



January 2017

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).

7 Elmwood Drive, New City, New York 10956
Phone: 845.639.1439 • Fax: 845.639.1471
www.NCTRC.org

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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 five 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**
- ❑ **Part VI: Specialty Certification**

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.

NCTRC Certification Standards are updated periodically. Candidates are responsible for making sure they have the most current information and that they meet the current standards when they apply for certification. The most current NCTRC Certification Standards can be found at www.NCTRC.org. **The date of this publication is January 2017.**

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Introduction

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

Please read this booklet of *NCTRC Certification Standards* thoroughly. 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 send 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).

2014 NCTRC Job Analysis Job Tasks and Knowledge Areas for the Certified 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 2014, NCTRC completed its fourth comprehensive Job Analysis Study. The list of tasks below are the current tasks performed by the Certified 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.

2014 NCTRC Job Analysis -Job Tasks for the CTRS- Professional Relationships and Responsibilities

1. Establish and maintain effective working relationships with person(s) served, co-workers, allied departments, and external customers
2. Create and maintain a safe and therapeutic environment
3. Maintain CTRS and required state credential(s)
4. Participate in in-service training and staff development
5. Maintain knowledge of current TR/RT trends, techniques, methods, issues, and professional and legal standards
6. Enhance professional competence through additional credentials
7. Enhance professional competence through contribution to the TR/RT field (e.g., professional presentations, research, attending conferences)
8. Support the development of evidence-based practices
9. Adhere to professional standards of practice and code of ethics

10. Participate in quality improvement process (e.g., exit interviews, customer service satisfaction, peer reviews)
11. Participate in agency/professional committees

Assessment

12. Request and secure referrals/orders from professionals or other sources
13. Obtain and review pertinent information about person(s) served (e.g., records or charts, staff, support system)
14. Select and/or develop assessment methods based on validity, reliability, and needs of the person(s) served and setting (e.g. interview, observation, task performance, established instruments)
15. Establish therapeutic relationship with person(s) served
16. Conduct assessments using selected methods to determine physical, social, affective, cognitive, leisure lifestyle functioning, and environmental factors
17. Analyze and interpret results from assessments
18. Integrate, record, and disseminate results to identified others (e.g., person(s) served, treatment team)

Plan Interventions and/or Programs

19. Discuss results of assessment and involve the person(s) served or identified others (e.g., parent or legal guardian, support system, treatment team, service providers) in the design of individualized intervention plan
20. Develop and document individualized or group intervention plan with goals, objectives, evaluation criteria, and discharge/transition plan
21. Develop and/or select interventions and approaches to achieve individual and/or group goals
22. Develop and/or select protocols for individual and/or group session(s)
23. Utilize activity and/or task analysis prior to interventions/programs
24. Select adaptations, modifications, and/or assistive technology as needed

Implement Interventions and/or Programs

25. Explain the purpose and outcomes of the intervention/program and steps to be followed to the person(s) served and/or identified others (e.g., parent or legal guardian, support system, treatment team, service providers)
26. Implement individual and/or group session(s), protocols, and/or programs
27. Use leadership, facilitation, and adaptation techniques to maximize therapeutic benefit
28. Monitor and address safety concerns throughout the intervention/program
29. Observe person(s) served for response to intervention/program and document important data (e.g. interaction with others, group, or therapist)
30. Monitor effectiveness of individual and/or group intervention/program plans and make modifications as needed

Evaluate Outcomes of the Interventions and/or Programs

31. Evaluate changes in functioning of the person(s) served
32. Determine effectiveness of individual intervention plan and/or program and adjust as needed
33. Revise individualized intervention plan and/or program as necessary with input from the person(s) served and identified others (e.g., parent or legal guardian, support system, treatment team, service providers)
34. Evaluate individual's need for additional, alternative, or discharge of services
35. Determine effectiveness of protocols, modalities, and/or programs for targeted groups

Document Intervention Services

36. Document participation and adherence to intervention
37. Document behavioral observations, progress, functioning, and intervention outcomes of the person(s) served
38. Document occurrences, accidents, and incidents relating to risk management
39. Document protocols and modalities
40. Document program effectiveness

Treatment Teams and/or Service Providers

41. Identify the treatment team/community partners, including person(s) served
42. Provide information to team members and community partners concerning available TR/RT services and outcomes
43. Communicate information regarding person(s) served to team members and community partners in a timely and appropriate manner (e.g., behavioral changes, functional status)
44. Coordinate or integrate intervention plan with other service providers and community partners for the person(s) served (e.g., care planning, discharge/transition plan)
45. Develop and provide collaborative services with other team members and community partners as necessary (e.g., co-treatment)

Develop and Maintain Programs

46. Maintain equipment and supply inventory
47. Plan and coordinate support services (e.g., transportation, housekeeping, dietary)
48. Maintain program budget and expense records
49. Develop and distribute schedules (e.g., programs, special events, programming changes)
50. Identify funding sources
51. Conduct an initial and/or on-going organizational/departmental needs assessment for TR/RT service delivery (e.g. populations served, internal and external resources)
52. Conduct ongoing program evaluation
53. Follow risk management practices

Manage Therapeutic Recreation/Recreation Therapy Services

54. Comply with standards and regulations (e.g., government, credentialing, agency, professional)

55. Prepare and update comprehensive TR/RT written plan of operation (e.g., programs, risk management, policies and procedures)
56. Confirm that programs are consistent with agency mission and TR/RT service philosophy and goals
57. Recruit, train, educate, supervise, and evaluate professionals, paraprofessionals and/or volunteers (e.g., plan in-service training, develop staffing schedules)
58. Provide staff development and mentorship, including clinical supervision
59. Develop, implement and/or maintain TR/RT internship program
60. Prepare, implement, evaluate, and monitor TR/RT service annual budget
61. Support research programs or projects
62. Develop and conduct quality improvement plan and report results
63. Write summary reports of TR/RT services
64. Identify, obtain, and manage supplemental funding (e.g., grants, donations, endowments, fundraisers)

Awareness and Advocacy

65. Establish and maintain network with organizations and advocates (e.g., community partners/agencies, universities, health-related professionals, and consumer groups)
66. Advocate for the rights of person(s) served (e.g. access, inclusion, independence, transportation)
67. Provide education to internal and external stakeholders regarding TR/RT services
68. Promote the organization, TR/RT services, and the profession through marketing and public relations
69. Monitor legislative and regulatory changes that impact TR/RT services and person(s) served

2014 NCTRC Job Analysis -Knowledge Areas-

Foundational Knowledge (FKW)

1. Human developmental stages across the lifespan
2. Theories of human behavior and principles of behavioral change (e.g., Maslow's hierarchy, social learning theory, experiential learning model, self-determination theory, stress-coping, societal attitudes)
3. Concepts and models of health and human services (e.g., medical model, community model, education

- model, health and wellness model, person-centered care model, International Classification of Functioning, recovery model, inclusion)
4. Principles of group dynamics and leadership
5. Legislative and regulatory guidelines and standards (e.g., Americans with Disabilities Act, Individuals with Disabilities Education Act, Joint Commission, CARF)
6. Contributions of play, recreation, and leisure to health, and well-being (e.g., flow theory, benefits, quality of life)
7. Models of TR/RT service delivery (e.g., Leisure Ability Model, Health Protection/Health Promotion Model, TR Service Delivery Model, Health and Well-Being Model)
8. Practice settings (e.g., hospital, long-term care, community-based, schools, home health care)
9. Standards of practice
10. Code of ethics
11. Professional qualifications (e.g., certification, licensure)
12. Cultural competency (e.g., social, cultural, educational, language, spiritual, socioeconomic, age, environment)
13. Cognitive/developmental disorders and related impairments (e.g., dementia, traumatic brain injury, intellectual disabilities)
14. Physical/medical disorders and related impairments (e.g., diabetes, multiple sclerosis, muscular dystrophy, spinal cord injury, sensory impairments)
15. Psychiatric disorders and related impairments (e.g., addictions, PTSD)

Assessment Process (ASP)

16. Current TR/RT assessment instruments
17. Interprofessional inventories and questionnaires (e.g., standardized rating systems, developmental screening tests)
18. Secondary sources of assessment data (e.g., records or charts, staff, support system)
19. Criteria for selection and/or development of assessment (e.g., reliability, validity, practicality, availability)
20. Implementation of assessment (e.g., behavioral observations, interviews, performance testing)
21. Sensory assessment (e.g., vision, hearing, tactile)
22. Cognitive assessment (e.g., memory, problem solving, attention span, orientation, safety awareness)
23. Social assessment (e.g., communication/interactive skills, relationships)
24. Physical assessment (e.g., fitness, motor skills function)

25. Affective assessment (e.g., attitude toward self, expression)
26. Leisure assessment (e.g., barriers, interests, values, patterns/skills, knowledge)
27. Functional skills assessment (e.g., access in the community, using social media, using transportation)

Documentation (DOC)

28. Interpretation and documentation of assessment results
29. Individualized intervention plan (e.g., identification of problems, strategies for treatment, modalities)
30. Writing measurable goals and behavioral objectives
31. Progress/functional status (e.g., SOAP, FIM, DARF)
32. Modification of intervention plan (e.g., reevaluation)
33. Discharge/transition plan of person(s) served
34. Required facility documentation (e.g., adverse incidents)

Implementation (IMP)

35. Selection of programs, activities and interventions to achieve the assessed needs of the person(s) served
36. Purpose and techniques of activity/task analysis
37. Activity modifications (e.g., assistive techniques, technology, and adaptive devices)
38. Modalities and/or interventions (e.g., leisure skill/education, assertiveness training, stress management, social skills, community reintegration)
39. Facilitation approaches (e.g., strengths based approach, holistic approach, person-centered, palliative care)
40. Intervention techniques (e.g., behavior management, counseling skills, experiential learning)
41. Risk management and safety concerns
42. Role and function of other health and human service professions and of interdisciplinary

approaches (e.g., co-treatment, consultation, referral)

Administration of Therapeutic Recreation/Recreation Therapy Service (ADM)

43. TR/RT service plan of operation (e.g., TRAM model, policy and procedure development)
44. Procedures for program evaluation and accountability (e.g., attendance, participation rates, cost benefit analysis)
45. Quality improvement guidelines and techniques (e.g., utilization review, risk management, peer review, outcome monitoring)
46. Personnel, intern, and volunteer management (e.g., recruitment, supervision, coordination, evaluation)
47. Payment system (e.g. government funding, managed care, private contract, Medicare, Medicaid, ICDM)
48. Facility and equipment management (e.g., maintenance, upgrading, inventory)
49. Budgeting and fiscal management (e.g., fund acquisition, fund management)

Advancement of the Profession (ADV)

50. Professionalism (e.g., professional boundaries, professional appearance, and behavior)
51. Credential maintenance and upgrading professional competencies (e.g., certification, recertification, licensure, continuing education, specializations)
52. Advocacy for person(s) served (e.g., patient/consumer rights, grievance policies, HIPAA)
53. Legislation and regulations pertaining to TR/RT (e.g., related service definitions, Affordable Care Act)
54. Public relations, promotion and marketing of the TR/RT profession
55. Professional associations and organizations
56. Research activities (e.g., research of evidence-based literature, efficacy of TR/RT interventions)
57. Collaboration between higher education and direct service providers (e.g., provision of internships, supporting research)

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 here 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 individuals 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.

Standards of Knowledge, Skills and Abilities for the CTRS

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 health and 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 diagnostic groups served within the therapeutic recreation process, including etiology, symptomatology, prognosis, treatment of conditions and related secondary complications. Possess a basic understanding of and ability to use 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, affective, 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 tools, including standardized measures), 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, and selection of programs to achieve the assessed needs and desired outcomes of the person served.
6. possess basic knowledge related to the implementation of an individual intervention plan, including theory and application of modalities/interventions and facilitation techniques/approaches.
7. have a fundamental knowledge of methods for documenting and evaluating persons served, programs, and agencies.
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, resource management, components of quality improvement, as well as basic understanding of staff/volunteer management.
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.
10. possess fundamental knowledge of how the TR process is influenced by diversity and social environment.
11. possess fundamental knowledge of assistive devices/equipment and activity modification techniques.
12. possess fundamental knowledge of group interaction, leadership, and safety.