clinical supervision of clinical instructors, during completion of the recreational therapy education program.

Clinical Internship: Internship describes an academic experience requiring full-time placement in an approved clinical practice site where the recreational therapy student will receive apprenticeship training in entry-level recreational therapy practice under the direct, on-site supervision of a nationally certified and licensed, where available, recreational therapist.. The internship usually occurs at the culmination of the educational program and should include the following elements:

- An internship is an academic requirement for recreational therapy work experience based upon an affiliation agreement between the university and the agency providing the internship. The internship should provide the student with the opportunity to learn the clinical practice duties of a recreational therapist as described in the *ATRA Standards for the Practice of Therapeutic Recreation and Self-Assessment Guide*.
- An internship requires a specific number of contact hours per unit of academic credit (e.g., typically 45 hours of work per 1 unit of credit).
- A written plan for the internship that details the weekly learning experiences and responsibilities for the duration of the internship and a written job description of the intern's duties.

- There should be a method for assessing practice competencies, clinically supervising and evaluating the performance of the intern.

The National Council for Therapeutic Recreation Certification (NCTRC) has specific standards and interpretive guidelines for the clinical internship. NCTRC uses the term “field placement” interchangeably with the term “clinical Internship. Clinical internships should meet the minimum requirements of NCTRC, the requirements of any regulatory agencies including state licensing boards as well as college or university academic requirements. CARTE accreditation requires that performance of clinical interns be evaluated with the Clinical Performance Appraisal Summary and Reference form found in the *ATRA Standards for the Practice of Therapeutic Recreation and Self-Assessment Guide* (ATRA, 2000, p.85).

Clinical Proficiencies: The knowledge, skills, and abilities that must be mastered by each recreational therapy student during his/her progression through the recreational therapy education program. Clinical Proficiencies usually describe the level or degree to which a knowledge, skill or ability should be developed.

Clinical Supervision: Refers to the type, manner and degree of supervision of the recreational therapy student during completion of clinical education experiences. It is a joint relationship in which the supervisor assists the supervisee (e.g., intern) to develop proficiency in recreational therapy practice competencies in order to deliver the highest possible level of clinical service while demonstrating accountability in the agency’s clinical program. It is a cooperative venture between the supervisor and supervisee to improve the supervisee’s abilities to perform as a clinician, with the goal of enabling the supervisee to function as independently as possible and to assure the aims of the agency’s clinical programs are completed (Austin, 2004). To assure that care is of appropriate quality and is coordinated between the supervisor, the supervisee, and members of the treatment team, policies and procedures describe the methods of clinical supervision to be used. Usually this involves clinical supervision meetings between the supervisor and supervisee to review the care provided as well as the review and co-signature of any medical record documentation (ATRA, 2000).

Competency: An individual’s ability to perform professional work according to defined expectations. Competency, as related to recreational therapy practice, includes the knowledge, skills and abilities necessary to safely and effectively perform the required duties of a recreational therapist or a therapeutic recreation specialist in health care and human service settings. Knowledge consists of factual information related to the understanding of concepts and constructs. Skill integrates knowledge with the application or performance of psychomotor skills within a particular context. Ability is the most complex level of competency as it analyzes, synthesizes and integrates knowledge and skill with the judgment necessary to achieve intended outcomes. In professional practice as a recreational therapist, competency is demonstrated by integrating specific knowledge, skills and abilities with appropriate professional judgment to competently and consistently perform specific tasks designed to reach specific and predictable patient/client outcomes (ATRA, 2008. pp.4-5).

Coordinator of Clinical Education: The nationally certified and state licensed (where available) recreational therapist who directs the clinical education of recreational therapy students at all clinical sites associated with the recreational therapy education program. This individual is responsible for maintaining clinical site contracts, scheduling clinical education experiences and seeking out new opportunities for clinical education opportunities for recreational therapy students at the university.

Credentials: A registration, certification or license available to professionals who demonstrate the education, training, experience or other qualifications required by the credentialing agency. NCTRC awards the use of the credential of CTRS® or Certified Therapeutic Recreation Specialist® to those individuals who meet NCTRC requirements and pass the NCTRC examination. Individual states may have requirements for registration, certification or licensure.

Externships/Job Shadowing Experiences: An externship or job shadowing experience allows a recreational therapy student to spend between a day and several weeks observing a professional on the job. Such experiences are usually unpaid. Externships and job shadowing experiences in recreational therapy are generally not done for academic credit, but they are usually incorporated into academic coursework as specific assignments, especially in the lower level curriculum classes.

Faculty: Faculty (university) is a division of a university or the academic staff of a university.

Guidelines for Competency Assessment and Curriculum Planning for Recreational Therapy Practice: Published by the American Therapeutic Recreation Association (ATRA), these guidelines serve as a resource, developed by professional consensus, that identifies the competencies recommended for optimal, safe and effective recreational therapy practice. Competencies include cognitive, affective and psychomotor domains.

National Council for Therapeutic Recreation Certification (NCTRC): Governing body for professional certification of recreational therapists nationally.

National Job Analysis Study: Study conducted by the National Council for Therapeutic Recreation Certification designed to determine the competencies necessary for the effective practice of an entry-level Certified Therapeutic Recreation Specialist (CTRS)®. “The job analysis translates practice into a format for test development. It delineates the important tasks and knowledge deemed necessary for competent practice” (NCTRC, 2007).

Practicum: A practicum is generally a one-time work or service experience done by a recreational therapy student as part of an academic class. Some practica offer pay, but many don't. Almost all are done for academic credit. The practicum allows for basic exposure to a variety of client populations and settings. It may or may not be supervised experience, and it is not usually a full time, entry-level work experience. Practicum usually ranges from as low as 10 hours a semester to as high as 50 hours a semester.

Program Director: A faculty member of the university who has been designated to oversee the recreational therapy education program.

Programmatic Summative Measures: Programmatic summative measures must include various assessments of student outcomes including, but not limited to: national credentialing examination performance, programmatic retention/attrition, graduate satisfaction, employer satisfaction, job (positive) placement, and competency compliance assessments. Competency compliance assessments include the assessment and verification of compliance with the curriculum competency requirements in Appendix B of the Standards and Guidelines and the competency assessments required during the clinical education experiences.

Service Learning: Service learning is a teaching and learning strategy that integrates meaningful community service with instruction and reflection to enrich the learning experience, teach civic responsibility, and strengthen communities. Service learning is a special form of experiential education whereby students engage in organized activities designed to enhance their understanding of course content, meet community needs, develop career-related skills, and become responsible citizens. Service learning may occur at any time in the student's recreational therapy undergraduate education. The characteristics of service learning are applying recreational therapy principles in a community project or setting that may or may not involve traditional health care service delivery (i.e., a health prevention or promotion project with the elderly, fitness and nutrition project for people of minority cultures, etc.). The key aspects that distinguish “service learning” from “general volunteering” are the learning and student reflection

components. Service learning projects are often linked to a particular undergraduate class or to a service oriented student organization. Specific learning goals are established for student participants and the student is required to reflect, in writing, about the meaning and application of the experience to their personal and career development. Service-learning is a teaching and learning strategy that integrates meaningful community service with instruction and reflection to enrich the learning experience, teach civic responsibility, and strengthen communities.”

Appendix E: References

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