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National Council for Therapeutic Recreation Certification® (NCTRC®)

**Information for the Certified Therapeutic Recreation Specialist™
And New Applicants**

Certification Standards

Part V: NCTRC National Job Analysis



The National Council for Therapeutic Recreation Certification®, NCTRC® and the Certified Therapeutic Recreation Specialist™ (CTRS®) credential are accredited by the National Commission for Certifying Agencies (NCCA).

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Preface

This booklet is from the complete NCTRC Certification Standards: Part V – NCTRC National Job Analysis. Materials included focus on the important Job Tasks and Knowledge required for competent practice by the therapeutic recreation professional.

There are four other booklets which make up the complete set of NCTRC Certification Standards. The booklets were created to provide specific information for various users of the NCTRC Certification Standards. The other parts are:

- Part I: Information for New Applicants
- Part II: Exam Information
- Part III: Recertification Information
- Part IV: NCTRC Disciplinary Process

All candidates for NCTRC certification and CTRS certificants are responsible for reading and understanding the complete NCTRC Certification Standards. These booklets were designed as an additional aide to specific areas of standards and application processes.

Please note that NCTRC Certification Standards are periodically revised. All applications to NCTRC are based on the current standards at the time of application. **The date of this publication is December 2002.**

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Introduction

The National Council for Therapeutic Recreation Certification® (NCTRC®) encourages applications from all qualified individuals interested in becoming certified as Therapeutic Recreation Specialists. While NCTRC cannot warrant an individual's abilities in professional practice, certification will help identify the individual who possesses the minimum knowledge for competent practice in therapeutic recreation.

If you have any questions about the NCTRC certification process or the information contained in the NCTRC Certification Standards, please contact NCTRC at (845) 639-1439. NCTRC's national office is open Monday through Friday from 9:00 a.m. to 5:00 p.m. eastern time. Internet access is available at www.NCTRC.org or you can reach NCTRC by sending an email to nctrc@NCTRC.org.

The job analysis translates practice into a format for test development. It delineated the important tasks and knowledge

deemed necessary for competent practice. A well-conducted job analysis helps insure that a certification test is job related. The process directly links the content of the certification exam to field-identified important job tasks. (Oltman & Rosenfield, 1997). Thus, the job analysis is an essential component in establishing the content validity of a credentialing exam (Standards for Educational and Psychological Testing, 1985).

1997 NCTRC Job Analysis Study Job Tasks and Knowledge Areas for the Therapeutic Recreation Specialist

A benchmark for any profession is its ability to routinely monitor its own practice through an ongoing process of self-regulation. Paramount to this process is the establishment of a credentialing program that enabled the profession to safeguard consumers by stating who is competent to practice. The establishment of a valid job analysis is essential to the integrity of a credentialing program and an exam program.

In 1997, NCTRC completed its second Job Analysis study. The list of tasks below are the current tasks performed by the Therapeutic Recreation Specialist. These job tasks represent the therapeutic recreation process. The knowledge base for therapeutic recreation practice forms the basis of the NCTRC exam content and is used to evaluate pre-service and continuing education for therapeutic recreation.

Job Tasks of the Therapeutic Recreation Specialist

Agency and TR Service Plan

1. Identify and analyze agency mission.
2. Identify and analyze the population served.
3. Identify and analyze agency standards.
4. Identify and analyze resources for services.
5. Develop statement of purpose and goals.
6. Develop specific programs.
7. Identify and analyze funding sources.
8. Prepare written plan of operation.

Assessment for TR Intervention

9. Request and secure referrals.
10. Obtain and review pertinent background information about the person served, as available from records or charts, from other professional staff, and from relevant others.
11. Select assessment instruments and procedures based on needs of the person served.
12. Interview the person served and relevant others to assess physical, social, emotional, cognitive, leisure, and lifestyle needs and functioning.
13. Administer instruments to assess physical, social, emotional, cognitive, leisure, and lifestyle needs and functioning.
14. Observe behavior of the person served to assess physical, social, emotional, cognitive, leisure, and lifestyle functioning.
15. Analyze and interpret results from assessment procedures.
16. Integrate the information collected for use in planning services for the person served and report results to the treatment team.

Individualized Intervention Planning

17. Discuss results of assessment and involve the person served or relevant others in the design of an individualized intervention plan.
18. Develop and document individualized intervention goals and plan based on assessment, consistent with legal requirements and professional guidelines.
19. Develop and document discharge/transition plan consistent with legal requirements and professional guidelines.

Implementation of TR Services

20. Implement individualized intervention plan.
21. Establish and maintain therapeutic relationship with person served.
22. Create and maintain a safe and therapeutic environment.
23. Collect and document significant information regarding the treatment process.
24. Act as an educator, therapist, leader, facilitator and resource in the delivery of TR services.

Evaluation of Individualized Intervention Plan

25. Evaluate functioning and progress of the person served.
26. Monitor and determine effectiveness of individualized intervention plan.
27. Revise individualized intervention plan as necessary with input from the person served, relevant others, and treatment/service team.

Documentation

28. Record progress, functioning, and intervention outcomes of the person served.
29. Document unusual occurrences, accidents and incidents relating to risk management.
30. Maintain fund allocation and expense records.
31. Write summary reports of TR Services.
32. Prepare and report quality improvement data.

Treatment/Service Teams

33. Provide information to team members concerning the range of available TR Services.
34. Coordinate or integrate intervention plan with other disciplines for the person served.
35. Convey information regarding person served to team members in timely and appropriate manner.
36. Develop and provide collaborative services with other team members as necessary.

Organizing and Managing Services

37. Comply with governmental, accreditation, professional, and agency standards and regulations.
38. Recruit, train, supervise, and evaluate staff.
39. Develop TR internship program.
40. Provide mentorship to TR staff and interns.
41. Prepare TR service fiscal plan.
42. Participate in comprehensive quality improvement process.
43. Respond to concerns of the person served, relevant others, staff and community.
44. Participate on committees.
45. Maintain equipment and supply inventory.
46. Participate in the research process.

Outreach, Advocacy and Public Relations

47. Establish and maintain network with advocates and personnel in community agencies, universities, and allied health professions.
48. Advocate for rights to accessible quality health and leisure services.
49. Advocate for inclusionary services.
50. Provide support and education to the person served and relevant others.
51. Promote the agency, TR Services, and the profession through marketing and public relations activities.

Professional Development

52. Maintain and expand professional competence and credentials.
53. Participate in the planning and implementation of agency/TR Service inservice training and staff development programs.
54. Maintain knowledge of current TR trends, techniques, methods, issues, and professional and legal standards.

Required Knowledge Areas for the Therapeutic Recreation Specialist

Background

1. Human growth and development throughout the lifespan

2. Theories of human behavior change
3. Diversity factors (e.g., social, cultural, educational, language, spiritual, financial, age, attitude, geographics)
4. Leisure theories and concepts
5. Leisure models of service delivery
6. Leisure social psychological aspects
7. Leisure throughout the lifespan
8. Leisure lifestyle development
9. Therapeutic Recreation concepts (e.g., holistic approach, recreative experience)
10. Therapeutic Recreation models of service delivery (e.g., special recreation, leisure ability/TR Service model, activity therapy, Health & Wellness model)
11. Therapeutic Recreation historical development
12. Therapeutic Recreation practice settings
13. Health care service systems
14. Leisure service systems
15. Education and human services systems
16. Models of health care and human services (e.g., medical model, community model, education model, psychosocial rehabilitation model, health and wellness model, person-centered model)

Diagnostic Groupings and Populations Served (Etiology, symptomatology, prognosis and treatment of conditions, disabilities and related secondary complications)

17. Cognitive impairments (e.g., dementia, traumatic brain injury, developmental/learning disabilities)
18. Physical impairments (e.g., impairments in musculoskeletal system, nervous system, circulatory system, respiratory system; endocrine and metabolic disorders; infectious diseases)
19. Sensory and communication impairments (visual, hearing, and speech)
20. Psychiatric impairments (e.g., psychoses, affective disorders, personality disorders, polysubstance dependence, alcohol dependence, eating disorders)
21. Behavioral impairments (e.g., victims and/or perpetrators of violence, abuses or neglect)
22. Addictions (e.g., substance abuse, eating disorders, gambling)

Assessment

23. Assessment procedures: Behavioral observations
24. Assessment procedures: Interview
25. Assessment procedures: Functional Skills testing
26. Assessment procedures: Current TR/leisure assessment instruments
27. Assessment procedures: Other inventories and questionnaires
28. Assessment process: Other sources of assessment data (e.g., records, other professionals)
29. Assessment process: Selection (e.g., reliability, validity, practicality, availability)
30. Assessment process: Implementation
31. Assessment process: Interpretation

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32. Sensory domains of assessment (e.g., vision, hearing, tactile)
 33. Cognitive domains of assessment (e.g., memory, problem solving, attention span, orientation, safety awareness)
 34. Social domains assessment (e.g., communication/ interactive skills, relationships)
 35. Physical domains of assessment (e.g., fitness, motor skills function)
 36. Emotional domains of assessment (e.g., attitude toward self, expression)
 37. Leisure domains of assessment (e.g., barriers, interests, attitudes, patterns/skills, knowledge)

Planning the Intervention

38. Impact of impairment on the person served
39. Normalization, inclusion, and least restrictive environment
40. Architectural barriers and accessibility
41. Societal attitudes (e.g., stereotypes)
42. Legislation (e.g., Americans with Disabilities Act, Individuals with Disabilities Education Act, Older Americans Act)
43. Standards of practice for the TR profession
44. Code of ethics in the TR field and accepted ethical practices with respect to cultural, social, spiritual, and ethnic differences
45. Nature and diversity of recreation and leisure activities
46. Purpose and techniques of activity analysis
47. Relevant guidelines and standards (e.g., federal and state regulatory agencies, accrediting agencies, payment systems)
48. Leisure education (e.g., knowledge, resources, skills)
49. Selection of programs, activities and interventions to achieve the assessed needs of the person served
50. Assistive techniques, technology and adaptive devices
51. Methods of writing measurable goals and behavioral objectives
52. Role and function of other health and human service professionals and of interdisciplinary approaches
53. Use of quality improvement guidelines in program planning and implementation

Implementing the Individualized Intervention Plan

54. Principles of group interaction and leadership
55. Principles of behavioral change (e.g., self-efficacy theory, experiential learning model)
56. Related intervention techniques Behavior management techniques (e.g., behavior modification, self-regulation, coping skills)
57. Stress management (e.g., relaxation techniques)
58. Assertiveness training
59. Remotivation

60. Reality orientation
61. Cognitive retraining
62. Counseling techniques
63. Sensory stimulation
64. Methods for educating and incorporating families and relevant others
65. Validation and values clarification
66. Social skills training

Documentation and Evaluation

67. Methods of documenting assessment, progress/functional status, discharge/transition plan of the person served
68. Documentation procedures for program accountability, and payment for services
69. Methods for interpretation of progress notes, observations, and assessment results of the person served
70. Methods for evaluating agency/TR Service program
71. Methods for quality improvement

Organizing and Managing Services

72. Components of agency/TR Service plan of operation
73. Personnel, intern, and volunteer supervision and management
74. Budgeting and fiscal responsibility for service delivery
75. Area and facility management
76. Quality improvement (e.g., utilization review, risk management, peer review, outcome monitoring)
77. Payment systems (e.g., managed care, PPO, private contract, Medicare, Medicaid)
78. Accreditation standards and regulations (e.g., JCAHO, CARF, HCFA)

Advancement of the Profession

79. Professionalism: Guidelines for the development of the profession
80. Requirements for TR certification/recertification
81. Advocacy for persons served
82. Legislation and regulations pertaining to TR
83. Professional standards and ethical guidelines pertaining to TR
84. Public relations, promotion and marketing of the TR profession
85. Methods, resources and references for maintaining and upgrading professional competencies
86. Knowledge of professional associations and organizations
87. Interactive process among pre-service, in-service, and direct service for the advancement of the TR profession (e.g., internships, collaborative research, presentations)

DEFINITION OF TERMS

Given the diversity and varied settings in which therapeutic recreation services are practiced, it becomes a challenge to select terminology that is inclusive of the entire profession. NCTRC sought to alleviate this terminology issue by defining common terms that are used frequently in practice. The list provided below represents terms chosen to describe aspects of practice and the consumer of services. The intent here is to “include” rather than “exclude” any aspect of the profession.

TR: All reference to “TR” in this document refers to Therapeutic Recreation and other reference terms used in the field (e.g., Recreational Therapy, Activity Therapy, etc.).

Service: refers to Therapeutic Recreation Service.

Persons Served: refers to any one of the following: Client, Patient, Customer, Resident, Consumer, Inmate, Student, and/or Participant.

Individualized Intervention Plan: refers to any one of the following: Treatment, Program Implementation, Service, Individualized Education, and/or Care Plan.

Collaborative Service: refers to Co-treatment, Co-facilitation, Co-therapy, Integrated Therapy or Co-teaching.

Treatment/Service Teams: refers to Treatment, Intervention, Interdisciplinary, Intradisciplinary, Transdisciplinary, Human Services or Multi-disciplinary Teams.

Quality Improvement: refers to any one of a large variety of related concepts, including: TQI, TQM, IOP, QA, QM, and CQI.

Standards of Minimal Knowledge, Skills and Abilities

A minimally acceptable, entry level Certified Therapeutic Recreation Specialist (CTRS) must:

1. possess knowledge of the theories and concepts of therapeutic recreation, leisure, social psychology, and human development as related to the nature and scope of human service delivery systems and the ability to integrate these in a variety of settings
2. possess an essential knowledge of the diversity of the populations including cultural and diagnostic groups served within the therapeutic recreation process, including etiology, symptomatology (cognitive, physical, social, sensory and communication, and psychiatric impairments), prognosis, treatment of conditions and related secondary complications. Have a basic command of medical terminology.
3. have a thorough understanding of the assessment process utilized within therapeutic recreation practice including, but not limited to, purpose of assessment, assessment domain (including cognitive, social, physical, emotional, leisure, background information), assessment procedures (including behavioral observation, interview, functional skills testing, a general understanding of current TR/leisure assessment instruments, inventories and questionnaires and other sources of commonly used multidisciplinary assessment data), selection of instrumentation, general procedures for implementation and the interpretation of findings
4. have a basic understanding of the published standards of practice for the profession of therapeutic recreation and the influence that such standards have on the program planning process
5. possess detailed knowledge of the intervention planning process, including program or treatment plan design and development, programming considerations, types of programs, nature and scope of interventions, selection of programs to achieve the assessed needs and desired outcomes of the person served, and the impact of social issues on programming
6. possess basic knowledge related to the implementation of an individual intervention plan, including theory and application of facilitation styles, intervention techniques, and methods for behavioral change
7. have a fundamental knowledge of the processes of documentation and evaluation as incorporated in all phases of the intervention process
8. possess a broad understanding of organizing and managing therapeutic recreation services including, but not limited to, the development of a written plan of operation and knowledge of external regulations, personnel practices, and components of quality improvement
9. be able to identify and understand the components of professional competency within the realm of therapeutic recreation practice, including requirements for certification, ethical practice, public relations, and the general advancement of the profession