

2014 CTRS®

Job Analysis Report

NCTRC Report on the International Job Analysis of
Certified Therapeutic Recreation Specialists

CTRS®—The Qualified Provider



National Council for Therapeutic
Recreation Certification®

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2014 CTRS® JOB ANALYSIS REPORT

This report outlines the rationale, procedures and findings of the 2014 NCTRC Job Analysis Study. The job analysis study was conducted by NCTRC with technical assistance from Prometric testing service. Prometric is recognized as a global leader in occupational testing and exam development and currently serves as the test contractor for the NCTRC exam program.

The purpose of the job analysis study was to identify the tasks and knowledge that are important for competent performance by entry-level certificants. The study was conducted to answer the essential question: what are the important job tasks related to competent practice and what knowledge and skills are essential for competent performance? The findings of the job analysis study serve as the basis of the NCTRC Certification Exam and inform the CTRS® about content areas for continuing education.

RATIONALE

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 creation of a credentialing program that enables 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 its associated exam program. The job analysis translates practice into a usable format for test development. It delineates the important tasks and knowledge deemed necessary for competent practice.

A well-conducted job analysis helps insure that a certification exam is job related and thus has content validity. The process directly links the content of the certification exam to field-identified important job tasks (Oltman & Rosenfield, 1997). Therefore, the job analysis process is an essential component in establishing the content validity of a credentialing exam (Standards for Educational and Psychological Testing, 2014).

METHODS

A variety of methods exist for the completion of a job analysis. The most accepted practice is to use multiple sources of job information and then check for agreement among subject matter experts (certificants). The process is enhanced by the inclusion of large numbers of subject matter experts who represent the diversity of relevant areas of expertise and practice. Within the current study, several different sources of information about entry-level practice were considered with the most significant being the 2007 NCTRC Job Analysis Inventory (NCTRC, 2007). This comprehensive inventory of 131 job related tasks and knowledge areas was reviewed by the Task Force Committee composed of nine (9) subject matter experts who were Certified Therapeutic Recreation Specialists. Members of the Task Force Committee represented the diversity of settings, populations, and levels of service found in therapeutic recreation practice across the United States and Canada. The Task Force Committee, after careful analysis, modified the original job analysis inventory to reflect current practice, keeping in mind the skills necessary for competent performance and protection of the consumer.

Based upon the work of the Task Force Committee, Prometric developed a draft inventory survey, complete with rating scales and demographic questions. More specifically, the survey consisted of five (5) sections:

1. Background and General Information
2. Tasks
3. Knowledge
4. Test Content Recommendations
5. Comments

The survey was pilot tested using a sample of nine CTRS® subject matter experts. After slight modification, the survey was then sent to the entire population of active certificants (N=11,554) via email or postal mail. The survey results were used to guide the development of test specifications and content-valid examinations.

SUMMARY OF FINDINGS: DEMOGRAPHICS

Of the 11,554 Certified Therapeutic Recreation Specialists invited to participate in the survey, a total of 3,029 (26%) individuals submitted completed surveys. The largest reported job profile was that of Recreation Therapist (44.5%) in a hospital work setting (32%) and certified for 10 or more years (54%). Results by self-description indicated that respondents varied with respect to gender (female, 88.6%; and male, 11.4%), and racial/ethnic background (White, 86.8%; and Non-white, 13.2%). All U.S. states and most Canadian provinces were represented within the study. A more complete summary of demographic results is presented in [Table 1](#).

SUMMARY OF FINDINGS: TASK DOMAINS

With regard to the 10 task domains, respondents were asked to rate each of 69 job responsibility statements using a five-point scale (“0”= of no importance to “4”= very important). Within the final analysis, a mean importance rating of 2.5 and higher (moderate to very important) was established to identify those tasks or professional responsibilities that were to be included in the test development process.* The 69 task statements with corresponding means and standard deviation values appear in **Table 2**. Some of the statements have been abbreviated to accommodate the display of data. In addition to the statements, mean scores (higher scores = more important) and standard deviations (small scores = more agreement) are provided. The top rated job tasks according to corresponding means and standard deviations are presented in **Table 4**. Clearly noted within the top rated job tasks are individual tasks from the designated domain areas of *Professional Relationships and Responsibilities*, *Document Intervention Services*, and *Implement Interventions and/or Programs*. Significant representation from these domain areas along with job tasks from the domain area of *Assessment* clearly underscores the importance of the therapeutic recreation process within TR/RT practice.

SUMMARY OF FINDINGS: KNOWLEDGE AREAS

With regard to the six (6) established knowledge domains, respondents were asked to rate each of the 57 knowledge areas using a five point scale (“0” = of no importance to “4” = very important). As with the job tasks, a 2.5 importance rating criterion was established for consideration of acceptance*. The knowledge areas are presented in **Table 3**.

The knowledge areas with the highest importance ratings according to corresponding means and standard deviations are listed in **Table 5**. The majority of the top listed knowledge areas were from the defined domain areas of *Foundational Knowledge* and *Assessment Process*. This finding, once again, highlights the overall importance of the therapeutic recreation APIED process within TR/RT practice. The knowledge areas that were rated lower in importance (but still at the 2.5 level or above) tended to be in the areas of *Administration of Therapeutic Recreation/Recreation Therapy Service* and *Advancement of the Profession*.

TABLE 1: SUMMARY OF DEMOGRAPHIC FINDINGS

Gender	No.	%	Years Certified	No.	%	Primary Population Served	No.	%
Female	2669	88.6	Less than 1 year	262	8.7	Behavioral/mental health	984	37.5
Male	344	11.4	1-3 years	519	17.1	Geriatric	799	30.4
Missing	16		4-6 years	382	12.6	Physical medicine/disabilities	536	20.4
Ethnic Background	No.	%	7-9 years	293	9.7	Developmental disabilities	306	11.7
White (non-Hispanic)	2608	86.9	10 or more years	1573	51.9	Missing	11	
Black/African American	187	6.2	Current Role	No.	%	Primary Age Group Served	No.	%
Hispanic/Latino	87	2.9	Recreation Therapist	1349	44.6	Adults/Older adults	904	34.4
Asian/Pacific Islander	60	2.0	Recreation Therapist/Supervisor	499	16.5	Adults	607	23.1
Multi-racial/Multi-ethnic	43	1.4	TR Leader/Programmer	298	9.8	Older Adults	455	17.3
Native American/Alaskan Native	15	0.5	Not currently employed in TR	284	9.4	All age groups	352	13.4
East Indian	3	0.1	TR Leader/Supervisor	252	8.3	Children/Adolescents	213	8.1
Missing	26		Recreation Therapist/Admin.	121	4.0	Adolescents	56	2.1
Regional Representation	No.	%	Administrator	116	3.8	Children	44	1.7
North Central	767	25.3	Educator	109	3.6	Missing	5	
Southeast	742	24.5	Missing	1		Primary Level of Service	No.	%
Northeast	618	20.4	Primary Service Setting	No.	%	Long-term care	677	25.8
Southwest	391	12.9	Hospital	1182	32.0	Acute care	616	23.5
South Central	266	8.8	Skilled Nursing Facility	632	17.1	Rehabilitation care	545	20.8
Canada	127	4.2	Residential/transitional	382	10.3	Community	408	15.5
Northwest	106	3.5	Outpatient/day treatment	358	9.7	Residential Care	189	7.2
Other	12	0.4	Adaptive recreation program	270	7.3	Sub-acute care	134	5.1
Years in Practice	No.	%	Assisted Living	232	6.3	Education	34	1.3
Less than 1 year	297	9.8	Parks/recreation organization	159	4.3	Home health care	23	0.9
1-3 years	429	14.2	Day care setting	127	3.4	Missing	10	
4-6 years	374	12.4	Correctional institution	101	2.7			
7-9 years	291	9.6	Disability support organization	80	2.2			
10 or more years	1638	54.1	Private practice	80	2.2			
			School	68	1.8			
			Research/prof. organization	22	0.6			

*The Test Specification Committee retained certain tasks and knowledge areas below the 2.5 rating threshold due to the importance of these areas to TR services.

SUMMARY OF FINDINGS: CONTENT COVERAGE RATINGS

The survey participants were asked to indicate how well the statements within each of the task and knowledge domains covered important aspects of that area. These responses provide an indication of the adequacy (comprehensiveness) of the survey content. The five-point rating scale included 1=Very Poorly, 2=Poorly, 3=Adequately, 4=Well, and 5=Very Well. The means and standard deviations for the task and knowledge ratings are provided in **Tables 6 and 7**. For the task domains, the means ranged from 3.1 to 3.3. The means across the knowledge domains ranged from 3.1 to 3.3. These findings provide supportive evidence that the tasks and knowledge were comprehensive and well-covered on the survey.

SUMMARY OF FINDINGS: TEST CONTENT RECOMMENDATIONS

The final section of the survey asked respondents to suggest the percentage of examination coverage to be allotted to each of the overall six established knowledge domains. The Test Specification Committee then reviewed this information as a factor in making the decision about how much emphasis (percent) each knowledge domain should receive within the test content outline.

TABLE 2: JOB TASK DOMAINS

No. Job Task Domains	Mean	SD	No. Job Task Domains	Mean	SD
PROFESSIONAL RELATIONSHIPS AND RESPONSIBILITIES			DOCUMENT INTERVENTION SERVICES		
1. Establish/maintain effective working relationships	3.8	0.6	36. Document participation/adherence to intervention	3.4	0.9
2. Create/maintain a safe/therapeutic environment	3.8	0.6	37. Document behavioral observations	3.5	0.9
3. Maintain CTRS/required state credential(s)	3.3	1.1	38. Document occurrences relating to risk management	3.6	0.8
4. Participate in in-service training/staff development	3.3	0.8	39. Document protocols/modalities	3.0	1.0
5. Maintain knowledge of current TR/RT trends	3.1	1.0	40. Document program effectiveness	3.1	1.0
6. Enhance professional competence/additional credentials	2.6	1.1	TREATMENT TEAMS AND/OR SERVICE PROVIDERS		
7. Enhance professional competence	2.6	1.2	41. Identify the treatment team/community partners	3.1	1.0
8. Support the development of evidence-based practices	2.8	1.1	42. Provide information to team/community partners	3.0	1.1
9. Adhere to professional SOP and code of ethics	3.6	0.7	43. Communicate information	3.3	0.9
10. Participate in quality improvement process	2.9	1.0	44. Coordinate/integrate intervention plan	3.0	1.1
11. Participate in agency/professional committees	2.7	1.1	45. Develop/provide collaborative services	3.0	1.1
ASSESSMENT			DEVELOP AND MAINTAIN PROGRAMS		
12. Request/secure referrals/orders	2.5	1.3	46. Maintain equipment/supply inventory	3.1	1.0
13. Obtain/review pertinent information	3.5	0.9	47. Plan/coordinate support services	2.7	1.3
14. Select/develop assessment methods/setting	3.1	1.1	48. Maintain program budget/expense records	2.8	1.3
15. Establish therapeutic relationship	3.7	0.7	49. Develop/distribute schedules	3.1	1.1
16. Conduct assessments	3.3	1.0	50. Identify funding sources	2.3	1.4
17. Analyze/interpret results	3.3	1.0	51. Conduct needs assessment	2.6	1.3
18. Integrate/record/disseminate results	3.2	1.0	52. Conduct ongoing program evaluation	3.0	1.1
PLAN INTERVENTIONS AND/OR PROGRAMS			53. Follow risk management practices	3.5	0.8
19. Discuss results of assessment	3.1	1.1	MANAGE TR/RT SERVICES		
20. Develop/document intervention plan	3.2	1.1	54. Comply with standards/regulations	3.6	0.7
21. Develop/select interventions/approaches	3.4	0.9	55. Prepare/update written plan of operation	2.7	1.2
22. Develop/select protocols	3.1	1.0	56. Confirm programs are consistent with agency mission	3.1	1.1
23. Utilize activity/task analysis	2.9	1.1	57. Recruit/train/educate/supervise/evaluate staff	2.9	1.2
24. Select adaptations/modifications/assistive technology	3.3	0.9	58. Provide staff development/mentorship	2.8	1.3
IMPLEMENT INTERVENTIONS AND/OR PROGRAMS			59. Develop/implement/maintain internship program	2.5	1.4
25. Explain purpose/outcomes of the intervention/program	3.0	1.0	60. Prepare/implement/evaluate/monitor annual budget	2.4	1.4
26. Implement individual/group session(s)	3.4	0.9	61. Support research programs/projects	2.1	1.4
27. Use leadership/facilitation/adaptation techniques	3.5	0.8	62. Develop/conduct quality improvement plan	2.4	1.3
28. Monitor/address safety	3.6	0.7	63. Write summary reports of TR/RT services	2.2	1.4
29. Observe for response to intervention/program	3.5	0.9	64. Identify/obtain/manage supplemental funding	2.0	1.5
30. Monitor effectiveness of intervention/program	3.5	0.8	AWARENESS AND ADVOCACY		
EVALUATE OUTCOMES OF THE INTERVENTIONS/PROGRAMS			65. Establish/maintain network with organizations/advocates	2.8	1.2
31. Evaluate changes in functioning	3.5	0.8	66. Advocate for rights of person(s) served	2.2	1.1
32. Determine effectiveness of individual intervention plan	3.4	0.9	67. Provide education to internal/external stakeholders	2.6	1.3
33. Revise individualized intervention plan	3.3	1.0	68. Promote marketing/public relations	2.5	1.3
34. Evaluate for additional/alternative/discharge of services	3.1	1.1	69. Monitor legislative/regulatory changes	2.4	1.3
35. Determine effectiveness of protocols/programs	3.2	1.0			

*Complete version of the NCTRC Job Task Domains is available online at nctrc.org.

TABLE 3: PROFESSIONAL KNOWLEDGE DOMAINS

No. Professional Knowledge Domains	Mean	SD	No. Professional Knowledge Domains	Mean	SD
FOUNDATIONAL KNOWLEDGE			DOCUMENTATION		
1. Human developmental stages	3.1	1.0	28. Interpretation/documentation of assessment results	3.3	1.0
2. Human behavior/principles of behavioral change	3.1	1.0	29. Individualized intervention plan	3.4	1.0
3. Concepts/models of health/human services	3.0	1.0	30. Writing measurable goals/behavioral objectives	3.3	1.1
4. Principles of group dynamics/leadership	3.3	0.9	31. Progress/functional status	3.0	1.2
5. Legislative/regulatory guidelines/standards	3.1	1.0	32. Modification of intervention plan	3.1	1.1
6. Contributions of play/recreation/leisure	3.4	0.9	33. Discharge/transition plan	2.6	1.3
7. Models of TR/RT service delivery	2.7	1.1	34. Required facility documentation	3.3	1.0
8. Practice settings	3.2	1.0	IMPLEMENTATION		
9. Standards of practice	3.4	0.9	35. Selection of programs	3.6	0.8
10. Code of ethics	3.5	0.8	36. Purpose/techniques of activity/task analysis	3.3	0.9
11. Professional qualifications	3.4	1.0	37. Activity modifications	3.4	0.9
12. Cultural competency	3.4	0.8	38. Modalities and/or interventions	3.4	0.9
13. Cognitive/developmental disorders, related impairments	3.6	0.7	39. Facilitation approaches	3.2	0.9
14. Physical/medical disorders, related impairments	3.5	0.9	40. Intervention techniques	3.4	0.9
15. Psychiatric disorders, related impairments	3.5	0.9	41. Risk management/safety concerns	3.5	0.8
ASSESSMENT PROCESS			42. Role/function of other health/human service professions	3.1	1.0
16. Current TR/RT assessment instruments	2.7	1.2	ADMINISTRATION OF TR/RT SERVICE		
17. Interprofessional inventories/questionnaire	2.5	1.2	43. TR/RT service plan of operation	2.4	1.2
18. Secondary sources of assessment data	3.1	1.0	44. Procedures for program evaluation/accountability	2.8	1.1
19. Criteria for selection and/or development of assessment	2.6	1.2	45. Quality improvement guidelines/techniques	2.7	1.1
20. Implementation of assessment	3.2	1.0	46. Personnel/intern/volunteer management	2.7	1.3
21. Sensory assessment	3.2	1.0	47. Payment system	2.0	1.4
22. Cognitive assessment	3.5	0.8	48. Facility/equipment management	2.6	1.2
23. Social assessment	3.6	0.8	49. Budgeting/fiscal management	2.4	1.3
24. Physical assessment	3.4	0.9	ADVANCEMENT OF THE PROFESSION		
25. Affective assessment	3.5	0.8	50. Professionalism	3.7	0.6
26. Leisure assessment	3.5	0.8	51. Credential maintenance/professional competencies	3.4	1.0
27. Functional skills assessment	3.3	1.0	52. Advocacy for person(s) served	3.5	0.8
			53. Legislation/regulations	2.7	1.2
			54. Public relations/promotion/marketing	2.6	1.3
			55. Professional associations/organizations	2.7	1.2
			56. Research activities	2.4	1.3
			57. Higher education/service provider collaboration	2.5	1.3

*Complete version of the NCTRC Professional Knowledge Domains is available online at nctrc.org.

TABLE 4: TOP JOB TASKS

No. Tasks	Mean	SD
2. Create/maintain a safe/therapeutic environment	3.8	0.6
1. Establish/maintain effective working relationships	3.8	0.6
15. Establish therapeutic relationship with person(s) served	3.7	0.7
28. Monitor/address safety concerns	3.6	0.7
54. Comply with standards/regulations	3.6	0.7
9. Adhere to professional SOP/code of ethics	3.6	0.7
38. Document occurrences relating to risk management	3.6	0.8
27. Use leadership/facilitation/adaptation techniques	3.5	0.8
53. Follow risk management practices	3.5	0.8
37. Document behavioral observations	3.5	0.9
13. Obtain/review pertinent information	3.5	0.9
29. Observe for response to intervention/program	3.5	0.9
30. Monitor effectiveness of intervention/program	3.5	0.8
31. Evaluate changes in functioning	3.5	0.8

*Complete version of the NCTRC Job Tasks is available online at nctrc.org.

TABLE 5: TOP KNOWLEDGE AREAS

No. Knowledge Areas	Mean	SD
50. Professionalism	3.7	0.6
13. Cognitive/developmental disorders, related impairments	3.6	0.7
23. Social assessment	3.6	0.8
35. Selection of programs	3.6	0.8
52. Advocacy for person(s) served	3.5	0.8
15. Psychiatric disorders and related impairments	3.5	0.9
41. Risk management/safety concerns	3.5	0.8
22. Cognitive assessment	3.5	0.8
26. Leisure assessment	3.5	0.8
10. Code of ethics	3.5	0.8
14. Physical/medical disorders and related impairments	3.5	0.9
25. Affective assessment	3.5	0.8

*Complete version of the NCTRC Knowledge Areas is available online at nctrc.org.

The NCTRC Certification Exam is a computer based test consisting of 150 multiple choice questions. The final recommendations of the Test Specification Committee regarding the test content percentages from each knowledge domain are presented in **Table 8**.

JOB ANALYSIS DISCUSSION AND SUMMARY

The purpose of the 2014 NCTRC Job Analysis Study was to identify and validate tasks and knowledge important in the work performed by certificants. The results of the study were utilized to create test specifications that will guide the development of new versions of the NCTRC Certification Exam. The study results will also serve as a framework for the CTRS regarding content selection of continuing education for re-certification.

The 2014 Job Analysis results reflect an overall pattern consistent with the 2007 Job Analysis Study and other previously conducted studies regarding important aspects of therapeutic recreation practice. Although no widespread or substantial changes were observed within the 2014 study results, several subtle changes were noted.

In reviewing the demographic profile of the respondents, consistency of findings were noted between the 2014 study and previous studies with respect to gender, ethnicity, and geographic location. In the current study, respondents had a longer tenure within therapeutic recreation and were certified for a longer period of time than their counterparts in the 2007 study. Shifts in the nature of service settings were also observed during the seven year time period between studies, with an increase observed in the geriatric and developmental disability care settings. Respondents within the current study reported that they work more with adults and older adults than with other age groups. A shift toward more direct care on the part of respondents was observed, suggesting a possible decrease in administrative and managerial positions.

A review of the job tasks data reveals that the number of specific tasks increased from 58 to 69. This increase in the number of tasks may be a result of the re-alignment of the general task domains (N=10) from 2007 to 2014. However, upon review of the highest rated job tasks (**Table 4**) it is evident that those job activities directly related to direct client care (including assessment, planning, implementation, evaluation, and documentation) are still viewed by respondents as the most important tasks in TR/RT service delivery. The observed drop in the reported importance of organization and management tasks may be indicative of certificants working in more client-centered practice settings, and perhaps less responsible for managerial job assignments.

Similar findings within the knowledge domains for professional competency (**Table 5**) underscore the importance of the core therapeutic recreation process (i.e., assessment, planning, implementation, and documentation). This finding is most evident by the fact that many of the top rated knowledge areas are contained within the knowledge domains of *Assessment, Documentation, and Implementation*. Interesting to note is the observation that several of the top rated knowledge areas are specific to the area of assessment, reinforcing the importance of this process to the practice of TR/RT. The knowledge domains of *Administration of Therapeutic Recreation/Recreation Therapy Services* and *Advancement of the Profession* while found to be important, were not deemed to be as critical to competent practice as the knowledge domain of the *Assessment, Documentation, and Implementation*. The results of the 2014 NCTRC Job Analysis Study point to a well defined and consistently applied profession. The study findings suggest that although several areas of change have occurred, the core foundation of the profession has remained intact. As a result, the findings contained within this report provide a valid foundation for the NCTRC exam development process. The certification examination reflects this emphasis, and rests on a sound body of evidence to support its relevance to professional practice.

REFERENCES

American Educational Research Association, American Psychological Association, National Council on Measurement in Education. (2014). The standards for educational and psychological testing. Washington, DC: American Psychological Association. NCTRC (2007). JA Report: NCTRC Report on the National Job Analysis Project. New City, NY: NCTRC Publication.

TABLE 6: CONTENT COVERAGE RATING: TASK DOMAINS

No. Task Domains	Mean	SD
1. Professional Relationships and Responsibilities	3.2	0.7
2. Assessment	3.2	0.7
3. Plan Interventions and/or Programs	3.2	0.7
4. Implement Interventions and/or Programs	3.3	0.7
5. Evaluate Outcomes of the Interventions/Programs	3.3	0.7
6. Document Intervention Services	3.3	0.7
7. Treatment Teams and/or Service Providers	3.2	0.7
8. Develop and Maintain Programs	3.2	0.7
9. Manage TR/RT Services	3.1	0.8
10. Awareness and Advocacy	3.1	0.8

TABLE 7: CONTENT COVERAGE RATING: KNOWLEDGE DOMAINS

No. Knowledge Domains	Mean	SD
1. Foundational Knowledge		
a. Theories and Concepts	3.3	0.7
b. Practice Guidelines	3.3	0.7
c. Diagnostic Groupings	3.3	0.7
2. Assessment		
a. Selection and Implementation of Assessment	3.2	0.8
b. Assessment Domains	3.4	0.7
3. Documentation	3.2	0.7
4. Implementation	3.3	0.7
5. Administration of TR/RT Service	3.1	0.8
6. Advancement of the Profession	3.2	0.7

TABLE 8: TEST CONTENT WEIGHTS RECOMMENDED BY TEST SPECIFICATIONS COMMITTEE

Content Areas	Percentage of Exam
Foundational Knowledge	20%
Assessment Process	19%
Documentation	18%
Implementation	26%
Administration of TR/RT Service	10%
Advancement of the Profession	7%
Total	100%

DEFINITION OF TERMS Given the diversity and varied settings in which TR/RT services are practiced, it becomes a challenge to select terminology that is inclusive of the entire profession. The list provided represents terms chosen to describe aspects of practice and the persons served. These terms are broad-based and can be applied to all settings and populations served. The intent here is to “include” rather than “exclude” any aspect of the profession.

Therapeutic Recreation/Recreation Therapy: all references to TR/RT in this document are intended to be used interchangeably.

Persons Served: a patient, client, consumer, participant or resident.

Individualized Intervention Plan: an individualized plan of care or intervention for a person served by a qualified TR/RT professional (CTRS) based on assessed strengths and needs, and includes goals, objectives and intervention strategies aimed at fostering desirable and necessary outcomes.

Treatment/Service Teams: also referred to as “intervention team”, and “multidisciplinary, interdisciplinary, transdisciplinary team”. A treatment team is a group of qualified professionals who provide individual and collective treatment to address the needs of a specific individual receiving service.

Standards of Practice: statements of professional expectations for service delivery in order to assure systematic provision of recreation therapy services. Such statements are set by the organizations representing the specific profession.

Inclusion: a planning process in which individuals with disabilities have the opportunity to participate fully in all community activities offered to people without disabilities. Inclusion requires providing the necessary framework for adaptations, accommodations and supports so that the individual can benefit equally from an experience.

Outcomes: observed changes in an individual’s health status and functional abilities as a result of services. Outcomes must be measurable, achievable, documented, meaningful, and linked to professional intervention.

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