



Commission on Accreditation of Allied Health Education Programs

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

Standards initially adopted in 2010; revised in 2017

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 profession of Recreational Therapy. **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 educational programs. On-site review teams assist in the evaluation of a program's relative compliance with the accreditation Standards.

Description of the Profession

Although the terms *Recreational Therapy* and *Therapeutic Recreation* are both used to reference preparation programs in this profession, the American Therapeutic Recreation Association offers that the term *Therapeutic Recreation* refers to a general field; whereas *Recreational Therapy* is the correct term to refer to the practice, and *Recreational Therapists* are the practitioners. As these standards are designed to promote appropriate standards for the educational preparation of practitioners, the terms *Recreational Therapy* and *Recreational Therapist(s)* are used to reference any programs preparing recreational therapists.

“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 education programs are prepared to individually assess the patient or consumer, to plan RT intervention programs, to implement safe and effective evidence-based RT interventions, to evaluate the effectiveness of RT 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:

1. A post-secondary academic institution accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education, and authorized under applicable law or other acceptable authority to provide a postsecondary program, which awards a minimum of a baccalaureate degree at the completion of the program.
2. 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 or equivalent at the completion of the academic program.

B. Consortium Sponsor

1. 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.
2. 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.

The Sponsor must assure that students meet eligibility requirements for credentialing examination(s) upon conclusion of the program.

II. Program Goals

A. Program Goals and Outcomes

There must be a written statement of the program's goals and learning domains consistent with and responsive to the demonstrated needs and expectations of the various communities of interest served by the educational program. The communities of interest that are served by the program must include, but are not limited to, students, graduates, faculty, sponsor administration, employers, physicians or other related healthcare professional, and the public.

Other related healthcare professional may include, but is not limited to, clinical psychologist, social worker and nurse.

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.

Advisory committee meetings may include participation by synchronous electronic means.

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:

- 1) coordinate all aspects of the program, including the organization, administration, continuous review, planning, development and achievement of program's goals and outcomes;
- 2) establish criteria for sites that provide clinical education experiences for students;
- 3) evaluate on an annual and planned basis all clinical education sites where students are gaining clinical experience;
- 4) ensure clinical instructor orientation and evaluation programs takes place;
- 5) ensure regularly planned communication between the program and the clinical instructor; and,
- 6) 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.

b. Qualifications

The Program Director must:

- 1) possess a minimum of a Master's Degree in Recreational Therapy or related discipline;
- 2) be full time consistent with institutional practices;
- 3) have a minimum of three (3) years of relevant professional experience, including a minimum of one (1) year of direct service delivery in Recreational Therapy;
- 4) be internationally certified, as a Recreational Therapist; and
- 5) have registration, certification, or licensure as required by law.

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, excluding clinical instructors, 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:

- 1) possess a minimum of a Master's Degree in Recreational Therapy or related discipline;
- 2) demonstrate knowledge in the subject matter taught and be credentialed as appropriate;
- 3) 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;
- 4) be internationally certified as a Recreational Therapist; and
- 5) have registration, certification, or licensure as required by law.

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.

Recreational Therapy faculty and Instructional staffing should be consistent with staffing patterns in other allied health education programs within the institution.

3. Clinical Instructors

a. Responsibilities

Clinical Instructors must:

- 1) supervise students during clinical experiences and be immediately available to provide hands-on care that can affect the patient outcome (e.g., provide modeling, direct supervision and evaluation);
- 2) participate in regularly planned communication between the program and the clinical instructor;
- 3) provide instruction and clinical experience in relevant practice competencies delineated in Appendix B; and
- 4) evaluate students' performance.

b. Qualifications

Clinical Instructors must:

- 1) possess a minimum of a Bachelor's degree;

- 2) be internationally certified as a Recreational Therapist;
- 3) have registration, certification, or licensure as required by law; and,
- 4) 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.

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.

The program must demonstrate that it meets or exceeds the content and/or competencies specified in Appendix B.

CAAHEP is committed to the inclusion of emergency preparedness (EP) content in the curriculum as appropriate to the profession.

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(s) 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 the profession or in a related field; and/or continuing his/her education; and/or serving in the military. A related field is one in which the individual is using cognitive, psychomotor, and affective competencies acquired in the educational program.

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; and 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 make available to the public, current and consistent summary information about student/graduate achievement that includes the results of one or more of the outcomes assessment required in these **Standards**.

The sponsor should develop a suitable means of communicating to the communities of interest the achievement of students/graduates (e.g. through a website or electronic or printed documents).

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, and other participants 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; and
2. 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
9355 – 113th St. N, #7709
Seminole, FL 33775

The “Request for Accreditation Services” form can be obtained from the [CAAHEP website](#).

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
9355 – 113th St. N, #7709
Seminole, FL 33775

The “Request for Accreditation Services” form can be obtained from the [CAAHEP website](#).

- 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 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.

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 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 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.

3. 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 Competencies for an Educational Program in Recreational Therapy

The following curriculum competencies are adapted by CARTE from the American Therapeutic Recreation Association (ATRA) *Guidelines for Competency Assessment and Curriculum Planning for Recreational Therapy Practice* (2008).

1. Curriculum Content Requirements

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

- 1) Knowledge of the historical foundations and evolution of the Recreational Therapy (RT) profession.
- 2) Knowledge of the philosophical concepts/definitions of RT and implications for service delivery.
- 3) Knowledge of the health care and human service systems and the role and function of RT and allied disciplines within each.
- 4) Knowledge of the role of RT in relation to allied disciplines and the basis for collaboration with patient care services.
- 5) Knowledge of personal and societal attitudes related to health, illness and disability.
- 6) Knowledge of RT service delivery models and practice settings.
- 7) Knowledge of the RT process: assessment, treatment planning, implementation and evaluation.
- 8) Knowledge of the concepts of health, habilitation, rehabilitation, treatment, wellness, prevention and evidence-based practice as related to RT practice.
- 9) Knowledge of the role and responsibilities of levels of personnel providing RT services (RT, RT assistant, supervisor, manager and volunteers).
- 10) Knowledge of the role and responsibilities of a Recreational Therapist working as an integral part of the interdisciplinary treatment process.
- 11) Knowledge of the theories and principles of therapeutic/helping relationships.
- 12) Knowledge of Recreational Therapist's role as an advocate for client's rights.
- 13) Knowledge of the principles and processes of interdisciplinary treatment teams.
- 14) Knowledge of the development and purpose of RT professional organizations at the local, state, and national levels.
- 15) Knowledge of RT standards of practice and ethical codes.
- 16) Knowledge of current ethical issues in health care and human services.
- 17) Knowledge of professional credentialing requirements and processes: registration, certification, licensure.
- 18) Knowledge of agency accreditation processes applicable to RT services.
- 19) Knowledge of personal responsibility for continuing professional education and of appropriate resources.
- 20) Knowledge of principles of normalization, inclusion, self-determination, social role valorization, empowerment and personal autonomy.
- 21) Knowledge of issues/influences shaping the future of RT.
- 22) Skill in applying the principles of the RT process in individual and group treatment programs (service delivery).

- 23) Skill in applying techniques of evidence-based practice to Recreational Therapy practice.

The equivalency of three or more semester hours of content should provide sufficient depth of coverage of content however there may be alternative means to provide sufficient depth of coverage (e.g., content coverage over multiple courses).

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

- 1) Knowledge of psychometric properties of tests and measurements
- 2) Knowledge of evidence-based Recreational Therapy assessment instruments used to determine physical, cognitive, emotional, and social functioning of patients/clients.
- 3) Knowledge of the evidence of problems and limitations for the specific medical, psychiatric or other disabling conditions being treated.
- 4) Knowledge of the impact of limitations in physical, cognitive, social and emotional functioning upon independence in life activities including work/school, self-maintenance and leisure.
- 5) Knowledge of evidence-based assessment instruments from other health care disciplines that may be relevant to Recreational Therapy practice.
- 6) Knowledge of the World Health Organization’s (WHO) International Classification of Functioning, Disability and Health (ICF) as a method of assessing individual functioning and the impact of activity limitations and restrictions to participation in life activities, independence, satisfaction and quality of life.
- 7) Knowledge of interviewing stages and strategies.
- 8) Knowledge of the nature and function of documentation procedures and systems related to client assessment.
- 9) Knowledge of goals and mission of the various service settings as determinants for assessment procedures and protocols.
- 10) Skill in defining and measuring a variety of functional behaviors relevant to specific disabling conditions and to the practice of RT.
- 11) Skill in the use of behavioral observations.
- 12) Skill in the use of a variety of standardized and non-standardized instruments, batteries and rating systems.
- 13) Skill in the use of functional performance testing.
- 14) Skill in the use of rapid assessment instruments (RAI) and their application to Recreational Therapy practice.
- 15) Skill in gathering and use of relevant information from records, charts, family, significant others, and other professionals.

The equivalency of three or more semester hours of content should provide sufficient depth of coverage of content however there may be alternative means to provide sufficient depth of coverage (e.g., content coverage over multiple courses).

c. 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,).

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) Knowledge of the components of a comprehensive treatment/program plan as required by regulatory agencies and professional standards of practice.
- 2) Knowledge of the scope of practice of Recreational Therapy for treatment/program planning.
- 3) Knowledge of the systems approach to program planning and service delivery.
- 4) Knowledge of documentation procedures relevant to the processes of treatment and discharge planning.
- 5) Knowledge of assistive techniques and devices to facilitate appropriate treatment interventions.
- 6) Knowledge of resources available to the Recreational Therapist in planning and implementing services.
- 7) Skill in constructing treatment plans that incorporate patient/client strengths, resources and preferences.
- 8) Skill in designing discharge/transition plans relevant to patient/client resources, support systems and needs.
- 9) Skill in activity and task analysis.
- 10) Skill in integrating systematic methods of patient/client evaluation and program evaluation into treatment/program plans.

The equivalency of three or more semester hours of content should provide sufficient depth of coverage of content however there may be alternative means to provide sufficient depth of coverage (e.g., content coverage over multiple courses).

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

- 1) Knowledge of goals and mission of the institution/agency/organization as determinants for treatment/program intervention.
- 2) Knowledge of principles underlying the therapeutic/helping process, with emphasis upon interaction between the RT and the patient/client.
- 3) Knowledge of the role of the Recreational Therapist as a member of the interdisciplinary treatment team.

- 4) Knowledge of counseling theories and their relevance to specific interventions.
 - 5) Knowledge of individual and group leadership and helping theories and techniques.
 - 6) Knowledge of adjustment or activity modification principles for adaptation to the needs of the individual patient/client.
 - 7) Knowledge of evidence-based treatment interventions/programs typically used to reach treatment outcomes for specific medical, psychiatric or other disabling conditions.
 - 8) Knowledge of legal and ethical ramifications of treatment service delivery.
 - 9) Skill in establishing an effective therapeutic/helping relationship.
 - 10) Skill in designing evidence-based treatment interventions to implement the individual treatment plan of the patient/client.
 - 11) Skill in effective oral and written communication.
 - 12) Skill in applying individual and group leadership/helping techniques.
 - 13) Skill in assisting the patient/client to process the treatment intervention, thereby enhancing self-awareness and formulating conclusions relevant to treatment goals and objectives.
 - 14) Skill in facilitating a variety of evidence-based treatment interventions or modalities, such as games, exercise, community reintegration, etc., to reach treatment outcomes.
 - 15) Skill in using a variety of facilitation techniques, such as social skills training, cognitive learning theories or behavioral theories, etc., to reach treatment outcomes.
- e. Students must acquire specific modality/skills and facilitation techniques used as treatment interventions in Recreational Therapy practice.

Programs are encouraged to provide sufficient depth of coverage in at least 3 specific modality skills and facilitation techniques rather than providing coverage of an expansive breadth of modalities at the expense of adequate depth. Fifteen (15) contact hours per modality/skill should provide sufficient depth of coverage.

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

- 1) Knowledge of a variety of systematic methods of evaluation and research.
- 2) Knowledge of formative and summative methods and resources used to evaluate the efficiency and effectiveness of Recreational Therapy services.
- 3) Knowledge of documentation procedures for program planning, accountability, and payment of service.
- 4) Knowledge of methods for interpreting client/patient progress and outcomes as a basis for program evaluation.
- 5) Knowledge of evaluation requirements of regulatory agencies.
- 6) Skill in designing and using a variety of evaluation methods to analyze client/patient outcomes and the effectiveness of the treatment interventions.

At least three or more semester hours of content should provide sufficient depth of coverage of content however there may be alternative means to provide sufficient depth of coverage (e.g., content coverage over multiple courses).

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

- 1) Knowledge of the organization and delivery of health care and human services.
- 2) Knowledge of position design, classification, recruitment, orientation/training, supervision and performance management of personnel as an integrated human resource system.
- 3) Knowledge of techniques of financing, budgeting, cost accounting, rate setting and fiscal accountability.
- 4) Knowledge of governmental, professional, agency, and accreditation standards and regulations.
- 5) Knowledge of the principles and practices of promotions, public relations, and marketing.
- 6) Knowledge of practices of managing resources including personnel, facilities, supplies, and equipment.
- 7) Knowledge of principles and requirements for safety and risk management.
- 8) Knowledge of facility planning processes.
- 9) Knowledge of strategic planning processes.
- 10) Knowledge of legal requirements pertaining to delivery of health care and human services and Recreational Therapy.
- 11) Knowledge of providing clinical supervision and education to staff and students [renumbered from 1.7.16 to 1.7.11 in order to list with other knowledge competencies. Numbering for all subsequent competencies changes for section]
- 12) Skill in using computers/systems for managing information and data.
- 13) Skill in applying ethical and conduct standards to practice.
- 14) Skill in practicing safety, emergency, infection control and risk management procedures.
- 15) Skill in scheduling, time management, and prioritization of tasks and decisions.
- 16) Skill in managing productivity and labor resources.

The equivalency of three or more semester hours of content should provide sufficient depth of coverage of content however there may be alternative means to provide sufficient depth of coverage (e.g., content coverage over multiple courses).

h. 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).

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

- 1) Anatomy, Physiology, and Analysis of Movement/Biomechanics
 - a) Knowledge of the structure and functions of each of the major body systems:
 - i. Cardiovascular
 - ii. Digestive
 - iii. Endocrine

- iv. Integumentary (skin, hair, etc.)
 - v. Lymphatic & immune
 - vi. Muscular
 - vii. Nervous
 - viii. Reproductive
 - ix. Respiratory
 - x. Skeletal
 - xi. Urinary
- b) Knowledge of the levels of structural organization of human body:
- i. Cellular
 - ii. Chemical
 - iii. Organ
 - iv. Organism
 - v. System
 - vi. Tissue
- c) Knowledge of environmental factors and personal health practices that affect optimal functioning of the human body.
- d) Knowledge of neurological, muscular and skeletal systems pertaining to movement.
- e) Knowledge of the biomechanics of human skeletal muscles and articulations.
- f) Knowledge of the biomechanics of the human spine.
- 2) Human Growth and Development
- a) 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.
- b) 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).
- c) Knowledge of the interplay and relationship between biology, environment and relationships during the various stages of the human lifecycle.
- d) 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.
- e) Skill in recognizing the developmental requirements of patients/clients and activities in the planning of treatment interventions.
- 3) Psychology, Cognitive or Educational Psychology and Abnormal Psychology
- a) Knowledge of the scientific study of human behavior including psychodynamic, behaviorist, and humanistic-existential theories.
- b) Knowledge of cognitive development patterns across the life span including information processing, memory, mental capacity and learning.
- c) Knowledge of theories of human perception, personality, sensation and learning.
- d) Knowledge of psychology of adjustment including models of attachment, coping skills, stress reduction strategies, family/patient/child relationships.
- e) Knowledge of social psychology including socio-cultural relationships, attitudes and stereotypes, social dominance theory and stigmatization based upon disability or disease.
- f) Knowledge of physiological psychology - physiological and biochemical bases of behavior.

- g) Knowledge of abnormal psychology including etiology, dynamics, symptomatology, diagnosis, treatment and rehabilitation.
- h) Knowledge of death and dying including the grieving process, euthanasia, coping skills, fear and spirituality.
- i) Knowledge of selected psychological assessment instrument scoring, interpretation and documentation.
- j) Knowledge of selected psychological assessment instrument reliability, validity, practicality and availability.
- k) Skill in understanding and interpreting categories included in the current edition of the Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association (APA).
- l) Skill in facilitating a variety of treatment interventions designed to address issues within the psychological domain.
- m) Skill in assisting the patient/client in processing and applying knowledge and skills learned to meet individual needs.

4) Disabling Conditions

- a) Knowledge of medical and disabling conditions, disorders and impairments affecting an individual's physical, cognitive emotional and social functioning across the lifespan.
- b) Knowledge of the following for disabling conditions:
 - i. Prevalence
 - ii. Etiology
 - iii. Diagnostic criteria
 - iv. Pathology and symptomatology
 - v. Recommended course of treatment
 - vi. Prognosis
- c) 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.
- d) Knowledge of word root, prefixes, and suffixes used in medical and psychiatric vocabulary.
- e) Skill in use of standard charting signs, symbols and abbreviations.

The equivalency of six or more semester hours of content in the area of anatomy and physiology; and equivalency of three or more semester hours of content in each of the other support content areas should provide sufficient depth of coverage of content, however there may be alternative means to provide sufficient depth of coverage of all content areas (e.g., content coverage over multiple courses).

2. Suggested additional curriculum competencies

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 and interprofessional collaborative practice.

a. Motor Learning

- 1) Knowledge of motor learning and motor development.
- 2) Knowledge of motor behavior across the lifespan.

b. Counseling, Group Dynamics and Leadership

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

c. First Aid and Safety

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

d. Pharmacology

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

e. Health Care Organization and Delivery; Legal Aspects of Health Care

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

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

f. Recreation and Leisure

- 1) *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.*
- 2) *Knowledge of the evolution of recreation and leisure services.*
- 3) *Knowledge of resources for recreation and leisure opportunities.*
- 4) *Skill in referring patients/clients to recreation and leisure services.*
- 5) *Ability to integrate knowledge of patient/client recreation and leisure behaviors with other assessment and diagnostic information.*
- 6) *Ability to integrate knowledge of recreation and leisure services and resources with patient/client needs.*
- 7) *Ability to integrate understanding of normalization, inclusion, self-determination, social role valorization, empowerment and personal autonomy in creating inclusive recreation opportunities.*
- 8) *Ability to advocate for inclusive recreation opportunities for people with disabilities.*

g. Interprofessional Collaborative Practice

- 1) *Skill in working with individuals of other professions to maintain a climate of mutual respect and shared values.*
- 2) *Skill in using knowledge of one's own role and those of other professions to appropriately assess and address the needs of the clients and populations served.*
- 3) *Skill in communicating with clients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease.*
- 4) *Skill in application of relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver client-/population-centered care that is safe, timely, efficient, effective, and equitable.*

The equivalency of three semester hours in each of the areas of motor skill learning, counseling, group dynamics and leadership, health care organization and delivery, legal aspects of health care and recreation and leisure services; equivalency of two or more semester hours in the area of pharmacology; equivalency of one or more semester hours in the area of first aid and safety; and equivalency of one or more semester in the area of interprofessional collaborative practice should provide sufficient depth of coverage of content, however there may be alternative means to provide sufficient depth of coverage of content (e.g., content coverage over multiple courses).

3. Clinical Education Experiences

- a. The Recreational Therapy 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.
- b. 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 as defined

by professional guidelines for competencies necessary for safe and effective Recreational Therapy practice.

- c. The clinical internship or field placement experience must meet the requirements of the international credentialing organizations and 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.

Programs must use, at minimum, the clinical performance appraisal summary form as contained in the ATRA current standards of practice.

Programs are encouraged to use additional evaluation tools to assess clinical performance.

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.