

**Recreational Therapy Program Review Report
List of Appendices (numbered by standards)**

Appendix 1. Standard 1	4
<i>Appendix 1.1 Western Carolina University Mission and Vision Statements</i>	<i>4</i>
<i>Appendix 1.2 Mission of the College of Health and Human Sciences</i>	<i>4</i>
<i>Appendix 1.3 Role, Mission and Vision Statements of the School of Health Sciences</i>	<i>4</i>
<i>Appendix 1.4 Mission of the Recreational Therapy Program</i>	<i>5</i>
Appendix 2. Standard 2	6
<i>Appendix 2.1 Description of program's ongoing planning process</i>	<i>6</i>
<i>Appendix 2.2 WCU Strategic Plan (2008-2013)</i>	<i>7</i>
<i>Appendix 2.3 College of Health and Science's Strategic plan (2009-2012).</i>	<i>10</i>
<i>Appendix 2.4 Recreational Therapy program Strategic Goals/objectives (U in parenthesis relates to alignment with university strategic direction, C to College strategic direction).</i>	<i>12</i>
Appendix 3. Standard 3	14
<i>Appendix 3.1 WCU Catalog copy of program curriculum</i>	<i>14</i>
<i>Appendix 3.2 Curriculum and advising documents: Student Handbook, Course Requirement Checklist, Advising Protocol and Form for File Documentation, WCU RT Technical Standards, Advising Survey</i>	<i>16</i>
<i>Appendix 3.2.1 Recreational Therapy Student Handbook</i>	<i>16</i>
<i>Appendix 3.2.2 RT Course Requirements Checklist</i>	<i>34</i>
<i>Appendix 3.2.3 Protocol for RT Advising</i>	<i>35</i>
<i>Appendix 3.2.4 WCU Recreational Therapy Technical Standards</i>	<i>37</i>
<i>Appendix 3.2.5 Survey of Student Advising</i>	<i>39</i>
<i>Appendix 3.3 Recreational Therapy Course Syllabi</i>	<i>44</i>
<i>Appendix 3.3.1 RTH 200 Foundations of Recreational Therapy</i>	<i>44</i>
<i>Appendix 3.3.2 RTH 350 Recreational Therapy for People with Disabilities</i>	<i>55</i>
<i>Appendix 3.3.3 RTH 351 Client Assessment in Recreational Therapy</i>	<i>63</i>
<i>Appendix 3.3.4 RTH 352 Recreational Therapy Processes and Techniques</i>	<i>75</i>
<i>Appendix 3.3.5 RTH 360 Recreational Therapy for Older Adults</i>	<i>85</i>
<i>Appendix 3.3.6 RTH 370 Methods in Recreational Therapy</i>	<i>96</i>
<i>Appendix 3.3.7 RTH 395 Pre-Intern Seminar</i>	<i>107</i>
<i>Appendix 3.3.7 RTH 405 Recreational Therapy in Behavioral Health</i>	<i>117</i>
<i>Appendix 3.3.9 RTH 417 Administration of Recreational Therapy Services</i>	<i>126</i>
<i>Appendix 3.3.10 RTH 470 Adventure-Based Recreational Therapy</i>	<i>137</i>
<i>Appendix 3.3.11 RTH 484 Clinical Internship in Recreational Therapy</i>	<i>147</i>
<i>Appendix 3.3.12 RTH 485 Clinical Internship in Recreational Therapy</i>	<i>157</i>
<i>Appendix 3.4 Frequency of Recreational Therapy Course Offerings and Mean Class Size for the Previous 5 Years</i>	<i>167</i>
<i>Appendix 3.5 Number of Junior/Senior Recreational Therapy Majors during the Past Five Years</i>	<i>170</i>
<i>Appendix 3.6 Time to Degree for Recreational Therapy Graduates for Previous 5 Years</i>	<i>170</i>
<i>Appendix 3.7 Course Sequence for 4 Year Graduation: The 8 Semester Plan</i>	<i>171</i>
<i>Appendix 3.8 2008-09 Annual Recreational Therapy Assessment Report</i>	<i>172</i>
<i>Appendix 3.8.1 2007-08 Annual Recreational Therapy Assessment Report</i>	<i>187</i>
<i>Appendix 3.8.2 2006-07 Annual Recreational Therapy Assessment Report</i>	<i>205</i>

Appendix 3.8.3 2005-06 Annual Recreational Therapy Assessment Report	220
Appendix 3.8.4 2004-05 Annual Recreational Therapy Assessment Report	228
Appendix 3.9 Recreational Therapy Student Learning Outcomes	235
Appendix 3.9.1 Recreational Therapy Curriculum Goals and Student Outcomes	235
Appendix 3.9.2 RT Curriculum Map: ATRA Competencies, NCTRC Knowledge Areas, Learning Activities, and Student Outcomes	236
Appendix 3.9.3 RT Competency Assessment	248
Appendix 4. Standard 4	254
Appendix 4.1 Age, Tenure Status, Gender, And Ethnic Origin Of Faculty	254
Appendix 4.2 Credentials for Full, Part Time Faculty for Last academic year	254
Appendix 4.3 Summary of Sponsored Research	254
Appendix 4.4 Curriculum Vitae for Full-time Faculty	255
Appendix 4.4.1 Connolly Biographic Sketch and Curriculum Vitae	255
Appendix 4.4.2 Hinton Biographic Sketch and Curriculum Vitae	275
Appendix 4.4.3 Kastrinos Biographic Sketch and Curriculum Vitae	289
Appendix 4.5 School of Health Sciences AFE/TPR Document	298
Appendix 4.6 FTE for Recreational Therapy Program Faculty	311
Appendix 4.7 Student Credit Hour (SCH) Production for Previous Three Years	311
Appendix 4.8 Recreational Therapy Course Load and Enrollment by Instructor for the Previous Three Years	312
Appendix 5. Standard 5	314
Appendix 5.1 Number of Applicants and Admissions to the Recreational Therapy Program for the Previous Five Years	314
Appendix 5.2 Academic Qualifications of Recreational Therapy Students Admitted to the Program for the Previous Five Years	314
Appendix 5.3 Number Of Women, Minority, And International Students	314
Appendix 5.4 Number of Recreational Therapy Students Graduated Each Year for the Previous Five Years	315
Appendix 5.5 Recreational Therapy Entry Requirements for Admission to the Program	315
Appendix 5.6 Enrollment in Recreational Therapy Internships and Independent Studies for the Past Three Years	315
Appendix 5.7 Student Attendance at Conferences and Workshops for the Past Three Years	316
Appendix 5.8 Status of Employment or Graduate Studies for RT Alumni	316
Appendix 5.9 2009 Survey of Recreational Therapy Alumni	317
Appendix 5.10 Survey of Clinical Supervisors of WCU RT Internships	329
Appendix 5.11 Undergraduate Student Evaluation of the RT Educational Program	339
Appendix 5.12 NCTRC Certification Exam Scores	348
Appendix 6. Standard 6: Organizational Charts	349
Appendix 7. Standard 7	351
Appendix 7.1 Equipment, travel, technology, and operating budgets for previous three years	351
Appendix 7.2 Major facilities and equipment	354

Appendix 7.3 Major hardware and software 354
Appendix 7.4 Major library resources, databases, and journals 355
Appendix 7.5 Support Personnel for School of Health Sciences 356

Appendix 1. Standard 1

Appendix 1.1 Western Carolina University Mission and Vision Statements

University Mission statement

Western Carolina University creates engaged learning opportunities that incorporate teaching, research and service through residential, distance education and international experiences. The university focuses its academic programs, educational outreach, research and creative activities, and cultural opportunities to improve individual lives and enhance economic and community development in the region, state, and nation. (Western Carolina University, 2006 A)

University Vision Statement

Western Carolina University will be a national model for student learning and engagement that embraces its responsibilities as a regionally engaged university.

Appendix 1.2 Mission of the College of Health and Human Sciences

College Vision: To meet the needs of a dynamic intergenerational society we will foster a community of lifelong learners who through collaborative and integrative learning experiences will be recognized as leaders in the helping professions.

College Mission: The mission of the College of Health and Human Sciences is to provide a dynamic learning community that prepares individual for professional life by providing quality educational experiences that promote scholarship, engagement and lifelong learning in a global environment. This goal will be met with active, scholarly, collaborative faculty. The college will be recognized for graduates who are ethical, adaptive, technically capable and innovative professionals.

Appendix 1.3 Role, Mission and Vision Statements of the School of Health Sciences

School of Health Sciences Role and Mission Statement

The role of the School of Health Sciences is to prepare successful health professionals and informed consumers. The faculty is committed to high quality undergraduate and graduate teaching which encourages the development of critical thinking and an appreciation of the concept of life-long learning while fostering leadership, scholarship and integrity.

The faculty recognizes the responsibility to extend the benefits of the departmental programs through regional service to public and private organizations, community groups, and individuals, and to participate in research efforts which support the practice of the health science professions. In these endeavors the faculty is responsive to the needs of the marketplace for competent health professionals, technical support, and up-to-date continuing education which speaks to the changing face of the health industry.

School of Health Sciences Vision Statement

The school of health sciences will be continuing its tradition of quality teaching in the preparation of individuals for professional careers in the health sciences. Taking advantage of new technologies students across the state and in other southeastern states will be receiving a Western education via

distance learning methods. A productive, well-prepared faculty will be recognized not only for quality teaching but for continuing contributions to scholarship in print, by presentations, and through state and national leadership. By the year 2010 the School of Health Sciences will be recognized as a center for health science career development in western North Carolina and will have extended the benefits of the school to outside constituencies through continuing faculty involvement in scholarly service and professional activities.

Appendix 1.4 Mission of the Recreational Therapy Program

It is the mission of the recreational therapy curriculum to provide students preparing for health care careers to become recreational therapists with a sound conceptual foundation and entry-level professional preparation in the knowledge and skills necessary for competent practice in recreational therapy.

Distinctive aspects of the Recreational Therapy Program at WCU

- Curriculum alignment with Quality Enhancement program (QEP).
- An adventure based course which uses Success Oriented Achievement Realized (SOAR) staff and clients in learning environment.
- RTH for older adults has a 15 hour service learning practicum with a local nursing facility, Mountain Trace. (Supervision by Peg Connolly, Ph.D., LRT/CTRS).
- The beauty and outdoor opportunities of Western North Carolina
- The first program in RT to develop and use Technical Standards in undergraduate education.
- A curriculum with strong RT coursework and supportive coursework from psychology, counseling, health sciences, kinesiology and anatomy/physiology.
- A growing presence in the health community.
- An active recreational therapy student organization (Recreational Therapy Association).

Primary strengths and weaknesses of the Program

Strengths:

- A spirited and dedicated faculty.
- A commitment to being a leader in the WCU QEP process
- A growing service learning component to the program
- Favorable clinical supervisor reviews of internship students
- Being aligned with faculty of Health Sciences
- Future CHHS building with state of the art technology, equipment and space for RT laboratory and other unique spaces for service delivery
- Growing number of RT student majors making it a viable program.

Weaknesses:

- Rural nature of WCU creates significant challenges for securing appropriate clinical experience opportunities in the local area.
- Few licensed recreational therapists west of Asheville.
- Classroom sizes have increased and course load is considerable bearing in mind the size of classes and number of advisees per faculty.
- Shortage of adaptive and other essential equipment for RT delivery
- Lack of adequate facilities for RT delivery
- Need for more service learning opportunities for student engagement.

Appendix 2. Standard 2

Appendix 2.1 Description of program's ongoing planning process

The recreational therapy faculty is always looking for ways to improve the Program. Planning has been a key to assimilating the energies of two new professors hired in the 2008. In this short amount of time, curriculum has been reviewed and changed to align itself with the QEP and service learning, and with curriculum guidelines set by the American Therapeutic Recreation Association (ATRA) and national credentialing standards set by the National Council for Therapeutic Recreation Certification (NCTRC). The RT faculty has been dedicated to giving students a thorough education that will help them establish competencies for their professional career.

On an informal level, the Recreational therapy faculty members discuss issues in the field and share ideas about delivery of material to students. The department makes every effort to integrate learning in the classroom with experiences in the field. For instance, we have worked with our Recreational Therapy Association (RTA) for students to set up trainings such as aquatic therapy and transfer techniques on the WCU campus and we have made site visits to rehabilitation centers such as Spinal Shepard hospital in Atlanta Georgia. There is an open dialogue about students that are struggling as well as students that are excelling. We also encourage students to share feedback about classes and how things are going in the major. We continually try to embrace each faculty's strengths and have them teach the most suitable courses based on professional expertise and interest areas. This is important for students to see that we honor each other's strengths and will direct a student to the faculty member who has the expertise in an area of interest to the student.

The RT faculty devotes a good deal of time to formal planning. We have weekly meetings, (and often twice a week) where we discuss curriculum changes, and issues that affect our program. These issues could be related to university and college policies as well as national professional trends. We make every effort to be proactive in the changes that need to be made. For example, the RT program was one of the first departments who volunteered to participate in the WCU Quality Enhancement Plan (QEP). The QEP's directive is to provide a rich educational program that allows students to synthesize academic content with educational support and co-curricular experiences. The RT program has been dedicated to carrying out the vision and goals of the QEP and has put considerable time and energy into planning experiences for students inside and outside the classroom. This shows foresight and the desire to get on board with the university's mission and strategic direction.

Sources: Our assessment/planning process includes the following:

- Course evaluations: Every course is evaluated by students each semester.
- Surveys of students concerning advising and the quality of the RT curriculum.
- Survey of clinical internship supervisors.
- Survey of alumni
- Formal and informal feedback from professionals in the field and clinical internship supervisors
- Feedback from agencies that provide service learning opportunities.
- Active involvement in the development and implementation of the QEP in the RT Education Program to meet QEP goals and objectives for recreational therapy and filing an annual evaluative report on progress with the RT QEP Plan.
- Reviewing NCTRC certification exam results annually and publishing these in the Annual Program Assessment Report.

- Active involvement with Coulter Faculty center to stay up with trends in teaching and technology.
- Open dialogue with Dean of the College of Health and Human Sciences and the Head of School of Health Sciences.
- RT faculty member serves as a WCU Service Learning Faculty Fellow for college of Health Sciences.
- Preparation for the Commission for Accreditation of Recreation Therapy Education (CARTE) self-study report.
- Student learning outcomes are measured by a standardized Recreational Therapy Competency Assessment based on the ATRA curriculum competencies and it is applied at three points of each student's learning: in RTH 200 Foundations of Recreational Therapy, in RTH 395 Pre-intern Seminar, and at the completion of the student's senior clinical internship through RTH 485 Recreational Therapy Clinical Internship. The RT Competency Assessment Data is then reviewed by faculty and used in planning revisions and improvements for the educational program.
- Sharing ideas in a college wide meetings with the WCU Chancellor and Provost. (This meeting is set up to get feedback from faculty in the college).
- Continuing to expand service learning opportunities. (We currently have two official service learning courses and are planning to add two more over the coming two years).

Appendix 2.2 WCU Strategic Plan (2008-2013)

Core Values

Western Carolina University:

- demonstrates institutional integrity through transparent and accountable practices, policies, and procedures;
- encourages and protects the free and open interchange of ideas within the communities of which it is a part;
- fosters the development of respect among all its members and toward the larger communities which it serves;
- advocates and practices organizational and environmental sustainability; and values and supports cultural diversity and equal opportunity.

Strategic Goals/Directions/Initiatives

WCU's Strategic Plan is based upon three subordinating constructs. Each construct plays a specific role in the Strategic Plan and the strategic planning process: They are:

- Strategic directions – general statements of planned action consistent with the core values, vision and mission.
- Strategic goals – moderately specific statements of action derived from the strategic directions that establish expected outcomes.
- Strategic initiatives – statements describing initiatives that will lead to action plans designed to reach the outcome(s) established by the strategic goals. Action plans will include costs, implementation schedule and responsible parties.

Strategic directions are the heart of the Strategic Plan. They provide organizational structure and institutional focus and define the major long-term emphases or themes of the institution. Strategic directions are typically set only every five to six years or when significant externalities require a shift in direction but are reviewed at least annually. While new strategic directions may arise during this time, they are generally not expected to change significantly over the life cycle of the plan.

Strategic goals give specificity to strategic directions and establish expectations of success. They, too, are key features of the written Strategic Plan. Strategic goals set the parameters for the institution in terms of how the approved strategic directions will be realized.

Strategic initiatives, by definition, are those initiatives that 1) have institutional impact and 2) are directly linked to specific institutional strategic goals. All strategic initiatives will include an action plan that outlines the unit(s) responsible for implementation, a timeline, resources needed, and performance targets.

Strategic Direction 1: Prepare students to meet 21st Century needs and demands

Goal: WCU will continue to align its academic programs and services consistent with its unique and nationally significant philosophy of integrative education.

Initiative 1.1: Fully implement model of integrative, intentional life-long learning (QEP) into all instructional and academic support programs.

Initiative 1.2: Expand engaged scholarly activities to enhance WCU students' global competitiveness.

Initiative 1.3: Enhance the study of languages and culture through curricular and co-curricular partnerships and in collaboration with other UNC campuses and institutional partners.

Strategic Direction 2: Serve the educational needs of North Carolina

Goal: To address the projected demand for higher education in North Carolina, WCU will utilize an educational extension model to provide programming and services to non-traditional, underserved, and place-bound students; as well as increase the main campus capacity.

Initiative 2.1: Establish higher education centers in collaboration with regional community colleges.

Initiative 2.2: Collaborate with and support UNC GA in the development of initiatives to solve core conceptual and funding problems with distance education and summer session.

Initiative 2.3: Continue to expand partnerships with community colleges.

Initiative 2.4: Develop and expand innovative recruitment and retention activities with historically underrepresented populations in higher education, placing special emphasis on the Eastern Band of Cherokee Indians (EBCI), Hispanic population, low income students, military and adult (non-traditional) populations.

Strategic Direction 3: Improve public education

Goal: Through its partnerships with the region's schools and its applied research, WCU will influence public policy and practice with regard to teacher preparation and retention, administrative quality, and school performance.

Initiative 3.1: Seek funding for a new College of Education and Allied Professions Building to provide adequate space and facilities to improve B-20 education in the Western region.

Initiative 3.2: Implement the Teacher Education Recruitment Plan within specified timeline as determined by UNC GA.

Initiative 3.3: Expand the type and nature of WCU's professional development activities, ensuring best practices and basing them on 21st Century Standards with an emphasis on science, technology, engineering, and mathematics (STEM) as adopted by the NC State Board of Education.

Initiative 3.4: Expand the role of WCU's Educational Leadership doctoral program to improve public policy as it relates to an effective state system of public education.

Strategic Direction 4: Promote economic and community advancement in WCU's region

Goal: WCU will apply the Stewards of Place model as adopted by the Board of Trustees to advance the region.

Initiative 4.1: Implement the Millennial Initiative.

Initiative 4.2: Increase WCU's emphasis on innovation, entrepreneurship, applied research and development.

Initiative 4.3: Continue to strengthen key disciplines and programs that support economic development in WCU's region.

Initiative 4.4: Collaborate with local and regional economic agencies to analyze community needs and implement initiatives to foster regional development.

Initiative 4.5: Better integrate academic programming with regional visual and performing arts and crafts to enhance the livability of the community.

Initiative 4.6: Implement BS in Engineering to better address economic and community development in WNC.

Initiative 4.7: Seek approval to offer tuition and fee reciprocity for students located in adjacent counties in states bordering WNC.

Strategic Direction 5: Improve health and wellness in Western North Carolina

Goal: WCU will expand its role as the major provider of allied health and nursing education, applied research, and service in the Western North Carolina region.

Initiative 5.1: Align curriculum, programs, and community outreach to address health and mental health needs in WNC with particular emphasis on aging and rural healthcare.

Initiative 5.2: Align curriculum and programs to address health and wellness education of WCU students, faculty and staff, with particular emphasis on healthy lifestyle choices.

Initiative 5.3: Convert current MS program to Doctor of Physical Therapy (DPT) in order to preserve the program support for the increasing need in the region for well-educated health professionals.

Initiative 5.4: Develop and implement those curricula, research and service programs that have been identified as meeting current (health informatics and gerontology) and future critical allied health needs in the region.

Initiative 5.5: Address the critical shortage of nurses in the region and state.

Strategic Direction 6: Model environmental sustainability

Goal: WCU will expand its focus on education and research tied to environmental sustainability with particular emphasis on biodiversity and land use.

Initiative 6.1: Implement the STARS (Sustainability, Tracking and Rating System) accountability system to monitor its goal to become an environmentally conscious campus.

Initiative 6.2: Implement additional advanced degree programs in the environmental sciences focused on applied research related to environmental issues and to take advantage of unique institutional resources.

Initiative 6.3: Align as appropriate institutional resources, curriculum, and community outreach to address critical land use issues, including environmental reclamation, land use planning, and sustainable development.

Strategic Direction 7: Promote outreach and engagement within the region

Goal: WCU will encourage the application of scholarship and research through its adaptation of the Boyer Model of Scholarship and its model of integrative, intentional learning (QEP).

Initiative 7.1: Implement WCU's adaptation of the Boyer Model of Scholarship campus wide.

Initiative 7.2: Focus student engagement on regional needs through integrated learning initiatives.

Initiative 7.3: Modify and develop internal policies to facilitate research and development.

Initiative 7.4: Develop mechanisms to support interactions between WCU and its regional audiences.

Strategic Direction 8: Demonstrate institutional integrity, responsibility, and effectiveness

Goal: WCU will align its internal policies and processes to achieve its stated objectives as outlined in the strategic plan.

Initiative 8.1: Establish an Administrative Program Review process

Initiative 8.2: Implement the UNC GA recommendations regarding effectiveness of institutional systems

Initiative 8.3: Revise institutional policies and make recommendations regarding UNC System policies to facilitate collaborative research and educational programs

Initiative 8.4: Establish and publicize key performance data on institutional quality

Initiative 8.5: Implement the recommendations of the President's Advisory Committee on Efficiency and Effectiveness (PACE).

Initiative 8.6: Continue to develop public/private partnerships between WCU, local government, and private entities

Appendix 2.3 College of Health and Science's Strategic plan (2009-2012).

Strategic Direction 1: Enhance the learning environment to support discovery

Goal: The CHHS will expand applied research in health and human sciences to advance knowledge, improve the ways we educate students and impact our communities.

Initiative 1.1: Increase faculty awareness of current university resources.

Initiative 1.2: Explore alternative methods to enhance obtainment of large grants.

Initiative 1.3: Promote and disseminate faculty and student research.

Strategic Direction 2: Increase interdisciplinary collaboration and connections

Goal: The CHHS will promote an integrated approach to learning that extends beyond the boundaries of the institution, allows for cross-fertilization of ideas, and creates a model of collaboration for students to emulate.

Initiative 2.1: Complete planning and construction of the new health building.

Initiative 2.2: Expand the use of teleconferencing to support clinical, teaching and research activities.

Initiative 2.3: Develop clinical services that incorporate and support cross disciplinary involvement.

Initiative 2.4: Align curricula across programs to support interdisciplinary collaboration and connections.

Strategic Direction 3: Promote outreach and engagement in the region

Goal: The CHHS will increase and improve engagement with regional health care institutions and community agencies.

Initiative 3.1: Enhance service learning activities across the college with a focus on meeting regional needs.

Initiative 3.2: Promote the Boyer Model of Scholarship and develop incentives for faculty to encourage engagement activities.

Initiative 3.3: Identify opportunities for scholarship with agency partners.

Strategic Direction 4: Improve the visibility of the college regionally and state-wide

Goal: The CHHS will become a leader in health and human sciences curriculum and programming.

Initiative 4.1: Review currency of curricula with emphasis on interdisciplinary connections and use of technology to enhance teaching and learning

Initiative 4.2: Develop a phased marketing plan to promote programs.

Initiative 4.3: Work with Admissions to develop an admission plan that is strategic and long term.

Initiative 4.4: Increase and coordinate continuing education programs to meet the needs of faculty, staff, students, alumni and community members.

Strategic Direction 5: Explore opportunities that encourage diverse experiences for faculty, staff and students

Goal: CHHS will foster a community of scholars that value and promote diversity.

Initiative 5.1: Teach cultural competency across the curricula.

Initiative 5.2: Increase the number of diverse practicum experiences and service learning activities.

Initiative 5.3: Identify international partners and expand study abroad experiences for faculty and students.

Initiative 5.4: Increase the number of grants that support the needs of diverse populations.

Initiative 5.5: Focus on effective recruitment and retention of diverse faculty.

Appendix 2.4 Recreational Therapy program Strategic Goals/objectives (U in parenthesis relates to alignment with university strategic direction, C to College strategic direction).

- **Strategic Goal:** To prepare for the transition of the program to the new health sciences building. (U1,5,7, C1,2,3,4)
- **Strategic Goal:** To develop a degree online for students who have completed their AA degree for Recreational Therapy assistant. (U 1,2,7, C 3,4)
- **Strategic Goal:** To provide international study options. (U 1, C 5)
- **Strategic Goal:** To create a graduate program in Recreational Therapy (U2,7 C 1,2,3)
- **Strategic Goal:** To expand service learning and engagement opportunities, particularly with programs addressing behavioral health and physical rehabilitation. (U 1, C 1, 5)
- **Strategic Goal:** To increase interdisciplinary collaboration with other departments in the college (U1,5, C 2)

Relation of program goals/objectives to curricular and programmatic activities:

The Recreational Therapy Program strives to stay on the cutting edge of both educational offerings and alignment with the WCU and College of Health and Human Sciences strategic plans. With two new faculty members, there has been a huge learning curve to not only be on top of the recreational therapy profession, but be in line with the strategic goals of the university. The recreational therapy faculty has been active in their profession at the state, regional, and national levels. Enrollments continue to grow, and it reflects that the curriculum is enticing to incoming students. The Program continues to expand service learning opportunities for students. Recently, there were several curriculum changes to enhance the educational program which included adding a behavioral health course and pre-requisites for a number of courses to ensure proper sequencing. The Recreational Therapy B.S. Degree Program serves as a model program in relation to the WCU QEP and the Center for Service Learning at the university

Process of implementing program goals/objectives

- Continue to maintain and develop service learning opportunities.
- Initiate change of curriculum in 2010
- Treat students as professionals in training.
- Collaborate and continue to learn from QEP, Service Learning Center and Coulter Faculty Center
- Continue to develop new service contacts in the community.
- Meet weekly as a program to discuss program issues and direction.

- Curriculum has been internally assessed in relation to
 - a. NCTRC's standards and the National Job Analysis
 - b. ATRA Guidelines for Curriculum
 - c. NCRTA Commission for the Accreditation of Recreational Therapy Education (CARTE)

Appendix 3. Standard 3

Appendix 3.1 WCU Catalog 2009-2010 copy of program curriculum

Recreational Therapy, B.S.

Declaration of a major in Recreational Therapy does not guarantee admission into the program. Students must formally apply and be admitted into the program and before beginning the professional sequence of courses and/or proceeding into clinical placements. In addition to the academic requirements below, students are expected to adhere to the technical and professional standards of the program. For the most up to date information regarding these standards, program suspension, and termination refer to the Recreational program website linked from the School of Health Sciences.

Minimum GPA Requirement: 2.5

When do students apply? Students may apply for admission to the major at any time after becoming a student at WCU.

Required Pre-requisites: None

Retention in the Program: Students admitted to the program must earn a grade of C or better in each RTH course in the major and must maintain an overall GPA of 2.50 to remain in the program.

Liberal Studies Hours: 42

Liberal Studies Program Requirements

Major Requirements

The major requires 70 hours as follows:

- BIOL 291 - Human Anatomy and Physiology I Credits: (4)
- BIOL 292 - Human Anatomy and Physiology II Credits: (4)
- COUN 325 - Survey of Human Development Credits: (3)
- COUN 430 - Individual and Group Counseling Credits: (3)
- HEAL 250 - First Aid and Safety Education Credits: (2)
- HSCC 220 - Medical Terminology Credits: (3)
- HSCC 370 - Introduction to Pharmacology Credits: (2)
- PE 423 - Kinesiology Credits: (3)

- [PRM 270 - Leadership and Group Dynamics in Recreation](#) Credits: (3)
- [PSY 150 - General Psychology](#) Credits: (3)
- [PSY 470 - Abnormal Psychology](#) Credits: (3)
- [RTH 200 - Foundations of Recreational Therapy](#) Credits: (3)
- [RTH 350 - Recreational Therapy and People with Physical Disabilities](#) Credits: (3)
- [RTH 351 - Client Assessment in Recreational Therapy](#) Credits: (3)
- [RTH 352 - Recreational Therapy Processes and Techniques](#) Credits: (3)
- [RTH 360 - Recreational Therapy Services for Older Adults](#) Credits: (3)
- [RTH 395 - Pre-Internship Seminar](#) Credits: 1
- [RTH 417 - Administration of Recreational Therapy Services](#) Credits: (3)
- [RTH 450 - Advanced Methods in Recreational Therapy](#) Credits: (3)
- [RTH 470 - Adventure-Based Recreational Therapy](#) Credits: (3)
- [RTH 484 - Recreational Therapy Clinical Internship](#) Credits: (6)
- [RTH 485 - Recreational Therapy Clinical Internship](#) Credits: (6)

Electives

General electives (8 hours) are required to complete the program.

NOTE:

Students may apply for admission to the major at anytime after becoming a student at WCU. Admission to the bachelor of science degree requires completion of the application for new majors. The recreational therapy admission application includes development of a strategic plan for undergraduate studies in recreational therapy, submission of a reflective essay on why the applicant is choosing to study recreational therapy, and completion of the recreational therapy pre-admission knowledge assessment. Application to the program does not assure acceptance. Students admitted to the program must earn a grade of C or better in each RTH course in the major and must maintain an overall GPA of 2.50 to remain in the program.

Visit the department's website at <http://www.wcu.edu/4632.asp> to view the 8 semester curriculum guide.

Appendix 3.2 Curriculum and advising documents: Student Handbook, Course Requirement Checklist, Advising Protocol and Form for File Documentation, WCU RT Technical Standards, Advising Survey

Appendix 3.2.1 Recreational Therapy Student Handbook

Western Carolina University
College of Health and Human Sciences
School of Health Sciences

Recreational Therapy B.S. Degree Program

STUDENT HANDBOOK:

A Student Guide for Recreational Therapy Majors

The Recreational Therapy Program was the first Recreational Therapy degree program in the United States. It is recognized for quality education in recreational therapy by professionals and educators throughout the country. In 2007, the Recreational Therapy B.S. Degree Program became a pilot program in the WCU Quality Enhancement Plan (QEP). The Program continues to distinguish itself and to offer excellent learning opportunities to students, alumni and professionals.

Table of Contents

General information

Mission Statement

Goals & Objectives

Quality Enhancement Plan for Recreational Therapy

Admission Requirements for the B.S. Degree in Recreational Therapy

Approved Student Majors in the Recreational Therapy B.S. Degree Program

Commitment

Studying

Involvement

Time Management

Professional Writing

Public Speaking

Maturity

Myths and Realities

Minimum Requirements for Participation as a Recreational Therapy Major at WCU

Recreational Therapy Technical Standards

Disciplinary Procedures

Recreational Therapy Courses and Course Sequencing

Advising Policies

Recreational Therapy Association

Policies and Procedures

Final Thoughts

General Information

The B.S. in Recreation Therapy consists of the Liberal Studies requirements, a degree major of 70 hours including recreational therapy and supportive coursework, and electives. The Recreational Therapy offices are located in 186 Belk. Recreational Therapy faculty includes:

Dr. Peg Connolly, LRT/CTRS, Program Director [mconnolly@email.wcu.edu]

Dr. Jennifer Hinton, LRT/CTRS [jlhinton@email.wcu.edu] or

Mr. Glenn Kastrinos, LRT/CTRS [gkastrinos@email.wcu.edu]

Mission Statement

It is the mission of the recreational therapy curriculum to provide students preparing for health care careers to become recreational therapists with a sound conceptual foundation and entry-level professional preparation in the knowledge and skills necessary for competent practice in recreational therapy.

The WCU Recreational Therapy Curriculum is one of the academic degree programs in the School of Health Sciences, College of Health and Human Sciences. The mission of the College of Health and Human Sciences is to offer quality education for a variety of professional careers. In fulfilling this role, the college provides undergraduate and graduate educational programs in Cullowhee and Asheville. The faculty of the college engages in instruction, research, and service. The primary activity of the faculty of the college is teaching. Quality undergraduate and graduate education is provided for a diverse student population through student-faculty involvement, which promotes creativity and critical thinking. Complementary faculty activities include providing individualized student advisement, service, continuing education opportunities, maintaining currency in areas of expertise, active involvement in professional organizations, and scholarly activities including research, creative activities, presentations, and publications.

The mission of the recreational therapy curriculum is linked to and is a reflection of both the mission of the College of Health and Human Sciences and the teaching and learning goals that constitute the central mission of Western Carolina University, to create a community of scholarship in which the activities of its members are consistent with the highest standards of knowledge and practice in their disciplines.

Goals & Objectives

Within the QEP, WCU has established five overall learning outcomes for students. These are core skills, behaviors and outcomes that are central to student development as *integrated and intentional learners*. These five core skills and behaviors are integrated throughout recreational therapy courses and liberal studies courses at the university. Therefore, students are encouraged accomplish the following skills and behaviors:

INTEGRATES INFORMATION FROM A VARIETY OF CONTEXTS: students will make connections between personal interest and abilities, liberal studies, your major, general electives and experiential learning opportunities and other co-curricular activities and relate the implications/value of these connections to 'real world' scenarios.

SOLVES COMPLEX PROBLEMS: students will identify the dimensions of complex issues or problems, analyze and evaluate multiple sources of information/data, apply knowledge and decision-making processes to new questions or issues, and reflects on the implications of their solution/decision.

COMMUNICATE EFFECTIVELY AND RESPONSIBLY: students will convey complex information in a variety of formats and contexts, identify intended audience and communicate appropriately and respectfully.

PRACTICE CIVIC ENGAGEMENT: students will identify their roles and responsibilities as engaged citizens by considering the public policies that affect their choices and actions, by recognizing commonalities and interdependence of diverse views/values, and by acting responsibly to positively affect public policy.

CLARIFY AND ACT ON PURPOSE AND VALUES: students will examine the values that influence their own decision making processes, take responsibility for their own learning and develop in a manner consistent with academic integrity and their own goals and aspirations, intentionally use knowledge gained from learning experiences to make informed judgments about their future plans, and bring those plans into action.

The specific learning objectives for recreational therapy majors are:

Educational Goal #1: Recreational therapy majors develop foundational knowledge for professional practice.

Student outcome in foundational knowledge for recreational therapy practice— The student applies principles related to recreation, leisure, and play behavior, human growth and development across the lifespan, and principles of anatomy, physiology and kinesiology, applying human behavioral change principles to clients from a variety of populations including cognitive, physical, mental, and emotional disabling conditions and illness in either group or individual interactions, with awareness of current legislation, relevant guidelines and standards.

Educational experiences for attaining goal

- Lecture/discussion courses RTH 200, 350, 360, 417, 450
COUN 430, HSCC 220, HSCC 370,
PSY 470, BIOL 291, BIOL 292, PE 423
- Service learning/delivery RTH 360, 450, 470
- Creative projects RTH 350, 417, 450
- Research projects RTH 350, 360, 417

Educational Goal #2: Recreational therapy majors develop professional skills to practice in service delivery.

Student outcomes — Students demonstrate the ability to assess, plan, implement, evaluate, and document appropriate recreational therapy services based individual client needs in a variety of healthcare settings and to do so adhering to Standards of Practice and the Code of Ethics.

Educational experiences for attaining goal

- Lecture/discussion courses RTH 350, 351, 352, 360, 450, 470
- Service delivery projects RTH 360, 470
- Clinical internship RTH 484/485

Educational Goal #3: Recreational therapy majors develop the ability to organize professional services for clients.

Student outcomes — Student demonstrate the application of sound organizational and administrative skills for the practice of therapeutic recreation including budgeting, fiscal and facility management, continuous quality improvement, documentation, evaluation, and are able to work as a functioning member of the interdisciplinary healthcare treatment team.

Educational experiences for attaining goal

- Lecture/discussion courses RTH 351, 352, 417
- Group projects RTH 417
- Clinical internship RTH 484/485

Educational Goal #4: Recreational therapy majors acquire the skills necessary to participate as a practicing professional in the advancement of the profession.

Student outcomes — Students engage in professional organizations, prepare a professional resume and portfolio, are able to apply for national certification prior to graduation, and have the ability to gain state licensure and apply for a professional position upon receipt of the baccalaureate degree.

Educational experiences for attaining goal

- Lecture/discussion courses RTH 395, 417, 484, 485

Quality Enhancement Plan for Recreational Therapy

The WCU Quality Enhancement Plan is described as follows:

“*Synthesis: A Pathway to Intentional Learning at Western Carolina University* initiates new and enhances current connections among existing programs to create a more holistic approach to educating students. WCU faculty and staff recognize that a major challenge of higher education is the need for students to synthesize their curricular and co-curricular (outside of courses) college experiences. The Quality Enhancement Plan (QEP) uses *synthesis* – the ability to integrate knowledge from different areas into an original whole – as the driving framework for teaching and learning. This emphasis on synthesis enhances students’ educational journey and helps prepare them for life beyond college.” (WCU QEP, 2007, p. 1, retrieved on 2/1/08 from <http://www.wcu.edu/SACS/QEP/QEP-2-7-07-revised.pdf>).

The recreational therapy degree program was selected for inclusion in the preliminary implementation of the QEP plan at WCU. This preliminary report will delineate plans to refine the RT curriculum to meet the learning goals and objectives of the QEP which include the following focus from the WCU QEP Plan:

“The overarching learning goal of the QEP is one where students will synthesize knowledge and skills from their academic and co-curricular experiences to become intentional participants in their own learning. Specifically, students will:

1. Identify their aptitudes, abilities, and interests and articulate their future goals and aspirations;
2. Modify behaviors and values in response to knowledge and skills gained from their academic and co-curricular experiences; and
3. Recognize the synthesis of their university experiences and evaluate those experiences relative to their future education and career goals.” (WCU QEP, 2007, pp. 1-2)

The RT program incorporates the spirit and principles of the WCU QEP for a holistic approach to providing recreational therapy majors with a synthesized learning experience focused on engagement and individualization.

What is a competent and qualified recreational therapy professional?

A competent and qualified recreational therapy professional meets the following standards according to the National Council for Therapeutic Recreation Certification:

“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.”

The knowledge and skills for recreational therapy practice are defined in the National Job Analysis of the National Council for Therapeutic Recreation Certification (NCTRC) and form the basis for evaluation for eligibility and the content outline of the national certification exam (see Appendix A). The knowledge areas of the National Job Analysis are presented within recreational therapy academic coursework as well as service learning and internship experiences. The skill areas of the National Job Analysis are expressed primarily through the final clinical recreational therapy internship. This internship includes the successful completion of the didactic portion of their undergraduate education, a 480-hour clinical internship, and preparation for eligibility to sit for the national certification exam administered by NCTRC. Upon passage of the national exam and state licensure application, graduates of the WCU recreational therapy degree program are also eligible for licensure as a Recreational Therapist in the states of New Hampshire, and Utah.

Admission Requirements for the B.S. Degree in Recreational Therapy

For all students entering the recreational therapy degree program as of fall 2009, specific admission requirements are established. These requirements include an application process, development of a strategic plan, pre-test on recreational therapy knowledge, skills and abilities, and the maintenance of a minimum GPA of 2.5 throughout their studies in the major. Students dropping below 2.5 will need to enter a pre-admission status until their GPA is brought back up to the minimum.

Recreational Therapy Program Admissions Process: Students may apply for admission to the major at anytime after becoming a student at WCU Admission to the Bachelor of Science degree in Recreational Therapy requires completion of the application for new majors. The recreational therapy admission application includes development of a strategic plan for undergraduate studies in recreational therapy, submission of a reflective essay on why the applicant is choosing to study recreational therapy, and completion of the recreational therapy pre-admission knowledge assessment. Application to the program does not assure acceptance. Students admitted to the program must earn a grade of C or better in each RTH course in the major and must maintain an overall GPA of 2.50 to remain in the program.

How Does a Student Apply for Recreational Therapy Program Admission? A prospective student should schedule an appointment with one of the three recreational therapy faculty members: Dr. Peg Connolly [mconnolly@email.wcu.edu]; Dr. Jennifer Hinton [jlhinton@email.wcu.edu]; or Mr. Glenn Kastrinos [gkastrinos@email.wcu.edu]. The faculty member will set up an appointment and go over the admissions process with the student. The student may then submit their completed admission materials and will be notified of the faculty decision.

What is involved in the strategic plan for admission to the Recreational Therapy Program? The strategic plan covers co-curricular activities that will help the student develop professionally and gain valuable experiences in recreational therapy while completing their B. S. Degree at Western Carolina University. The Recreational Therapy Program is part of the WCU QEP Plan and, as such, engagement and service learning in co-curricular activities are critical to the student's professional development. The strategies of student involvement in the WCU Recreational Therapy Association, the state and national recreational therapy associations, development of specialty skills related to practice, collateral certifications, service learning experiences, and potential study abroad are included.

What is involved in the written essay for admission to the Recreational Therapy Program? This one page, single spaced paper should explain why the student is choosing to study recreational therapy. Resources and website information on the profession will be provided to the student to help them in preparing their reflective essay that explores their thoughts, personal experiences, and the reasons that have led them to choose this major.

Upon acceptance to the program, the student will complete a pre-admission knowledge test for recreational practice which will be provided online. This will help gauge the student's learning as they progress through their curricular and co-curricular experiences in the curriculum.

All students are welcome to enroll in RTH 200 Foundations of Recreational Therapy to learn more about the major and help determine their interest in pursuing a degree in this field.

The Recreational Therapy Program is located in 186 Belk Annex. For further information contact:

Dr. Peg Connolly, LRT/CTRS, Program Director [mconnolly@email.wcu.edu]
Dr. Jennifer Hinton, LRT/CTRS [jlhinton@email.wcu.edu] or
Mr. Glenn Kastrinos, LRT/CTRS [gkastrinos@email.wcu.edu]

Approved Student Majors in the Recreational Therapy B.S. Degree Program

There are some underlying ideas that we would like you to consider very carefully once you are accepted as a major in the Recreational Therapy B.S. Degree Program, as they will help you get the most out of the recreational therapy program and enable you to get a good job once you graduate. These ideas are about *commitment, studying, involvement, time management, maturity and writing skills.*

Commitment

Turn up for meetings, *be on time* and *get yourselves a good reputation* amongst your fellow students and faculty. This will be reflected in any reference that you get from the faculty. Often prospective employers do call us. We have to be honest in our response, so make it easy for us to give out glowing praise. Also, you must attend class regularly and you need to arrive at class on or before the starting time. There is a strong correlation between good grades and class attendance. Additionally, you are preparing for a professional career in healthcare and it is expected that you have the commitment to your profession, your clients, and your colleagues. Attendance and arriving on time for scheduled events is a must. Each day in your major you will have opportunities to demonstrate your commitment and reliability. This is essential for a recreational therapy major and your behaviors will affect the type of clinical internship you are able to secure during your senior year.

Studying

Put in the time to complete projects on time and to study. Be serious about this. For the Recreational therapy program a 2.5 GPA is a requirement. This will require that you put in the time to study and complete projects satisfactorily. Don't aim for just scraping through with a B or C. Do your best in everything. We also suggest that you selectively buy some of your text-books for reference material in the future. Passing the certification exam and your state licensure requirements at the end of your schooling is not a given so keeping resources is crucial to becoming an LRT/ CTRS (Licensed Recreational Therapist/Certified Therapeutic Recreation Specialist).

Involvement

All employers ask about this. They are looking for 'go-getters' who will be highly involved and show resourcefulness. They can tell how much you were involved during your undergraduate studies by reading your resume and references. So start building your resume early in your undergraduate studies by involving yourself in the Recreational Therapy Association (RTA), volunteering for service learning opportunities, and completing the highest quality class projects. Get involved. Be a member of RTA, go beyond service requirements of classes, spend as much time as possible with clients as you can, and read about our profession regularly.

Time Management

Start projects early. Library research takes time and you may want to request inter-library loan materials. Don't expect that you can get these on short notice. Starting class projects and assignments early may also enable you to have a peer or faculty member review your work before you submit it. If you catch each other's mistakes through good peer review and editing then everyone's grades will go up. Do the readings for each class before that class period so you can ask intelligent questions on the readings. This will also help you to retain information more easily. Trying to cram for several courses the last week of the semester is an extremely poor practice as the amount of information will simply be too much for you to cope with. And remember, after you complete your studies, you still have to pass a national standardized exam. The materials you learn in your classes are the materials that will be covered on that national exam. So plan your time and your projects so you can get the most out of your studies.

Professional Writing

Peer review and edit each others' work and do it honestly and in a forthright fashion. It would be better for you to catch each other with English/spelling/typo's on your written communication. Unless you are really the expert with your English, then visit the Writing Center for assistance. For many of your projects, you will have to make edits after your final grade so that the documents are suitable for your senior portfolio. You will put your portfolio of your artifacts and samples of your course work together before you go out to interview for your senior clinical internship and students bring their portfolios with them to these interviews. You do not want to present poor examples of your work in an internship interview. Poor writing samples may limit your opportunities to gain a good clinical internship, and, ultimately, a good job in the field. Having good writing skills makes less work later and increases your grades at the same time. The ability to write will only improve with continual feedback. It is also suggested to rewrite assignments using feedback from your professors to prepare the document for your portfolio. Accept feedback professionally and don't take it personally.

You will be required throughout your studies in recreational therapy to format your papers according to **APA Guidelines**. If you are unfamiliar with APA Guidelines for writing papers and referencing, please go to the Writing Center and Hunter Library to learn about this system as soon as you are accepted into the major.

Remember: one of the five core learning outcomes of an education at WCU is to **COMMUNICATE EFFECTIVELY AND RESPONSIBLY**: students will convey complex information in a variety of formats and contexts, identify intended audience and communicate appropriately and respectfully.

Public Speaking

You will have a number of projects in Recreational Therapy and support coursework which require you to speak to the full class or a small group. See this as an opportunity to improve your communication skills which are so important in recreational therapy. Remember

Remember: one of the five core learning outcomes of an education at WCU is to **COMMUNICATE EFFECTIVELY AND RESPONSIBLY**: students will convey complex information in a variety of formats and contexts, identify intended audience and communicate appropriately and respectfully.

Maturity

As a major, you will be representing the Recreational Therapy Program and our profession in courses taught by other departments and in service learning situations. Your actions will reflect on the on all recreational therapists. Show your professors respect by being on time and acting like professionals. See yourself through their eyes. Appearance, dress and mannerisms can make a huge impression. You may be asking some of those professors for a reference and can only expect them to be truthful when they describe your professionalism to potential employers. Work hard and impress them.

Myths and Realities

Be prepared for fellow students, friends and relatives to ask what recreational therapy is. This can get old fast and may make you want to avoid the topic all together. Instead of feeling embarrassed or getting upset about it, take it as a challenge. Be proud and explain what recreational therapy is. How you present your major will definitely affect how others react to it. This is a good thing and will help you

when clients ask you the same question. Recreational therapy is not an easy major and should be approached with energy and enthusiasm.

More Realities

You will learn about Recreational Therapy inside and outside the classroom. We highly encourage students to work on their own lifestyle issues during your university years. If you go out from the program with good grades, but don't live a lifestyle that reflects recreational therapy, it will be difficult to be effective in recreational therapy. You need to stay curious outside the classroom, maintain a healthy lifestyle, work on your communication skills, try new interventions/activities, lead groups, and volunteer as much as you can with people with disabilities. You need to read inside and outside our field from psychology to stories about people with disabilities to experts in various modalities and facilitation techniques. It is an information sharing age and anyone can learn from a variety of resources. Make time for this.

Minimum Requirements for Participation as a Recreational Therapy Major at WCU

Listed below are the minimum requirements for participation in the Western Carolina University Recreational Therapy B.S. Degree Program.

- The participant must be enrolled as a student at Western Carolina University.
- Students must be admitted to and enrolled in the Recreational Therapy Major within the School of Health Sciences in the College of Health and Human Sciences at Western Carolina University.
- Students must meet all additional requirements for admission as outlined under the section entitled "Admission Requirements for the B.S. Degree in Recreational Therapy" in this handbook.
- Students may choose to have more than one major while enrolled at Western Carolina University. However, more than four years may be required to complete the Recreational Therapy major in conjunction with another major or more than one minor or pre-requisites for various areas of graduate studies.
- Students must meet the academic requirements of the Recreational Therapy B.S. Degree Program, the School of Health Sciences, the College of Health and Human Sciences and Western Carolina University as outlined in this handbook and the Western Carolina University Undergraduate Catalog in effect at the time of your admission to the program.
- Students must meet the Technical Standards of the Recreational Therapy Program as stated in this handbook.
- Students must provide their own transportation to clinical education and service learning sites.

Recreational Therapy Technical Standards

The mission of the Recreational Therapy B.S. Degree Program at Western Carolina University is to prepare entry-level recreational therapists who can evaluate, manage, and treat the general population of mental health, geriatric, and rehabilitation clients in a variety of health care settings, by developing a sound conceptual foundation and professional preparation in the knowledge and skills necessary for competent practice in recreational therapy. Potential recreational therapists are expected to complete the academic and clinical requirements of the professional B.S. program in recreational therapy before they can sit for the certification examination and practice. The purpose of this document is to delineate the technical cognitive, psychomotor, and affective skills deemed essential to complete this program and to perform as a competent generalist in recreational therapy. Students will be required to sign and agree to abide by these Technical Standards each year of their undergraduate studies in Recreational Therapy at WCU.

If a student cannot demonstrate the following skills and abilities, it is the responsibility of the student to request an appropriate accommodation.

Cognitive Learning Skills:

The student must demonstrate the ability to:

- Conceptualize a sequential progression of tasks and/or standardized testing and make objective conclusions based on the test results.
- Apply critical thinking in the creation, development, generalization and implementation of adaptations to normative methods of behavior and function.
- Select constructive activities suited to an individual's current physical capacity, intelligence level, and interest, so as to upgrade the individual to maximum independence, and assist in restoration of functions and/or aid in adjustment to disability.
- Apply critical reasoning and independent decision-making skills.
- Assess patient/client safety and maintain or create safe environments during specific tasks, to enhance patient/client independence in a variety of potential environments.

Psychomotor Skills

The student must demonstrate the following skills:

- **Sitting:** Maintain upright posture.
- **Standing:** Student-controlled activity employable during lecture, clinical instruction and laboratory time.
- **Locomotion ability to:** a. get to lecture, lab and clinical locations, and move within rooms as needed for changing groups, partners and work stations; and b. physically maneuver in required clinical settings, to accomplish assigned tasks.
- **Manual tasks:** Lifting ability sufficient to maneuver an individual's body parts effectively to perform evaluation and treatment techniques, to manipulate common tools used for screening tests and therapeutic intervention of the individual, to demonstrate the ability to safely and effectively guide and facilitate patient/client movement skills and motor patterns through physical facilitation, and to competently perform cardiopulmonary resuscitation (C. P. R.) using guidelines issued by the American Heart Association or the American Red Cross.
- **Gross motor ability to participate in recreational or movement activities that may involve** tossing, catching, weight shifts, reaching, balancing on equipment, etc.
- **Small motor/hand skill usage ability to:** a. legibly record/document evaluations, patient care notes, referrals, etc. in standard medical charts in hospital/clinical settings in a timely manner and consistent with the acceptable norms of clinical settings; b. demonstrate or complete activities or tests with adequate degree of fine motor dexterity; and c. legibly record thoughts for written assignments or tests.
- **Visual acuity to:** a. Read patient/client charts or histories in hospital/clinical setting; and b. observe even the slightest aberrations of patient/client motor performance during tasks/tests.
- **Hearing or ability to receive and:** a. effectively respond to oral requests/instructions from patients and team members; and b. interpret the language used to communicate lectures, instructions, concepts, narratives, questions and answers.
- **Communication ability to:** a. effectively communicate with instructors, peers, and team members; and b. articulate detailed instructions to patients, caretakers, family or other clinical personnel.
- **Self care ability to:** a. maintain general good health and self care in order not to jeopardize the health and safety of self and individuals with whom one interacts in the academic and clinical settings; and b. arrange transportation and living accommodations for/during off-campus clinical assignments to foster timely reporting to classroom and clinical center.

Affective learning skills

The student must be able to:

- Demonstrate appropriate, affective behaviors and mental attitudes to ensure the emotional, physical, mental, and behavioral safety of the patient/client in compliance with the ethical standards of the American Therapeutic Recreation Association.
- Sustain the mental and emotional rigors of a demanding educational program in recreational therapy that includes academic and clinical components that occur within set time constraints, and often concurrently.
- Acknowledge and respect individual values and opinions in order to foster harmonious working relationships with colleagues, peers, and patients/clients.

Check One Below:

I certify that I have read and understand the technical standards for selection listed above and I believe to the best of my knowledge that I can meet each of these standards without accommodation.

I certify that I have read and understand the technical standards for selection listed above and I believe to the best of my knowledge that I can meet each of these standards with accommodation. Should I feel I require accommodation to meet these standards, I will contact Services for Students with Disabilities at (828) 227-2716 to determine what accommodations may be available. I understand that if I am unable to meet these standards with or without accommodations, I will not be admitted into the program.

Signature of Applicant _____ Date _____
 Printed Name of Applicant _____

Disciplinary Procedures

The following procedures have been established to ensure the smooth operation of the Western Carolina University Recreational Therapy Education Program and the College of Health and Human Sciences. Offenses of the rules and regulations of the University or the Recreational Therapy Technical Standards shall be deemed as either “minor offenses” or “disciplinary offenses”. The compilation of three minor offenses shall be the equivalent of one disciplinary offense. Each disciplinary offense shall require the student to appear before the Recreational Therapy Faculty for disciplinary action or dismissal from the Recreational Therapy Education Program. The following three steps indicate formal procedures resulting from disciplinary offenses of the WCU Recreational Therapy Education Program. All disciplinary actions by the Recreational Therapy Faculty shall be entered into the recreational therapy student’s permanent file.

Step I: When applicable, two “minor offenses” by the student will result in a meeting with the primary RT Advisor. This meeting will serve as a warning that any further offenses of the Recreational Therapy Education Program rules and regulations will result in formal action against the recreational therapy student.

Step II: The initial “disciplinary offense” shall result in a student / RT Faculty formal meeting. Minutes of the meeting as well as a written response, including any disciplinary action to be taken, will be filed in the Program Director’s office. One copy of the written response will be sent to the recreational therapy student’s local address within ten (10) days. An additional copy will be placed in the student’s permanent file. A second “disciplinary offense meeting” with the RT Faculty will minimally result in a probationary period of one semester.

Step III: The “third disciplinary offense” shall result in immediate dismissal from the WCU Recreational Therapy Education Program.

Minor Offenses: Minor offenses include, but are not limited to, dress code violations, tardiness to assigned clinical education experiences, or failure to complete required documentation.

Disciplinary Offenses: Disciplinary offenses include, but are not limited to, failure to complete recreational therapy tasks as assigned by the clinical supervisor, failure to attend assigned clinical education experiences, insubordination, failure to perform duties in a professional manner or failure to act in a manner consistent with the standards of WCU, the Recreational Therapy Technical Standards, and the American Therapeutic Recreation Association Code of Ethics.

Appeals Policy: Any recreational therapy student has the right to appeal all disciplinary decisions made by the RT Faculty. All appeals must be typed and submitted to the Program Director’s office within seven (7) days of receiving the disciplinary written response. The RT Faculty in conjunction with the Department Head for the School of Health Sciences will review the appeal and submit a written response within ten (10) days of receipt of the appeal letter of the student.

Recreational Therapy Courses and Course Sequencing

Academic Program

A student completing the Academic Program is required to complete all the required courses within the Recreational Therapy Major at Western Carolina University. The student must complete a minimum of 120 credit hours as recognized by Western Carolina University and the State System of Higher Education (SSHE) in the State of North Carolina. A Western Carolina University General Catalog may be obtained from the Admissions Department, a member of the Recreational Therapy Faculty, or your academic advisor, and it is available online at http://catalog.wcu.edu/preview_program.php?catoid=10&poid=805&bc=1.

If a student elects to pursue an additional degree in any other major at Western Carolina University, or is on a pre-PT or pre-OT track, an amended course sequence will be developed in cooperation with the appropriate department personnel to assure that both major programs of study can be completed in an expedient manner. It should be noted however that students pursuing more than one major or multiple minors may require greater than four years to complete their studies at Western Carolina. It is also important to know that the recreational therapy curriculum will train you to be a recreational therapist and not another type of therapist.

Recreational Therapy Courses, Prerequisites and Sequencing

- RTH 200 - Foundations of Recreational Therapy Credits: (3) - An investigation into the prescribed use of recreational activity as a clinical treatment modality for persons whose functional abilities are impaired.
- RTH 350 - Recreational Therapy and People with Physical Disabilities Credits: (3) - Addressing physical and psychological needs of individuals with physical disabilities through recreational therapy service in clinical and community settings. This course is ONLY offered each Fall Semester.
- RTH 351 - Client Assessment in Recreational Therapy Credits: (3) - Study of the role of reliable assessment in the recreational therapy treatment planning process. Focus on assessment, developing treatment goals, evaluating outcomes, and documentation. PREQ: RTH 200.
- RTH 352 - Recreational Therapy Processes and Techniques Credits: (3) - Assessment, planning, implementation, and evaluation strategies attendant to recreational therapy service delivery. PREQ: RTH 200.

- RTH 360 - Recreational Therapy Services for Older Adults Credits: (3) - Addressing the physical, psychological, and social needs of the elderly through recreational therapy. PREQ: RTH 200.
- RTH 395 - Pre-Internship Seminar Credits: 1 - Overview of NCTRC standards for professional certification, personal communication skills, practicum documentation requirements, internship site selection, and blood borne pathogen training. PREQ: RTH 352, RTH major and junior standing. This course may not be taken until the semester prior to registration for the senior Clinical Internship (RTH 484/485).
- RTH 417 - Administration of Recreational Therapy Services Credits: (3) - Contemporary recreational therapy program organizational principles and administrative issues. PREQ: RTH 352.
- RTH 450 - Advanced Methods in Recreational Therapy Credits: (3) - Theoretical and practical examination of contemporary implementation procedures used in recreational therapy practice. PREQ: RTH 352 or permission of instructor. This course is ONLY offered each Fall Semester.
- RTH 470 - Adventure-Based Recreational Therapy Credits: (3) - A theoretical and practical investigation of structured outdoor experiences as vehicles for facilitating human growth and development. Field trips required. PREQ: RTH 200, PRM 270 or permission of instructor.
- RTH 484 - Recreational Therapy Clinical Internship Credits: (6) - Full-time internship in a recreational therapy program under direct professional supervision. PREQ: RTH 350, RTH 395, RTH 417, RTH 450, "C" or better in all RTH prefix courses, and permission of instructor.
- RTH 485 - Recreational Therapy Clinical Internship Credits: (6) - Full-time internship in a recreational therapy program under direct professional supervision. PREQ: RTH 350, RTH 395, RTH 417, RTH 450, "C" or better in all RTH prefix courses, and permission of instructor.
- BIOL 291 - Human Anatomy and Physiology I Credits: (4). This course is ONLY offered each Fall Semester.
- BIOL 292 - Human Anatomy and Physiology II Credits: (4). This course is ONLY offered each Spring Semester.
- COUN 325 - Survey of Human Development Credits: (3)
- COUN 430 - Individual and Group Counseling Credits: (3). This course is ONLY offered each Spring Semester.
- HEAL 250 - First Aid and Safety Education Credits: (2)
- HSCC 220 - Medical Terminology Credits: (3)
- HSCC 370 - Introduction to Pharmacology Credits: (2). This course is ONLY offered each Fall Semester.
- PE 423 - Kinesiology Credits: (3)
- PRM 270 - Leadership and Group Dynamics in Recreation Credits: (3)
- PSY 150 - General Psychology Credits: (3)
- PSY 470 - Abnormal Psychology Credits: (3)

Liberal Studies Requirements

Each recreational therapy major is required to complete the WCU Liberal Studies Program Requirements of at least 42 hours.

Recreational Therapy Coursework

You will be working with three RT faculty who are experts in their field. All three professors will be sharing ideas in and outside of class. Make sure you do everything to your best in classes. Each professor will treat you as a professional, and expect that you come to class prepared and enthusiastic about the field. This is your field and you will get out of classes what you put into them. It is also imperative that you start paying attention to your own lifestyle issues related to recreational therapy. This

is a field in which you must practice what you preach. Clients can be very perceptive about whether you follow the course of action you may be helping them with.

Support Coursework

The Recreational Therapy Program contains the most well thought out sequence of support courses. These include courses in Anatomy and Physiology, Medical Terminology, Pharmacology, Individual and Group Counseling, Abnormal Psychology, Developmental Psychology, and Kinesiology. Take these courses seriously, and put time into them so you excel. You will be working for yourself and you will be representing our department to other departments across campus. Take it as a professional and prove yourself every day to people in your support courses. You may be working with other students who will be future colleagues in the professional arena. Respect starts here.

Service Learning

Service learning is where you can put into practice what you are learning in recreational therapy. Service learning will take place in three different areas.

- I. Service Learning attached to a course: Several courses in the major have a service learning component from five hours to twenty hours.
- II. Service learning in summers and on vacations-From working in summer camps to working as a volunteer or aide in a hospital or nursing home. The more varied your experience with people with disabilities, the more competent you will become and the more marketable you will be.
- III. The internship-Twelve credits of hands on work under the supervision of a licensed recreational therapist will be your chance to put your knowledge and skills into action in a setting that you will choose with the help of the pre-internship teacher and your advisor.

It is very important that you take your service learning opportunities seriously and that you put your heart into the experience. A few expectations related to all service learning experiences.

- Always show up early or on time for the experiences. Reliability is key in working with clients and other professionals/volunteers.
- Be aware of boundaries. Do not give phone numbers to clients you will be working with. Physical boundaries are also important. Hugging or flirting can easily become misinterpreted so should be avoided.
- Stay focused on the clients. Don't go to hang out with other students.
- Be professional-Keep things confidential; treat other faculty, clients and students with respect. Keep your integrity at all times.
- You may be nervous and unsure of what to do with certain clients who may be difficult to understand or puts you at unease. Keep at it, learn from the experience, and ask questions when you reflect on the experience.
- Make connections with what you are learning in class and what you are experiencing.
- Introduce yourself as a recreational therapy student, not as a recreational therapist or recreational therapist in training. Get in practice explaining what recreational therapy is.

Advising Policies

Advisor Roles and Responsibilities

The advisor's role is to provide support, guidance, information, and referrals that enable the student to take an active role in developing his or her program. The following are the central forms of support and guidance by the advisor:

- To assist the student in exploring his or her therapist style/s and what populations they would like to work with;
- To offer advice in the selection and sequencing of courses that meet requirements for graduation;
- To provide guidance and make referrals that help the student explore career options consistent with the program of study;
- To keep informed about University policies, regulations, programs and procedures;
- To discuss student strengths and weaknesses in relation to coursework and professionalism.
- To discuss technical standards, recreational therapy standards in the field, and explain curricular guidelines.

Student Roles and Responsibilities

The student's role is to take primary responsibility for the development of their academic program and for meeting all graduation requirements. In the advisor-advisee relationship, student responsibilities include the following:

- To make appointments with the advisor in a timely manner that ensures the advisor is kept informed about the student's progress and performance;
- To understand the courses needed for the RT degree and keep track of their progress through the degree audit.
- To become knowledgeable about University policies, programs and procedures;
- To maintain a 2.5 cumulative grade point average, and continually meet all technical standards.
- To be proactive with regard to career planning and to actively involve the advisor as an adjunct to the development of career goals and objectives.
- To come prepared for advising times with degree audit and courses needed for the next semester.

Senior Clinical Internship in Recreational Therapy

After completion of all recreational therapy coursework and major requirements, the student will complete a senior clinical internship. The Recreational Therapy B.S. Degree Program has legal contracts with agencies across North Carolina and in other states that meet the requirements for a clinical affiliation with the College of Health and Human Sciences and the certification and licensure requirements for recreational therapy. A list of approved internship sites is maintained by the Program Director and a Recreational Therapy Internship Manual is available for further information. When students enroll in RTH 395 Pre-Intern Seminar the semester before their planned senior clinical internship, they will prepare a professional resume, professional portfolio, and will be instructed on the application process for a recreational therapy clinical internship. When students complete their clinical internship, they are enrolled in RTH 484 and RTH 485 for a total of 12 credit hours.

Recreational Therapy Association

The Recreational Therapy Association (RTA) is run by and for students majoring in recreational therapy. It is very important that students take an active role in RTA. RTA helps students go to conferences, provides service to the community, raises funds to bring experts in recreational therapy to campus to teach such specialized techniques as aquatic therapy, adapted wheelchair sports, and other topics, to fund field trips to specialized recreational therapy programs, provides leadership development for students in managing a professional organization, and will have activities and events for students to

get to know each other and to bond as future professional recreational therapists. RTA also serves as a voice for students to speak up for their education and opportunities.

Policies and Procedures

Blood Borne Pathogens Policy

Policies have been developed to protect health care workers from blood-borne pathogens (BBP). The blood-borne pathogens of main concern to recreational therapists are HIV and Hepatitis B. Recreational therapists can be exposed in a variety of ways; including but not limited to bloody wounds, vomit, saliva, etc.. Therefore, it is imperative to practice preventative measures at all times.

OSHA Regulations: OSHA (Occupational Safety and Health Administration) has developed federal regulations for employees whose jobs may put them at risk to blood-borne pathogens. All of these guidelines must be followed at all times when treating patients in the health care setting.

If you have a risk of exposure to a blood-borne pathogen, it is required that the minimum proper precautions be adhered to. The health care professional must minimally wear latex gloves when exposed to any body fluids. If a glove should tear, it should be replaced immediately. In addition, one must change gloves if worn for more than ten (10) minutes. Some gloves may be slightly permeable; so two layers may be worn. After use, carefully remove gloves and discard them in a biohazard waste container or bag. Your hands should be washed thoroughly after wearing gloves or handling any item contaminated with body fluids. In addition, hands should be washed between contact with each patient in order to prevent the spread of possibly infectious materials.

Any contaminated area (treatment table, counter top, floor, etc.) should be cleaned thoroughly to help decontaminate surfaces. Sources recommend using a 1:10 bleach-water solution, which needs to be made daily to be effective. Western Carolina University will purchase appropriate cleansing solutions to treat exposed areas. These cleaning materials will be made available in each clinical setting. In addition, tables and counters must be cleaned with an appropriate cleaning solution between each use.

When cleaning an area that may be contaminated with a BBP, it is advised to wear latex gloves and absorb the fluids with paper towels, not terry cloth towels. Discard soiled towels in the biohazard waste container bags. Saturate the area with the appropriate cleansing solution, allowing the solution to soak ten to twenty minutes whenever possible. Clean the area with another paper towel utilizing rubber gloves. All cleaning materials should go in the biohazard bags for disposal after use. After cleaning, remember to wash hands thoroughly, using proper hand-washing procedures.

Method of Compliance: There are many ways to minimize and prevent exposure to a blood-borne pathogen. These include implementing work practice controls, such as having rules and regulations in the work place, providing and using personal protective equipment and consistently implementing appropriate housecleaning procedures.

Personal protective equipment is used to provide a barrier between the health care provider and the exposed blood-borne pathogen. Personal protective equipment consists of latex gloves, goggles, face shields, CPR masks and gowns. It is recommended that the personal protective equipment be inspected periodically for any defects to ensure its effectiveness. Any reusable equipment should be cleaned

thoroughly and decontaminated after use. Single use equipment should be disposed of in red biohazard bags and placed in the appropriate containers.

Housekeeping is the third area of compliance. This involves maintaining all equipment used in recreational therapy interventions in a clean and sanitary condition. In order to meet this requirement, it is necessary clean all recreational therapy equipment after each use and before returning equipment to the recreational therapy office.

Hepatitis B Vaccinations

Hepatitis B vaccinations are available to all certified and licensed recreational therapy staff and recreational therapy students via the Western Carolina University Health Center for a minimal charge. The Hepatitis B vaccinations consist of a series of three injections over a six-month period. It should be noted that the series of three injections does not guarantee immunization to Hepatitis B in all persons. Therefore, a follow-up antibody test is recommended but not required. If an employee or student declines to have the Hepatitis B vaccination, he or she must sign a vaccine declination form. However, if the employee or student changes his or her mind, he / she may still receive the vaccine at a later date. Vaccinations can be received at the Western Carolina University Student Health Center or can be obtained at an off-campus facility.

If an employee or recreational therapy student is involved in an incident that exposes her or him to a blood-borne pathogen, he must receive medical consultation and treatment as soon as possible. This follow-up care is available at the WCU Student Health Center. All costs post-exposure care is the responsibility of the student.

Proper Hand-Washing Procedures

Thorough hand-washing is the BEST way to prevent the spread of infection.

Hand-washing Procedures:

1. Use continuously running water.
2. Use a generous amount of soap.
3. Apply soap with vigorous contact on all surfaces of hands. (nails, fingers, hands, forearms)
4. Wash hands for AT LEAST 10 seconds. (Sing the *Happy Birthday Song* twice.)
5. Clean under and around fingernails.
6. Rinse with your hands down, so that runoff goes into the sink and not down your arms.
7. Avoid splashing.
8. Dry well with paper towels.
9. Use a towel to turn the water off.
10. Discard the towels into a bag provided for that purpose.

Professionalism

It is of vital importance to the profession of Recreational Therapy that a high level of professionalism is maintained by all Recreational Therapy Students. Of particular importance is your sensitivity, confidentiality and professional attitude. This includes being prompt to service learning and education assignments, dressing professionally and appropriately and conducting oneself in a professional manner at all times. Proper attire is required for all clinical education experiences. Recreational Therapy Students must maintain a professional relationship with all peers, clients and faculty at all times. Please understand that your actions outside of the classroom, service learning projects, and clinical education experiences are a direct reflection of you, the faculty and staff at WCU, the Recreational Therapy Education Program and the profession as a whole.

Cellular Phones

All cellular phones are to be turned **off** prior to beginning any class, service learning activity, or clinical education experience. Cellular phones may be taken to the clinical education site and used **ONLY** in the case of medical emergency. At no time will the student be allowed personal calls during any clinical education assignment nor may the student engage in “text messaging at any time in a class, service learning activity, or clinical education experience.

Final Thoughts

Welcome to Recreational Therapy. You are joining a profession which is fun yet challenging. We are in critical times where there are greater demands for good quality therapists than ever before. From the obesity epidemic to an aging population, the demand for rehabilitation and community services for people with disabilities and chronic illnesses, qualified recreational therapists are needed more than any other time in our history. If you work hard, stay fit mentally and physically, learn the field and develop your skills, you will have a long and exciting career.

Appendix 3.2.2 RT Course Requirements Checklist

Freshman Year
Fall Semester (Hours 15)
<input type="checkbox"/> P1 Social Sciences Credits: (3) [PSY 150 - General Psychology] <input type="checkbox"/> 190 Series First Year Seminar Credits: (3) _____ <input type="checkbox"/> ENGL 101 - Composition I Credits: (3) <input type="checkbox"/> HSCC 101 - Nutrition, Fitness, and Wellness <input type="checkbox"/> MATH 101 - Mathematical Concepts Credits: (3)
Spring Semester (Hours 18)
<input type="checkbox"/> P1 Social Sciences Credits: (3) _____ <input type="checkbox"/> P3 History Credits: (3) _____ <input type="checkbox"/> C5 Physical & Biological Sciences Credits: (3) **Do not take Biology _____ <input type="checkbox"/> CMHC 201 - Introduction to Speech Communication Credits: (3) <input type="checkbox"/> ENGL 102 - Composition II Credits: (3) <input type="checkbox"/> RTH 200 - Foundations of Recreational Therapy Credits: (3)
Sophomore Year
Fall Semester (Hours 16)
<input type="checkbox"/> P5 Fine and Performing Arts Credits: (3) _____ <input type="checkbox"/> P4 Humanities Credits: (3) _____ <input type="checkbox"/> BIOL 291 - Human Anatomy and Physiology I Credits: (4) <input type="checkbox"/> PRM 270 - Leadership and Group Dynamics in Recreation Credits: (3) <input type="checkbox"/> RTH 352 - Recreational Therapy Processes and Techniques Credits: (3)
Spring Semester (Hours 15)
<input type="checkbox"/> P6 World Cultures Credits: (3) _____ <input type="checkbox"/> BIOL 292 - Human Anatomy and Physiology II Credits: (4) <input type="checkbox"/> COUN 325 - Survey of Human Development Credits: (3) <input type="checkbox"/> HEAL 250 - First Aid and Safety Education Credits: (2) <input type="checkbox"/> HSCC 220 - Medical Terminology Credits: (3)
Junior Year
Fall Semester (Hours 16)
<input type="checkbox"/> General Electives Credits: (4) _____ <input type="checkbox"/> P1-P6 Jr-Sr Perspective Credits: (3) _____ <input type="checkbox"/> RTH 350 - Recreational Therapy and People with Physical Disabilities Credits: (3) <input type="checkbox"/> RTH 370 - Methods in Recreational Therapy Credits: (3) <input type="checkbox"/> RTH 360 - Recreational Therapy Services for Older Adults Credits: (3)
Spring Semester (Hours 15)
<input type="checkbox"/> General Electives Credits: (6) _____ <input type="checkbox"/> COUN 430 - Individual and Group Counseling Credits: (3) <input type="checkbox"/> RTH 401 - Client Assessment in Recreational Therapy Credits: (3) <input type="checkbox"/> RTH 470 - Adventure-Based Recreational Therapy Credits: (3)
Senior Year
Fall Semester (Hours 13)
<input type="checkbox"/> PSY 470 - Abnormal Psychology Credits: (3) <input type="checkbox"/> PE Requirement – PE 365, PE 423, PE 425 or PE 435 Credits: (3) _____ <input type="checkbox"/> RTH 395 - Pre-Internship Seminar Credits: 1 <input type="checkbox"/> RTH 405 – Recreational Therapy in Behavioral Health Credits: (3) <input type="checkbox"/> RTH 417 - Administration of Recreational Therapy Services Credits: (3)
Spring Semester (Hours 12)
<input type="checkbox"/> RTH 484 - Recreational Therapy Clinical Internship Credits: (6) <input type="checkbox"/> RTH 485 - Recreational Therapy Clinical Internship Credits: (6)
Total Hours for Degree: 120

Appendix 3.2.3 Protocol for RT Advising

Prospective Recreational Therapy students follow a set admission pattern as outlined in the admission process documents. These admission activities include application to the program, submission of the application and admission essay, and finally acceptance. These activities may be preceded or follow the completion of the RT pretest, which occurs during the RTH 200 course.

Upon admission, each student is assigned an advisor of one of the RTH faculty. Not only may they note a preference for this assignment, but they may also request a switch to a different advisor at any time. Each advisor meets with his or her advisees at least once each semester for pre-registration advising. During these sessions, the advisor follows the Degree Audit Report carefully and documents on the Advising Plan the courses to be taken by the student. Each student signs this course plan, and a copy is placed in his or her file.

In addition to these meetings each fall and spring semester, the student also signs technical standards each year during the fall semester. The review of these standards takes place in each advising session before the student signs these. They are also placed in the student's advising folder. Students are not given their alternate pin until the standards are signed for that semester.

Although advisors do not track all meetings with advisees, they do track major atypical events. For example, this may include a meeting regarding not meeting graduation requirements, or a student producing new documentation regarding a disability.

The document below is to be attached to the inside of each RT major's advising file folder and kept secured with the other documents therein.

Appendix 3.2.4 WCU Recreational Therapy Technical Standards

RECREATIONAL THERAPY TECHNICAL STANDARDS

The mission of the Recreational Therapy B.S. Degree Program at Western Carolina University is to prepare entry-level recreational therapists who can evaluate, manage, and treat the general population of mental health, geriatric, and rehabilitation clients in a variety of health care settings, by developing a sound conceptual foundation and professional preparation in the knowledge and skills necessary for competent practice in recreational therapy. Potential recreational therapists are expected to complete the academic and clinical requirements of the professional B.S. program in recreational therapy before they can sit for the certification examination and practice. The purpose of this document is to delineate the technical cognitive, psychomotor, and affective skills deemed essential to complete this program and to perform as a competent generalist in recreational therapy.

If a student cannot demonstrate the following skills and abilities, it is the responsibility of the student to request an appropriate accommodation.

Cognitive Learning Skills:

The student must demonstrate the ability to:

- Conceptualize a sequential progression of tasks and/or standardized testing and make objective conclusions based on the test results.
- Apply critical thinking in the creation, development, generalization and implementation of adaptations to normative methods of behavior and function.
- Select constructive activities suited to an individual's current physical capacity, intelligence level, and interest, so as to upgrade the individual to maximum independence, and assist in restoration of functions and/or aid in adjustment to disability.
- Apply critical reasoning and independent decision-making skills.
- Assess patient/client safety and maintain or create safe environments during specific tasks, to enhance patient/client independence in a variety of potential environments.

Psychomotor Skills

The student must demonstrate the following skills:

- Sitting: Maintain upright posture.
- Standing: Student-controlled activity employable during lecture, clinical instruction and laboratory time.
- Locomotion ability to: a. get to lecture, lab and clinical locations, and move within rooms as needed for changing groups, partners and work stations; and b. physically maneuver in required clinical settings, to accomplish assigned tasks.
- Manual tasks: Lifting ability sufficient to maneuver an individual's body parts effectively to perform evaluation and treatment techniques, to manipulate common tools used for screening tests and therapeutic intervention of the individual, to demonstrate the ability to safely and effectively guide and facilitate patient/client movement skills and motor patterns through physical facilitation, and to competently perform cardiopulmonary resuscitation (C. P. R.) using guidelines issued by the American Heart Association or the American Red Cross.
- Gross motor ability to participate in recreational or movement activities that may involve tossing, catching, weight shifts, reaching, balancing on equipment, etc.
- Small motor/hand skill usage ability to: a. legibly record/document evaluations, patient care notes, referrals, etc. in standard medical charts in hospital/clinical settings in a timely manner and consistent with the acceptable norms of clinical settings; b. demonstrate or complete activities or

tests with adequate degree of fine motor dexterity; and c. legibly record thoughts for written assignments or tests.

- Visual acuity to: a. Read patient/client charts or histories in hospital/clinical setting; and b. observe even the slightest aberrations of patient/client motor performance during tasks/tests.
- Hearing or ability to receive and: a. effectively respond to oral requests/instructions from patients and team members; and b. interpret the language used to communicate lectures, instructions, concepts, narratives, questions and answers.
- Communication ability to: a. effectively communicate with instructors, peers, and team members; and b. articulate detailed instructions to patients, caretakers, family or other clinical personnel.
- Self care ability to: a. maintain general good health and self care in order not to jeopardize the health and safety of self and individuals with whom one interacts in the academic and clinical settings; and b. arrange transportation and living accommodations for/during off-campus clinical assignments to foster timely reporting to classroom and clinical center.

Affective learning skills

The student must be able to:

- Demonstrate appropriate, affective behaviors and mental attitudes to ensure the emotional, physical, mental, and behavioral safety of the patient/client in compliance with the ethical standards of the American Therapeutic Recreation Association.
- Sustain the mental and emotional rigors of a demanding educational program in recreational therapy that includes academic and clinical components that occur within set time constraints, and often concurrently.
- Acknowledge and respect individual values and opinions in order to foster harmonious working relationships with colleagues, peers, and patients/clients.

Check One Below:

I certify that I have read and understand the technical standards for selection listed above and I believe to the best of my knowledge that I can meet each of these standards without accommodation.

I certify that I have read and understand the technical standards for selection listed above and I believe to the best of my knowledge that I can meet each of these standards with accommodation. Should I feel I require accommodation to meet these standards, I will contact Kimberly Marcus at (828) 227-7234 (E-mail:kmarcus@email.wcu.edu) to determine what accommodations may be available. I understand that if I am unable to meet these standards with or without accommodations, I will not be admitted into the program.

Signature of RT Major _____ Date _____

Printed Name of RT Major _____

Signature-Reaffirm _____ Date _____

Signature-Reaffirm _____ Date _____

Signature-Reaffirm _____ Date _____

Appendix 3.2.5 Survey of Student Advising

**2009 RT Advising Survey Results
39 Responses or 43% Return
11/19/09**

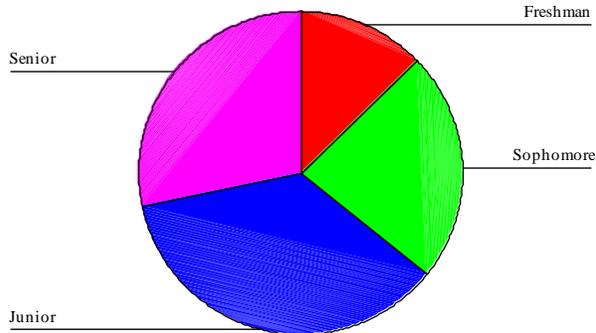
Academic Advisor

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Peg Connolly	12	30.8	30.8	30.8
	Jennifer Hinton	12	30.8	30.8	61.5
	Glenn Kastrios	15	38.5	38.5	100.0
	Total	39	100.0	100.0	

Class Level

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Freshman	5	12.8	12.8	12.8
	Sophomore	9	23.1	23.1	35.9
	Junior	14	35.9	35.9	71.8
	Senior	11	28.2	28.2	100.0
	Total	39	100.0	100.0	

Class Level



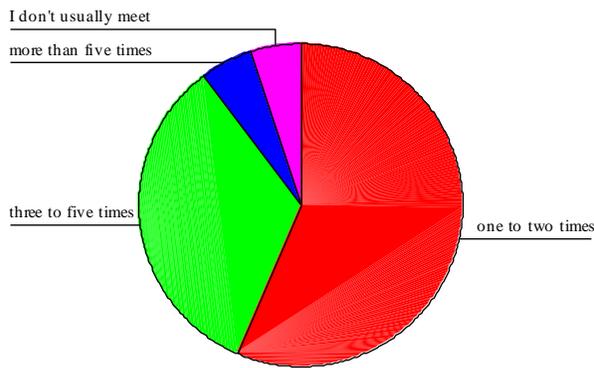
Last Advising Session

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	SEP 2009	2	5.1	5.4	5.4
	OCT 2009	30	76.9	81.1	86.5
	NOV 2009	5	12.8	13.5	100.0
	Total	37	94.9	100.0	
Missing	System	2	5.1		
Total		39	100.0		

Number of Advising Sessions Per Semester

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	one to two times	22	56.4	56.4	56.4
	three to five times	13	33.3	33.3	89.7
	more than five times	2	5.1	5.1	94.9
	I don't usually meet with my advisor	2	5.1	5.1	100.0
	Total	39	100.0	100.0	

Number of Advising Sessions Per Semester



When Advisor is Typically Seen

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Only during pre-registration	11	28.2	28.2	28.2
	During registration as well as at other times during the sem	28	71.8	71.8	100.0
	Total	39	100.0	100.0	

Reason for Most Reason Advising

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	to register f for the next semester	35	89.7	89.7	89.7
	a follow-up session regarding registration	2	5.1	5.1	94.9
	general advising about degree requirements or internship	1	2.6	2.6	97.4
	other (discuss scholarships, grades, other problems)	1	2.6	2.6	100.0
	Total	39	100.0	100.0	

Ease of Scheduling

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Difficult	1	2.6	2.6	2.6
	Somewhat Easy	1	2.6	2.6	5.1
	Easy	14	35.9	35.9	41.0
	Very Easy	23	59.0	59.0	100.0
	Total	39	100.0	100.0	

Amount of Time in Advising Sessions

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	less than 10 minutes	6	15.4	15.4	15.4
	10 to 20 minutes	20	51.3	51.3	66.7
	20 to 30 minutes	11	28.2	28.2	94.9
	more than 30 minutes	2	5.1	5.1	100.0
	Total	39	100.0	100.0	

Appointment or Walk-In

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	appointment	36	92.3	92.3	92.3
	walk-in during of fice hours	3	7.7	7.7	100.0
	Total	39	100.0	100.0	

Advising on Liberal Studies Requirements

Statistic	Received clear guidance about liberal studies requirements	Advisor is knowledgeable about liberal studies requirements	Advisor allows the freedom to select liberal studies courses that meet personal needs while staying within the confines of requirements for graduation
Mean	4.29	4.33	4.64
Variance	0.97	0.97	0.64
SD	0.99	0.99	0.80
Responses	35	36	36

Advising on Recreational Therapy Degree Requirements

Statistic	Received clear guidance on RT degree requirements	Advisor is knowledgeable about RT degree requirements	Advisor reassess graduation progress by checking degree evaluation	Advisor provides guidance and advice on RT clinical internship
Mean	4.59	4.74	4.33	4.39
Variance	1.04	0.51	1.39	1.11
SD	1.02	0.72	1.18	1.05
Responses	39	39	39	38

General Characteristics of the Advising Process

Statistic	Advisor posts appointment times	Advisor returns messages	Advisor seems friendly and approachable	Advisor refers to appropriate campus resources	Advisor demonstrates interest in students' success	Advising assists in graduation progress	Advisor guides on post graduate plans	Student takes active role in advising
Mean	4.63	4.30	4.63	4.42	4.59	4.59	4.16	4.62
Variance	0.67	1.33	0.67	1.12	0.88	0.93	1.20	0.61
SD	0.82	1.15	0.82	1.06	0.94	0.97	1.09	0.78
Responses	38	37	38	38	39	39	37	39

Most Positive Aspects of the Advising Experience, N= 34

Advising is a very helpful experience and it helps tremendously to have an advisor that know what she is talking about and finds out what all I will need to graduate on time. Also her showing me what classes she thinks I should take each semester based on
always helpful
Always helpful and kind
everything
Everything. no complaints
Friendliness of Glenn
Friendly advisor and guidance towards where I need to be at that point and sets goals for me as to where I should be at the next "checkpoint".
Having an adviser who lets me know what classes I needed and when some classes are offered
He is very interested in what I want to do with my major and uses that info to help me pick my classes.
He knows what. Need to take and in what order
He makes it easy to understand what the best path is in my best interest.
He was very informative on what I needed to do in order to graduate on time.
I had a plan from the beginning. Really amazing what Peg was able to accomplish with that plan and how I attained my goal. I was asked when I want to graduate and we drew out a plan that worked for me.
I had to fill out a paper and do a one page paper that was single space typed. In doing this paper, it helped me know exactly why I came to WCU to do RT.
I like how everything is completed in a timely manner and the staff really knows what's going on.
It was quick and simple.
It was very helpful.
Jennifer has always been prepared and has always helped me with any questions I have had concerning my advising or schedule
Jennifer is always available and willing to help. She is always willing to come in at times that are not her normal hours if that is what we need. She is available to us anytime, any day.
Jennifer is very organized and is always prepared when I have been there for advising meetings. She has also very prompt on replying to me when there are questions, and she is proactive at contacting those needed to make sure everything is in order for my
My adviser has made it easy to stay on track for graduation.
My advisor is knowledgeable about requirements for graduation as well as subsequent classes to take if need be, he is friendly and approachable.
My advisor seems very interested in what I am doing on campus and what I might want to do after graduation. She knows what classes I should take together and she is confident that I will succeed. She shows enthusiasm when we meet and provides feedback
My advisor was knowledgeable and knew exactly what I needed to take.
Peg has been absolutely wonderful. She is very knowledgeable about RT and what we need to do to graduate. I transferred here and she really helped me with that process and getting credits transferred over. She has spent a lot of time working with me
Peg is very approachable, helpful, and knowledgeable. She really "gets" me and is working to help me find my unique path in RT.
Peg is very helpful and she knows her stuff! I trust that she will lead me in the right direction and help me be successful
She seems very interested in my personal education experience.
That we all pretty much know each other and it is easy to talk to our advisors for the most part.
The fact that they are willing to help us out with anything we need.
The people are nice
The RT major has a very close-knit group of advisers; they are always there for you when you need them and they are always positive. I have never had trouble getting any information or guidance from my adviser or from others in the RT major.
The very warm feeling I get when interacting with all of the RT staff, advising and otherwise.
Yes

Recommendations for Improving the Advising Experience, N= 22

being more informed on the liberal studies requirements of the college
cant think of any
Follow up on an override for classes.
Get the rest of the advisors up to speed on advising.
Have a list of liberal studies courses that are being offered for the semester you are registering for.
Help me with my personal goals instead of making it easier on yourself
I didn't see any problem with it.
I don't have any. I have only had a positive experience.
I would say the scheduling of classes when possible. Having first aid the last semester before internship; however, you will want your students qualified to give first aid in a service learning environment.
Jennifer has been a wonderful advisor, the school could be faster at approving over-rides for replacement classes.
Make sure everyone knows what we need to have before we can graduate.
My experience has been top notch, so I can't think of anything.
none for Jennifer, she does her homework after the session if we have left her with any concerns or questions
nothing
Return emails
They could help more with graduate school plans even if it's not a RT graduate program.

Additional Comments About the Advising Experience, N= 6

Fine advisor and program.
I can never get help when I need it. My advisor replied to an email I sent him in fall 2009 in spring 2009 that is unacceptable.
I just do not like the fact that the summer internship might be taken away but I know RT has nothing to do with the decision of schools but I like summer internships benefit a lot of people. One positive thing about summer internships is the student can
It's a wonderful experience and I couldn't be happier with my major, professors and advisor!
The RT Program is great! It is becoming very successful and I would recommend Recreational Therapy to any student! Keep up the good work Peg, Jennifer, and Glenn!
These professors are always there for you when you need help. They do an awesome job.

Appendix 3.3 Recreational Therapy Course Syllabi

Appendix 3.3.1 RTH 200 Foundations of Recreational Therapy

Standardized Syllabus Form

University/College	Western Carolina University
Department	School of Health Sciences
Course Name	Foundations of Recreational Therapy
Course Number	RTH 200
Prerequisite(s)	None
Course Description	An investigation into the prescribed use of recreational activity as a clinical treatment modality for persons whose functional abilities are impaired
Academic Hours (Lecture - Lab - Total)	3 hrs lecture
Instructor (s)	Glenn Kastrinos, M.Ed., LRT/CTRS
Semester (s)	Fall and Spring
Required Text (s)	Shank, J. & Coyle, C. (2002). Therapeutic recreation and health promotion and rehabilitation. State College, PA: Venture Publishing, Inc
Student Requirements	RT competency and WCU learning outcomes assessment Portfolio assignment RT Resources assignment Disability Awareness assignment Two exams Service learning reflection assignment.
Topic Outline	Introduction and getting to know each other How healthcare is changing RT organizations, history, standards of practice ADHD presentation, RT in various settings:

This course covers the following CARTE Competencies:

Competency	Description	Lecture, Lab, or both
Foundations of professional practice	<ol style="list-style-type: none"> 1. Knowledge of historical foundations/ evolution of RT profession 2. Knowledge of philosophical concepts/definitions of RT and implications for service delivery. 3. Knowledge of 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 	Lecture for all.

	<ol style="list-style-type: none"> 10. Knowledge of the role and responsibilities of a RT working as an integral part of the interdisciplinary treatment process. 11. Knowledge of the theories and principles of therapeutic/helping relationships. 12. Knowledge of RT's role as an advocate for client's rights. 13. Knowledge of 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 the 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. 24. Ability to communicate the purpose, techniques and effectiveness of RT to colleagues, consumers, and the public. 25. Ability to analyze, evaluate and apply models of practice in various settings. 	
--	---	--

Western Carolina University
College of Health and Human Sciences
School of Health Sciences
Course Outline

RTH 200-01

Mr. Glenn Kastrinos M.Ed., CTRS, LRT Belk 186 227-2788 gkastrinos@email.wcu.edu
Office Hours: M,W 10-11, 3:45-4:45 T. 2-3:00

Advising and consultation also available at other times by appointment.

I. Course Description

An investigation into the prescribed use of recreational activity as a clinical treatment modality for persons whose functional abilities are impaired.

II. Course Aims and Objectives:

- **Aims**

Students will be exposed to the foundations of Recreational Therapy and how it fits into healthcare systems.

Specific Learning Objectives:

At the conclusion of this course, each student will have a basic understanding of the following:

1. Foundations of RT practice.
2. Characteristics of illnesses and disabilities and their effect on a person's functioning
3. Professional organizations and certification/licensure practices in RT
4. How RT fits into clinical and community settings.
5. The connections between meaningful activity and therapy.
6. Models of RT practice
7. How to balance activity, relationship building and therapeutic environments.
8. The benefits of individual and group interventions.
9. How and why you have been drawn to and chosen RT as a career path

In addition, this course will cover the following knowledge domains suggested by the National Council for Therapeutic Recreation Certification.

Foundational Knowledge

1. Theories of play, recreation and leisure
2. Social psychological aspects of play, recreation and leisure
3. Diversity factors (e.g., social, cultural, educational, language, spiritual, financial, age, attitude, geography) (all RT courses)
8. Concepts and models of health and human services (e.g., medical model, community model, education model, psychosocial rehabilitation model, health and wellness model, person-centered model, International Classification of Functioning) (also RTH 417)
9. Cognition and related impairments (e.g., dementia, traumatic brain injury, developmental/learning disabilities) (also RTH 350)
11. Senses and related impairments (e.g., vision, hearing) (also RTH 350)
13. Normalization, inclusion, and least restrictive environment
14. Architectural barriers and accessibility
15. Societal attitudes (e.g., stereotypes)
19. Principles of behavioral change (e.g., self-efficacy theory, experiential learning model) (all)

Practice of Recreational Therapy

- 20. Concepts of RT (e.g., holistic approach, recreative experience, special/adaptive recreation, inclusive recreation, using recreation as a treatment modality) (all)
- 21. Models of RT service delivery
- 22. Practice settings (e.g., hospital, long-term care, community recreation, correctional facilities)
- 23. Standards of practice for the RT profession (in depth in RTH 417)
- 24. Code of ethics in the RT field and accepted ethical practices with respect to culture, social, spiritual, and ethnic differences (in depth in RTH 417)
- Organization of Recreational Therapy Service
- 52. Role and function of other health and human service professions and of interdisciplinary approaches (all)
- Advancement of the Profession
- 64. Professionalism: professional behavior and professional development (all – in depth focus in RTH 395)
- 66. Advocacy for persons served (also RTH 350)
- 71. Professional associations and organizations (all)

This course will also cover the following competencies from the ATRA guidelines.

- 1. Knowledge of historical foundations/ evolution of RT profession
- 2. Knowledge of philosophical concepts/definitions of RT and implications for service delivery.
- 3. Knowledge of 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
- 10. Knowledge of the role and responsibilities of a RT working as an integral part of the interdisciplinary treatment process.
- 11. Knowledge of the theories and principles of therapeutic/helping relationships.
- 12. Knowledge of RT's role as an advocate for client's rights.
- 13. Knowledge of 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 the 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.

24. Ability to communicate the purpose, techniques and effectiveness of RT to colleagues, consumers, and the public.
25. Ability to analyze, evaluate and apply models of practice in various settings

III. Course Materials

Required Text: Shank, J. & Coyle, C. (2002). Therapeutic recreation and health promotion and rehabilitation. State College, PA: Venture Publishing, Inc
Reserve readings on Web CT and in Hunter Library

IV. Faculty Expectations of Students/Course Policies

- Statement on Accommodations for students with disabilities:
Accommodations for Students with Disabilities: Western Carolina University is committed to providing equal educational opportunities for students with documented disabilities. Students who require disability services or reasonable accommodations must identify themselves as having a disability and provide current diagnostic documentation to Disability Services. All information is confidential. Please contact Disability Services for more information at (828) 227-2716 or 144 Killian Annex.
- Statement on Academic Integrity (including plagiarism):
Academic Honesty Policy
Western Carolina University, as a community of scholarship, is also a community of honor. Faculty, staff, administrators, and students work together to achieve the highest standards of honesty and integrity. Academic dishonesty is a serious offense at Western Carolina University because it threatens the quality of scholarship and defrauds those who depend on knowledge and integrity. Academic dishonesty includes:
 - a. **Cheating**—Intentionally using or attempting to use unauthorized materials, information, or study aids in any academic exercise.
 - b. **Fabrication**—Intentional falsification of information or citation in an academic exercise.
 - c. **Plagiarism**—Intentionally or knowingly representing the words or ideas of someone else as one's own in an academic exercise.
 - d. **Facilitation of Academic Dishonesty**—Intentionally or knowingly helping or attempting to help someone else to commit an act of academic dishonesty, such as knowingly allowing another to copy information during an examination or other academic exercise.

The procedures for cases involving allegations of academic dishonesty are:

1. Instructors have the right to determine the appropriate sanction or sanctions for academic dishonesty within their courses up to and including a final grade of "F" in the course. Within 5 calendar days of the event the instructor will inform his/her department head, and the Associate Dean of the Graduate School when the student is a graduate student, in writing of the academic dishonesty charge and sanction.
2. The department head or graduate program director will meet with the student to inform him/her orally and in writing of the charge and the sanction imposed by the instructor within 10 calendar days of written notice from the instructor. Prior to this meeting, the department head will contact the Office of Student Judicial Affairs to establish if the student has any record of a prior academic dishonesty offense. If there is a record of a prior academic dishonesty offense, the matter must be referred directly to the Office of Student Judicial Affairs. In instances where a program does not have a department head or graduate program director, the Dean or Associate Dean of the college will assume the duties of department head for cases of academic dishonesty.

3. If the case is a first offense, the student can choose to accept the charge and sanction from the instructor by signing a Mutual Agreement with the department head or graduate program director or can choose to have a hearing with the Academic Integrity Board. Within 10 calendar days of the meeting with the student, the department head or graduate program director will 1) report the student's choice of action in writing to the Office of Student Judicial Affairs, 2) file a copy of the Mutual Agreement (when applicable) with the Office of Judicial Affairs, and 3) inform the student of the sanction or sanctions to be imposed under the Mutual Agreement or inform the student of the procedure for requesting a hearing with the Academic Integrity Board if the Mutual Agreement is not accepted. Mutual Agreements are final agreements not subject to further review or appeal.
 4. In instances of second offenses, or when the student chooses a hearing, the Office of Student Judicial Affairs will meet with the student to provide an orientation to the hearing process and to schedule a date no less than 10 and no more than 15 calendar days from the meeting for the hearing. The student can waive minimum notice of a hearing; however, extensions are at the sole discretion of the Office of Student Judicial Affairs. Should the student choose not to attend his/her orientation meeting, a hearing date will be assigned to the student.
 5. The hearing procedures will follow the same format as stated in the Code of Student Conduct (Article V.A.5). The hearing body (Academic Integrity Board) will consist of 2 students from the Student Judicial Affairs Student Hearing Board and 3 faculty members. The faculty fellow for academic integrity will be one of the faculty members and will serve as the chair. The other two faculty members will be chosen by the Director of Student Judicial Affairs from a pool of eight faculty hearing officers. Each academic year, each college dean will appoint two faculty members from the college to comprise the pool of eight faculty hearing officers. Hearings will be held in a student's absence when a student fails to attend the hearing for any reason. The hearing body may impose any sanctions as outlined in Article V.B. in the Code of Student Conduct. Students given a sanction of probation for academic dishonesty will remain on probation at Western Carolina University until graduation.
 6. Following a decision from the Academic Integrity Board, the Office of Judicial Affairs will inform the student of the sanction or sanctions to be imposed upon them and of their right to file an appeal with the University Academic Problems Committee. The appeal is limited to those rules and procedures expressly mentioned in the Code of Student Conduct (Article V.D.2) and is limited to the existing record. If the student does not file an appeal with the University Academic Problems Committee within 5 calendar days, the sanction or sanctions from the Academic Integrity Board will be imposed. The decision of the Academic Problems Committee may be appealed to the Vice Chancellor for Student Affairs. Any decision of the Vice Chancellor for Student Affairs may be appealed to the Chancellor.
 7. Upon final resolution of a case involving suspension or expulsion, the Director of Student Judicial Affairs will inform the appropriate dean, department head, and the administrator in the One Stop Office who is responsible for University Withdrawals of the sanction. An act of academic dishonesty, including a first offense, may place the student in jeopardy of suspension from the university. A repeated violation or more serious first offense may result in expulsion. Disciplinary records for any act of academic dishonesty are retained by the Office of Student Judicial Affairs for at least five years from the date of final adjudication. These records are available to prospective employers and other educational institutions in accordance with federal regulations.
- Attendance Policy
Class Roll will be taken at the beginning of each class meeting. No distinction will be made between excused and unexcused absences. If a student is not in class on a given day, that is an absence, whatever the reason — the Cullowhee Crud, attending a funeral, athletic team travel, wedding participation, or just plain didn't feel like coming to class today. You do not need to e-

mail your professor or submit a note from Health Services, or to explain an absence. If you are absent from class, it is assumed you are not there for a legitimate reason. Every absence will be recorded as a class missed, no matter what the justification. A student is allowed without penalty the equivalent (including lateness) of two absences from class for the entire semester. A student having the equivalent of three absences (that's the same as missing two weeks worth of class!) will receive a 5 point reduction to her/his final base point accumulation for this course. Four absences equal a 10 point reduction; five equal a 15 point reduction; and so on... Arriving in class after attendance has been taken results in the recording of 1/2 of an absence. It is the responsibility of the student to advise the professor at the end of class that s/he was late or an absence may be recorded for that day.

- Written Assignment Requirements and Penalties for Late Assignments
 1. All assignments must be submitted through the WebCT program by electronic means and must, therefore, be typed, double spaced, with appropriate one inch margins on all sides, top and bottom. **Five (5) points will be deducted** from each assignment for assignments that are not submitted through the Web CT dropbox.
 2. Any assignment turned in late will be deducted by **5 points for each day it is late**. Any assignment that is not turned in by the deadline must be emailed to the professor as a Word attachment as soon as possible.
 3. All assignments must follow APA Guidelines for format and references. If you are unfamiliar with APA Guidelines, please go to the web page for the WCU Writing Center or to the Hunter Library Link to learn more about these Guidelines.
 4. Professional writing is expected of all students and that includes correct grammar and spelling in all written assignments.
 5. All outside work submitted to the Professor will be retained by him. Should you desire a copy of your assignment for your own files, please make accommodations before submission.
- **Exam taking:** Exams must be taken at the allotted times. If you miss an exam without contacting the professor and getting his approval prior to the exam, it will result in a 0 score for that exam.
- Statement of expectations for participation
- Professional and courteous behavior is expected during class meeting times. Please do not bring food to the classroom. Remove all ball caps indoors. No cell phone use (including text messaging) is allowed during class meeting time. Please disable your cell phones before arriving in the classroom. If the class is disrupted by your cell phone during a class meeting, **a five point reduction will be made from your accumulated points for each disruption**. Students who give the appearance to the professor that they are sleeping in class will be marked absent for the period.
- If you are sick or unable to attend class on the day an exam is scheduled, you must notify the instructor *prior* to the time the exam is scheduled. If prior notification of your absence is not given (and received), you will receive a grade of zero on the exam. If you have an acceptable reason (as determined by the instructor), you can make up the exam with no penalty. Missed exams must be made up within one week or you will receive a zero. All make-up exams are fill in the blank format.
- WCU Web Interface

The RTH 200 Course Outline, Semester Assignment Timeline, and all assignment requirements and course resources are available online at the WCU Web CT site. It is each student's responsibility to secure a course outline and be aware of all assignment deadlines and requirements. All assignments must be submitted through WebCT.

V. Grading Procedures:

	<i>Number of points</i>	<i>Percentage of Grade</i>	<i>Student's score</i>
Base Point Allowance	50	16.6%	
Personal reflection/portfolio piece (9/14)	25	8%	
RT background assignment (in pairs) (9/23)	20	6%	
Final Project (12/2)	30	16.6%	
Service learning reflection 12/7	25	8%	
First Exam (9/30)	50	16.6%	
Second Exam (10/28)	50	16.6%	
Final Exam (12/14 at 3:00)	50	16.6%	
	300	100%	

Special note: In order to pass the course, you must complete the initial survey during the first week.

Letter grades will be assigned according to the following:

<i>Grade</i>	<i>Percent</i>	<i>Points</i>	<i>Grade</i>	<i>Percent</i>	<i>Points</i>	<i>Grade</i>	<i>Percent</i>	<i>Points</i>
A	94 -100%	280-300	B-	79 - 82%	235-246	D+	66 - 68%	196-204
A-	89 - 93%	265-279	C+	76 - 78%	226-234	D	63 - 65%	187-195
B+	86 - 88%	256-264	C	73 - 75%	217-225	D-	60 - 62%	178-186
B	83 - 85%	247-255	C-	69 - 72%	205-216	F	59% or below	177 & ↓

Intro Portfolio paper:

This is something to put your heart and mind into. Take pride in thinking through each issue and really think deeply about each issue. The paper should be between three and five pages. All the best.

- I. Introduction of who you are:
 - A. Narrative about your background including family description, what your interests are, your general beliefs about health, quality of life, disabling conditions:
 - B. Background you have in relation to people with disabilities, i.e. in family, friends, working/playing situations.
 - C. Your strengths as a person/student
 - D. How you view the act of helping
 1. Include description of an incident where you helped yourself through an active approach.
 2. Include description of an incident where you helped another person through an active approach.
 - E. Recreation and activities you do on a regular basis and how they are meaningful to you.
- F. Current personal description of what RT is.
- II. Description of initial decision regarding choosing Recreational therapy as a field of study.
- III. Description of the connection between recreation and the healing process.
- IV. Description of your communication style.
- V. What populations you would be most interested in working with in the future.
- VI. Summary of Intro portfolio

Recreation Therapy Resource Review, Must be completed in pairs, will be arranged in class.

1. Get on the Internet. Go to each of the following websites and answer the questions that follow.

Website #1: <http://atra-online.com/cms/>

- This is considered the main professional association focused on clinical recreation therapy. Scroll down on the home page and read the *Mission Statement, Vision Statement, Definition Statement, and About ATRA*.
1. Question: What did you learn about recreational therapy that you did not know before?
 - Now click on *Job Opportunities* (top of the page on the right). Read the job descriptions.
 2. Question: Which job most interested you? Give the title of the job and explain why you feel you would be interested in obtaining that position.
 - From the home page again, click on the info for the *Peg Connolly S/Ship* (scholarship... on the right hand side in the middle of the text box). Click *more* after reading the initial description.
 3. Question: Would you consider applying for this scholarship? Why or why not? What do you see as the major benefits to applying?

Website #2: <http://www.nrpa.org>

 - On the left, click on *About NRPA* and then *Branches and Sections*. Then, in the middle of the page click on *NTRS: National Therapeutic Recreation Society*. Read the brief description at the top of the page, and then at the right in the green box click *About NTRS*. Then click and read both the *NTRS Vision and Mission* and then the *NTRS Philosophical Position statement*.
 4. Question: Compare and contrast what you read here with what you read in the ATRA documents. What was the same? What was different?

Website #3: <http://recreationtherapy.com/>

 - In the middle task bar, click *About* and then *About TR*. Read the notice and “disclaimer” on the website. Then, click around the website and see what you find.
 5. Question: What did you find on the website that was particularly interesting for you?
 - Then, click *Resources* followed by *Internship*. Search around in the internships.
 6. Question: What internship(s) sounded interesting to you? Give me the internship description and what intrigued you about it.

Website #4: <http://nctrc.org/>

 - Click *About NCTRC* and read that page all the way through the goals statements (at least!).
 7. Question: What is NCTRC and why do you have to know that they exist?
 - Click *Standards and Publications* followed by the *Why become a CTRS* brochure. Read the brochure online.
 - Read job analysis. What areas do you feel weakest in at this point. What areas do you feel strongest in?
 8. Question: What did you learn about being a CTRS that you didn’t know previously?

Website #5: <http://ncbrtl.org/>

 - Click on *Frequently Asked Questions* and read at least questions #1- #8 (pages 1 and 2).
 9. Question: What is NCBRTL and why do you have to know that they exist?

Website #6: <http://iamarecreationtherapist.com/>

 - Look at all of the “posters” that scroll through.
 10. Question: Do these posters resonate with you as who you are/ what a recreation therapist is? Why or why not?
 - Go to one of the other websites you haven’t visited (youtube, myspace, facebook) and search for recreation therapy.
 11. Question: What did you find? Is it representative of what you know of the profession?
 - Find a recent (less than five years old) copy of one of the following three journals: *ATRA Annual in Therapeutic Recreation, Therapeutic Recreation Journal, or the Journal of Recreational Therapy*. Again, read through it. Notice what types of articles that you find within and the types of results and discussions that the researchers have found.
 12. Question: Tell me a few of the studies that you looked through. How does research affect our profession? The way that you will practice it?
 - Look through the general area of the library around RM736.7.

13. Question: What are some of the book titles that you found there (list 2-3)? What did you find that you would like to further investigate regarding recreation therapy practice?
14. Briefly describe how this overview has helped further your understanding of Recreational Therapy.

Disability Awareness Paper:

Option 1

1. Choose a disability from the following that you think would be a difficult adjustment for you.
 - A. Quadriplegia or High Paraplegia
 - B. Visual impairment-See only darkness and some shadows.
 - C. Hearing impaired-Cannot hear anything.
 - D. Aids
2. If your chosen disability happened to you, how would it affect the following?
3. Personal Reactions
 - A. Emotional Reactions-How would this affect you on an emotional level? Would you be frustrated, take it in stride? How would this change as you moved from initial stage through rehab and into the community?
 - B. Cognitive changes-How would this affect your thinking? What would you focus on initially?
 - C. Spiritual changes-How would this affect your beliefs and values? How would it affect your self esteem and views toward the world? How would it affect your quality of life?
 - D. Physical changes-How would this disability affect you on a physical level? How would it affect your mobility, physical abilities, what activities you were able to physically do?
 - E. How do you see yourself adapting over time, or would this be something you get stuck in?
4. Social and Vocational changes
 - F. How would your family and friends change towards you?
 - G. Who do you think you would look to for social support?
 - H. How would this affect your schooling?
 - I. How would this affect your career and future opportunities related to work?
1. If you were working with a recreational therapist, what would you want that person to focus on in your rehabilitation? How would you want that therapist to care for you?
2. What activities do you think would be most helpful for you in terms of: Therapeutic outcome, educational gain, relaxation, getting mind on strengths rather than weaknesses:
3. Concluding statements about dealing with the disability.

Final Project Option 2

Wheelchair experience:

You and a partner will check out the wheelchair from the office. You will need to be in the wheelchair for one hour to an hour and a half, and your partner the same. While in the chair, you will be required to do the following.

- A. Wheelchair mobility-Figure eights, up and down a small hill, getting into and out of buildings, Play catch or something athletic.
- B. Wheelchair transfers-Transfer from chair to a school desk. Transfer to a toilet. Transfer to a car if available. (Don't break into any)
- C. Go to Union building or cafeteria. Order and eat/drink something. Pay attention to reactions and be prepared to reflect on reactions.
- D. Go to Rec. Center, do one physical activity that can include going around the track. Watch for not marking gym floor.
- E. Throughout this experience, pay attention to your reactions and other people's reactions.

- F. Write up your experience and how it will help you understand further what a person with a spinal cord injury may go through.
- G. If you were working with a recreational therapist, what would you want that person to focus on in your rehabilitation? How would you want that therapist to care for you?
- H. What activities do you think would be most helpful for you in terms of: Therapeutic outcome, educational gain, relaxation, getting mind on strengths rather than weaknesses:
- I. Concluding statements about experience.

Service Learning Reflection:

You will be expected to do twelve hours of community work this semester for this class. It will include a required day (8 hours) at Mountain Ability day. This will be explained further in class. In addition, four hours at Webster Enterprises will also be required. Other projects/opportunities will be presented in class. Reflections are expected for each contact you have. This will be explained and developed further in class.

Course schedule

Week 1	Introduction and getting to know each other	Read chapter 1
Week 2	Portfolio, how healthcare is changing	Read chapter 2
Week 3	RT organizations, history, standards of practice	Read chapter 3
Week 4	ADHD presentation, RT in various settings:	Portfolio due: Sep 14
Week 5	RT practice Where have we been, where are we going? What did you find out in research review	Chapter 4 Resource review due:
Week 6	Exam review and exam	First exam: 9/30
Week 7	Fall break Introduction of theory that guides practice	Chapter 5
Week 8	Fall break, NCTRA conference Theory into practice issues	Chapter 6:
Week 9	An example of theory into practice issues Cognitive therapy and RT	
Week 10	Assessing clients and the importance of documenting practice	Chapter 7, 13 Second exam Oct. 28
Week 11	Activity analysis and activity based interventions	Chapter 9
Week 12	Treatment planning	Chapter 8
Week 13	Developing therapeutic relationships	Chapter 11
Week 14	Thanksgiving or Easter break	
Week 15	Utilizing the group in therapy	Chapter 12 Disability awareness paper due Dec.2
Week 16	Summary and Pulling it all together.	Practice reflection due Dec. 7
	Final exam per assigned final exam schedule	

Appendix 3.3.2 RTH 350 Recreational Therapy for People with Disabilities

Standardized Syllabus Form

University/College	Western Carolina University
Department	School of Health Sciences
Course Name	Recreational Therapy and people with Physical disabilities
Course Number	RTH 350
Prerequisite(s)	RTH 200
Course Description	Addressing physical and psychological needs of individuals with physical disabilities through recreational therapy service in clinical and community settings
Academic Hours (Lecture - Lab - Total)	3 hrs lecture
Instructor (s)	Glenn Kastrinos M.Ed., LRT/CTRS
Semester (s)	Fall
Required Text (s)	<p><u>Required Text:</u> Mobily, K.E. and MacNeil, R.D. (2002) <i>Therapeutic Recreation and the Nature of Disabilities</i>. State College, PA: Venture Publishing, Inc. ISBN: 1-892132-22-2.</p> <p><u>Highly recommended Text :</u> Beers, M.H. (2003). <i>The Merck Manual of Medical Information, Second Edition</i>. West Point, PA: Merck & Co., Inc. ISBN: 0911910352. (Available from www.amazon.com or www.barnesandnoble.com). Other Acceptable texts, Steadman's concise medical dictionary for Allied health professions or check with professor for other acceptable medical dictionaries.</p>
Student Requirements	<p>Accessibility project</p> <p>Three exams:</p> <p>Grand Rounds group assignments</p> <p>Final Grand Rounds presentation</p> <p>Active in class concerning discussion, being prepared, participating in Role plays.</p>
Topic Outline	<p>Introduction of Course</p> <p>Rehabilitation Services in RT, connecting with physical rehab experience</p> <p>Factors and reactions to disability</p> <p>Primary and secondary symptoms</p> <p>Grand rounds interdisciplinary team challenge</p> <p>Legislation, Accessibility, ADA law and rehab acts, CARF standards</p> <p>Pediatric play and disorders</p> <p>Musculoskeletal disorders, FIM, Acute, sub acute care</p> <p>Musculoskeletal disorders, Spinal cord injuries, Amputations</p> <p>Neurological and Brain impact Disorders , Pain,Aphasia, apraxia, agnosia, amnesia, coma, seizures, MS, Guillian Barre</p> <p>Stroke and Head Trauma, Rancho lose amigos scale</p> <p>Osteopathic conditions and RT</p> <p>Cardiopulmonary disorders</p> <p>Integumentary system-Burns, Cancer</p> <p>Immune system disorders, AIDS, Cancer, Chronic Fatigue syndrome</p> <p>Sensory system disorders</p>

This course covers the following CARTE Competencies:

Competency	Description	Lecture, Lab, or both
------------	-------------	-----------------------

<p>Develops knowledge and skills in patient assessing, planning, implementing and evaluating services for physical rehabilitation.</p>	<ol style="list-style-type: none"> 1. Knowledge of evidence-based recreational therapy/therapeutic recreation assessment instruments used to determine physical, cognitive, emotional, and social functioning of patients/clients 2. Knowledge of the evidence of problems and limitations for the specific medical, psychiatric or other disabling conditions being treated 3. Knowledge of the nature and function of documentation procedures and systems related to client assessment. 4. Knowledge of goals and mission of the various service settings as determinants for assessment procedures and protocols. 5. Ability to select the appropriate assessment instrument(s) for a selected patient/client. 6. Knowledge of the scope of practice of therapeutic recreation for treatment/program planning. 7. Knowledge of assistive techniques and devices to facilitate appropriate treatment interventions. 8. Skill in constructing treatment plans that incorporate patient/client strengths, resources and preferences. 9. Skill in integrating systematic methods of patient/client evaluation and program evaluation into treatment/program plans. 10. Ability to write functional outcome goals, and other forms of documentation related to treatment design 11. Knowledge of goals and mission of the institution/agency/organization as determinants for treatment/program intervention. 12. Knowledge of principles underlying the therapeutic/helping process, with emphasis upon interaction between the RT and the patient/client. 13. Knowledge of evidence-based treatment interventions/programs typically used to reach treatment outcomes for specific medical, psychiatric or other disabling conditions 14. Skill in establishing an effective therapeutic/helping relationship. 15. Skill in designing evidence-based treatment interventions to implement the individual treatment plan of the patient/client. 16. Skill in using a variety of facilitation techniques, such as social skills training, cognitive learning theories or behavioral theories, etc, to reach treatment outcomes. 	<p>Lecture</p>
--	--	----------------

Western Carolina University
College of Health and Human Sciences
School of Health Sciences
Course Outline

RTH 350-01-80043 Recreational Therapy for People with Physical Disabilities

Mr. Glenn Kastrinos Belk 183 227-2788 gkastrinos@email.wcu.edu

Office Hours: M, W 10-11, 3:45-4:45 T 2-3

Advising and consultation also available at other times by appointment.

I. Course Description

Addressing physical and psychological needs of individuals with physical disabilities through recreational therapy service in clinical and community settings.

II. Course Aims and Objectives:

• **Aims**

This course is designed to prepare recreational therapy students to work with various populations with physical disabilities and illnesses. Specific applications to assessment, planning, implementation and evaluation of recreational therapy services are explored through text, medical, and patient case studies to educate students on effective, efficient, ethical, and professional practice in rehabilitation services.

Specific Learning Objectives:

By the end of this course, students will:

1. Explore and understand a wide range of illnesses, disorders and disabilities that RT specialists commonly encounter in rehabilitation services for people with physical disabilities.
2. To understand the nature, scope, and practice of RT in rehabilitation hospitals and units, including the concept and development of clinical practice guidelines based on diagnostic functional outcomes.
3. To understand the World Health Organization definitions and assessment of physical disease, impairment, disability, and handicap and to become familiar with WHO International Classification of Function (ICF) assessment and classification systems.
4. To understand relevant assessment and outcome measurement tools used in rehabilitation services including the Functional Independence Measure (FIM), Inpatient Rehabilitation Facilities Patient Assessment Instrument (IRF-PAI), Rancho Los Amigos Scale for Brain Injury, and others.
5. To understand the importance of pain management and identification/treatment of depression as related to rehabilitation services.
6. To understand unique attributes of RT services in pediatric rehabilitation.
7. To understand the use of appropriate terminology, communication, and general helping skills for people with disabilities.
8. Gain knowledge of legislation and health care standards that affect RT services for people with disabilities.
9. Gain exposure to assistive technology and adaptive equipment.
10. To understand the concept and rehabilitation process related to quality of life post traumatic injury and life-long disability.

In addition, the following NCTRC knowledge domains are covered.

Foundational Knowledge

3. Diversity factors (e.g., social, cultural, educational, language, spiritual, financial, age, attitude, geography)

9. Cognition and related impairments (e.g., dementia, TBI, developmental/learning disabilities)
10. Anatomy, physiology, and kinesiology and related impairments (e.g., impairments in musculoskeletal system, nervous system, circulatory system, respiratory system, endocrine and metabolic disorders, infectious diseases)
11. Senses and related impairments (e.g., vision, hearing) (introduced RTH 200)
14. Architectural barriers and accessibility (introduced RTH 200)
16. Legislation (e.g., Americans with Disabilities Act, Individuals with Disabilities Education Act, Older Americans Act) (also 417)
19. Principles of behavioral change (e.g., self-efficacy theory, experiential learning model)

Practice of Recreational Therapy

25. Impact of impairment and/or treatment on the person served (e.g., side effects of medications, medical precautions)
30. Functional skills testing for assessment
36. Cognitive assessment (e.g., memory, problem solving, attention span, orientation, safety awareness)
38. Physical assessment (e.g., fitness, motor skills)
46. Activity modifications (e.g., assistive techniques, technology and adaptive devices, rule changes)

Organization of Recreational Therapy Service

None

Advancement of the Profession

66. Advocacy for persons served

In addition, the following ATRA competencies will be added for Fall 2010.

1. Knowledge of evidence-based recreational therapy/therapeutic recreation assessment instruments used to determine physical, cognitive, emotional, and social functioning of patients/clients
2. Knowledge of the evidence of problems and limitations for the specific medical, psychiatric or other disabling conditions being treated
3. Knowledge of the nature and function of documentation procedures and systems related to client assessment.
4. Knowledge of goals and mission of the various service settings as determinants for assessment procedures and protocols.
5. Ability to select the appropriate assessment instrument(s) for a selected patient/client.
6. Knowledge of the scope of practice of therapeutic recreation for treatment/program planning.
7. Knowledge of assistive techniques and devices to facilitate appropriate treatment interventions.
8. Skill in constructing treatment plans that incorporate patient/client strengths, resources and preferences.
9. Skill in integrating systematic methods of patient/client evaluation and program evaluation into treatment/program plans.
10. Ability to write functional outcome goals, and other forms of documentation related to treatment design
11. Knowledge of goals and mission of the institution/agency/organization as determinants for treatment/program intervention.
12. Knowledge of principles underlying the therapeutic/helping process, with emphasis upon interaction between the RT and the patient/client.
13. Knowledge of evidence-based treatment interventions/programs typically used to reach treatment outcomes for specific medical, psychiatric or other disabling conditions
14. Skill in establishing an effective therapeutic/helping relationship.

15. Skill in designing evidence-based treatment interventions to implement the individual treatment plan of the patient/client.
16. Skill in using a variety of facilitation techniques, such as social skills training, cognitive learning theories or behavioral theories, etc, to reach treatment outcomes.

III. Course Materials

Required Text: Mobily, K.E. and MacNeil, R.D. (2002) *Therapeutic Recreation and the Nature of Disabilities*. State College, PA: Venture Publishing, Inc. ISBN: 1-892132-22-2.

Highly recommended Text : Beers, M.H. (2003). *The Merck Manual of Medical Information, Second Edition*. West Point, PA: Merck & Co., Inc. ISBN: 0911910352. (Available from www.amazon.com or www.barnesandnoble.com). Other Acceptable texts, Steadman's Concise Medical Dictionary for Allied health professions or check with professor for other acceptable medical dictionaries.

Reserve readings on Web CT

IV. Faculty Expectations of Students/Course Policies

- Statement on Accommodations for students with disabilities:
Western Carolina University is committed to providing equal educational opportunities for students with documented disabilities. Students who require disability services or reasonable accommodations must identify themselves as having a disability and provide current diagnostic documentation to Disability Services. All information is confidential. Please contact Disability Services for more information at (828) 227-2716 or 144 Killian Annex.
- Statement on Academic Integrity (including plagiarism):
Academic Honesty Policy
Western Carolina University, as a community of scholarship, is also a community of honor. Faculty, staff, administrators, and students work together to achieve the highest standards of honesty and integrity. Academic dishonesty is a serious offense at Western Carolina University because it threatens the quality of scholarship and defrauds those who depend on knowledge and integrity. Academic dishonesty includes:
 - a. **Cheating**—Intentionally using or attempting to use unauthorized materials, information, or study aids in any academic exercise.
 - b. **Fabrication**—Intentional falsification of information or citation in an academic exercise.
 - c. **Plagiarism**—Intentionally or knowingly representing the words or ideas of someone else as one's own in an academic exercise.
 - d. **Facilitation of Academic Dishonesty**—Intentionally or knowingly helping or attempting to help someone else to commit an act of academic dishonesty, such as knowingly allowing another to copy information during an examination or other academic exercise.

The procedures for cases involving allegations of academic dishonesty are:

8. Instructors have the right to determine the appropriate sanction or sanctions for academic dishonesty within their courses up to and including a final grade of "F" in the course. Within 5 calendar days of the event the instructor will inform his/her department head, and the Associate Dean of the Graduate School when the student is a graduate student, in writing of the academic dishonesty charge and sanction.
9. The department head or graduate program director will meet with the student to inform him/her orally and in writing of the charge and the sanction imposed by the instructor within 10 calendar days of written notice from the instructor. Prior to this meeting, the department head will contact

the Office of Student Judicial Affairs to establish if the student has any record of a prior academic dishonesty offense. If there is a record of a prior academic dishonesty offense, the matter must be referred directly to the Office of Student Judicial Affairs. In instances where a program does not have a department head or graduate program director, the Dean or Associate Dean of the college will assume the duties of department head for cases of academic dishonesty.

10. If the case is a first offense, the student can choose to accept the charge and sanction from the instructor by signing a Mutual Agreement with the department head or graduate program director or can choose to have a hearing with the Academic Integrity Board. Within 10 calendar days of the meeting with the student, the department head or graduate program director will 1) report the student's choice of action in writing to the Office of Student Judicial Affairs, 2) file a copy of the Mutual Agreement (when applicable) with the Office of Judicial Affairs, and 3) inform the student of the sanction or sanctions to be imposed under the Mutual Agreement or inform the student of the procedure for requesting a hearing with the Academic Integrity Board if the Mutual Agreement is not accepted. Mutual Agreements are final agreements not subject to further review or appeal.
11. In instances of second offenses, or when the student chooses a hearing, the Office of Student Judicial Affairs will meet with the student to provide an orientation to the hearing process and to schedule a date no less than 10 and no more than 15 calendar days from the meeting for the hearing. The student can waive minimum notice of a hearing; however, extensions are at the sole discretion of the Office of Student Judicial Affairs. Should the student choose not to attend his/her orientation meeting, a hearing date will be assigned to the student.
12. The hearing procedures will follow the same format as stated in the Code of Student Conduct (Article V.A.5). The hearing body (Academic Integrity Board) will consist of 2 students from the Student Judicial Affairs Student Hearing Board and 3 faculty members. The faculty fellow for academic integrity will be one of the faculty members and will serve as the chair. The other two faculty members will be chosen by the Director of Student Judicial Affairs from a pool of eight faculty hearing officers. Each academic year, each college dean will appoint two faculty members from the college to comprise the pool of eight faculty hearing officers. Hearings will be held in a student's absence when a student fails to attend the hearing for any reason. The hearing body may impose any sanctions as outlined in Article V.B. in the Code of Student Conduct. Students given a sanction of probation for academic dishonesty will remain on probation at Western Carolina University until graduation.
13. Following a decision from the Academic Integrity Board, the Office of Judicial Affairs will inform the student of the sanction or sanctions to be imposed upon them and of their right to file an appeal with the University Academic Problems Committee. The appeal is limited to those rules and procedures expressly mentioned in the Code of Student Conduct (Article V.D.2) and is limited to the existing record. If the student does not file an appeal with the University Academic Problems Committee within 5 calendar days, the sanction or sanctions from the Academic Integrity Board will be imposed. The decision of the Academic Problems Committee may be appealed to the Vice Chancellor for Student Affairs. Any decision of the Vice Chancellor for Student Affairs may be appealed to the Chancellor.
14. Upon final resolution of a case involving suspension or expulsion, the Director of Student Judicial Affairs will inform the appropriate dean, department head, and the administrator in the One Stop Office who is responsible for University Withdrawals of the sanction. An act of academic dishonesty, including a first offense, may place the student in jeopardy of suspension from the university. A repeated violation or more serious first offense may result in expulsion. Disciplinary records for any act of academic dishonesty are retained by the Office of Student Judicial Affairs for at least five years from the date of final adjudication. These records are available to prospective employers and other educational institutions in accordance with federal regulations.

15. Attendance Policy

Class Roll will be taken at the beginning of each class meeting. No distinction will be made between excused and unexcused absences. If a student is not in class on a given day, that is an absence, whatever the reason — the Cullowhee Crud, attending a funeral, athletic team travel, wedding participation, or just plain didn't feel like coming to class today. You do not need to e-mail your professor or submit a note from Health Services, or to explain an absence. If you are absent from class, it is assumed you are not there for a legitimate reason. Every absence will be recorded as a class missed, no matter what the justification. A student is allowed without penalty the equivalent (including lateness) of two absences from class for the entire semester. A student having the equivalent of three absences (that's the same as missing two weeks worth of class!) will receive a 5 point reduction to her/his final base point accumulation for this course. Four absences equal a 10 point reduction; five equal a 15 point reduction; and so on... Arriving in class after attendance has been taken results in the recording of 1/2 of an absence. It is the responsibility of the student to advise the professor at the end of class that s/he was late or an absence may be recorded for that day.

- Written Assignment Requirements and Penalties for Late Assignments

6. All assignments must be submitted through the WebCT program by electronic means and must, therefore, be typed, double spaced, with appropriate one inch margins on all sides, top and bottom. **Five (5) points will be deducted** from each assignment for assignments that are not submitted through the Web CT dropbox.
7. Any assignment turned in late will be deducted by **5 points for each day it is late**. Any assignment that is not turned in by the deadline must be emailed to the professor as a Word attachment as soon as possible.
8. All assignments must follow APA Guidelines for format and references. If you are unfamiliar with APA Guidelines, please go to the web page for the WCU Writing Center or to the Hunter Library Link to learn more about these Guidelines.
9. Professional writing is expected of all students and that includes correct grammar and spelling in all written assignments.
10. All outside work submitted to the Professor will be retained by her. Should you desire a copy of your assignment for your own files, please make accommodations before submission.

- Statement of expectations for participation

Professional and courteous behavior is expected during class meeting times. Please do not bring food to the classroom. Remove all ball caps indoors. No cell phone use (including text messaging) is allowed during class meeting time. Please disable your cell phones before arriving in the classroom. If the class is disrupted by your cell phone during a class meeting, **a five point reduction will be made from your accumulated points for each disruption**. Students who give the appearance to the professor that they are sleeping in class will be marked absent for the period.

- WCU Web Interface

The RTH 350 Course Outline, Semester Assignment Timeline, and all assignment requirements and course resources are available online at the WCU Web CT site. It is each student's responsibility to secure a course outline and be aware of all assignment deadlines and requirements. All assignments must be submitted through WebCT.

V. Grading Procedures:

	<i>Number of points</i>	<i>Percentage of Grade</i>	<i>Student's score</i>
Base Point Allowance	50	14%	
Accessibility Project	25	7%	

Grand rounds projects	100	29%	
First exam	50	14%	
Second Exam	50	14%	
Final Exam	75	21%	
	350	100%	

Letter grades will be assigned according to the following:

<i>Grade</i>	<i>Percent</i>	<i>Points</i>	<i>Grade</i>	<i>Percent</i>	<i>Points</i>	<i>Grade</i>	<i>Percent</i>	<i>Points</i>
A	94 -100%	329-350	B-	79 - 82%	276-289	D+	66 - 68%	231-240
A-	89 - 93%	311-328	C+	76 - 78%	266-275	D	63 - 65%	220-230
B+	86 - 88%	301-310	C	73 - 75%	255-265	D-	60 - 62%	210
B	83 - 85%	290-300	C-	69 - 72%	241-254	F	59% or below	206 & ↓

NOTE: Recreational therapy majors must pass RTH 350 with a minimum grade of **C** or better in order to be eligible for clinical internship and, ultimately, graduation with a major in RT. A recreational therapy major with a grade less than **C** will be required to repeat the course. An A+ will mean person comes in with a 97 or above.

Performance Measures, Assignments, and Expectations

Base Point Allowance (50 points): Each student will be awarded base points to serve as a foundation upon which to build the final grade. Points will be deducted for absences and lateness from this base point allowance regardless of excuse. Student learning expectations for base points are as follows:

Students are expected to discuss, problem solve and participate in classroom activities throughout the semester to become “prepared professionals” as therapists. Personal and professional dialogue, questioning and application are important aspects of this course.

ACTIVE PARTICIPATION INCLUDES:

- Verbally demonstrating that you keep current with assigned readings
- Demonstrating active listening and relevant responding in class
- Applying skilled communication techniques in class
- Completing assignments on time
- Maintaining current class notes and homework assignments
- Demonstrating professional behavior in class, with classmates and with written assignments (e.g. thoroughness, organization, error-free word-processed assignments, keeping appointments for presentation dates and group work)
- Demonstrating professional courtesy and appropriate behavior by not speaking when others are speaking, not talking or sending notes to peers or text-messaging in class, not sleeping through class, and not showing any behaviors that are disruptive to the professor or your class colleagues.

Accessibility Project (25 points): Students in pairs of two (to be assigned) will conduct an accessibility survey using the Americans with Disabilities Act Accessibility Guidelines (ADAAG). Each group is to choose a public building (restaurant, store, fast food establishment, church, etc.). Copy and use the Guidelines form in your text. The written assignment is to include a two page write up of the access survey results and a copy of the completed assessment form with detailed measurements and notes. More details will be given in class.

Grand rounds assignments: (100 points) Working both for yourself and your group of five and six, you will be given various physical disabilities related to the system we are working with. You will study the

disability and come with some therapeutic guidelines to follow for both general rehabilitation and recreational therapy. I will give you a format for which to do each assignment, and this will change as you continue to understand some of the complexities of physical rehabilitation.

First Exam (50 points): On materials presented in lectures and readings since the beginning of the semester.

Second Exam (50 points): On materials presented in lectures and readings since beginning of semester.

Final Exam (75 points): Comprehensive final exam.

VIII. Tentative Course Schedule (*May change to accommodate guest presenters & student needs*)

	Topic	Reading Assignment
1	Introduction of Course Rehabilitation Services in RT, connecting with physical rehab experience	Print and Read Course Outline Read chapter 1 of Mobily
3	Factors and reactions to disability Primary and secondary symptoms Break into groups for first Grand rounds challenge Legislation, Accessibility, CAR standards intro to pediatric rehab.	www.carf.org; http://www.access-board.gov/adaag/checklist/a16.html Legislation, Accessibility, CARF Standards
4	Pediatric play and disorders	Chapter 8, Merck Manual
7	Musculoskeletal disorders, FIM, Acute, sub acute care	Mobily, Chap 10 Accesibility paper due
8	Musculoskeletal disorders, Spinal cord injuries, Amputations	
9	Neurological Disorders, spinal cord injuries (cont.)	Mobily, Chap 12 Grand round
10	Neurological and Brain impact Disorders , Pain,Aphasia, apraxia, agnosia, amnesia, coma, seizures, MS, Guillian Barre	Merck Manual Fall break First exam
12	Stroke and Head Trauma, Rancho lose amigos scale	Fall break, outside readings
13	Stroke review, osteopathic conditions and RT	Grand Round 3:
14	Cardiopulmonary disorders	Chapter 14
15	Cardiopulmonary disorders	
16	Integumentary system-Burns, Cancer:	Exam 2 November 10
17	Sensory disorders	Chapter 13
18	Immune system disorders, AIDS, Cancer, Chronic Fatigue syndrome	
19	Other physical rehab disorders	
20	<u>Review</u>	Grand Round final paper December 8.
21	Final exam	

Appendix 3.3.3 RTH 351 Client Assessment in Recreational Therapy

Standardized Syllabus Form

University/College	Western Carolina University
Department	School of Health Sciences
Course Name	Client Assessment In Recreational Therapy
Course Number	RTH 351 (note: changed to RTH 401 in Spring 2010)
Prerequisite(s)	RTH 352
Course Description	Study of the role of reliable assessment in the recreational therapy treatment planning process. Focus on assessment, developing treatment goals, evaluating outcomes, and documentation.
Academic Hours (Lecture - Lab - Total)	3 (Lecture)
Instructor (s)	Peg Connolly, Ph.D., LRT/CTRS
Semester (s)	Fall and Spring
Required Text (s)	burlingame, j. & Blaschko, T.M. (2002). <u>Assessment tools for recreational therapy and related fields</u> . (3 rd ed.). Ravensdale, WA: Idyll Arbor. ISBN-10: 1882883454.
Student Requirements	Assigned Readings Class Attendance and Participation Assessment Tool Search Paper Assessment Application II Paper Assessment Case Study Report Midterm Exam Final Exam
Topic Outline	<ul style="list-style-type: none"> • Introduction to Measurement in RT • Assessment Basics • Theories and Models of Assessment in RT • Theories of Behavior Change from Positive Psych • The RT APIE Process • Psychometrics and Testing Issues • Ways of Gathering Data: Interviews, Functional Testing • Ways of Gathering Data: Observation, Secondary Sources • Intake and Screening • Measuring Function • Stress, Depression, and Biofeedback: Measurement and Applications to RT • Functional RT Treatment Goals for Stress • Depression, and Anxiety • Measuring Attitudes • Measuring Attitudes and Leisure • Measuring Participation and Leisure: The Leisurescope • Measuring Participation and Leisure: Leisure Step Up and STILAP • Measuring Outcomes and Efficacy • Measuring Outcomes and Efficacy: Functional Treatment in RT • Charting and Documentation • Interdisciplinary Assessment: GAF, Mental Health Status Exam, ICF, FIM, IRF-PAI, MDS 2.0 • Social Affiliation Assessments: Mind Habits • Assessing Social behaviors • Regulatory Standards for Assessments and RT Standards of Practice and Summarizing Assessment Data • Future Assessment Concerns
Additional Comments	RTH 351 was revised and the course number was changed to RTH 401 for Spring 2010. The material presented in this course is senior level and thus changed to a 400-level course. Additionally, pre-requisite for this course was changed from

RTH 200 Foundations of RT to RTH 352 Processes and Techniques of RT.
--

This course covers the following CARTE Competencies:

Competency	Description	Lecture, Lab, or both
<p>Students are provided 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</p>	<ol style="list-style-type: none"> 1. Knowledge of psychometric properties of tests and measurements. 2. Knowledge of evidence-based recreational therapy/therapeutic recreation 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. 16. Ability to conduct a systematic interview 17. Ability to select the appropriate assessment instrument(s) for a selected patient/client. 	<p>Lecture</p>

Western Carolina University
College of Health and Human Sciences
School of Health Sciences
Recreational Therapy Course Outline

RTH 351 (Changed to RTH 401-Sp 2010) Client Assessment in Recreational Therapy

Dr. Peg Connolly, LRT/CTRS 186 Belk 227-2481 mconnolly@email.wcu.edu
OFFICE HOURS: Posted Each Semester

I. Course Description: Study of the role of reliable assessment in the recreational therapy treatment planning process. Focus on assessment, developing treatment goals, evaluating outcomes, and documentation. PREQ: RTH 352.

II. Course Aims and Objectives:

• **Aims**

This course is designed for recreational therapy students to develop a sound understanding of the client assessment and evaluation process relevant to recreational therapy. Students will study a variety of assessment concepts, techniques, and standardized instruments. At the conclusion of the course of study students will be able to apply assessment procedures, analyze client assessment data, integrate assessment information into the recreational therapy treatment process, and measure client outcomes based on a comparison of baseline assessment to client attainment of treatment goals.

• **Specific Learning Objectives:**

By the end of this course, students will:

1. Describe psychometric properties of tests and measurements.
2. Define evidence-based recreational therapy/therapeutic recreation assessment instruments used to determine physical, cognitive, emotional, and social functioning of patients/clients
3. Describe evidence of problems and limitations for the specific medical, psychiatric or other disabling conditions being treated
4. Describe the impact of limitations in physical, cognitive, social and emotional functioning upon independence in life activities including work/school, self-maintenance and leisure
5. Describe evidence-based assessment instruments from other health care disciplines that may be relevant to recreational therapy practice.
6. Describe 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. Define interviewing stages and strategies
8. Describe the nature and function of documentation procedures and systems related to client assessment.
9. Describe 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.

Specific Competencies from the ATRA Guidelines for Curriculum include:

1. Knowledge of psychometric properties of tests and measurements.
2. Knowledge of evidence-based recreational therapy/therapeutic recreation 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.
16. Ability to conduct a systematic interview
17. Ability to select the appropriate assessment instrument(s) for a selected patient/client.

NCTRC Job Analysis Knowledge Areas for this Course:

A. Foundational Knowledge

3. Diversity factors (e.g., social, cultural, educational, language, spiritual, financial, age, attitude, geography)
19. Principles of behavioral change (e.g., self-efficacy theory, experiential learning model)

B. Practice of Therapeutic Recreation/Recreation Therapy

20. Concepts of TR/RT (e.g., holistic approach, recreative experience, special/adaptive recreation, inclusive recreation, using recreation as a treatment modality)
26. Criteria for selection and/or development of assessment (e.g., purpose, reliability, validity, practicality, availability)
27. Implementation of assessment
28. Behavioral observations related to assessment
29. Interview techniques for assessment
30. Functional skills testing for assessment
31. Current TR/RT/leisure assessment instruments
32. Other inventories and questionnaires (e.g., standardized rating systems, developmental screening tests, MDS, FIM, GAF)
33. Other sources of assessment data (e.g., records or charts, staff, support system)
34. Interpretation of assessment and record of person served
35. Sensory assessment (e.g., vision, hearing, tactile)
36. Cognitive assessment (e.g., memory, problem solving, attention span, orientation, safety awareness)
37. Social assessment (e.g., communication/interactive skills, relationships)
38. Physical assessment (e.g., fitness, motor skills function)
39. Affective assessment (e.g., attitude toward self, expression)
40. Leisure assessment (e.g., barriers, interests, values, patterns/skills, knowledge)
41. Documentation of assessment, progress/functional status, discharge/transition plan of person served (e.g., SOAP, FIM) (also in RTH 352)

C. Organization of Therapeutic Recreation/Recreation Therapy Service

53. Documentation procedures for program accountability, and payment for services
54. Methods for interpretation of progress notes, observations, and assessment results of the person being served

III. Course Materials

Rental Textbook: burlingame, j. & Blaschko, T.M. (2002). Assessment tools for recreational therapy and related fields. (3rd ed.). Ravensdale, WA: Idyll Arbor. ISBN-10: 1882883454.

Supplemental Readings: A number of supplemental readings will be posted to the website for this course.

IV. Faculty Expectations of Students/Course Policies

- Accommodations for Students with Disabilities: Western Carolina University is committed to providing equal educational opportunities for students with documented disabilities. Students who require disability services or reasonable accommodations must identify themselves as having a disability and provide current diagnostic documentation to Disability Services. All information is confidential. Please contact Disability Services for more information at (828) 227-2716 or 144 Killian Annex.
- Statement on Academic Integrity (including plagiarism):
Academic Honesty Policy
 Western Carolina University, as a community of scholarship, is also a community of honor. Faculty, staff, administrators, and students work together to achieve the highest standards of honesty and integrity. Academic dishonesty is a serious offense at Western Carolina University because it threatens the quality of scholarship and defrauds those who depend on knowledge and integrity. Academic dishonesty includes:
 - a. **Cheating**—Intentionally using or attempting to use unauthorized materials, information, or study aids in any academic exercise.
 - b. **Fabrication**—Intentional falsification of information or citation in an academic exercise.
 - c. **Plagiarism**—Intentionally or knowingly representing the words or ideas of someone else as one's own in an academic exercise.
 - d. **Facilitation of Academic Dishonesty**—Intentionally or knowingly helping or attempting to help someone else to commit an act of academic dishonesty, such as knowingly allowing another to copy information during an examination or other academic exercise.

The procedures for cases involving allegations of academic dishonesty are:

16. Instructors have the right to determine the appropriate sanction or sanctions for academic dishonesty within their courses up to and including a final grade of "F" in the course. Within 5 calendar days of the event the instructor will inform his/her department head, and the Associate Dean of the Graduate School when the student is a graduate student, in writing of the academic dishonesty charge and sanction.
17. The department head or graduate program director will meet with the student to inform him/her orally and in writing of the charge and the sanction imposed by the instructor within 10 calendar days of written notice from the instructor. Prior to this meeting, the department head will contact the Office of Student Judicial Affairs to establish if the student has any record of a prior academic dishonesty offense. If there is a record of a prior academic dishonesty offense, the matter must be referred directly to the Office of Student Judicial Affairs. In instances where a program does not have a department head or graduate program director, the Dean or Associate Dean of the college will assume the duties of department head for cases of academic dishonesty.
18. If the case is a first offense, the student can choose to accept the charge and sanction from the instructor by signing a Mutual Agreement with the department head or graduate program

- director or can choose to have a hearing with the Academic Integrity Board. Within 10 calendar days of the meeting with the student, the department head or graduate program director will 1) report the student's choice of action in writing to the Office of Student Judicial Affairs, 2) file a copy of the Mutual Agreement (when applicable) with the Office of Student Judicial Affairs, and 3) inform the student of the sanction or sanctions to be imposed under the Mutual Agreement or inform the student of the procedure for requesting a hearing with the Academic Integrity Board if the Mutual Agreement is not accepted. Mutual Agreements are final agreements not subject to further review or appeal.
19. In instances of second offenses, or when the student chooses a hearing, the Office of Student Judicial Affairs will meet with the student to provide an orientation to the hearing process and to schedule a date no less than 10 and no more than 15 calendar days from the meeting for the hearing. The student can waive minimum notice of a hearing; however, extensions are at the sole discretion of the Office of Student Judicial Affairs. Should the student choose not to attend his/her orientation meeting, a hearing date will be assigned to the student.
 20. The hearing procedures will follow the same format as stated in the Code of Student Conduct (Article V.A.5). The hearing body (Academic Integrity Board) will consist of 2 students from the Student Judicial Affairs Student Hearing Board and 3 faculty members. The faculty fellow for academic integrity will be one of the faculty members and will serve as the chair. The other two faculty members will be chosen by the Director of Student Judicial Affairs from a pool of eight faculty hearing officers. Each academic year, each college dean will appoint two faculty members from the college to comprise the pool of eight faculty hearing officers. Hearings will be held in a student's absence when a student fails to attend the hearing for any reason. The hearing body may impose any sanctions as outlined in Article V.B. in the Code of Student Conduct. Students given a sanction of probation for academic dishonesty will remain on probation at Western Carolina University until graduation.
 21. Following a decision from the Academic Integrity Board, the Office of Judicial Affairs will inform the student of the sanction or sanctions to be imposed upon them and of their right to file an appeal with the University Academic Problems Committee. The appeal is limited to those rules and procedures expressly mentioned in the Code of Student Conduct (Article V.D.2) and is limited to the existing record. If the student does not file an appeal with the University Academic Problems Committee within 5 calendar days, the sanction or sanctions from the Academic Integrity Board will be imposed. The decision of the Academic Problems Committee may be appealed to the Vice Chancellor for Student Affairs. Any decision of the Vice Chancellor for Student Affairs may be appealed to the Chancellor.
 22. Upon final resolution of a case involving suspension or expulsion, the Director of Student Judicial Affairs will inform the appropriate dean, department head, and the administrator in the One Stop Office who is responsible for University Withdrawals of the sanction. An act of academic dishonesty, including a first offense, may place the student in jeopardy of suspension from the university. A repeated violation or more serious first offense may result in expulsion. Disciplinary records for any act of academic dishonesty are retained by the Office of Student Judicial Affairs for at least five years from the date of final adjudication. These records are available to prospective employers and other educational institutions in accordance with federal regulations.

- **Attendance Policy**

Class Roll will be taken at the beginning of each class meeting. No distinction will be made between excused and unexcused absences. If a student is not in class on a given day, that is an absence, whatever the reason. The one exception is if a student has a **fever and flu like symptoms**. In this case, the student should not come to class, but should report to the Health Center. The threat of Swine Flu is serious and students with a fever should notify the instructor prior to the beginning of class (by email or through Web Cat) and protect the health and safety of other students by not attending that day. A make up assignment will be provided to the student for the missed class.

For all other absences due to whatever reason (e.g., the Cullowhee Crud or a simple cold, wedding participation, or just plain didn't feel like coming to class), you will be marked as absent. For these absences, you do not need to e-mail your professor or submit a note from Health Services, or to explain an absence. If you are absent from class, it is assumed you are not there for a legitimate reason. Every absence will be recorded as a class missed, no matter what the justification (except in cases of suspected serious flu).

A student is allowed without penalty the equivalent (including lateness) of two absences from class for the entire semester. A student having the equivalent of three absences (that's the same as missing a week and a half of class) will receive a 5 point reduction to her/his final base point accumulation for this course. Four absences equal a 10 point reduction; five equal a 15 point reduction; and so on... Arriving in class after attendance has been taken results in the recording of 1/2 of an absence. It is the responsibility of the student to advise the professor at the end of class that s/he was late or an absence may be recorded for that day.

If you are sick or unable to attend class on the day an exam is scheduled, you must notify the instructor *prior* to the time the exam is scheduled. If prior notification of your absence is not given (and received), you will receive a grade of zero on the exam. If you have an acceptable reason (as determined by the instructor), you can make up the exam with no penalty. **Missed exams must be made up within one week or you will receive a zero. All make-up exams are fill in the blank format.**

If you are absent on the day that the instructor distributes a handout or assigns homework, it is your responsibility to get the handout (and lecture/discussion notes) from a classmate. Most of the handouts and presentations are available electronically. Activities and quizzes completed in class cannot be made up if the student is absent.

The **inclement weather policy** is located at: <http://www.wcu.edu/weather/>
Western rarely closes and students who live off campus should use good judgment in commuting during inclement weather.

- **Written Assignment Requirements and Penalties for Late Assignments**

1. All assignments must be submitted through the Web Cat as a Word document and must, therefore, be typed, and double spaced, with appropriate one inch margins on all sides, top and bottom. All documents must be submitted as a Microsoft Word Document. **Five (5) points will be deducted** from each assignment which is not submitted through Web Cat or which are not in Microsoft Word or Rich Text documents.
2. Any assignment turned in late will be deducted by **5 points for each day it is late**. Any assignment that is not turned in by the deadline must be emailed to the professor as a Word attachment as soon as possible.
3. All assignments must follow APA Guidelines for format and references. If you are unfamiliar with APA Guidelines, please go to the web page for the WCU Writing Center or to the Hunter Library Link to learn more about these Guidelines.
4. Professional writing is expected of all students and that includes correct grammar and spelling in all written assignments. Points will be deducted for grammar, spelling and other technical errors in assignments.
5. All graded assignments will be posted back to the student, with corrections, through Web Cat. It is the student's responsibility to save all graded assignments from this course. The student will be required to incorporate these graded assignments in their professional portfolio which is a required assignment in RTH 395 Pre-Intern Seminar.

- **Statement of expectations for participation**

Professional and courteous behavior is expected during class meeting times. Please do not bring food to the classroom. Remove all ball caps indoors. No cell phone use (including text

messaging) is allowed during class meeting time. Please disable your cell phones before arriving in the classroom. If the class is disrupted by your cell phone during a class meeting, **a five point reduction will be made from your accumulated points for each disruption**. Students who give the appearance to the professor that they are sleeping in class will be marked absent for the period.

- **WCU Web Interface**

The RTH 351 Course Outline, Semester Assignment Timeline, and all assignment requirements and course resources are available online at the WCU Web Cat site. It is each student's responsibility to print a course outline and be aware of all assignment deadlines and requirements. All assignments must be submitted through WebCT. If you experience any problems with Web Cat please contact IT: at 828- 227-7487 or 866-WCU-7ITS.

V. Grading Procedures:

	<i>Number of points</i>
Base Points	50
Assessment Tool Search	25
Assessment Application II	25
Assessment Case Study Report	25
Midterm Exam	50
Final Exam	50
	225

Letter grades will be assigned according to the following:

<i>Grade</i>	<i>Percent</i>	<i>Points</i>	<i>Grade</i>	<i>Percent</i>	<i>Points</i>	<i>Grade</i>	<i>Percent</i>	<i>Points</i>
A+	99 -100%	221-225	B-	79 - 82%	176-184	D+	66 - 68%	147-153
A	94 -97%	210-220	C+	76 - 78%	170-175	D	63 - 65%	141-146
A-	89 - 93%	199-209	C	73 - 75%	163-169	D-	60 - 62%	134-140
B+	86 - 88%	192-198	C-	69 – 72%	154-162	F	59% or below	133 & ↓
B	83 – 85%	185-191						

Performance Measures, Assignments and Expectations

Base Point Allowance (50 pts.) Each student will be awarded 50 base points to serve as a foundation upon which to build the final grade. Included in these base points is the assumption that students will be engaged in all learning activities related to this course. Points will be deducted from this base for lateness or absences (see policy on lateness and absences). Student learning expectations for base points are as follows:

Students are expected to discuss, problem solve and participate in classroom activities throughout the semester to become “prepared professionals” as therapists. Personal and professional dialogue, questioning and application are important aspects of this course.

ACTIVE PARTICIPATION INCLUDES (PLEASE CHECK-OFF THE LIST):

- Verbally demonstrating that you keep current with assigned readings
- Demonstrating active listening and relevant responding in class
- Applying skilled communication techniques in class
- Completing assignments on time
- Maintaining current class notes and homework assignments
- Demonstrating professional behavior in class, with classmates and with written assignments (e.g. thoroughness, organization, error-free word-processed assignments, keeping appointments for presentation dates and group work)

Exams (100 pts)

Midterm Exam (50 pts): This exam will cover materials presented in lectures and required readings since the beginning of the semester.

Final Exam (50 pts): This exam will cover materials presented in lectures and required readings from the mid-term exam to the end of the semester.

Course Assignments (100)

Assessment Tool Literature Search (25 points): Search for a standardized assessment tool that is relevant to RT practice and one which is NOT included in your textbook. Once you find an appropriate standardized assessment tool, you will need to find the manual for implementing the assessment. This manual must discuss how the assessment was developed and standardized, reliability and validity of the instrument, administration issues, and it should include references. Then, search for the references and any other articles that have implemented this tool. You must find at least one professional journal article that has implemented and researched this assessment. The article may be the basis for the actual administrative manual for the assessment. The publication date of the journal article must be 2000 or later. The assessment manual (or article) must provide specific and detailed information on the validation of the assessment tool and indicate its reliability, validity, and the population it was tested on. Your review must include the following:

General Information: name of assessment tool, introduction of the assessment found, how it was found, why it is of interest, what theories it relates to and review the article or source of the tool. Also cite the author and publisher (include publisher address). Lists Appropriate references.

Purpose, population, and general details: purpose and population assessment is designed for. Include information on publication date, acronyms used, forms (e.g., short form and long form, etc.), parts or levels of the tool.

Psychometrics: document detailed information on reliability and validity of the tool and how this was determined, scores provided by the tool, whether it is group or individually administered

Administration Features: discuss/summarize the manual for the assessment, how it is administered, if any additional materials are required to give the tool, if special qualifications are required for the professional giving the assessment (note: if it can only be administered by a psychiatrist or physical therapist DON'T REVIEW THE TOOL – you are looking for assessments that recreational therapists can use), purchase price, time to administer.

Appropriateness to RT practice: discusses application to RT. How and when would this tool be used in RT? If it takes a long time to administer, is it still appropriate to RT practice? Why?

Your paper must be professionally written with no grammar or spelling problems, and you must include at least two references (Wikipedia cannot be used) and APA style for reference(s).

Assessment Application II (25 points): Select an RT Assessment Tool (or another appropriate tool presented in class or that you found in your first assessment tool search assignment) and conduct an assessment of a client or an individual who is willing to be assessed (you should not pick a relative or significant other or close friend). You will need to schedule a time and appropriate setting (one that is private and quiet) to meet with your client and implement the assessment. Keep notes, before, during and after the assessment, on your observations of the client being assessed, the assessment setting, and self-observation of your own skills in applying this assessment. Write a report of the assessment results including: (a) date, time and place of the assessment; (b) name of the person assessed and relationship of this person to the assessor; (c) demographic and background information on the individual assessed (age, gender, biographic background); (d) a one page summary of your observational notes of the assessment process; (e) a one page summary of the assessment results and your interpretation of assessment results including individual strengths and possible areas for improvement; (f) write at least two functional treatment goals for the client

you assessed (based on RT guidelines for writing behavioral objectives to include condition, behavior, and measurable criteria); and (g) a 3-5 paragraph reflection of what you learned from this assessment process with a real client, what your strengths in assessing client needs are, and what you would do differently in your next assessment.

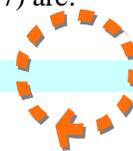
Assessment Report of a Recreational Therapy Case Study (25 points): Select a client to assess (it may not be the same person you assessed in the second assignment for this class and it may not be a relative or significant other or close friend). Conduct a comprehensive assessment and write a case study report and treatment plan for a client or individual you select. In this assignment you should select a target area for assessing client needs (depression, social skills, etc.) and choose three appropriate assessment instruments to administer to the client. You should focus on scheduling the client, have a set of interview questions ready to document client demographic and background information. The following details must be included in your report:

1. **Overview of Your Preparation for the Assessment Process:** Describe what you did and how you prepared for the client assessment. Write your planned interview questions for the client meeting. How many times did you plan to meet with the assessment (there should be AT LEAST two meetings (a) one to interview the client and administer the assessment instruments and (b) a follow up meeting to present the scoring/findings of the three assessments and to discuss the treatment goals and plan you have developed for your client.
2. **General Information on the Person Assessed:** Describe the assessment process including notes on your interview with the client. Also include the date, time and place of the assessment, name (make up a fictitious name – don't use the real name) of the person assessed and relationship of this person to the assessor. Provide demographic and background information on the individual assessed (age, gender, biographic background) in enough detail so the person reading your report has a good understanding of who this person is.
3. **Summary of Assessment Results:** Identify and summarize the three assessment tools administered (include appropriate references for these tools). Discuss when and how they were administered and what the results were ending with a list of strengths and problems/needs for your client. Be very detailed in this section
4. **Treatment Plan:** Write a treatment plan that is derived from assessment results and treatment goals and objectives focus on problems and needs in a logical and appropriate way.
5. **Personal Reflection on the Assessment Process:** Write a 3-5 paragraph reflection of what you learned from the process, what your strengths in assessing client needs are, and what you would do differently in your next assessment

Your report must be professionally written with no grammar or spelling problems, and use APA style for reference(s).

The content and learning activities of RTH 351 relates primarily to the content on the National NCTRC Certification Exam for the knowledge area of Practice of Recreational Therapy. The percentages of Knowledge Content in the NCTRC Certification Examination (2007) are:

Foundational Knowledge	33.3%
Practice of RT	46.7%
Organization of RT	13.3%
Advancement of the Profession	6.7%



Course Evaluation: WCU provides an opportunity for students to evaluate this course. The course evaluation dates will be posted on Web Cat and announced in class. Each student will receive an email that the course evaluation period is open and a link to the evaluation form. Please provide your input so this course may be improved in the future by participating in the course evaluation..

VII. Tentative Course Schedule (May change to accommodate guest presenters & student needs)

Week	Tuesday	Thursday
1	⊕ Course Overview, Introduction to Measurement in RT <i>Read: Text, Chap 1, and Zabriskie on Web Cat</i>	⊕ Assessment Basics Assessment Theories and Models, History of RT Assessment <i>Read: Text, Chap 2 and Chap 3</i>
2	⊕ Assessment Basics Wrap Up and begin Theories and Models of Assessment in RT <i>Read: Text, Chap 2, and Fredrickson, Baldwin, Porges on Web Cat</i>	⊕ Theories of Behavior Change from Positive Psych <i>Read: Fredrickson, Baldwin, Porges on Web Cat</i>
3	⊕ The RT APIE Process <i>Read: Text Chap 5</i>	⊕ Psychometrics and Testing Issues <i>Read: Text, Chap 7</i>
4	⊕ Psychometrics and Testing Issues <i>Read: Text Chapter 7</i>	⊕ Ways of Gathering Data: Interviews, Functional Testing; <i>Read: Text Chap 5, and Readings on Web Cat</i> Assess Application I Due
5	⊕ Ways of Gathering Data: Observation, Secondary; <i>Read: Text, Chap 5, and Readings on Web Cat</i>	⊕ Intake and Screening <i>Read: Text, Chap 5, Web Cat Resources</i>
6	⊕ Measuring Function <i>Read: Text, Chap 11</i>	⊕ Measuring Function <i>Read: Text, Chap 11</i>
7	⊕ Stress, Depression, and Biofeedback <i>Read: Web Cat Resources</i>	FALL OR SPRING BREAK – NO CLASS
8	FALL BREAK OR SPRING BREAK – NO CLASS	⊕ FIRST EXAM
9	⊕ Stress, Depression, and Biofeedback: Measurement and Applications to RT <i>Read: Web Cat Resources</i>	⊕ Functional RT Treatment Goals for Stress, Depression, and Anxiety <i>Read: Web Cat Resources</i>
10	⊕ Measuring Attitudes <i>Read: Text, Chap 10</i>	⊕ Measuring Attitudes and Leisure <i>Read: Text, Chap 10, 12, and 15.</i> Assessment Application II Due
11	Measuring Participation and Leisure: The Leisurescope <i>Read: Text, Chap 12 and 15</i>	⊕ Measuring Participation and Leisure: Leisure Step Up and STILAP
12	⊕ Measuring Outcomes and Efficacy <i>Read: Text, Chap 13 and Web Cat Resources</i>	⊕ Measuring Outcomes and Efficacy: Functional Treatment in RT <i>Read: Text, Chap 13</i>
13	⊕ Charting and Documentation <i>Read: Text, Chap 8</i>	⊕ Interdisciplinary Assessment: Text, Chapter 16 (MDS, RAI), Chapter 11 (IRF-PAI – pages 423-427), Chapter 9 and WebCat Resources on GAF, ICF
14	⊕ Interdisciplinary Assessment: Text, Chapter 16 (MDS, RAI), Chapter 11 (IRF-PAI – pages 423-427), Chapter 9 and WebCat Resources on GAF, ICF	Thanksgiving Break OR Easter Break– NO CLASS
15	⊕ Social Affiliation Assessments: Mind Habits; <i>Read: Baldwin and Web Cat Resources</i>	⊕ Assessing Social behaviors <i>Read: Text, Chapter 4</i> Assessment Case Report Due
16	⊕ Regulatory Standards for Assessments and RT Standards of Practice and Summarizing Assessment Data; <i>Read: Text, Chapter 2, 4, and Web Cat Resources</i>	⊕ Future Assessment Concerns and Review of Course Content since Mid-term
Final	Final Exam: Assigned in Final Exam Week	

Appendix 3.3.4 RTH 352 Recreational Therapy Processes and Techniques

Standardized Syllabus Form

University/College	Western Carolina University
Department	School of Health Sciences
Course Name	Recreational Therapy Processes and Techniques
Course Number	RTH 352
Prerequisite(s)	RTH 200: Foundations of Recreational Therapy
Course Description	Assessment, planning, implementation, and evaluation strategies attendant to recreational therapy service delivery.
Academic Hours (Lecture - Lab - Total)	3 hours lecture
Instructor (s)	Jennifer Hinton
Semester (s)	Fall and Spring semesters
Required Text (s)	<p><i>Rental text:</i> Stumbo, N.J. & Peterson, C.A. (2009). Therapeutic recreation program design: Principles and procedures (5th ed.). Glenville, IL: Pearson Education, Inc.</p> <p><i>Workbook to Purchase:</i> Melcher, S. (1999). Introduction to writing goals and objectives: A manual for recreation therapy students and entry-level professionals. State College, PA: Venture Publishing, Inc.</p>
Student Requirements	<p>Attendance, readings, and learning activities</p> <p>Graded assignments:</p> <p>5 quizzes</p> <p>Diagnostic related grouping paper</p> <p>Efficacy research article review</p> <p>Completion of goals and objectives workbook assignments</p> <p>Treatment plan</p> <p>Comprehensive Final Exam</p>
Topic Outline	<p>Syllabus review, person-first terminology review</p> <p>Better understanding barriers to full life participation</p> <p>Learning how to search for and document information</p> <p>Understanding population characteristics and needs- Diagnostic Related Groupings</p> <p>How to read a research article and understand efficacy research</p> <p>Reporting on efficacy research and understanding treatment teams</p> <p>Understanding models of practice</p> <p>Leisure Ability Model</p> <p>Assessment basics</p> <p>Other factors that affect client needs and performance (such as diversity)</p> <p>Technical guidelines for documentation</p> <p>Writing functional goals and objectives</p> <p>Abbreviations</p> <p>Activity Analysis and Modification</p> <p>Progress notes</p> <p>Discharge and transition planning</p> <p>Understanding the TRAM</p> <p>Comprehensive Program Design and Evaluation</p>

	Specific Program Design and Evaluation Understanding Treatment and Diagnostic Protocols
--	--

This course covers the following CARTE Competencies:

Competency	Description	Lecture, Lab, or both
<p>Planning Treatment/Programs</p> <p>Students are provided 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. Students are prepared to use structured, systematic and evidence-based treatment interventions and facilitation techniques to improve patient/client functioning and independence in life activities.</p>	<ol style="list-style-type: none"> 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 therapeutic recreation 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. 11. Ability to write functional outcome goals, and other forms of documentation related to treatment design 	<p>Lecture only for all components</p>

Western Carolina University
College of Health and Human Sciences
School of Health Sciences
Recreational Therapy Program

RTH 352 Recreational Therapy Processes and Techniques
Spring 2010

It is a bad plan that admits of no modification.

[Publilius Syrus](#)

(~100 BC)

I. Instructor Information

Instructor: Jennifer Hinton, Ph.D., LRT/CTRS

Office: Belk Annex 186

Office Phone: 227-2715

Home Phone: 631-9491 (before 8 p.m., please, unless it is an emergency, of course!)

Email: jlhinton@wcu.edu

*Note: This is my preferred email address. I do not check WebCat email regularly.

Office Hours:

A note from me to you: I'm very excited to be engaged in the learning process with you in this course! I feel that this class is especially integral to being able to "get the job done" in the real world of health care. I expect participation from you in the learning process- meaning that you need to be an active participant in class, not just a passive listener. Each of you comes with knowledge and gifts to share. I strive to be available for you both in and outside of the classroom. I expect you to seek me out if you have questions about this course or your future career! I've now spent over half of my life studying, practicing, or teaching about RT- we should be able to find good things to discuss 😊.

II. Course Information

Course meeting: Belk 183, Mondays and Wednesdays- 9:15-10:30 a.m.

Prerequisite: RTH 200: Foundations of Recreational Therapy

Whereas *Foundations* serves as an overview of the profession, this course helps the student to learn important "nuts and bolts" of patient treatment and RT programs. The course will include both lecture and discussion, along with many hands-on practice opportunities, to accomplish this goal.

Catalog Description

Assessment, planning, implementation, and evaluation strategies attendant to recreational therapy service delivery.

Course Objectives

Each student in this course will have the opportunity to:

1. Understand the needs of different diagnostic related groups, including their personal and environmental barriers;
2. Describe the purpose of efficacy research and analyze an efficacy research article within the field;
3. Describe and compare three models of practice within the field;
4. Summarize the need for assessment and the other factors that affect clients' needs and performance;

5. Consistently use appropriate person-first terminology, abbreviations, and technical guidelines for medical documentation procedures;
6. Construct a complete treatment plan that includes patient/ client strengths and needs, patient goals, measurable behavioral objectives for functional outcomes, progress notes, and a discharge/ transition plan by use of select information and judgment. This includes taking into account the resources available and preferences of the patient;
7. The ability to understand the need and procedures for systematic client evaluation and program evaluation in the treatment planning process;
8. Understand the basis for and practice an activity analysis;
9. Recall the steps of the Therapeutic Recreation Accountability Model (TRAM) and exemplify specific portions of the model (Comprehensive Program Design, Specific Program Design, and Protocols). This includes the ability to define the components of comprehensive treatment programs, and a systems approach to program planning.

Course Content Areas

These are the NCTRC Knowledge Domains that will be covered in this course:

Foundational Knowledge

3. Diversity factors (e.g., social, cultural, educational, language, spiritual, financial, age, attitude, geography)

Practice of Recreational Therapy

20. Concepts of RT (e.g., holistic approach, recreative experience, special/adaptive recreation, inclusive recreation, using recreation as a treatment modality)
21. Models of RT service delivery (e.g., Leisure Ability model, Health Protection/Health Promotion model, TR Service Delivery model)
41. Documentation of assessment, progress/functional status, discharge/transition plan of person served
43. Purpose and techniques of activity/task analysis
44. Leisure education/counseling
45. Selection of programs, activities and interventions to achieve the assessed needs of the person served
46. Activity modifications (e.g., assistive techniques, technology and adaptive devices, rule changes)

Organization of RT Service

49. Program design relative to population served
50. Type of service delivery systems (e.g., health, leisure services, education and human services)
51. Methods of writing measurable goals and behavioral objectives
52. Role and function of other health and human service professions and of interdisciplinary approaches
53. Documentation procedures for program accountability, and payment for services
54. Methods for interpretation of progress notes, observations, & assessment results of the person served
55. Evaluating agency or RT Service program
56. Quality improvement guidelines and techniques (e.g., utilization review, risk management, peer review, outcome monitoring)
57. Components of agency/RT Service plan of operation

Advancement of the Profession

68. Professional standards and ethical guidelines pertaining to the RT profession

These are the ATRA Competencies that will be covered in this course:

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 therapeutic recreation 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.
11. Ability to write functional outcome goals, and other forms of documentation related to treatment design

III. Course Materials

Rental text:

Stumbo, N.J. & Peterson, C.A. (2009). Therapeutic recreation program design: Principles and procedures (5th ed.). Glenville, IL: Pearson Education, Inc.

*Workbook to Purchase:**

Melcher, S. (1999). Introduction to writing goals and objectives: A manual for recreation therapy students and entry-level professionals. State College, PA: Venture Publishing, Inc.

***Note:** This workbook is available at the bookstore and you **MUST** purchase it and bring it to class during week 6 and when requested thereafter. I will not accept assignments that are from copied pages out of others' notebooks. Not only is this a violation of copyright law, it also hinders students from completing work in a timely fashion. You *will* be asked not only to turn in your workbooks for graded assignments, but you will also have key abbreviations to study in it.

Other readings: There will be other brief readings on the library e-reserves and on WebCat. These will be listed on the syllabus and, on occasion, announced in class. For library reserve, go to the Hunter Library main page and click on "Course Reserves". You can then either search by Hinton, Jennifer or by RTH 352.

IV. Course Policies

Attendance Policy

You must be in class to be counted as present. I will take attendance every day in class. If you will miss class for a university sanctioned event, I may count that absence as excused. All other absences, including non-fever illnesses and family emergencies, will be counted as regular absences. However, I do NOT want you to come to class if you have a potentially contagious illness. Spreading disease is poor health prevention! You have 4 "free" absences; after that, you will have 1% point taken from your final grade for each absence following. If you exceed ten absences in the course, regardless of whether or not they were "excused", you will fail the course.

Please be aware that there is great concern this year with H1N1 and flu season in general. The following is from University Health Services. Please keep them in mind and, again, do NOT come to class with a fever or flu symptoms! *There are basic steps to prevention and common symptoms to help recognize the flu. One of the major concerns with universities across the country are the necessary steps to comply with CDC recommended isolation of patients with flu or flu like illness. The current recommendation is to remain in self-isolation for 24 hours after fever. Many students may feel that he or she cannot afford to miss classes and other activities for that length of time. Health Services will work with the Provost's Office to assist with communicating to faculty regarding flu-related excused class absences.*

Class Cancellations

Very infrequently I will have an emergency (such as inclement weather) and I must cancel class. If this happens, I will send an email to your catamount email address.

Late Work

All assignments must be turned in *hard copy*, NOT e-mail or WebCat. Unless we have discussed it in advance, I do not accept any late assignments in this class. We will be doing some small group work in this class, and absences and late assignments put the class behind. If you are going to be absent on the day of an in-class quiz, you have 24 hours from the time of your absence to create an alternative arrangement for taking that quiz. It must be taken within one week of the absence, and may be in an alternate format (same content but different way of asking the questions).

Documenting Source Information

If you are completing an assignment wherein a citation(s) is required to avoid plagiarism, you must use the APA style of citing sources. We will practice this with your first paper in class, and you may get information regarding APA citation at the WCU Writing Center website at:

<http://www.wcu.edu/11743.asp>

Writing Center personnel are also willing to help you in person if you desire assistance.

Accommodations for Students with Disabilities

Western Carolina University is committed to providing equal educational opportunities for students with documented disabilities. Students who require disability services or reasonable accommodations must identify themselves as having a disability and provide current diagnostic documentation to Disability Services. All information is confidential. Please contact Disability Services for more information at (828) 227-2716 or 144 Killian Annex.

Academic Honesty Policy

What I have to say:

I feel that it is my job to make you the best therapist you can be; I want to feel confident that if my mother needed your services someday that she would be in good hands. Therefore, I expect you not only to work hard, but also to work hard on your own. Copying one of your classmates or another source helps neither you, nor my mother.

I encourage you to study together, to ask one another questions, and to ask questions of me. I will do everything I can to help you to be proficient with the material. However, all assignments to be turned in must be strictly your own work.

What WCU has to say:

Western Carolina University, as a community of scholarship, is also a community of honor. Faculty, staff, administrators, and students work together to achieve the highest standards of honesty and integrity.

Academic dishonesty is a serious offense at Western Carolina University because it threatens the quality of scholarship and defrauds those who depend on knowledge and integrity. Academic dishonesty includes:

- a. **Cheating**—Intentionally using or attempting to use unauthorized materials, information, or study aids in any academic exercise.
- b. **Fabrication**—Intentional falsification of information or citation in an academic exercise.
- c. **Plagiarism**—Intentionally or knowingly representing the words or ideas of someone else as one's own in an academic exercise.
- d. **Facilitation of Academic Dishonesty**—Intentionally or knowingly helping or attempting to help someone else to commit an act of academic dishonesty, such as knowingly allowing another to copy information during an examination or other academic exercise.

Instructors have the right to determine the appropriate sanction or sanctions for academic dishonesty within their courses up to and including a final grade of "F" in the course. Within 5 calendar days of the event the instructor will inform his/her department head, and the Associate Dean of the Graduate School when the student is a graduate student, in writing of the academic dishonesty charge and sanction.

V. Grading and Evaluation

Assignments and Grading

5 quizzes @ 25 points each- drop the lowest grade	100 points
2 papers:	
DRG (in pairs)	30 points
Efficacy research article (individual)	30 points
Melcher book activities	40 points
Treatment Plan	50 points
Comprehensive Final exam	<u>50 points</u>
	300 points total

Grading Scale

96% and above- A+	288 points
93-95%- A	279-287
90-92- A-	270-278
86-89- B+	258-269
83-85- B	249-257
80-82- B-	240-248
76-79- C+	228-239
73-75- C	219-227
70-72- C-	210-218
66-69- D+	198-209
63-65- D	189-197
60-62- D-	180-188
59% and below- F	below 180 points

The grades of A+, A, A-, B+, B, B-, C+, C, C-, D+, D, D- and F indicate gradations in quality from Excellent to Failure. Please note that a C- grade is less than satisfactory and will not meet recreational therapy program requirements.

Composition-Condition Marks. A student whose written work in any course fails to meet acceptable standards will be assigned a composition-condition (CC) mark by the instructor on the final grade report. All undergraduates who receive two CC grades prior to the semester in which they complete 110 hours at Western Carolina University are so notified by the registrar and are required to pass English 300 or English 401 before they will be eligible for graduation. This course must be taken within two semesters of receiving the second CC and must be passed with a grade of C (2.0) or better.

Course Evaluation

Taking the time to evaluate courses is crucial to the instructors who are trying to improve the courses. I fully believe in providing constructive feedback, and will do this for you throughout the semester. I hope that you will, in turn, do this for me. *This course has improved for you this semester based on the feedback of the students in this course last semester!* The dates that the online course evaluations will be open are **DATES**. Do note that this year, students need to use their catamount mail username (without the @catamount.wcu.edu) to access CoursEval and the student blog server. I appreciate your consideration!

Tentative Course Schedule RTH 352 Recreational Therapy Processes and Techniques Spring 2010

Note: If there is one thing that students from semesters past may tell you, it's that I'm a bit excitable! I love it when we get serendipitous learning opportunities, when you get so excited about a subject that the discussion spills into the hallway after class, or, well, pretty much a lot of things that may get us off-schedule in a heartbeat! I'll try to stick closely to this, but do know that it may change. I'll give you fair warning in class, and typically things end up being due later, or in revised form, rather than the contrary.

Part One: Research and Treatment Foundations

Day 1- Opening day

Getting to know you, syllabus review, person-first terminology review, assign brief writing to be completed for class on Wednesday

Day 2- Better understanding barriers to full life participation

In-class discussion of writing assignment/ **receive DRG paper assignment**

Day 3- Learning how to search for and document information

Library Day! We will meet as a class in the library (Hunter 186) for a lecture and handouts on both searching for information regarding assigned DRG papers and documenting it with APA Citations.

Day 4-Understanding population characteristics and needs

Independent work on your DRG papers in the library. I will be in the library during class time to offer assistance with your research.

Day 5- How to read a research article and understand efficacy research

DRG papers due/ discussion about these

Lecture on understanding Efficacy Research and how to read an efficacy research article

Efficacy research articles assigned

**Readings- How to Read a Research Article- are in a .pdf file on WebCat. It's only 3 pages. Please print it, read it, and bring it to class on this date.*

Days 6 and 7- Reporting on efficacy research and understanding treatment teams

Assignment on understanding treatment teams

**Readings are on electronic reserve at the library.*

Day 8- Understanding models of practice

Efficacy research articles due- small group discussions

Assignment on treatment teams is due- Brief discussion on treatment teams

In-class lecture describing the 3 most prevalent RT Practice models

Day 9- A more in-depth look at the Leisure Ability Model

In-class lecture including a focus on Leisure Education

**Readings: Stumbo and Peterson chapter 2*

Day 10- **Quiz 1**: efficacy research, treatment teams, models of practice

Part Two: Individual Treatment Planning

Day 11- Assessment basics

In-class lecture including relationship to Standards of Practice

Assign first set of abbreviations- bring Melcher book to class!

**Readings: Stumbo and Peterson chapter 9*

Day 12- Other factors that affect client needs and performance

In-class activities and discussion regarding diversity factors

Day 13- **Quiz 2**: assessment and diversity characteristics/ abbreviations

Day 14- Technical guidelines for documentation

In-class lecture

**Readings: Stumbo and Peterson pages 307-311*

Day 15* *Readings: **You MUST have your Melcher workbook IN CLASS on this date. I will not accept late assignments or excuses for not having your workbook!***

Days 15-18- Writing functional goals and objectives

In-class activities including SOPs, use of Melcher book, Treatment Planning video, take-home work.

Day 19- **Quiz 3**: writing functional goals and objectives/ abbreviations

All **Melcher books are due**- turn in entire book.

Day 20- Activity Analysis and Modification

In-class activities and take-home work

**Readings: Stumbo and Peterson chapters 7 and 8. Bring two copies of pages 182-185 with you to class, along with your textbook.*

Day 21- Progress notes

In-class activities including SOPs and take-home work

Treatment plan assigned

**Readings: Stumbo and Peterson pages 311-314 and 340-346*

Day 22- Discharge and transition planning
In-class activities including SOPs and take-home work
**Readings: Stumbo and Peterson pages 346-347*

Day 23- **Quiz 4**: activity analysis, progress notes, discharge and transition planning/ abbreviations

Part 3: Program Planning- weeks 14 and 15

Day 24- Understanding the TRAM
In-class lecture
Treatment Plan Due
**Readings: Stumbo and Peterson Chapter 4*

Day 25- Comprehensive Program Design and Evaluation
In-class lecture
**Readings: Stumbo and Peterson Chapter 5*

Day 26- Specific Program Design and Evaluation
In-class lectures
**Readings: Stumbo and Peterson Chapter 6*

Day 27- Understanding Treatment and Diagnostic Protocols
In-class lecture and examples
**Readings: Stumbo and Peterson Chapter 9*

Day 28- **Quiz 5**- program planning and protocols
Prepare for final exam!

Appendix 3.3.5 RTH 360 Recreational Therapy for Older Adults**Standardized Syllabus Form**

University/College	Western Carolina University
Department	School of Health Sciences
Course Name	Recreational Therapy for Older Adults
Course Number	RTH 360
Prerequisite(s)	RTH 352
Course Description	Addressing the physical, psychological, and social needs of the elderly through recreational therapy
Academic Hours (Lecture - Lab - Total)	2 hour lecture/2 hour lab (effective Spring 2010)
Instructor (s)	Peg Connolly, Ph.D., LRT/CTRS
Semester (s)	Fall and Spring
Required Text (s)	<p>Buettner, L. and Fitzsimmons, S. (2009). N.E.S.T. approach: Dementia practice guidelines for disturbing behaviors. State College, PA: Venture Publishing, Inc. ISBN: 10-892132-84-2. NOTE: Students may not write in this text nor remove any pages from the text.</p> <p>Fitzsimmons, S. (2008). Brain fitness: An instructor's manual of 150 exercises for people with low to high cognitive function. State College, PA: Venture Publishing, Inc. ISBN: 10-892132-76-1. Available for purchase at the WCU Bookstore or from Venture Publishing at http://www.venturepublish.com/.</p>
Student Requirements	<p>Assigned Readings Class Attendance and Participation Personal Reflection on Aging Intervention Protocols Brain Fitness Interventions Case Study Report Resident Care Plan Service Learning Log Midterm Exam Final Exam</p>
Topic Outline	<ul style="list-style-type: none"> • Dementia, Alzheimer's Disease, and Disabilities • Theories of Aging • Clinical Practice Guidelines for Dementia: Protocols for Intervention. • Brain Fitness and Wii Interventions • Multiple Data System in Long Term Care (MDS) and other assessments • Quality of Life: Assessment and Nutrition • Falls Prevention , Exercise/Mobility Decline Prevention, Weight Loss Prevention • Resident Care Planning • Pressure Ulcer Prevention and Pain Screening • Common Interventions: Activities vs. Tx., Duet Biking, Simple Pleasures, • Sundowners and Treating Depression • Healthy Aging • Maintaining Cognitive Health in Aging: Use it or Lose It, Brain Fitness, Recreation Club • Palliative Care, Death and Dying • RT Trends with Older Populations
Additional Comments	The course pre-requisite was changed from RTH 200 to RTH 352, effective Spring 2010. The course content of RTH 352 covers treatment planning and is more appropriate as a prerequisite since students will work with clients in RTH 360. The course activity was changed from a 3 hour lecture to 2 hour lecture and 2 hour lab. RTH 360 is an officially SLC designated course. Students will complete clinical services in the two hour lab each week.

This course covers the following CARTE Competencies:

Competency	Description	Lecture, Lab, or both
<p>Students develop knowledge and skills in assessing, planning, implementing, and evaluating services for older adults in a skilled nursing facility.</p>	<ol style="list-style-type: none"> 1. Knowledge of evidence-based recreational therapy/therapeutic recreation assessment instruments used to determine physical, cognitive, emotional, and social functioning of patients/clients 2. Knowledge of the evidence of problems and limitations for the specific medical, psychiatric or other disabling conditions being treated 3. Knowledge of the nature and function of documentation procedures and systems related to client assessment. 4. Knowledge of goals and mission of the various service settings as determinants for assessment procedures and protocols. 5. Ability to select the appropriate assessment instrument(s) for a selected patient/client. 6. Knowledge of the scope of practice of therapeutic recreation for treatment/program planning. 7. Knowledge of assistive techniques and devices to facilitate appropriate treatment interventions. 8. Skill in constructing treatment plans that incorporate patient/client strengths, resources and preferences. 9. Skill in integrating systematic methods of patient/client evaluation and program evaluation into treatment/program plans. 10. Ability to write functional outcome goals, and other forms of documentation related to treatment design 11. Knowledge of goals and mission of the institution/agency/organization as determinants for treatment/program intervention. 12. Knowledge of principles underlying the therapeutic/helping process, with emphasis upon interaction between the RT and the patient/client. 13. Knowledge of evidence-based treatment interventions/programs typically used to reach treatment outcomes for specific medical, psychiatric or other disabling conditions 14. Skill in establishing an effective therapeutic/helping relationship. 15. Skill in designing evidence-based treatment interventions to implement the individual treatment plan of the patient/client. 16. Skill in using a variety of facilitation techniques, such as social skills training, cognitive learning theories or behavioral theories, etc, to reach treatment outcomes. 	<p>Lecture and Lab (Note: Lab meets at a skilled nursing facility)</p>

**Western Carolina University
College of Health and Human Sciences
School of Health Sciences
Recreational Therapy Course Outline**

RTH 360 Recreational Therapy Services for Older Adults

Dr. Peg Connolly, LRT/CTRS 186 Belk 227-2481 mconnolly@email.wcu.edu
Office Hours: Posted each semester

I. Course Description

Addressing the physical, psychological, and social needs of the elderly through recreational therapy.

PREQ: RTH 352

II. Course Aims and Objectives:

- **Aims**
This course examines the current trends and evidence based practice of recreational therapy for older adults. The aim is for students to understand the aging process and demonstrate skills in direct interaction and intervention with geriatric residents at a local skilled nursing facility.

Specific Learning Objectives:

By the end of this course, students will:

11. Describe demographic characteristics of the elderly.
 12. Define the major theories of aging.
 13. Describe of physiological, cognitive, and psychological characteristics of the elderly.
 14. Describe various forms of dementia and associated disturbing behaviors and develop skills in assessing and planning specific treatment interventions to address presenting behaviors.
 15. Describe common illnesses and disabilities experienced by older adults.
 16. Demonstrate the ability to use national clinical practice guidelines for evidence-based recreational therapy service delivery.
 17. Adapt, deliver and evaluate recreational therapy protocol for interventions appropriate to older adult residents of long-term care facilities.
 18. Assess and provide treatment interventions to improve the quality of life of older individuals through appropriate recreational therapy services.
 19. Review client charts, write an assessment and resident care plan and a case study of a geriatric resident of a skilled nursing facility.
- **Specific competencies from the ATRA Guidelines for Curriculum include:**
 1. Knowledge of evidence-based recreational therapy/therapeutic recreation assessment instruments used to determine physical, cognitive, emotional, and social functioning of patients/clients
 2. Knowledge of the evidence of problems and limitations for the specific medical, psychiatric or other disabling conditions being treated
 3. Knowledge of the nature and function of documentation procedures and systems related to client assessment.
 4. Knowledge of goals and mission of the various service settings as determinants for assessment procedures and protocols.
 5. Ability to select the appropriate assessment instrument(s) for a selected patient/client.
 6. Knowledge of the scope of practice of therapeutic recreation for treatment/program planning.
 7. Knowledge of assistive techniques and devices to facilitate appropriate treatment interventions.
 8. Skill in constructing treatment plans that incorporate patient/client strengths, resources and preferences.
 9. Skill in integrating systematic methods of patient/client evaluation and program evaluation into treatment/program plans.
 10. Ability to write functional outcome goals, and other forms of documentation related to treatment design

11. Knowledge of goals and mission of the institution/agency/organization as determinants for treatment/program intervention.
12. Knowledge of principles underlying the therapeutic/helping process, with emphasis upon interaction between the RT and the patient/client.
13. Knowledge of evidence-based treatment interventions/programs typically used to reach treatment outcomes for specific medical, psychiatric or other disabling conditions
14. Skill in establishing an effective therapeutic/helping relationship.
15. Skill in designing evidence-based treatment interventions to implement the individual treatment plan of the patient/client.
16. Skill in using a variety of facilitation techniques, such as social skills training, cognitive learning theories or behavioral theories, etc, to reach treatment outcomes.

NCTRC Job Analysis Knowledge Areas:

1. *Foundational Knowledge*
 - A Diversity factors (e.g., social, cultural, educational, language, spiritual, financial, age, attitude, geography)
 - B Relevant guidelines and standards (e.g., federal and state regulatory agencies)
 - C Principles of behavioral change (e.g., self-efficacy theory, experiential learning model)
2. *Practice of Therapeutic Recreation/Recreation Therapy*
 - A Concepts of TR/RT (e.g., holistic approach, recreative experience, special/adaptive recreation, inclusive recreation, using recreation as a treatment modality)
 - B Practice settings (e.g., hospital, long-term care, community recreation, correctional facilities)
 - C Standards of practice for the TR/RT profession
 - D Code of ethics in the TR/RT field and accepted ethical practices with respect to culture, social, spiritual, and ethnic differences
 - E Impact of impairment and/or treatment on the person served (e.g., side effects of medications, medical precautions)
 - F Other inventories and questionnaires (e.g., standardized rating systems, developmental screening tests, MDS, FIM, GAF)
 - G Other sources of assessment data (e.g., records or charts, staff, support system)
 - H Selection of programs, activities and interventions to achieve the assessed needs of the person served
3. *Organization of Therapeutic Recreation/Recreation Therapy Service*
 - A Methods of writing measurable goals and behavioral objectives
4. *Advancement of the Profession*
 - A Professionalism: professional behavior and professional development

III. Course Materials

Required WCU Rental Text: Buettner, L. and Fitzsimmons, S. (2009). N.E.S.T. approach: Dementia practice guidelines for disturbing behaviors. State College, PA: Venture Publishing, Inc. ISBN: 10-892132-84-2.
NOTE: Students may not write in this text nor remove any pages from the text.

Required WCU Supplemental Text: Fitzsimmons, S. (2008). Brain fitness: An instructor's manual of 150 exercises for people with low to high cognitive function. State College, PA: Venture Publishing, Inc. ISBN: 10-892132-76-1. Available for purchase at the WCU Bookstore or from Venture Publishing at <http://www.venturepublish.com/>.

Reserve readings on Web Cat.

IV. Faculty Expectations of Students/Course Policies

- Accommodations for Students with Disabilities: Western Carolina University is committed to providing equal educational opportunities for students with documented disabilities. Students who require disability services or reasonable accommodations must identify themselves as having a disability and provide current diagnostic documentation to Disability Services. All information

is confidential. Please contact Disability Services for more information at (828) 227-2716 or 144 Killian Annex.

- Statement on Academic Integrity (including plagiarism):
Academic Honesty Policy
Western Carolina University, as a community of scholarship, is also a community of honor. Faculty, staff, administrators, and students work together to achieve the highest standards of honesty and integrity. Academic dishonesty is a serious offense at Western Carolina University because it threatens the quality of scholarship and defrauds those who depend on knowledge and integrity. Academic dishonesty includes:
 - a. Cheating—Intentionally using or attempting to use unauthorized materials, information, or study aids in any academic exercise.
 - b. Fabrication—Intentional falsification of information or citation in an academic exercise.
 - c. Plagiarism—Intentionally or knowingly representing the words or ideas of someone else as one's own in an academic exercise.
 - d. Facilitation of Academic Dishonesty—Intentionally or knowingly helping or attempting to help someone else to commit an act of academic dishonesty, such as knowingly allowing another to copy information during an examination or other academic exercise.

The procedures for cases involving allegations of academic dishonesty are:

1. Instructors have the right to determine the appropriate sanction or sanctions for academic dishonesty within their courses up to and including a final grade of "F" in the course. Within 5 calendar days of the event the instructor will inform his/her department head, and the Associate Dean of the Graduate School when the student is a graduate student, in writing of the academic dishonesty charge and sanction.
2. The department head or graduate program director will meet with the student to inform him/her orally and in writing of the charge and the sanction imposed by the instructor within 10 calendar days of written notice from the instructor. Prior to this meeting, the department head will contact the Office of Student Judicial Affairs to establish if the student has any record of a prior academic dishonesty offense. If there is a record of a prior academic dishonesty offense, the matter must be referred directly to the Office of Student Judicial Affairs. In instances where a program does not have a department head or graduate program director, the Dean or Associate Dean of the college will assume the duties of department head for cases of academic dishonesty.
3. If the case is a first offense, the student can choose to accept the charge and sanction from the instructor by signing a Mutual Agreement with the department head or graduate program director or can choose to have a hearing with the Academic Integrity Board. Within 10 calendar days of the meeting with the student, the department head or graduate program director will 1) report the student's choice of action in writing to the Office of Student Judicial Affairs, 2) file a copy of the Mutual Agreement (when applicable) with the Office of Student Judicial Affairs, and 3) inform the student of the sanction or sanctions to be imposed under the Mutual Agreement or inform the student of the procedure for requesting a hearing with the Academic Integrity Board if the Mutual Agreement is not accepted. Mutual Agreements are final agreements not subject to further review or appeal.
4. In instances of second offenses, or when the student chooses a hearing, the Office of Student Judicial Affairs will meet with the student to provide an orientation to the hearing process and to schedule a date no less than 10 and no more than 15 calendar days from the meeting for the hearing. The student can waive minimum notice of a hearing; however, extensions are at the sole discretion of the Office of Student Judicial Affairs. Should the student choose not to attend his/her orientation meeting, a hearing date will be assigned to the student.
5. The hearing procedures will follow the same format as stated in the Code of Student Conduct (Article V.A.5). The hearing body (Academic Integrity Board) will consist of 2 students from the Student Judicial Affairs Student Hearing Board and 3 faculty members. The faculty fellow for academic integrity will be one of the faculty members and will serve as the chair. The other two faculty members will be chosen by the Director of Student Judicial Affairs from a pool of eight faculty hearing officers. Each academic year, each college dean will

- appoint two faculty members from the college to comprise the pool of eight faculty hearing officers. Hearings will be held in a student's absence when a student fails to attend the hearing for any reason. The hearing body may impose any sanctions as outlined in Article V.B. in the Code of Student Conduct. Students given a sanction of probation for academic dishonesty will remain on probation at Western Carolina University until graduation.
6. Following a decision from the Academic Integrity Board, the Office of Judicial Affairs will inform the student of the sanction or sanctions to be imposed upon them and of their right to file an appeal with the University Academic Problems Committee. The appeal is limited to those rules and procedures expressly mentioned in the Code of Student Conduct (Article V.D.2) and is limited to the existing record. If the student does not file an appeal with the University Academic Problems Committee within 5 calendar days, the sanction or sanctions from the Academic Integrity Board will be imposed. The decision of the Academic Problems Committee may be appealed to the Vice Chancellor for Student Affairs. Any decision of the Vice Chancellor for Student Affairs may be appealed to the Chancellor.
 7. Upon final resolution of a case involving suspension or expulsion, the Director of Student Judicial Affairs will inform the appropriate dean, department head, and the administrator in the One Stop Office who is responsible for University Withdrawals of the sanction. An act of academic dishonesty, including a first offense, may place the student in jeopardy of suspension from the university. A repeated violation or more serious first offense may result in expulsion. Disciplinary records for any act of academic dishonesty are retained by the Office of Student Judicial Affairs for at least five years from the date of final adjudication. These records are available to prospective employers and other educational institutions in accordance with federal regulations.

- **Attendance Policy**

Class Roll will be taken at the beginning of each class meeting. No distinction will be made between excused and unexcused absences. If a student is not in class on a given day, that is an absence, whatever the reason. The one exception is if a student has a fever and flu like symptoms. In this case, the student should not come to class, but should report to the Health Center. The threat of Swine Flu is serious and students with a fever should notify the instructor prior to the beginning of class (by email or through Web Cat) and protect the health and safety of other students by not attending that day. A make up assignment will be provided to the student for the missed class.

For all other absences due to whatever reason (e.g., the Cullowhee Crud or a simple cold, wedding participation, or just plain didn't feel like coming to class), you will be marked as absent. For these absences, you do not need to e-mail your professor or submit a note from Health Services, or to explain an absence. If you are absent from class, it is assumed you are not there for a legitimate reason. Every absence will be recorded as a class missed, no matter what the justification (except in cases of suspected serious flu).

A student is allowed without penalty the equivalent (including lateness) of one absence from class for the entire semester. A student having the equivalent of two absences (that's the same as missing two weeks of class) will receive a 5 point reduction to her/his final base point accumulation for this course. Three absences equal a 10 point reduction; four equal a 15 point reduction; and so on... Arriving in class after attendance has been taken results in the recording of 1/2 of an absence. It is the responsibility of the student to advise the professor at the end of class that s/he was late or an absence may be recorded for that day.

If you are sick or unable to attend class on the day an exam is scheduled, you must notify the instructor *prior* to the time the exam is scheduled. If prior notification of your absence is not given (and received), you will receive a grade of zero on the exam. If you have an acceptable reason (as determined by the instructor), you can make up the exam with no penalty. Missed exams must be made up within one week or you will receive a zero. All make-up exams are fill in the blank format.

If you are absent on the day that the instructor distributes a handout or assigns homework, it is your responsibility to get the handout (and lecture/discussion notes) from a classmate. Most of the handouts and presentations are available electronically. Activities and quizzes completed in class cannot be made up if the student is absent.

The inclement weather policy is located at: <http://www.wcu.edu/weather/>
Western rarely closes and students who live off campus should use good judgment in commuting during inclement weather.

- **Written Assignment Requirements and Penalties for Late Assignments**

1. All assignments must be submitted through the Web Cat program by electronic means and must, therefore, be typed, and double spaced, with appropriate one inch margins on all sides, top and bottom. All documents must be submitted as a Microsoft Word Document. Five (5) points will be deducted from each assignment for assignments that are not submitted through the Web Cat dropbox or which are not in Microsoft Word documents.
2. Any assignment turned in late will be deducted by 5 points for each day it is late. Any assignment that is not turned in by the deadline must be emailed to the professor as a Word attachment as soon as possible.
3. All assignments must follow APA Guidelines for format and references. If you are unfamiliar with APA Guidelines, please go to the web page for the WCU Writing Center or to the Hunter Library Link to learn more about these Guidelines.
4. Professional writing is expected of all students and that includes correct grammar and spelling in all written assignments. Points will be deducted for grammar, spelling and other technical errors in assignments.
5. All outside work submitted to the Professor will be retained by her. Should you desire a copy of your assignment for your own files, please make accommodations before submission.
6. All graded assignments will be posted back to the student, with corrections, through Web Cat. It is the student's responsibility to save all graded assignments from this course. The student will be required to incorporate these graded assignments in their professional portfolio which is a required assignment in RTH 395 Pre-Intern Seminar.

- **Statement of expectations for participation**

Professional and courteous behavior is expected during class meeting times. Please do not bring food to the classroom. Remove all ball caps indoors. No cell phone use (including text messaging) is allowed during class meeting time. Please disable your cell phones before arriving in the classroom. If the class is disrupted by your cell phone during a class meeting, a five point reduction will be made from your accumulated points for each disruption. Students who give the appearance to the professor that they are sleeping in class will be marked absent for the period.

- **WCU Web Interface**

The RTH 360 Course Outline, Semester Assignment Timeline, and all assignment requirements and course resources are available online at the WCU Web Cat site. It is each student's responsibility to secure a course outline and be aware of all assignment deadlines and requirements. All assignments must be submitted through WebCT. If you experience any problems with Web Cat please contact IT: Monday through Friday 8:00am – 5:00pm, IT Services Helpdesk 828- 227-7487, toll free 866-WCU-7ITS and After Hours (5:00pm – 8:00am) weekdays, holidays, and weekends, IT Services Helpdesk 828- 227-7487, option 1, or toll free 866-WCU-7ITS, option 1.

V. Assignment Point Values and Grading Procedures:

<i>Learning Activities</i>	<i>Number of points</i>	<i>Percentage of Grade</i>
Base Point Allowance	50	20%
Personal Reflection on Aging	10	4%
Intervention Protocols	20	8%
Wii Interventions	10	4%
Brain Fitness Interventions	10	4%
Case Study Report	25	10%
Resident Care Plan	10	4%
Service Learning Log	15	6%
Midterm Exam	50	20%
Final Exam	50	20%
Total Points Possible	250	100%

Letter grades will be assigned according to the following:

<i>Grade</i>	<i>Percent</i>	<i>Points</i>	<i>Grade</i>	<i>Percent</i>	<i>Points</i>	<i>Grade</i>	<i>Percent</i>	<i>Points</i>
A+	98 -100%	245-250	B-	79 - 82%	196-205	D+	66 - 68%	163-170
A	92 - 97%	233-244	C+	76 - 78%	188-195	D	63 - 65%	156-162
A-	89 - 93%	221-232	C	73 - 75%	181-187	D-	60 - 62%	148-155
B+	86 - 88%	213-220	C-	69 - 72%	171-180	F	59% or below	147 & ↓
B	83 - 85%	206-212						

VI. Performance Measures and Learning Assignments

Base Point Allowance (50 points): Each student will be awarded a base point accumulation to serve as a foundation upon which to build the final grade. Points will be deducted for absences and lateness from this base point allowance regardless of excuse. Student learning expectations for base points are as follows:

Students are expected to discuss, problem solve and participate in classroom activities throughout the semester. Personal and professional dialogue, questioning and application are important aspects of this course.

ACTIVE PARTICIPATION INCLUDES:

- Verbally demonstrating that you keep current with assigned readings
- Demonstrating active listening and relevant responding in class
- Applying skilled communication techniques in class
- Completing assignments on time
- Maintaining current class notes and homework assignments
- Demonstrating professional behavior in class, with classmates and with written assignments (e.g. thoroughness, organization, error-free word-processed assignments, keeping appointments for presentation dates and group work)
- Demonstrating professional courtesy and appropriate behavior by not speaking when others are speaking, not talking or sending notes to peers or text-messaging in class, not sleeping through class, and not demonstrating any behaviors that are disruptive to the professor or your class colleagues.

Personal Reflection on Aging (10 points) Write a 2-5 page personal reflection on your beliefs about aging and dementia. Include the following information in this paper: (1) experiences and relationships you have had with older people (grand parents, relatives, acquaintances); (2) describe aging in your own family (do your relatives live to old-old age, e.g., past age 85?); (3) describe how you view your own aging (e.g., do you look forward to aging? What are your fears about getting old?); (4) describe experiences you have had with older people who have dementia and/or Alzheimer's Disease (AD) including both positive and negative personal experiences (e.g., Do you feel comfortable being around older people with dementia or AD? Do you believe dementia in older age is inevitable, a common problem, or not?); (5) Why is it important for every professional recreational therapist to understand the aging process and what they can contribute to the health and wellness of older people? and (6) Finally, what are the three most important things you want to learn to be an effective professional in geriatric health services. End your paper with a paragraph stating whether you plan to or would be willing to work with this population in your future career.

Service Learning Project at Mountain Trace Nursing Center: Students will be required to complete a minimum of 15 hours in service learning at Mountain Trace Nursing Home. A total of 12 hours will be met during regular class meeting times and an additional 3 hours must be arranged by each student. The additional 3 hours may be scheduled over the weekend with approval of the Activities Director at Mountain Trace. If a student is unable to participate in any scheduled service learning session due to illness, the student must make up the time missed with no exceptions. It is critical to the health of nursing home residents that students NOT attend if they are ill.

Students will complete appropriate confidentiality release and orientation at Mountain Trace and will be assigned a resident to work with individually. The student will prepare and in depth case study and resident care plan for their individual assigned resident. Students will also work with peer team members

to deliver evidence based recreational therapy interventions on the Alzheimer's Unit, and Wii and Brain Fitness interventions on the other side of the center. Students may use protocols from their text books. The purpose of this service learning is to provide students with clinical experience in providing recreational therapy services to residents in long-term care. A detailed log must be kept on each visit to the facility and the nature of interactions the student has with residents. These log notations should be written throughout the semester and as soon after each visit as possible. They are not to be turned in until the end of the semester. The following assignments are required in relation to this service learning project:

Intervention Protocols (20 points): Each student will participate in teams of two or three to deliver at least two intervention protocols with the Alzheimer residents at Mountain Trace Nursing Home. Based on the information and structure for treatment protocol delineated in the ATRA Dementia Practice Guidelines for Recreational Therapy, each student will conduct an assessment of need for current resident's on the Mountain Trace Alzheimer Unit and select an appropriate evidence based intervention protocol for one of the disturbing behaviors delineated in the Dementia Practice or for one of the following problems: falls prevention, weight loss prevention, reducing mobility decline, or improved exercise. These protocols must be developed specifically for individuals with dementia and accurately follow the Dementia Guidelines. Students will conduct a comprehensive evaluation of the effectiveness of their intervention, obtain resident evaluation of the intervention, and provide evaluation results from the implementation at the end of the protocol report. Each implemented protocol intervention is worth 15 points. Written protocol reports must be turned into Web Cat by each student team member and are due within 48 hours after the intervention is delivered. An individual report must be submitted by each team member and team members must contribute equally to the delivery of protocol interventions.

Wii Intervention (10 points – 5 points per intervention report): Each student team will deliver two Wii Interventions with residents not on the Alzheimer's Unit. The students may select the intervention to lead. They will gather at least 4 residents for the intervention deliver and evaluate the effect of the intervention on residents, using the report form supplied on Web Cat.

Brain Fitness Intervention (10 points – 5 points per intervention report): Each student team will deliver two Brain Fitness Interventions with residents not on the Alzheimer's Unit and in the regular activity lounge/dining hall. The students must construct a Brain Fitness Session that includes at least 4 steps: (1) Greeting activity, (2) Getting the body ready, (3) Easy mental warm-up, and (4) at least one brain exercise category. Students may select any brain fitness activities that meet these four categories from their supplemental textbook. They will gather at least 4 residents for the intervention deliver and evaluate the effect of the intervention on residents, using the report form supplied on Web Cat.

Case Study on a Resident (25 points) Each student will complete a comprehensive case study report on an assigned resident whom they work with at Mountain Trace Nursing Home throughout the service learning experience. Each case study report should provide comprehensive background information on the residents, a review of the resident's charted needs and behavioral issues, an assessment of their interests (including the Farrington Leisure Interest Tool, WHO Quality of Life, and another assessment) and needs as well as a summary of the client's assessment in the chart (including MDS assessment summary, and an overview of how the student has worked with the resident). Students may include questions relevant to the resident's life review such as: What was their career? Were they married? When did they marry? Tell me about your marriage. What are some of your best childhood memories? Other information such as favorite leisure pastimes/activities, pets, friends, other interests. An in-depth discussion of the resident's health status and disabilities should be presented (using admission information and medical history information). The case study becomes the basis of data and needs for the preparation of the Resident Care Plan.

Resident Care Plan (10 points): Students will write a comprehensive resident care plan for the resident they worked with within the service learning project. The student will develop a recreational therapy care plan that addresses specific needs assessed for the resident (as documented in your case study). The care plan should address assessed resident needs through specific treatment goals and include client assessment results, long and short term treatment goals, action plan for client involvement, frequency and duration of participation, treatment intervention/protocols for addressing client treatment goals, staff/client responsibilities, reevaluation schedule and signature and date the plan is submitted. Sample care plans and a resident case history appear in the Dementia Guideline Appendices, pp. 359 to 370.

Log of Service Learning and Learning Reflection (15 points): Students will write a detailed log of each visit with the resident at Mountain Trace Nursing Home. Each visit must be no longer than one hour in

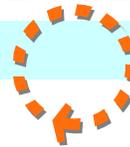
length for a minimum total of 15 hours to be documented. The log must include the specific date and time of the visit, the resident's general disposition and attitude toward the visit, the nature of interactions engaged in during the visit, and the total time of the visit. During your work at Mountain Trace, you will divide your time between working with an individually assigned resident and providing interventions on the Alzheimer's Unit and the regular units of the center. You should include in your log your work with you individual resident as well as your intervention work. Your log should be organized by date and time with one part devoted to a visit with your individual resident and the second part devoted to your interventions. After all log entries, write a reflective statement (at least two full pages in length) on what you learned from the experience overall. Discuss your individual feelings about the resident interaction, the most important things you learned about the residents and about your self in this service learning experience. How did this experience help you develop as a professional? What do you feel you did not learn that would have enhanced your experience? Will you consider working with geriatrics in your professional career? Has your opinion on working with older people with dementia changed from what you wrote in your first paper on a Reflection on Aging? The log must be typed in a Word document and turned in on Web Cat.

First Exam (50 points): This exam will cover materials presented in lectures and required readings since the beginning of the semester.

Final Exam (50 points): This exam will cover materials presented in lectures and required readings from the first exam to the end of the semester.

The content and learning activities of RTH 360 relate primarily to the content on the National NCTRC Certification Exam for the knowledge area of Foundational Knowledge and Practice of Recreational Therapy. The percentages of Knowledge Content in the NCTRC Certification Examination (2007) are:

Foundational Knowledge	33.3%
Practice of RT	46.7%
Organization of RT	13.3%
Advancement of the Profession	6.7%



Course Evaluation: WCU provides an opportunity for students to evaluate this course. The course evaluation dates for Fall 2009 are November 22-December 6, 2009. Each student will receive an email notice that the course evaluation period is open and a link to the evaluation form. Please provide your input so this course may be improved in the future by participating in the course evaluation of RTH 360.

VII. Revised Course Schedule (May change to accommodate guest presenters & student needs)

Week	Monday	Wednesday
1	⊕ First class session Course Overview, Video on Alzheimer's Disease <i>Read: "Older People in the US" on Web Cat</i>	⊕ Dementia and Disabilities <i>Read: Text-Chapters 1 to 3 and Powerpoint on "Demographics and Healthy Aging"</i> Complete Pre-Service Learning Assessment online
2	⊕ Theories of Aging <i>Read: Readings on Web Cat</i>	Class meeting at Mountain Trace Background Check, TB Test, Training Films
3	⊕ Clinical Practice Guidelines for Dementia: Protocols for Intervention. <i>Read: Text – Sections 4, 5, 6 (pp. 49-68)</i>	⊕ Class meeting at Mountain Trace Training Films and Tour of Facility
4	⊕ Brain Fitness and Wii Interventions <i>Read: Brain Fitness text pp. 9-17 and scan the exercise samples in various areas</i>	⊕ Class meeting at Mountain Trace Orientation and meet with assigned residents
5	⊕ Multiple Data System in Long Term Care (MDS) and other assessments <i>Read: Text pp 261-36 and Resources on Web Cat</i>	⊕ Class meeting at Mountain Trace Intervention Protocol 1: Team 1 Wii Intervention: Team 2 Brain Fitness Intervention Team 3
6	⊕ Quality of Life: Assessment and Nutrition <i>Read: Borun Center Web Training Modules</i>	⊕ Class meeting at Mountain Trace Intervention Protocol 1: Team 2 Wii Intervention: Team 3 Brain Fitness Intervention: Team 4
7	⊕ Falls Prevention , Exercise/Mobility Decline Prevention, Weight Loss Prevention <i>Read: Borun Center Web Training Modules and readings on Web Cat and text pp.113-130 & 85-96</i>	Oct 8 Fall or Spring Break – No Class
8	Fall or Spring Break – No Class	Class meeting at Mountain Trace Intervention Protocol 1: Team 3 Wii Intervention: Team 4 Brain Fitness Intervention: Team 1
9	FIRST EXAM	Class meeting at Mountain Trace Intervention Protocol 1: Team 4 Wii Intervention: Team 1 Brain Fitness Intervention Team 2
10	⊕ Resident Care Planning <i>Read: Text 311-321 and Resources on Web Cat</i>	⊕ Class meeting at Mountain Trace Intervention Protocol 2: Team 1 Wii Intervention: Team 2 Brain Fitness Intervention Team 3
11	⊕ Pressure Ulcer Prevention and Pain Screening; Read: Borun Center Web Training Modules	⊕ Class meeting at Mountain Trace Intervention Protocol 2: Team 2 Wii Intervention: Team 3 Brain Fitness Intervention: Team 4
12	⊕ Common Interventions: Activities vs. Tx., Duet Biking, Simple Pleasures -- Review: <i>Text pp. 69-256 and Resources on Web Cat</i>	Class meeting at Mountain Trace Intervention Protocol 2: Team 3 Wii Intervention: Team 4 Brain Fitness Intervention: Team 1 Case Study Report Due
13	⊕ Continue on Common Interventions <i>Read: Resources on Web Cat Review: Text pp. 69-256 and Resources on Web Cat</i>	⊕ Class meeting at Mountain Trace Intervention Protocol 2: Team 4 Wii Intervention: Team 1 Brain Fitness Intervention Team 2 Resident Care Plan Due
14	⊕ Healthy Aging -- <i>Read: Buettner on Web Cat; view Video on Healthy Aging</i>	Thanksgiving Break or Easter Break – NO CLASS
15	⊕ Maintaining Cognitive Health in Aging: Use it or Lose It, Brain Fitness, Recreation Club <i>Read: Brain Fitness and Resources on Web Cat</i>	⊕ Class meeting at Mountain Trace Intervention Protocol 2: Student volunteers Wii Intervention: Student volunteers Brain Fitness Intervention: Student volunteers
16	⊕ Palliative Care, Death and Dying <i>Read: Resources on Web Cat</i>	⊕ RT Trends & Review for Final Exam Service Learning Log Due
Final	Final Exam: Scheduled During Final Exam Week	

Appendix 3.3.6 RTH 370 Methods in Recreational Therapy**Standardized Syllabus Form**

University/College	Western Carolina University
Department	School of Health Sciences
Course Name	Methods in Recreational Therapy
Course Number	RTH 370
Prerequisite(s)	RTH 200: Foundations of Recreational Therapy RTH 352: Processes and Techniques in Recreational Therapy
Course Description	Theoretical and practical examination of contemporary implementation procedures used in recreational therapy practice.
Academic Hours (Lecture - Lab - Total)	3 hours lecture
Instructor (s)	Jennifer Hinton
Semester (s)	Fall semesters
Required Text (s)	Austin, D.R. (2009). Therapeutic recreation: Processes and Techniques (6 th ed.). Champaign, IL: Sagamore Publishing, L.L.C.
Student Requirements	Attendance, readings, and learning activities. Graded assignments: 2 Tests Heart math practice and application Heart Math self practice log/ reflection Peer-practice/ reflection log Treatment protocol Modality presentation and peer evaluations Poster presentations Comprehensive final exam
Topic Outline	Review of syllabus topics and assignments Helping Others Social Psychology Client Change Therapeutic Communication Cultural Sensitivity Stress Management Relaxation Breathing Training Heart Math Training Physical Activity Pain Management Modalities Presentations Poster Presentations Final exam- comprehensive

This course covers the following CARTE Competencies:

Competency	Description	Lecture, Lab, or both
-------------------	--------------------	----------------------------------

<p>Implementing Treatment/ Programs</p> <p>The curriculum should 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. Those entering the profession should have measured competence (eg, knowledge, skill and ability) to lead and facilitate the treatment interventions used to achieve evidence-based outcomes for the patients/clients served.</p>	<ol style="list-style-type: none"> 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. 16. Ability to develop and/or select and implement treatment interventions appropriate to the goals and objectives and consistent with evidence-based practice and patient/client preferences to achieve optimal functional outcomes for patients/clients 17. Ability to effectively involve patient/client, family and significant others in implementing treatment interventions 18. Ability to apply knowledge of the effects of pharmaceutical agents upon the health and behavior of patients/clients when implementing treatment. 19. Ability to apply knowledge of multicultural considerations when implementing treatment. 20. Ability to effectively use a variety of assistive techniques, devices and equipment to meet patient/client needs 21. Ability to modify or discontinue treatment interventions, as appropriate in adapting to changing 	<p>Lecture only for all components</p>
---	--	--

	<p>conditions in the patient/client or treatment environment.</p> <p>22. Ability to apply behavior management strategies and helping techniques.</p> <p>23. Ability to document patient's/client's response to interventions.</p>	
--	---	--

Western Carolina University
College of Health and Human Sciences
School of Health Sciences
Recreational Therapy Program

RTH 370 Methods in Recreational Therapy
Fall 2010

Mr. Washington restructured my own picture of who I was. He gave me a larger vision of myself, beyond my mental conditioning and my circumstances. People are convinced that whatever they've done is all that they are capable of doing. They operate within the context of the vision that they have of themselves, of what they feel subconsciously they deserve.

-Les Brown in

Mentors, Masters, and Mrs. MacGregor (1995)

My hope is that you- and I- can be the person that Mr. Washington was for Mr. Brown.

We can be the people that create that larger vision and, hence, that belief in 'what can be'- and subsequently is- accomplished.

I. Instructor Information

Instructor: Jennifer Hinton, Ph.D., LRT/CTRS

Office: Belk Annex 186

Office Phone: 227-2715

Home Phone: 631-9491 (before 8 p.m., please, unless it is an emergency, of course!)

Email: jlhinton@wcu.edu

*Note: This is my preferred email address. I do not check WebCat email regularly.

Office Hours:

A note from me to you: This class is lots of fun for me (and I hope for you, too!) because we really get to talk about the social aspects of *engaging* with a client, and to practice therapeutic techniques. What *are* you going to do when you finally get to work in treatment with someone rather than just work on a treatment plan? This is the class to begin answering that question. As always, I expect you to be an active participant in class. We will be doing active things and academic things, and during both I expect that you will be more than just a passive listener. At this point in your academic career, you should have thoughts and the confidence to share them- inside the classroom, with each other outside of the classroom, and with me. I expect you to seek me out if you have questions about this course or your future career!

II. Course Information

Course meeting: Belk 412, 8:40-9:55 a.m. Mondays and Wednesdays

Prerequisite: RTH 352- Recreational Therapy Processes and Techniques

Catalog Description: Theoretical and practical examination of contemporary implementation procedures used in recreational therapy practice.

Course Objectives

Each student in this course will have the opportunity to:

1. Better understand the roles of helping professionals and to judge your own motives and abilities to perform as one in the field;
2. Examine and practice therapeutic communication techniques to develop skill in establishing effective therapeutic relationships;
3. Broaden his or her cultural competence through self-awareness and training;
4. Better explain the needs and motives of future clientele including modifying their behavior through the use of a variety of behavior management strategies and helping techniques;
5. Gain further depth of understanding and practice executing therapeutic modalities often used in recreational therapy practice. This includes designing and implementing (through using leadership techniques) an evidence-based treatment intervention;
6. Practice a variety of modalities and facilitation techniques through instructor- and peer-led modalities. This includes the practice of critiquing peers on their performance using positive feedback methods;
7. Organize a plethora of information on one modality and present that information to others in a professional manner.

Course Content Areas

These are the NCTRC Knowledge Domains that will be covered in this course:

Foundational Knowledge

3. Diversity factors (e.g., social, cultural, educational, language, spiritual, financial, age, attitude, geography)
19. Principles of behavioral change (e.g., self-efficacy theory, experiential learning model)

Practice of Therapeutic Recreation/Recreation Therapy

25. Impact of impairment and/or treatment on the person served (e.g., side effects of medications, medical precautions)
45. Selection of programs, activities and interventions to achieve the assessed needs of the person served
46. Activity modifications (e.g., assistive techniques, technology and adaptive devices, rule changes)
47. Modalities and/or interventions (e.g., therapeutic recreation/recreation therapy activities, leisure skill development, assertiveness training, stress management, social skills, community reintegration)
48. Facilitation techniques and/or approaches (e.g., behavior management, counseling skills)

Organization of Therapeutic Recreation/Recreation Therapy Service

51. Methods of writing measurable goals and behavioral objectives
52. Role and function of other health and human service professions and of interdisciplinary approaches

Advancement of the Profession

64. Professionalism: professional behavior and professional development
69. Public relations, promotion and marketing of the TR/RT profession

These are the ATRA Competencies that will be covered in this course:

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.

III. Course Materials

Rental text:

Austin, D.R. (2009). *Therapeutic recreation: Processes and Techniques* (6th ed.). Champaign, IL: Sagamore Publishing, L.L.C.

*Note: Along with using your textbook as indicated in readings listed in your Tentative Schedule, you will also want to use it as a resource guide for preparing both your modality and poster presentations.

Other readings: There will be *many* other readings for this course on the library e-reserves and on WebCat. These will be listed on the Tentative Schedule and, on occasion, announced in class. For library reserves, go to the Hunter Library main page and click on "Course Reserves". You can then either search by Hinton, Jennifer or by RTH 450.

Many course readings also have small assignments attached to them for your enrichment!

IV. Course Policies

Attendance Policy

You must be in class to be counted as present. I will take attendance every day in class. If you will miss class for a university sanctioned event, I may count that absence as excused. All other absences, including non-fever illnesses and family emergencies, will be counted as regular absences. However, I do NOT want you to come to class if you have a potentially contagious illness. Spreading disease is poor health prevention! You have 4 "free" absences; after that, you will have 1% point taken from your final grade for each absence following. If you exceed ten absences in the course, regardless of whether or not they were "excused", you will fail the course.

Please be aware that there is great concern this year with H1N1 and flu season in general. The following is from University Health Services. Please keep them in mind and, again, do NOT come to class with a fever or flu symptoms! *There are basic steps to prevention and common symptoms to help recognize the flu. One of the major concerns with universities across the country are the necessary steps to comply with CDC recommended isolation of patients with flu or flu like illness. The current recommendation is*

to remain in self-isolation for 24 hours after fever. Many students may feel that he or she cannot afford to miss classes and other activities for that length of time. Health Services will work with the Provost's Office to assist with communicating to faculty regarding flu-related excused class absences.

Class Cancellations

Very infrequently I will have an emergency (such as inclement weather) and I must cancel class. If this happens, I will send an email to your catamount email address.

Late Work

All assignments must be turned in *hard copy*, NOT e-mail or WebCat. Unless we have discussed it in advance, I do not accept any late assignments in this class. Several assignments will be presented in large group format and will not be able to be made up. If you are going to be absent on the day of an in-class test, you have 24 hours from the time of your absence to create an alternative arrangement for taking it. It must be taken within one week of the absence, and may be in an alternate format (same content but different way of asking the questions).

Documenting Source Information

If you are completing an assignment wherein a citation(s) is required to avoid plagiarism, you must use the APA style of citing sources. You have practiced these in previous courses. If you need a refresher, you may get information regarding APA citation at the WCU Writing Center website at: <http://www.wcu.edu/11743.asp>

Writing Center personnel are also willing to help you in person if you desire assistance.

Accommodations for Students with Disabilities

Western Carolina University is committed to providing equal educational opportunities for students with documented disabilities. Students who require disability services or reasonable accommodations must identify themselves as having a disability and provide current diagnostic documentation to Disability Services. All information is confidential. Please contact Disability Services for more information at (828) 227-2716 or 144 Killian Annex.

Academic Honesty Policy

What I have to say:

I feel that it is my job to make you the best therapist you can be; I want to feel confident that if my mother needed your services someday that she would be in good hands. Therefore, I expect you not only to work hard, but also to work hard on your own. Copying one of your classmates or another source helps neither you, nor my mother.

I encourage you to study together, to ask one another questions, and to ask questions of me. I will do everything I can to help you to be proficient with the material. However, all assignments to be turned in must be strictly your own work.

What WCU has to say:

Western Carolina University, as a community of scholarship, is also a community of honor. Faculty, staff, administrators, and students work together to achieve the highest standards of honesty and integrity. Academic dishonesty is a serious offense at Western Carolina University because it threatens the quality of scholarship and defrauds those who depend on knowledge and integrity. Academic dishonesty includes:

- a. **Cheating**—Intentionally using or attempting to use unauthorized materials, information, or study aids in any academic exercise.
- b. **Fabrication**—Intentional falsification of information or citation in an academic exercise.

c. **Plagiarism**—Intentionally or knowingly representing the words or ideas of someone else as one’s own in an academic exercise.

d. **Facilitation of Academic Dishonesty**—Intentionally or knowingly helping or attempting to help someone else to commit an act of academic dishonesty, such as knowingly allowing another to copy information during an examination or other academic exercise.

Instructors have the right to determine the appropriate sanction or sanctions for academic dishonesty within their courses up to and including a final grade of “F” in the course. Within 5 calendar days of the event the instructor will inform his/her department head, and the Associate Dean of the Graduate School when the student is a graduate student, in writing of the academic dishonesty charge and sanction.

V. Grading and Evaluation

Assignments and Grading

2 Tests @ 50 points each	100 points
Heart math practice and application	
Heart Math self practice log/ reflection due DATE	50 points
Last day to have administered Heart Math training to a non-classmate peer completed on time)	
Peer-practice/ reflection log	50 points
Treatment protocol	50 points
Modality presentation and peer evaluations	
Topic choices, -5% if not in on time	
Presentations (75%)/ peer evals (25%)	100 points
Poster presentations	
Topic choices, -5% if not in on time	
Presentation dates	100 points
Comprehensive Take-Home Final exam	
Due in my office- DATE	50 points

500 points total

Grading Scale

96% and above- A+	480 points
93-95%- A	465-479
90-92- A-	450-464
86-89- B+	430-449
83-85- B	415-429
80-82- B-	400-414
76-79- C+	380-399
73-75- C	365-379
70-72- C-	350-364
66-69- D+	330-349
63-65- D	315-329
60-62- D-	300-314

59% and below- F.....below 300 points

The grades of A, A-, B+, B, B-, C+, C, C-, D+, D, D- and F indicate gradations in quality from Excellent to Failure. Please note that a C- grade is less than satisfactory and will not meet recreational therapy program requirements.

Composition-Condition Marks. A student whose written work in any course fails to meet acceptable standards will be assigned a composition-condition (CC) mark by the instructor on the final grade report. All undergraduates who receive two CC grades prior to the semester in which they complete 110 hours at Western Carolina University are so notified by the registrar and are required to pass English 300 or English 401 before they will be eligible for graduation. This course must be taken within two semesters of receiving the second CC and must be passed with a grade of C (2.0) or better.

Course Evaluation

Taking the time to evaluate courses is crucial to the instructors who are trying to improve the courses. I fully believe in providing constructive feedback, and will do this for you throughout the semester. I hope that you will, in turn, do this for me. *This course has improved for you this semester based on the feedback of the students in this course last year!* The dates that the online course evaluations will be open are November 22nd through December 6th. Do note that this year, students need to use their catamount mail username (without the @catamount.wcu.edu) to access CoursEval and the student blog server. I appreciate your consideration!

RTH 450 Tentative Schedule Fall 2009

A note on schedule adjustments and time management: As you are all readily aware, I'm a bit excitable! I love it when we get serendipitous learning opportunities, when you get so excited about a subject that the discussion spills into the hallway after class, or, well, pretty much a lot of things that may get us off-schedule in a heartbeat! I'll try to stick closely to this, but do know that it may change with fair warning.

On your part, see that September and October have very few due dates. However, you are receiving your large projects WELL IN ADVANCE, and I suggest that you be researching them HEAVILY early on. This is not the class in which to procrastinate, because you will also notice that in November and December, you have large projects due in here EVERY WEEK. Be kind to yourself- do your work early!

Day 1- Welcome! Let's get ready for a great semester.

Choices for "Modalities Day" and Professional Poster Assignments

You will have the opportunity to use *one* of the following areas for both assignments. The first will have you present one session (or portion of a session) of your area as a treatment to your peers. The second will be professional research presented in poster session format. If there is a different area that you feel is intriguing but it is not listed here, you must meet with me 1:1 and get it approved *before* submitting it on 9/2 for review; I suggest that you complete this process before the end of the first week of classes.

When you turn in your request in writing on 9/2, it should have ranked (with "1" being the most desirable) your top three choices.

Topics to consider:

- | | |
|--|---|
| 1. Aerobic activity | 13. Laughter/ Humor |
| 2. Adaptive sports | 14. Leisure education |
| 3. Animal assisted therapy | 15. Massage (including Reiki) |
| 4. Aquatic Therapy | 16. Pilates |
| 5. Aromatherapy | 17. Poetry/writing/journaling |
| 6. Assertiveness Training | 18. Qi Gong |
| 7. Cinematherapy | 19. Reminiscing circles/ reminiscence therapy |
| 8. Cognitive-Behavioral Therapy | 20. Snoezelen |
| 9. Community reintegration/ outings | 21. Social skills training |
| 10. Computer assisted simulations/ games | 22. Tai Chi |
| 11. Creative Arts Programming (NOT Art Tx) | 23. Weight training |
| 12. Horticulture | 24. Yoga |

Day 2-Helping Others

*Readings- pages 4-17 in *Human services?...*, on e-reserve at the library. Quickly (lists on scrap paper) complete exercise numbers 1-6 thru 1-10 with your readings and bring to class

Day 3- Helping Others

*Readings- Austin chapter 5- but only through page 253 Table 5.1. Look at the questions on page 266-267. Briefly answer 3 of them that you don't mind sharing your answers with others in class on xxx. Then, write down 2 questions (not the answers to them) that you would LEAST want to answer for the rest of the class. Think about these last 2 questions: How might the answers to them make your job as a helping professional more difficult? You don't need to write down the answer, but you may want to make a note of it for yourself.

Day 4- Social Psychology

Lecture and class discussion

*Readings: Austin Pages 400-421

Topic choices due for modalities day, treatment protocols, and professional posters

Day 5- Client Change

Lecture and class discussion

*Readings- Austin Pages 384-388

Day 6 and Day 7- Therapeutic Communication

*Readings- pages 94-103 in *Human Services?...*, on e-reserve at the library. Complete assigned exercises: 6-2 on page 99, and 6-4 on page 103 (a. and b. only)

*Readings- Austin chapter 6 Answer the following reading comprehension questions on pp. 305-306: 1, 2, 8, 11, and 17

Day 8- Cultural Sensitivity

*Readings- pages 5-6, 28-29, and 32-33 in *Diversity Case Studies*, on e-reserve at the library.

Day 9- Cultural Sensitivity

Day 10- Day to catch up/ practice

Day 11- Test 1

Day 12- Stress Management

*Readings- chapter 1 in *The Therapeutic Recreation Stress Management Primer*, on e-reserve at the library

Day 13- Relaxation

*Readings: Austin pages 82-96

Day 14- Breathing Training

Day 15- Heart Math Training

Begin signing up for Heart Math practice and application

Treatment Protocol is Due

Day 16- Physical Activity

*Readings: Austin pages 96-100 and pages 4-20 in *Motivating People to be Physically Active*, on e-reserve at the library

Day 17- Physical Activity

Day 18- Pain Management

*Readings: Multiple pages from the *Pain Sourcebook*, on e-reserve at the library

Day 19- Pain Management

Day 20- Follow-up discussion on Heart Math experiences

Heart Math self practice log/ reflection due

Day 21- Follow-up discussion on addictions meetings experiences

Day 22- Test 2

Day 23 Out of class assignments: Modalities Day and Poster Presentation final preparations; I'll be in my office for consultation during class hours. This is the last day for posters to be submitted to printing services.

Saturday xxx: Modalities Day ALL DAY

Day 24 Day off from class: work on polishing your poster presentations. I'll be in my office for consultation during class hours.

Last day to have administered Heart Math training to a non-classmate peer

Day 25 Poster Presentations

Heart Math peer practice log/ reflection due

Day 26 Poster Presentations

Day 27 Poster Presentations

Day 28 Wrap up/ receive take-home final

Comprehensive Take-Home Final exam -- Due in my office

Appendix 3.3.7 RTH 395 Pre-Intern Seminar

Standardized Syllabus Form

University/College	Western Carolina University
Department	School of Health Sciences
Course Name	Pre-Intern Seminar
Course Number	RTH 395
Prerequisite(s)	PREQ: RTH 352, RTH 370 as a pre- or co-requisite, accepted as RTH Major.
Course Description	Overview of NCTRC standards for professional certification, personal communication skills, practicum documentation requirements, internship site selection, and bloodborne pathogen training.
Academic Hours (Lecture - Lab - Total)	1 (Lecture)
Instructor (s)	Peg Connolly, Ph.D., LRT/CTRS
Semester (s)	Fall and Spring
Required Text (s)	American Therapeutic Recreation Association (2000). <i>Standards for the Practice of Therapeutic Recreation and Self-Assessment Guide</i> . Alexandria, VA: American Therapeutic Recreation Association. ISBN: 1-889435-02-3. (Available at the WCU Bookstore and from ATRA at www.atra-tr.org)
Student Requirements	Assigned Readings Class Attendance and Participation Professional Resume Professional Letters (3) Reference Letter Portfolio Presentation Professional Portfolio First Exam Final Exam: RT Competency Assessment
Topic Outline	<ul style="list-style-type: none"> • WCU Internship Manual and Internship Sites • Writing a Professional Resume • Writing Professional Letters of Inquiry, Site Acceptance, Site Decline, Professional Reference Letter • Portfolio Development • Selecting the Internship Site: Population and Setting, case study examples and WCU approved sites • NCTRC Certification Standards • NC Licensure Law • ATRA Standards of Practice & Ethics • NCTRC Certification Standards • NC Licensure Law • ATRA Standards of Practice & Ethics • Interviewing: Tips for effective verbal communication and professional interviews • Professionalism, Professional Verbal Skills and Speeches: Tips for effective Presentations • WCU Internship Requirements: requirements, professionalism, commitment, assignments, grades • Blood borne pathogens and Universal Health Precautions • Student Special Project Requirements During Internship
Additional Comments	

This course covers the following CARTE Competencies:

Competency	Description	Lecture, Lab, or both
To prepare for and secure a clinical internship and to develop a professional portfolio.	None specifically stated in CARTE Competencies	Lecture

Western Carolina University
College of Health and Human Sciences
School of Health Sciences
Recreational Therapy Course Outline

RTH 395 Pre-Internship Seminar

Dr. Peg Connolly, LRT/CTRS 186 Belk 227-2481 mconnolly@email.wcu.edu
Office Hours: Posted each semester

I. Course Description

Overview of the National Council for Therapeutic Recreation Certification standards for professional certification, personal communication skills, practicum documentation requirements, internship site selection, and blood borne pathogen training. RTH 395 is a required course for all RT majors. Pre-requisites for enrollment in this course are: RTH 352, RTH 200. Students SHOULD NOT ENROLL in this course until the semester just prior to enrollment in RTH 484/485 RT Clinical Internship.

II. Course Aims and Objectives:

- **Aims**

This course is designed to prepare the student for placement in their final clinical internship. The student prepares resume, interviewing techniques and a professional portfolio as a means of presenting themselves to potential internship opportunities.

- **Specific Learning Objectives:**

By the end of this course, students will:

1. complete all necessary prerequisites in order to become eligible for the clinical recreational therapy internship experience and enrollment in RTH 484 and RTH 485;
2. describe applicable national and state certification requirements for successful internship completion and national certification and state licensure post-graduation;
3. define the professional code of ethics and the intern's responsibility for complying with internship agency standards of conduct and professional ethical standards;
4. describe the performance and documentation responsibilities required of a student intern completing a practicum in recreational therapy through Western Carolina University including using technology for submitting academic requirements;
5. assemble a professional résumé reflecting education and experience in preparation for securing a clinical internship;
6. submit letters of application to an approved internship site, site acceptance and site decline that adhere to standards of form and expression acceptable in a professional setting;
7. assemble a professional portfolio of professional level work samples, reflection, philosophy, interventions appropriate for recreational therapy practice, and self-analysis of WCU educational outcomes;
8. describe the selection criteria appropriate to choosing a site to perform a clinical internship and complete the internship interviewing process; and
9. define the appropriate measures for avoiding contamination from bloodborne pathogens and infectious body fluids.

- **NCTRC Job Analysis Knowledge Areas related to this course**

A. Practice of Therapeutic Recreation/Recreation Therapy

20. Concepts of TR/RT (e.g., holistic approach, recreative experience, special/adaptive recreation, inclusive recreation, using recreation as a treatment modality)

B. Organization of Therapeutic Recreation/Recreation Therapy Service

52. Role and function of other health and human service professions and of interdisciplinary approaches

C. Advancement of the Profession

64. Professionalism: professional behavior and professional development

- 65. Requirements for TR/RT credentialing (e.g., certification, recertification, licensure)
- 68. Professional standards and ethical guidelines pertaining to the TR/RT profession
- 71. Professional associations and organizations
- 72. Partnership between higher education and direct service providers to provide internships and to produce, understand and interpret research for advancement of the TR/RT profession

III. Course Materials

Required Text: American Therapeutic Recreation Association (2000). *Standards for the Practice of Therapeutic Recreation and Self-Assessment Guide*. Alexandria, VA: American Therapeutic Recreation Association. ISBN: 1-889435-02-3. (Available at the WCU Bookstore and from ATRA at www.atra-tr.org)

Reserve readings on WebCat

IV. Faculty Expectations of Students/Course Policies

- **Accommodations for Students with Disabilities:** Western Carolina University is committed to providing equal educational opportunities for students with documented disabilities. Students who require disability services or reasonable accommodations must identify themselves as having a disability and provide current diagnostic documentation to Disability Services. All information is confidential. Please contact Disability Services for more information at (828) 227-2716 or 144 Killian Annex.
- **Statement on Academic Integrity (including plagiarism):**
Academic Honesty Policy
 Western Carolina University, as a community of scholarship, is also a community of honor. Faculty, staff, administrators, and students work together to achieve the highest standards of honesty and integrity. Academic dishonesty is a serious offense at Western Carolina University because it threatens the quality of scholarship and defrauds those who depend on knowledge and integrity. Academic dishonesty includes:
 - a. **Cheating**—Intentionally using or attempting to use unauthorized materials, information, or study aids in any academic exercise.
 - b. **Fabrication**—Intentional falsification of information or citation in an academic exercise.
 - c. **Plagiarism**—Intentionally or knowingly representing the words or ideas of someone else as one's own in an academic exercise.
 - d. **Facilitation of Academic Dishonesty**—Intentionally or knowingly helping or attempting to help someone else to commit an act of academic dishonesty, such as knowingly allowing another to copy information during an examination or other academic exercise.

The procedures for cases involving allegations of academic dishonesty are:

8. Instructors have the right to determine the appropriate sanction or sanctions for academic dishonesty within their courses up to and including a final grade of "F" in the course. Within 5 calendar days of the event the instructor will inform his/her department head, and the Associate Dean of the Graduate School when the student is a graduate student, in writing of the academic dishonesty charge and sanction.
9. The department head or graduate program director will meet with the student to inform him/her orally and in writing of the charge and the sanction imposed by the instructor within 10 calendar days of written notice from the instructor. Prior to this meeting, the department head will contact the Office of Student Judicial Affairs to establish if the student has any record of a prior academic dishonesty offense. If there is a record of a prior academic dishonesty offense, the matter must be referred directly to the Office of Student Judicial Affairs. In instances where a program does not have a department head or graduate program

- director, the Dean or Associate Dean of the college will assume the duties of department head for cases of academic dishonesty.
10. If the case is a first offense, the student can choose to accept the charge and sanction from the instructor by signing a Mutual Agreement with the department head or graduate program director or can choose to have a hearing with the Academic Integrity Board. Within 10 calendar days of the meeting with the student, the department head or graduate program director will 1) report the student's choice of action in writing to the Office of Student Judicial Affairs, 2) file a copy of the Mutual Agreement (when applicable) with the Office of Student Judicial Affairs, and 3) inform the student of the sanction or sanctions to be imposed under the Mutual Agreement or inform the student of the procedure for requesting a hearing with the Academic Integrity Board if the Mutual Agreement is not accepted. Mutual Agreements are final agreements not subject to further review or appeal.
 11. In instances of second offenses, or when the student chooses a hearing, the Office of Student Judicial Affairs will meet with the student to provide an orientation to the hearing process and to schedule a date no less than 10 and no more than 15 calendar days from the meeting for the hearing. The student can waive minimum notice of a hearing; however, extensions are at the sole discretion of the Office of Student Judicial Affairs. Should the student choose not to attend his/her orientation meeting, a hearing date will be assigned to the student.
 12. The hearing procedures will follow the same format as stated in the Code of Student Conduct (Article V.A.5). The hearing body (Academic Integrity Board) will consist of 2 students from the Student Judicial Affairs Student Hearing Board and 3 faculty members. The faculty fellow for academic integrity will be one of the faculty members and will serve as the chair. The other two faculty members will be chosen by the Director of Student Judicial Affairs from a pool of eight faculty hearing officers. Each academic year, each college dean will appoint two faculty members from the college to comprise the pool of eight faculty hearing officers. Hearings will be held in a student's absence when a student fails to attend the hearing for any reason. The hearing body may impose any sanctions as outlined in Article V.B. in the Code of Student Conduct. Students given a sanction of probation for academic dishonesty will remain on probation at Western Carolina University until graduation.
 13. Following a decision from the Academic Integrity Board, the Office of Judicial Affairs will inform the student of the sanction or sanctions to be imposed upon them and of their right to file an appeal with the University Academic Problems Committee. The appeal is limited to those rules and procedures expressly mentioned in the Code of Student Conduct (Article V.D.2) and is limited to the existing record. If the student does not file an appeal with the University Academic Problems Committee within 5 calendar days, the sanction or sanctions from the Academic Integrity Board will be imposed. The decision of the Academic Problems Committee may be appealed to the Vice Chancellor for Student Affairs. Any decision of the Vice Chancellor for Student Affairs may be appealed to the Chancellor.
 14. Upon final resolution of a case involving suspension or expulsion, the Director of Student Judicial Affairs will inform the appropriate dean, department head, and the administrator in the One Stop Office who is responsible for University Withdrawals of the sanction. An act of academic dishonesty, including a first offense, may place the student in jeopardy of suspension from the university. A repeated violation or more serious first offense may result in expulsion. Disciplinary records for any act of academic dishonesty are retained by the Office of Student Judicial Affairs for at least five years from the date of final adjudication. These records are available to prospective employers and other educational institutions in accordance with federal regulations.

- **Attendance Policy**

Class Roll will be taken at the beginning of each class meeting. No distinction will be made between excused and unexcused absences. If a student is not in class on a given day, that is an absence, whatever the reason. The one exception is if a student has a **fever and flu like symptoms**. In this case, the student should not come to class, but should report to the Health Center. The threat of Swine Flu is serious and students with a fever should notify the instructor prior to the beginning of class (by email or through Web Cat) and protect the health and safety of other students by not attending that day. A make up assignment will be provided to the student for the missed class.

For all other absences due to whatever reason (e.g., the Cullowhee Crud or a simple cold, wedding participation, or just plain didn't feel like coming to class), you will be marked as absent. For these absences, you do not need to e-mail your professor or submit a note from Health Services, or to explain an absence. If you are absent from class, it is assumed you are not there for a legitimate reason. Every absence will be recorded as a class missed, no matter what the justification (except in cases of suspected serious flu).

A student is allowed without penalty the equivalent (including lateness) of one absence from class for the entire semester. A student having the equivalent of two absences (that's the same as missing two weeks of class) will receive a 5 point reduction to her/his final base point accumulation for this course. Three absences equal a 10 point reduction; four equal a 15 point reduction; and so on... Arriving in class after attendance has been taken results in the recording of 1/2 of an absence. It is the responsibility of the student to advise the professor at the end of class that s/he was late or an absence may be recorded for that day.

If you are sick or unable to attend class on the day an exam is scheduled, you must notify the instructor *prior* to the time the exam is scheduled. If prior notification of your absence is not given (and received), you will receive a grade of zero on the exam. If you have an acceptable reason (as determined by the instructor), you can make up the exam with no penalty. **Missed exams must be made up within one week or you will receive a zero. All make-up exams are fill in the blank format.**

If you are absent on the day that the instructor distributes a handout or assigns homework, it is your responsibility to get the handout (and lecture/discussion notes) from a classmate. Most of the handouts and presentations are available electronically. Activities and quizzes completed in class cannot be made up if the student is absent.

The **inclement weather policy** is located at: <http://www.wcu.edu/weather/> Western rarely closes and students who live off campus should use good judgment in commuting during inclement weather.

- **Written Assignment Requirements and Penalties for Late Assignments**
- All assignments must be submitted through the WebCT program by electronic means and must, therefore, be typed, double-spaced, with appropriate one inch margins on all sides, top and bottom. **Five (5) points will be deducted** from each assignment that is not submitted through the Web CAT Assignment Section.
- Any assignment turned in late will be deducted by **5 points for each day it is late**. Any assignment that is not turned in by the deadline must be emailed to the professor as a Word attachment as soon as possible.
- All assignments must follow APA Guidelines for format and references. If you are unfamiliar with APA Guidelines, please go to the web page for the WCU Writing Center or to the Hunter Library Link to learn more about these Guidelines.
- Professional writing is expected of all students and that includes correct grammar and spelling in all written assignments.
- All outside work submitted to the Professor will be retained by her. Should you desire a copy of your assignment for your own files, please make accommodations before submission.
- **Statement of expectations for participation**
Class sessions are considered professional meetings. Decorum expected will be similar to that usually found in a clinical setting such as a hospital treatment team meeting —e.g., no food (sandwiches, moon pies, Snickers bars), wearing ball caps indoors, gum chewing, etc. No cell phone use (including text messaging) is allowed during class meeting time. Please disable your cell phones before arriving in the classroom. If the class is disrupted by your cell phone during a class meeting, **a five point reduction will be made from your accumulated points for each disruption**. Students who give the appearance to the professor that they are sleeping in class will be marked absent for the period.
- **WCU Web Interface**
The RTH 395 Course Outline, Semester Assignment Timeline, and all assignment requirements and course resources are available online at the WCU WebCat site. It is each student's responsibility to

secure a course outline and be aware of all assignment deadlines and requirements. All assignments must be submitted through WebCat.

V. Grading Procedures:

	<i>Number of points</i>	<i>Percentage of Grade</i>
Base Point Allowance	25	12.5%
Professional Resume	10	5%
Professional Letters (3)	5	2.5%
Reference Letter	10	5%
Portfolio Presentation	20	10%
Professional Portfolio	80	40%
First Exam	25	12.5%
Final Exam: RT Competency Assessment	25	12.5%
	200	100%

Letter grades will be assigned according to the following:

<i>Grade</i>	<i>Percent</i>	<i>Points</i>	<i>Grade</i>	<i>Percent</i>	<i>Points</i>	<i>Grade</i>	<i>Percent</i>	<i>Points</i>
A+	98 -100%	196-200	B-	79 - 82%	157-164	D+	66 - 68%	131-136
A	94 -100%	187-195	C+	76 - 78%	151-156	D	63 - 65%	125-130
A-	89 - 93%	177-186	C	73 - 75%	145-150	D-	60 - 62%	119-124
B+	86 - 88%	171-176	C-	69 - 72%	137-144	F	59% or below	118 & ↓
B	83 - 85%	165-170						

NOTE: Recreational therapy majors must pass RTH 395 with a minimum grade of **C** or better in this course in order to be eligible for their clinical internships. A recreational therapy major with a grade less than **C** will be required to repeat the course in order to be eligible for registration in RTH 484 and RTH 485 to complete the required clinical internship necessary for graduation.

Performance Measures, Assignments, and Expectations

Base Point Allowance (25 points): Each student will be awarded 25 base points to serve as a foundation upon which to build the final grade. Points will be deducted for absences and lateness from this base point allowance regardless of excuse. Student learning expectations for base points are as follows:

Students are expected to discuss, problem solve and participate in classroom activities throughout the semester to become “prepared professionals” as therapists. Personal and professional dialogue, questioning and application are important aspects of this course.

ACTIVE PARTICIPATION INCLUDES:

- Verbally demonstrating that you keep current with assigned readings
- Demonstrating active listening and relevant responding in class
- Applying skilled communication techniques in class
- Completing assignments on time
- Maintaining current class notes and homework assignments
- Demonstrating professional behavior in class, with classmates and with written assignments (e.g. thoroughness, organization, error-free word-processed assignments, keeping appointments for presentation dates and group work)
- Demonstrating professional courtesy and appropriate behavior by not speaking when others are speaking, not talking or sending notes to peers or text-messaging in class, not sleeping through class, and not demonstrating any behaviors that are disruptive to the professor or your class colleagues.

Résumé (10 points): The student will draft a single-page résumé of her/his relevant education and experience, following specifics presented in class discussion. Samples of acceptable resumes will be posted on the Web. The resume must be absent of all grammar and spelling errors, follow guidelines

presented in class, and be neat and attractive in appearance. This resume will be sent to agencies to apply for clinical internship placement.

Professional Letters: Application, Site Acceptance, Site Decline (5 points): The student will prepare three professional letters pertaining to internship selection: a letter of application to an approved WCU Internship Site, a letter of site acceptance, and a letter declining to accept a site which has been applied for.

- a. This letter of application to the internship site should express your interest in the agency as an internship site; identify your strengths as a potential intern and state why the agency should be interested in having you as an intern. Attached to the letter of application (on a separate page for submission to the professor), the student will list summary information on their top 3 internship site choices. Included in this site information should be: (a) name of the internship agency; (b) name of the LRT/CTRS Department Head/Internship Coordinator; (c) mailing address, city, state, zip; (d) telephone and email for the contact person; (e) information on the last WCU intern placed with the agency; (f) statement as to why this internship site is a top choice for the student and how it will contribute to the student's career goals and professional development.
- b. Each student will prepare an acceptance letter to the agency site that has accepted you for internship. This letter should express your appreciation for being selected and may also contain specific information such as confirming the dates for the internship.
- c. The letter of site decline will inform the site that the student will not be accepting an internship and thanking the site for their time and consideration.

All three letters along with the list of the top 3 internship site priorities are to be submitted through WebCat. Examples of past student letters are available on Web Cat.

Personal Reference Letter (10 points): Being able to self-assess professional and personal skills for an internship is required of all students at this stage of professional development. Each student will write a reference letter for their internship experience as if he/she was writing it as a professor of recreational therapy. The letter will be one page in length and include an introductory paragraph about how the professor knows the student, a paragraph about how the student's education in recreational therapy qualifies them for an internship site of interest, a paragraph about the student's volunteer and paid work experiences relevant to or in recreational therapy and the skills the student has learned in these experiences which qualifies them for the target internship, a paragraph about the student's engagement in the Recreational Therapy Association, NC Recreational Therapy Association, or other co-curricular experiences that contribute to the student's leadership and group interaction skills, and a sentence that concludes the letter stating the recommendation for the student for the target internship. The letter must be accurate and honest and there should be no grammar or spelling or other technical errors in the letter.

Professional Portfolio (80 points): Each student will prepare a professional portfolio of their work and resources for recreational therapy practice. This portfolio should highlight student projects from a variety of courses in recreational therapy and cover the full RT APIE Process. This is to be a major professional compilation of student products, reflections, and resources completed throughout all recreational therapy coursework at WCU and will include 3 sections: (1) personal information including resume, personal philosophy, why the student chose the profession of RT; (2) projects and reflections representing the full APIE Process in RT, and (3) professional involvement, educational outcomes (reflection on how the student has achieved the 5 learning outcomes for completion of a BS Degree at WCU) and future professional goals. More details of this assignment are available on WebCat along with samples of Professional Portfolios prepared by previous RT Majors. This Portfolio will be used by the student to apply for internship sites. Although the final portfolio is not due until the end of the semester, the student will want to prepare the portfolio as early as October 1 to have it available to take on internship interviews.

Portfolio Presentation (25 points): Each student will deliver a (timed) five-minute professional portfolio presentation during class. The student will present their portfolio as if participating in a site interview to present a "highlight" of their major professional skills, experiences, and beliefs regarding professional practice to an interview team of four LRTs on staff. Students must discuss how their courses and studies in RT have helped their professional development and prepared them for their senior clinical internship. Student presenters will have only five minutes for the presentation and must consider their professional attire, verbal skills in professional presentation, and the organization and substance of materials presented.

Points will be deducted for distracting verbalizations, lack of preparation, and inappropriate attire for professional presentation. Students are asked to dress in professional business attire for this presentation and should have a hard copy of their portfolio available for the instructor during the presentation.

First Exam (25 points): The first exam will cover the national and state certification standards, professional standards of practice, and the Code of Ethics for Recreational Therapists, as well as pertinent information as presented in readings and class for the first half of the semester.

Final Exam (20 points): The final examination will be an assessment of the student's competencies for RT practice. The exam will be given online through Web Cat on Tuesday, May 5 at 5:30 pm. Students will have one hour to complete the competency exam.

Course Evaluation: WCU provides an opportunity for students to evaluate this course. The course evaluation dates will be posted on Web Cat. Each student will receive an email notice that the course evaluation period is open and a link to the evaluation form. Please provide your input so this course may be improved in the future by participating in the course evaluation of RTH 395.

VIII. Tentative Course Schedule *(May change to accommodate guest presenters & student needs)*

Week	Topic	Readings and Assignments
1	Introduction to Course WCU Internship Manual WCU Internship Sites	<ul style="list-style-type: none"> • Course outline and Intern Manual on Web Cat • Print a copy of the Manual for your Professional Records
2	Professional Resume	<ul style="list-style-type: none"> • Student Examples on Web Cat
3	Writing Professional Letters of Inquiry, Site Acceptance and Site Decline and the Professional Reference Letter	<ul style="list-style-type: none"> • Student Examples and related resources on Web Cat <p><i>Resume due (10 points)</i></p>
4	Portfolio Development	<ul style="list-style-type: none"> ▪ Review Sample Student Portfolios <p><i>Professional Letters due (5 points)</i></p>
5	Selecting the Internship Site: Population and Setting, case study examples and WCU approved sites	<ul style="list-style-type: none"> • Review WCU Approved Site List • Read Student Evaluations of Sites • Make list of your 3 top choices <p><i>Students should begin applying for internships as soon as professional letters are graded/revised</i> <i>Professional Reference Letter Due (10 points).</i></p>
6	NCTRC Certification Standards NC Licensure Law ATRA Standards of Practice & Ethics	<ul style="list-style-type: none"> • NCTRC Certification Standards (www.nctrc.org) • NC Licensure (www.nctrcb.org) • ATRA Standards of Practice, Textbook • ATRA Code of Ethics, Textbook
7	NCTRC Certification Standards NC Licensure Law ATRA Standards of Practice & Ethics	<i>continued</i>
8	NO CLASS – Fall or Spring Break	
9	FIRST EXAM	
10	Interviewing: Tips for effective verbal communication and professional interviews	Interview Resources online – students will complete online assignments.
11	Professionalism, Professional Verbal Skills and Speeches: Tips for effective Presentations	Resources on Web Cat
12	WCU Internship Requirements: requirements, professionalism, commitment, assignments, grades	<ul style="list-style-type: none"> • WCU Internship Manual • <i>Make an appointment with your advisor to register for your internship.</i>
13	Blood borne pathogens and Universal Health Precautions	Resources on Web Cat
14	Student Special Project Requirements During Internship	Read past student examples online: Case Study, Interventions, and other projects
15	Student Portfolio Presentations	<i>Portfolio due at time of presentation</i>
16	Student Portfolio Presentations	<i>Portfolio due at time of presentation</i>

Final Exam RT Competency Exam Online

Appendix 3.3.7 RTH 405 Recreational Therapy in Behavioral Health**Standardized Syllabus Form**

University/College	Western Carolina University
Department	School of Health Sciences
Course Name	Recreational Therapy in Behavioral Health
Course Number	RTH 405
Prerequisite(s)	RTH 200, RTH 352
Course Description	Addressing psychiatric, social and addiction disorders through recreational therapy interventions in behavioral health settings. 2 hr lec/2hr lab
Academic Hours (Lecture - Lab - Total)	2 hrs lab, 2 hrs lecture
Instructor (s)	Glenn Kastrinos, M.Ed., LRT/CTRS
Semester (s)	Fall and Spring
Required Text (s)	American Psychiatric Association (2000) Diagnostic Statistics Manual IV TR (DSMIV) Washington DC: American Psychiatric Association.
Student Requirements	Psychiatric disorder literature review and treatment strategies Integration of major theory with RT. Reflections on group experiences. Three exams RT evaluation of intervention with MH client or group of clients.
Topic Outline	Mental health foundations. Sociological, psychological, biological, emotional, historical perspectives Major useful psychotherapy approaches Integration of psychotherapy approaches into RT Coping and stress theories, exercise and mental health, lifestyle change Psychotropic medications-uses and side effects. DSM IV TR diagnostic and description in MH. Major thought disorders-Schizophrenia, Post traumatic stress, multi personalities: Major affective disorders-Major depressive episode, bipolar, cyclothymic, dysthymic, anxiety disorders, panic attacks Personality disorders Somatoform disorders Addictions, eating disorders, double trouble. At risk youth, conduct disorders, ADHD Group intervention strategies. Working with the interdisciplinary team.
Additional Comments	First time course is being offered is in Spring 2010.

This course covers the following CARTE Competencies:

Competency	Description	Lecture, Lab, or both
Develops knowledge and skills in patient assessing, planning, implementing and evaluating services for behavioral health	<ol style="list-style-type: none"> 1. Knowledge of evidence-based recreational therapy/therapeutic recreation assessment instruments used to determine physical, cognitive, emotional, and social functioning of patients/clients 2. Knowledge of the evidence of problems and limitations for the specific medical, psychiatric or other disabling conditions being treated 3. Knowledge of the nature and function of documentation procedures and systems related to client assessment. 	Lecture and Lab

	<ol style="list-style-type: none"> 4. Knowledge of goals and mission of the various service settings as determinants for assessment procedures and protocols. 5. Ability to select the appropriate assessment instrument(s) for a selected patient/client. 6. Knowledge of the scope of practice of therapeutic recreation for treatment/program planning. 7. Knowledge of assistive techniques and devices to facilitate appropriate treatment interventions. 8. Skill in constructing treatment plans that incorporate patient/client strengths, resources and preferences. 9. Skill in integrating systematic methods of patient/client evaluation and program evaluation into treatment/program plans. 10. Ability to write functional outcome goals, and other forms of documentation related to treatment design 11. Knowledge of goals and mission of the institution/agency/organization as determinants for treatment/program intervention. 12. Knowledge of principles underlying the therapeutic/helping process, with emphasis upon interaction between the RT and the patient/client. 13. Knowledge of evidence-based treatment interventions/programs typically used to reach treatment outcomes for specific medical, psychiatric or other disabling conditions 14. Skill in establishing an effective therapeutic/helping relationship. 15. Skill in designing evidence-based treatment interventions to implement the individual treatment plan of the patient/client. 16. Skill in using a variety of facilitation techniques, such as social skills training, cognitive learning theories or behavioral theories, etc, to reach treatment outcomes. 	
<p>Understands the therapeutic value of various medications used in mental health and their potential side effects.</p>	<ol style="list-style-type: none"> 1. Knowledge of evidence-based treatment interventions/programs typically used to reach treatment outcomes for specific medical, psychiatric or other disabling conditions 2. Knowledge of the evidence of problems and limitations for the specific medical, psychiatric or other disabling conditions being treated 	

Western Carolina University
College of Health and Human Sciences
School of Health Sciences
Recreational Therapy Program

RTH 405 Recreational Therapy in Behavioral Health
Spring 2010

I. Instructor Information

Glenn Kastrinos, M.Ed., LRT/CTRS

Office Hours Th 11-2, W 1-3

Office: Belk Annex 186

Office Phone: 227-2788

Email: gkastrinos@wcu.edu

Office Hours:

II. Course Aims and objectives:

Course Description:

Addressing psychiatric, social and addiction disorders through recreational therapy interventions in behavioral health settings. 2hr lec/2 hr lab.

Course Objectives:

- A. Describe the purpose and nature of recreational therapy in behavioral health settings
- B. Define how recreational therapy interventions address the treatment of psychiatric, social and addiction disorders and symptoms and integrate with other behavioral health treatments.
- C. Integrate cognitive-behavioral techniques into recreational therapy treatment interventions with psychiatric, social and addiction disorders and symptoms.
- D. Define diagnostic information from the DSMIV (TR) and describe the relevance of this diagnostic information to the application of recreational therapy services.
- E. Apply interventions appropriate to people with psychiatric, social and addiction disorders and symptoms including stress management, coping skills, exercise, lifestyle change and relaxation techniques.
- F. Apply recreational therapy treatment interventions into the addiction recovery process.
- G. Describe psychiatric medications and their side effects.
- H. Describe how cultural factors and societal views affect mental health.
- I. Apply behavioral management techniques in the delivery of recreational therapy services.
- J. Identify evidence-based treatments for use in recreational therapy services in behavioral health settings.

Specific Competencies from the ATRA Guidelines for Curriculum include:

1. Knowledge of evidence-based recreational therapy/therapeutic recreation assessment instruments used to determine physical, cognitive, emotional, and social functioning of patients/clients
2. Knowledge of the evidence of problems and limitations for the specific medical, psychiatric or other disabling conditions being treated
3. Knowledge of the nature and function of documentation procedures and systems related to client assessment.
4. Knowledge of goals and mission of the various service settings as determinants for assessment procedures and protocols.
5. Ability to select the appropriate assessment instrument(s) for a selected patient/client.
6. Knowledge of the scope of practice of therapeutic recreation for treatment/program planning.
7. Knowledge of assistive techniques and devices to facilitate appropriate treatment interventions.
8. Skill in constructing treatment plans that incorporate patient/client strengths, resources and preferences.

9. Skill in integrating systematic methods of patient/client evaluation and program evaluation into treatment/program plans.
10. Ability to write functional outcome goals, and other forms of documentation related to treatment design
11. Knowledge of goals and mission of the institution/agency/organization as determinants for treatment/program intervention.
12. Knowledge of principles underlying the therapeutic/helping process, with emphasis upon interaction between the RT and the patient/client.
13. Knowledge of evidence-based treatment interventions/programs typically used to reach treatment outcomes for specific medical, psychiatric or other disabling conditions
14. Skill in establishing an effective therapeutic/helping relationship.
15. Skill in designing evidence-based treatment interventions to implement the individual treatment plan of the patient/client.
16. Skill in using a variety of facilitation techniques, such as social skills training, cognitive learning theories or behavioral theories, etc, to reach treatment outcomes.

Competencies related to Pharmacology:

1. Knowledge of evidence-based treatment interventions/programs typically used to reach treatment outcomes for specific medical, psychiatric or other disabling conditions
2. Knowledge of the evidence of problems and limitations for the specific medical, psychiatric or other disabling conditions being treated

NCTRC Knowledge domains

Foundational Knowledge

3. Diversity factors (e.g., social, cultural, educational, language, spiritual, financial, age, attitude, geography)
9. Cognition and related impairments (e.g., dementia, TBI, developmental/learning disabilities)
10. Anatomy, physiology, and kinesiology and related impairments (e.g., impairments in musculoskeletal system, nervous system, circulatory system, respiratory system, endocrine and metabolic disorders, infectious diseases)
16. Legislation (e.g., Americans with Disabilities Act, Individuals with Disabilities Education Act, Older Americans Act) (also 417)
19. Principles of behavioral change (e.g., self-efficacy theory, experiential learning model)

Practice of Recreational Therapy

25. Impact of impairment and/or treatment on the person served (e.g., side effects of medications, medical precautions)
30. Functional skills testing for assessment
36. Cognitive assessment (e.g., memory, problem solving, attention span, orientation, safety awareness)
38. Physical assessment (e.g., fitness, motor skills)
46. Activity modifications (e.g., assistive techniques, technology and adaptive devices, rule changes)

Organization of Recreational Therapy Service

None

Advancement of the Profession

66. Advocacy for persons served

III: Course Textbooks:

Required: American Psychiatric Association (2000) Diagnostic Statistics Manual IV TR (DSMIV)
 Washington DC: American Psychiatric Association.
 Other readings will be assigned in class.

IV. Faculty Expectations of Students/Course Policies

- **Statement on Accommodations for students with disabilities:**
Accommodations for Students with Disabilities: Western Carolina University is committed to providing equal educational opportunities for students with documented disabilities. Students who require disability services or reasonable accommodations must identify themselves as having a disability and provide current diagnostic documentation to Disability Services. All information is confidential. Please contact Disability Services for more information at (828) 227-2716 or 144 Killian Annex.

- **Statement on Academic Integrity (including plagiarism):**
Academic Honesty Policy
 Western Carolina University, as a community of scholarship, is also a community of honor. Faculty, staff, administrators, and students work together to achieve the highest standards of honesty and integrity. Academic dishonesty is a serious offense at Western Carolina University because it threatens the quality of scholarship and defrauds those who depend on knowledge and integrity. Academic dishonesty includes:
 - a. **Cheating**—Intentionally using or attempting to use unauthorized materials, information, or study aids in any academic exercise.
 - b. **Fabrication**—Intentional falsification of information or citation in an academic exercise.
 - c. **Plagiarism**—Intentionally or knowingly representing the words or ideas of someone else as one’s own in an academic exercise.
 - d. **Facilitation of Academic Dishonesty**—Intentionally or knowingly helping or attempting to help someone else to commit an act of academic dishonesty, such as knowingly allowing another to copy information during an examination or other academic exercise.

The procedures for cases involving allegations of academic dishonesty are:

15. Instructors have the right to determine the appropriate sanction or sanctions for academic dishonesty within their courses up to and including a final grade of “F” in the course. Within 5 calendar days of the event the instructor will inform his/her department head, and the Associate Dean of the Graduate School when the student is a graduate student, in writing of the academic dishonesty charge and sanction.
16. The department head or graduate program director will meet with the student to inform him/her orally and in writing of the charge and the sanction imposed by the instructor within 10 calendar days of written notice from the instructor. Prior to this meeting, the department head will contact the Office of Student Judicial Affairs to establish if the student has any record of a prior academic dishonesty offense. If there is a record of a prior academic dishonesty offense, the matter must be referred directly to the Office of Student Judicial Affairs. In instances where a program does not have a department head or graduate program director, the Dean or Associate Dean of the college will assume the duties of department head for cases of academic dishonesty.
17. If the case is a first offense, the student can choose to accept the charge and sanction from the instructor by signing a Mutual Agreement with the department head or graduate program director or can choose to have a hearing with the Academic Integrity Board. Within 10 calendar days of the meeting with the student, the department head or graduate program director will 1) report the student’s choice of action in writing to the Office of Student Judicial Affairs, 2) file a copy of the Mutual Agreement (when applicable) with the Office of Judicial Affairs, and 3) inform the student of the sanction or sanctions to be imposed under the Mutual Agreement or inform the student of the procedure for requesting a hearing with the Academic Integrity Board if the Mutual Agreement is not accepted. Mutual Agreements are final agreements not subject to further review or appeal.
18. In instances of second offenses, or when the student chooses a hearing, the Office of Student Judicial Affairs will meet with the student to provide an orientation to the hearing process and

- to schedule a date no less than 10 and no more than 15 calendar days from the meeting for the hearing. The student can waive minimum notice of a hearing; however, extensions are at the sole discretion of the Office of Student Judicial Affairs. Should the student choose not to attend his/her orientation meeting, a hearing date will be assigned to the student.
19. The hearing procedures will follow the same format as stated in the Code of Student Conduct (Article V.A.5). The hearing body (Academic Integrity Board) will consist of 2 students from the Student Judicial Affairs Student Hearing Board and 3 faculty members. The faculty fellow for academic integrity will be one of the faculty members and will serve as the chair. The other two faculty members will be chosen by the Director of Student Judicial Affairs from a pool of eight faculty hearing officers. Each academic year, each college dean will appoint two faculty members from the college to comprise the pool of eight faculty hearing officers. Hearings will be held in a student's absence when a student fails to attend the hearing for any reason. The hearing body may impose any sanctions as outlined in Article V.B. in the Code of Student Conduct. Students given a sanction of probation for academic dishonesty will remain on probation at Western Carolina University until graduation.
 20. Following a decision from the Academic Integrity Board, the Office of Judicial Affairs will inform the student of the sanction or sanctions to be imposed upon them and of their right to file an appeal with the University Academic Problems Committee. The appeal is limited to those rules and procedures expressly mentioned in the Code of Student Conduct (Article V.D.2) and is limited to the existing record. If the student does not file an appeal with the University Academic Problems Committee within 5 calendar days, the sanction or sanctions from the Academic Integrity Board will be imposed. The decision of the Academic Problems Committee may be appealed to the Vice Chancellor for Student Affairs. Any decision of the Vice Chancellor for Student Affairs may be appealed to the Chancellor.
 21. Upon final resolution of a case involving suspension or expulsion, the Director of Student Judicial Affairs will inform the appropriate dean, department head, and the administrator in the One Stop Office who is responsible for University Withdrawals of the sanction. An act of academic dishonesty, including a first offense, may place the student in jeopardy of suspension from the university. A repeated violation or more serious first offense may result in expulsion. Disciplinary records for any act of academic dishonesty are retained by the Office of Student Judicial Affairs for at least five years from the date of final adjudication. These records are available to prospective employers and other educational institutions in accordance with federal regulations.
- Attendance Policy
Class Roll will be taken at the beginning of each class meeting. No distinction will be made between excused and unexcused absences. If a student is not in class on a given day, that is an absence, whatever the reason — the Cullowhee Crud, attending a funeral, athletic team travel, wedding participation, or just plain didn't feel like coming to class today. You do not need to e-mail your professor or submit a note from Health Services, or to explain an absence. If you are absent from class, it is assumed you are not there for a legitimate reason. Every absence will be recorded as a class missed, no matter what the justification. A student is allowed without penalty the equivalent (including lateness) of two absences from class for the entire semester. A student having the equivalent of three absences (that's the same as missing two weeks worth of class!) will receive a 5 point reduction to her/his final base point accumulation for this course. Four absences equal a 10 point reduction; five equal a 15 point reduction; and so on... Arriving in class after attendance has been taken results in the recording of 1/2 of an absence. It is the responsibility of the student to advise the professor at the end of class that s/he was late or an absence may be recorded for that day.
 - Written Assignment Requirements and Penalties for Late Assignments

7. All assignments must be submitted through the WebCT program by electronic means and must, therefore, be typed, double spaced, with appropriate one inch margins on all sides, top and bottom. **Five (5) points will be deducted** from each assignment for assignments that are not submitted through the Web CT dropbox.
8. Any assignment turned in late will be deducted by **5 points for each day it is late**. Any assignment that is not turned in by the deadline must be emailed to the professor as a Word attachment as soon as possible.
9. All assignments must follow APA Guidelines for format and references. If you are unfamiliar with APA Guidelines, please go to the web page for the WCU Writing Center or to the Hunter Library Link to learn more about these Guidelines.
10. Professional writing is expected of all students and that includes correct grammar and spelling in all written assignments.
11. All outside work submitted to the Professor will be retained by him. Should you desire a copy of your assignment for your own files, please make accommodations before submission.
 - **Exam taking:** Exams must be taken at the allotted times. If you miss an exam without contacting the professor and getting his approval prior to the exam, it will result in a 0 score for that exam.
 - Statement of expectations for participation
 - Professional and courteous behavior is expected during class meeting times. Please do not bring food to the classroom. Remove all ball caps indoors. No cell phone use (including text messaging) is allowed during class meeting time. Please disable your cell phones before arriving in the classroom. If the class is disrupted by your cell phone during a class meeting, **a five point reduction will be made from your accumulated points for each disruption**. Students who give the appearance to the professor that they are sleeping in class will be marked absent for the period.
 - If you are sick or unable to attend class on the day an exam is scheduled, you must notify the instructor *prior* to the time the exam is scheduled. If prior notification of your absence is not given (and received), you will receive a grade of zero on the exam. If you have an acceptable reason (as determined by the instructor), you can make up the exam with no penalty. Missed exams must be made up within one week or you will receive a zero. All make-up exams are fill in the blank format.

- WCU Web Interface

The RTH 200 Course Outline, Semester Assignment Timeline, and all assignment requirements and course resources are available online at the WCU Web CT site. It is each student's responsibility to secure a course outline and be aware of all assignment deadlines and requirements. All assignments must be submitted through WebCT.

V. Course Assignments:

A. Theory integration paper (Due 2/5)

- Choose a major theory being used in mental health practice (List will be given in class)
- Discuss theory fully including background information, leaders in the field, major books describing theory, what populations it is intended for.
- Discussion of how it is done ie intervention description, assessment, therapist-patient relationship
- Discuss evidence that supports and/or refutes the theory.
- Discuss how the theory could be integrated with RT.
- Discuss how you as a rec. therapist would work using this integration.

B. Mental Health Diagnostic Group project (Due 3/19)

- Choose a mental health diagnostic group
- Research the diagnostic group and include when it was discovered, who named it etc.

- Discuss symptoms according to literature and DSM IV (TR) and medications indicated (if any) for this group.
- Find out where treatment is done for this group across the country and in area
- Discuss treatment strategies for working with this group
- Develop RT guidelines for working with this group

C. Group Reflections on Lab Experiences (4/2)

- You will be leading and being a part of a therapeutic group
- Each session you are a participant you are to reflect on your experience, and evaluate the leader.
- Each session you lead, you will plan an intervention related to the group's development, gain approval from Glenn on your intervention, lead the intervention and reflect on what happened in the group. In addition, you will write a progress note for each group member.
- You will write a final reflection on the group experience and discuss what you feel competent in and what you will continue to work on.

D. Evaluation of RT Interventions for Behavioral Health

- You will lead an RT intervention with an individual or group that addresses a functional skill or a skill related to their mental health issue.
- You will prepare the intervention and include your reasoning for the intervention.
- Gain feedback from professor and fellow students and adapt intervention if necessary.
- You will lead the intervention, then evaluate how the session went including writing a progress note on each client in the session.

E. Exam 1 (4/11) This exam will cover mental health issues, DSMIV (TR) setup, some of the major psychiatric disorders, AT risk youth issues, theories that address psychiatric disorders in today's healthcare system, types of agencies in mental health, some of the struggles of mental health delivery and RT's role in psychiatric rehab. Mix of scenario based questions and short answer questions.

F. Final Exam (5/5) This exam will cover Axis 1 and Axis 2 disorders, as well as best practice interventions, major psychotropic medications and their side effects, and clinical guidelines for psychiatric settings.

V. Grading procedures

	<i>Number of points</i>	<i>Percentage of Grade</i>	<i>Student's score</i>
Theory integration paper (Feb. 5)	50	16.6%	
Diagnostic assignment (March 19)	50	16.6%	
Group reflection (April 9)	25	8.3%	
Intervention reflection (April 16)	50	16.6%	
First Exam (March 11)	50	16.6%	
Final exam (May 5 at 8:30)	50	16.6%	
Base points (attendance, participation)	25	8.3%	
Total points	300	100%	

Letter grades will be assigned according to the following:

<i>Grade</i>	<i>Percent</i>	<i>Points</i>	<i>Grade</i>	<i>Percent</i>	<i>Points</i>	<i>Grade</i>	<i>Percent</i>	<i>Points</i>
A	94 -100%	280-300	B-	79 - 82%	235-246	D+	66 - 68%	196-204
A-	89 - 93%	265-279	C+	76 - 78%	226-234	D	63 - 65%	187-195
B+	86 - 88%	256-264	C	73 - 75%	217-225	D-	60 - 62%	178-186
B	83 - 85%	247-255	C-	69 - 72%	205-216	F	59% or below	177 & ↓

RT in Behavioral Health Tentative Course Schedule

Week	Topics covered	Assignments due
1/11	What is mental health? Various perspectives:	Theory paper will be discussed
1/18	Overview of useful interventions being used in MH. Coping skills, stress, exercise, lifestyle change, Behavioral management	MLK day, outside reading assigned
1/25	Introduction to diagnosis and description needed in MH	Read background on DSM series
2/1	Sharing of theory with groups, AT risk youth interventions	Theory paper due 2/5
2/8	Major thought disorders-Schizophrenia, PTSD	Diagnostic group chosen Readings from Torrey.
2/15	Major thought disorders continued	
2/22	Major Affective disorders, Major depressive episode, dysthymic disorder	Readings from Beck, DSM IV.
3/1	Major affective disorders, bipolar, cyclothymic disorder	Spring break
3/8	Personality disorders-borderline, paranoid	Dialectical therapy reading. First test, 3/11
3/15	Personality disorders-antisocial	Diagnostic group paper due 3/19
3/22	Eating disorders	DSMIV, anorexia reading
3/29	Easter break	
4/5	Addictions-alcoholism, addiction recovery	Readings from Living sober. Group reflection 4/9
4/12	Addiction recovery continued	
4/19	RT in the intervention process: What did we learn?	Intervention assignment, 4/19
4/26	Review and summary of course:	
5/1	Final Exam-May 5 at 8:30 AM	

Appendix 3.3.9 RTH 417 Administration of Recreational Therapy Services**Standardized Syllabus Form**

University/College	Western Carolina University
Department	School of Health Sciences
Course Name	Administration of Recreational Therapy Services
Course Number	RTH 417
Prerequisite(s)	RTH 352
Course Description	Contemporary recreational therapy program organizational principles and administrative issues.
Academic Hours (Lecture - Lab - Total)	3 (Lecture)
Instructor (s)	Peg Connolly, Ph.D., LRT/CTRS
Semester (s)	Fall
Required Text (s)	<p>Carter, M.J. & O'Morrow, G.S. (2006) <i>Effective Management in Therapeutic Recreation Service, Second Edition</i>. State College, PA: Venture Publishing, Inc. ISBN: 1-892132-621.</p> <p>American Therapeutic Recreation Association (2000). <i>Standards for the Practice of Therapeutic Recreation and Self-Assessment Guide</i>. Alexandria, VA: American Therapeutic Recreation Association. ISBN: 1-889435-02-3. (Available at the WCU Bookstore and from ATRA at www.atra-tr.org)</p>
Student Requirements	<p>Assigned Readings Class Attendance and Participation Philosophical Position Statement Paper Professional Ethics Paper Evidence Based Practice Search Paper Marketing Team Project First Exam Final Exam</p>
Topic Outline	<p>Current Status of Professional RTs Philosophy Professional Organizations, Involvement Characteristics of Management Vision, Mission, Philosophy and Objectives Professional Standards Organizational Behavior Clinical Supervision, Working with Mgmt Code of Ethics and Ethical Practice Technology, Decision Making, Problem Solving, and Conflict Management Fiscal Management and Reimbursement Marketing RT Staffing Evidence Based Practice and Outcomes Effective Communication, Motivating Staff Performance Appraisal Staff Training and Development Volunteer and Intern Supervision Service Delivery Management Risk Management Quality Service Management Regulation of RT: JCAHO, CARF, CMS</p>
Additional Comments	none

This course covers the following CARTE Competencies:

Competency	Description	Lecture, Lab, or both
<p>Students are provided with the opportunity to develop the basic competencies to manage their practice. Additional competencies are needed to manage a department and/or additional staff</p>	<ol style="list-style-type: none"> 1. Describe the organization and delivery of health care and human services. 2. Describe position design, classification, recruitment, orientation/training, supervision and performance management of personnel as an integrated human resource system. 3. Define techniques of financing, budgeting, cost accounting, rate setting and fiscal accountability. 4. Define governmental, professional, agency, and accreditation standards and regulations 5. Describe the principles and practices of promotions, public relations, and marketing. 6. Describe practices of managing resources including personnel, facilities, supplies, and equipment. 7. Describe the principles and requirements for safety and risk management. 8. Describe facility planning processes 9. Define the strategic planning processes 10. Describe legal requirements pertaining to delivery of health care and human services and recreational therapy. 11. Skill in using computers/systems for managing information and data 12. Skill in applying ethical and conduct standards to practice 13. Skill in practicing safety, emergency, infection control and risk management procedures 14. Skill in scheduling, time management, and prioritization of tasks and decisions 15. Skill in managing productivity and labor resources. 16. Skill in providing clinical supervision and education to staff and students 	<p>Lecture</p>

Western Carolina University
College of Health and Human Sciences
School of Health Sciences
Recreational Therapy Course Outline

RTH 417 Administration of Recreational Therapy Services

Dr. Peg Connolly, LRT/CTRS 186 Belk 227-2481 mconnolly@email.wcu.edu
Office Hours: Posted Each Semester

I. Course Description

Contemporary recreational therapy program organizational principles and administrative issues.

II. Course Aims and Objectives:

- **Aims**

The aim of this course is to prepare recreational therapy (RT) majors for supervisory and administrative responsibilities in the health care industry. Emphasis is placed on legislative and policy issues and a sound understanding of the professional and ethical standards for the effective and efficient practice of RT.

Specific Learning Objectives:

By the end of this course, students will:

1. Understand Standards of Practice, credentialing process, ethics, and professionalism.
2. Understand the purposes and contributions of state and national recreational therapy membership organizations and the critical importance of professional involvement.
3. Understand theories and functions of recreational therapy management.
4. Understand JCAHO and CARF Standards, Quality Management and Risk Management.
5. Comprehend key legislative issues which impact the practice of recreational therapy.
6. Develop the ability to understand, analyze and apply ethical standards to practice cases.
7. Understand the process of health care reimbursement and fiscal issues.
8. Analyze and develop marketing and promotion strategies for the initiation of new recreational therapy services.
9. Develop an understanding of clinical judgment, supervision and privileging.
10. Understand the importance of staff motivation, internship and volunteer management.

- **Specific competencies from the ATRA Guidelines for Curriculum include:**

1. Describe the organization and delivery of health care and human services.
2. Describe position design, classification, recruitment, orientation/training, supervision and performance management of personnel as an integrated human resource system.
3. Define techniques of financing, budgeting, cost accounting, rate setting and fiscal accountability.
4. Define governmental, professional, agency, and accreditation standards and regulations
5. Describe the principles and practices of promotions, public relations, and marketing.
6. Describe practices of managing resources including personnel, facilities, supplies, and equipment.
7. Describe the principles and requirements for safety and risk management.
8. Describe facility planning processes
9. Define the strategic planning processes
10. Describe legal requirements pertaining to delivery of health care and human services and recreational therapy.
11. Skill in using computers/systems for managing information and data
12. Skill in applying ethical and conduct standards to practice
13. Skill in practicing safety, emergency, infection control and risk management procedures
14. Skill in scheduling, time management, and prioritization of tasks and decisions

15. Skill in managing productivity and labor resources.
16. Skill in providing clinical supervision and education to staff and students

- **NCTRC Job Analysis Knowledge Areas for this Course:**

- Foundational Knowledge

3. Diversity factors (e.g., social, cultural, educational, language, spiritual, financial, age, attitude, geography)
8. Concepts and models of health and human services (e.g., medical model, community model, education model, psychosocial rehabilitation model, health and wellness model, person-centered model, Inter-national Classification of Functioning)
17. Relevant guidelines and standards (e.g., federal and state regulatory agencies)

- Practice of Recreational Therapy

22. Practice settings (e.g., hospital, long-term care, community recreation, correctional facilities)
23. Standards of practice for the RT profession
24. Code of ethics in the RT field and accepted ethical practices with respect to culture, social, spiritual, and ethnic differences

- Organization of Recreational Therapy Service

53. Documentation procedures for program account-ability, and payment for services
57. Components of agency or RT Service plan of operation
58. Personnel, intern, and volunteer supervision and management
59. Payment system (e.g., managed care, PPO, private contract, Medicare, Medicaid, DRG)
60. Facility and equipment management
61. Budgeting and fiscal responsibility

- Advancement of the Profession

62. Historical development of RT
63. Accreditation standards and regulations (e.g., JCAHO, CARF, CMS)
64. Professionalism: professional behavior and professional development
65. Requirements for RT credentialing (e.g., certification, recertification, licensure)
66. Advocacy for persons served
67. Legislation and regulations pertaining to RT
68. Professional standards and ethical guidelines pertaining to the RT profession
69. Public relations, promotion and marketing of the RT profession
70. Methods, resources and references for maintaining and upgrading professional competencies
71. Professional associations and organizations
72. Partnership between higher education and direct service providers to provide internships and to produce, understand and interpret research for advancement of the RT profession
73. Value of continuing education and in-service training for the advancement of the RT profession

III. Course Materials

Required Rental Text: Carter, M.J. & O'Morrow, G.S. (2006) *Effective Management in Therapeutic Recreation Service, Second Edition*. State College, PA: Venture Publishing, Inc. ISBN: 1-892132-621.

Required Supplemental Text: American Therapeutic Recreation Association (2000). *Standards for the Practice of Therapeutic Recreation and Self-Assessment Guide*. Alexandria, VA: American Therapeutic Recreation Association. ISBN: 1-889435-02-3. (Available at the WCU Bookstore and from ATRA at www.atra-tr.org)

Reserve readings on WebCat

IV. Faculty Expectations of Students/Course Policies

- Accommodations for Students with Disabilities: Western Carolina University is committed to providing equal educational opportunities for students with documented disabilities. Students who require disability services or reasonable accommodations must identify themselves as having a disability and provide current diagnostic documentation to Disability Services. All information is confidential. Please contact Disability Services for more information at (828) 227-2716 or 144 Killian Annex.
- Statement on Academic Integrity (including plagiarism):
 - Academic Honesty Policy**
Western Carolina University, as a community of scholarship, is also a community of honor. Faculty, staff, administrators, and students work together to achieve the highest standards of honesty and integrity. Academic dishonesty is a serious offense at Western Carolina University because it threatens the quality of scholarship and defrauds those who depend on knowledge and integrity. Academic dishonesty includes:
 - a. **Cheating**—Intentionally using or attempting to use unauthorized materials, information, or study aids in any academic exercise.
 - b. **Fabrication**—Intentional falsification of information or citation in an academic exercise.
 - c. **Plagiarism**—Intentionally or knowingly representing the words or ideas of someone else as one's own in an academic exercise.
 - d. **Facilitation of Academic Dishonesty**—Intentionally or knowingly helping or attempting to help someone else to commit an act of academic dishonesty, such as knowingly allowing another to copy information during an examination or other academic exercise.

The procedures for cases involving allegations of academic dishonesty are:

1. Instructors have the right to determine the appropriate sanction or sanctions for academic dishonesty within their courses up to and including a final grade of "F" in the course. Within 5 calendar days of the event the instructor will inform his/her department head, and the Associate Dean of the Graduate School when the student is a graduate student, in writing of the academic dishonesty charge and sanction.
2. The department head or graduate program director will meet with the student to inform him/her orally and in writing of the charge and the sanction imposed by the instructor within 10 calendar days of written notice from the instructor. Prior to this meeting, the department head will contact the Office of Student Judicial Affairs to establish if the student has any record of a prior academic dishonesty offense. If there is a record of a prior academic dishonesty offense, the matter must be referred directly to the Office of Student Judicial Affairs. In instances where a program does not have a department head or graduate program director, the Dean or Associate Dean of the college will assume the duties of department head for cases of academic dishonesty.
3. If the case is a first offense, the student can choose to accept the charge and sanction from the instructor by signing a Mutual Agreement with the department head or graduate program director or can choose to have a hearing with the Academic Integrity Board. Within 10 calendar days of the meeting with the student, the department head or graduate program director will 1) report the student's choice of action in writing to the Office of Student Judicial Affairs, 2) file a copy of the Mutual Agreement (when applicable) with the Office of Student Judicial Affairs, and 3) inform the student of the sanction or sanctions to be imposed under the Mutual Agreement or inform the student of the procedure for requesting a hearing with the Academic Integrity Board if the Mutual Agreement is not accepted. Mutual Agreements are final agreements not subject to further review or appeal.
4. In instances of second offenses, or when the student chooses a hearing, the Office of Student Judicial Affairs will meet with the student to provide an orientation to the hearing process and to schedule a date no less than 10 and no more than 15 calendar days from the meeting for the hearing. The student can waive minimum notice of a hearing; however, extensions are at the

- sole discretion of the Office of Student Judicial Affairs. Should the student choose not to attend his/her orientation meeting, a hearing date will be assigned to the student.
5. The hearing procedures will follow the same format as stated in the Code of Student Conduct (Article V.A.5). The hearing body (Academic Integrity Board) will consist of 2 students from the Student Judicial Affairs Student Hearing Board and 3 faculty members. The faculty fellow for academic integrity will be one of the faculty members and will serve as the chair. The other two faculty members will be chosen by the Director of Student Judicial Affairs from a pool of eight faculty hearing officers. Each academic year, each college dean will appoint two faculty members from the college to comprise the pool of eight faculty hearing officers. Hearings will be held in a student's absence when a student fails to attend the hearing for any reason. The hearing body may impose any sanctions as outlined in Article V.B. in the Code of Student Conduct. Students given a sanction of probation for academic dishonesty will remain on probation at Western Carolina University until graduation.
 6. Following a decision from the Academic Integrity Board, the Office of Judicial Affairs will inform the student of the sanction or sanctions to be imposed upon them and of their right to file an appeal with the University Academic Problems Committee. The appeal is limited to those rules and procedures expressly mentioned in the Code of Student Conduct (Article V.D.2) and is limited to the existing record. If the student does not file an appeal with the University Academic Problems Committee within 5 calendar days, the sanction or sanctions from the Academic Integrity Board will be imposed. The decision of the Academic Problems Committee may be appealed to the Vice Chancellor for Student Affairs. Any decision of the Vice Chancellor for Student Affairs may be appealed to the Chancellor.
 7. Upon final resolution of a case involving suspension or expulsion, the Director of Student Judicial Affairs will inform the appropriate dean, department head, and the administrator in the One Stop Office who is responsible for University Withdrawals of the sanction. An act of academic dishonesty, including a first offense, may place the student in jeopardy of suspension from the university. A repeated violation or more serious first offense may result in expulsion. Disciplinary records for any act of academic dishonesty are retained by the Office of Student Judicial Affairs for at least five years from the date of final adjudication. These records are available to prospective employers and other educational institutions in accordance with federal regulations.
- **Attendance Policy**

Class Roll will be taken at the beginning of each class meeting. No distinction will be made between excused and unexcused absences. If a student is not in class on a given day, that is an absence, whatever the reason. The one exception is if a student has a **fever and flu like symptoms**. In this case, the student should not come to class, but should report to the Health Center. The threat of Swine Flu is serious and students with a fever should notify the instructor prior to the beginning of class (by email or through WebCat) and protect the health and safety of other students by not attending that day. A make up assignment will be provided to the student for the missed class.

For all other absences due to whatever reason (e.g., the Cullowhee Crud or a simple cold, wedding participation, or just plain didn't feel like coming to class), you will be marked as absent. For these absences, you do not need to e-mail your professor or submit a note from Health Services, or to explain an absence. If you are absent from class, it is assumed you are not there for a legitimate reason. Every absence will be recorded as a class missed, no matter what the justification (except in cases of suspected serious flu).

A student is allowed without penalty the equivalent (including lateness) of two absences from class for the entire semester. A student having the equivalent of three absences (that's the same as missing a week and a half of class) will receive a 5 point reduction to her/his final base point accumulation for this course. Four absences equal a 10 point reduction; five equal a 15 point reduction; and so on... Arriving in class after attendance has been taken results in the recording of 1/2 of an absence. It is the responsibility of the student to advise the professor at the end of class that s/he was late or an absence may be recorded for that day.

If you are sick or unable to attend class on the day an exam is scheduled, you must notify the instructor *prior* to the time the exam is scheduled. If prior notification of your absence is not given (and received), you will receive a grade of zero on the exam. If you have an acceptable reason

(as determined by the instructor), you can make up the exam with no penalty. Missed exams must be **made up within one week** or you will receive a zero. All make-up exams **are fill in the blank** format.

If you are absent on the day that the instructor distributes a handout or assigns homework, it is your responsibility to get the handout (and lecture/discussion notes) from a classmate. Most of the handouts and presentations are available electronically. Activities and quizzes completed in class cannot be made up if the student is absent.

The **inclement weather policy** is located at: <http://www.wcu.edu/weather/> Western rarely closes and students who live off campus should use good judgment in commuting during inclement weather.

- **Written Assignment Requirements and Penalties for Late Assignments**
 1. All assignments must be submitted through the WebCat program and must, therefore, be typed, double spaced, with appropriate one inch margins on all sides, top and bottom. **Five (5) points will be deducted** from each assignment that is not submitted through the WebCat dropbox.
 2. Any assignment turned in late will be deducted by **5 points for each day it is late**. Any assignment that is not turned in by the deadline must be emailed to the professor as a Word attachment as soon as possible.
 3. All assignments must follow APA Guidelines for format and references. If you are unfamiliar with APA Guidelines, please go to the web page for the WCU Writing Center or to the Hunter Library Link to learn more about these Guidelines.
 4. Professional writing is expected of all students and that includes correct grammar and spelling in all written assignments.
 5. All outside work submitted to the Professor will be retained by her. Should you desire a copy of your assignment for your own files, please make accommodations before submission.
- **Statement of expectations for participation**
Professional and courteous behavior is expected during class meeting times. Please do not bring food to the classroom. Remove all ball caps indoors. No cell phone use (including text messaging) is allowed during class meeting time. Please disable your cell phones before arriving in the classroom. If the class is disrupted by your cell phone during a class meeting, **a five point reduction will be made from your base points for each disruption**. Students who give the appearance to the professor that they are sleeping in class will be marked absent for the period.
- **WCU Web Interface**
The RTH 417 Course Outline and all assignment requirements and course resources are online at the WCU WebCat site. It is each student's responsibility to print a course outline and be aware of all assignment deadlines and requirements.

V. Grading Procedures:

	<i>Number of points</i>	<i>Percentage of Grade</i>	<i>Student's score</i>
Base Point Allowance	50	16.6%	
Philosophical Position Statement	15	8.3%	
Professional Ethics Paper	15	8.3%	
Evidence Based Practice Search	20	8.3%	
Marketing Project	100	25%	
First Exam	50	16.6%	
Final Exam	50	16.6%	
	300	100%	

Letter grades will be assigned according to the following:

<i>Grade</i>	<i>Percent</i>	<i>Points</i>	<i>Grade</i>	<i>Percent</i>	<i>Points</i>	<i>Grade</i>	<i>Percent</i>	<i>Points</i>
A+	98 -100%	294-300	B-	79 - 82%	235-246	D+	66 - 68%	196-204
A	94 -97%	280-293	C+	76 - 78%	226-234	D	63 - 65%	187-195
A-	89 - 93%	265-279	C	73 - 75%	217-225	D-	60 - 62%	178-186
B+	86 - 88%	256-264	C-	69 - 72%	205-216	F	59% or below	177 & ↓
B	83 - 85%	247-255						

NOTE: RT majors must pass RTH 417 with a minimum grade of **C** or better in order to be eligible for clinical internship and, ultimately, graduation with a major in RT. A recreational therapy major with a grade less than **C** will be required to repeat the course.

Performance Measures, Assignments, and Expectations

Base Point Allowance (50 points): Each student will be awarded 50 base points to serve as a foundation upon which to build the final grade. Points will be deducted for absences and lateness from this base point allowance regardless of excuse.

Students are expected to discuss, problem solve and participate in classroom activities throughout the semester to become “prepared professionals” as therapists. Personal and professional dialogue, questioning and application are important aspects of this course.

ACTIVE PARTICIPATION INCLUDES:

- Verbally demonstrating that you keep current with assigned readings
- Demonstrating active listening and relevant responding in class
- Applying skilled communication techniques in class
- Completing assignments on time
- Maintaining current class notes and homework assignments
- Demonstrating professional behavior in class, with classmates and with written assignments (e.g. thoroughness, organization, error-free word-processed assignments, keeping appointments for presentation dates and group work)
- Demonstrating professional courtesy and appropriate behavior by not speaking when others are speaking, not talking or sending notes to peers or text-messaging in class, not sleeping through class, and not demonstrating any behaviors that are disruptive to the professor or your class colleagues.

Philosophical Position Statement (15 points): Students will write a personal position statement that represents their philosophy RT Services. This statement should build upon the professional recreational therapy literature and the student’s personal philosophy of RT and incorporate views of management/administration of RT services. The student must first locate a journal article that sites a definition and/or philosophy of recreational therapy from either the Annual in Therapeutic Recreation (published by ATRA), the American Journal of Recreational Therapy, or the Therapeutic Recreational Journal (published by NTRS). The student should reflect on the journal article and site why this philosophical/definitional statement regarding recreational therapy has meaning and value to the student. The statement should include the following components: A. Overview of the journal article selected and quote of the philosophical or definition statement regarding recreational therapy (at least three paragraphs); B. Convictions about the students personal life, values, the meaning of human relationships (at least three paragraphs); C. Convictions about recreational therapy practice and why it is important to improve the functioning and quality of life of clients served; D. A clear definition of the student’s definition of and philosophy of recreational therapy process (note: this may build on the definition statement of ATRA), and E. At least two summary paragraphs about how the student will use this philosophical premise to assure they provide effective management and administration of recreational therapy services and leadership with recreational therapy staff. Students are encouraged to quote additional journal articles (NO INTERNET SITES, only published journal articles) to defend and support their position statement.

Professional Ethics (15 Points): Based on information gained from class readings and discussion, students will respond to a selected ethical dilemma presented by the instructor. In a brief paper (no less than two pages and no more than four pages) students will assert a position regarding the dilemma and defend that position based on the ATRA Code of Ethics. In addition, students will discuss how this information affects their personal philosophy of recreational therapy. How will you ensure your employees practice ethical behaviors? What practice monitoring systems will you institute as an RT Manager to assure that practice is reviewed regularly for ethical concerns? What inservice and educational sessions will you institute with your staff to assure that staff operate under the highest code of ethical standards? What will you do to monitor your personal beliefs and actions concerning appropriate ethical practice and behavior?). Further information on this assignment will be presented in class.

Evidence Based Practice Search (20 pts.) Each student will conduct an Evidence Based Practice Search based on information presented in class on evidence based practice. The search must be specific to a particular client population and intervention. After conducting the search, the student will summarize the findings on the nature of evidence available which supports the efficacy of the intervention for the specific client population selected (at least a page or more). The student will then present an overview of why the intervention is valuable in RT practice and how they would use the evidence to design specific interventions for the population selected (at least two pages). Finally, the student will present three paragraphs reflecting on why this assignment has helped them develop as a professional and how they plan to use this new technique and knowledge in their future practice as recreational therapy professionals.

Marketing Project and Presentation (100 points). The purpose of this assignment is to give you experience in planning, preparing, and presenting informative and persuasive material to a specific audience of health care providers/consumers/reimburers. Your focus will be on how recreation therapy can help them achieve desired outcomes in their program/agency. Presentation groups will be randomly assigned by the instructor and marketing scenarios will be selected by student groups with approval of the instructor. In each case, students should develop and propose initiation of recreational therapy services where such services do not already exist.

The presentations should be no longer than 20 minutes and points will be deducted for going over the allotted time. This time block must include an opportunity for questions from the audience. You and your group should have nearly equal time in the presentation. You may divide your preparatory work in any way you choose. You must use effective presentation skills, quality visual aids, and prepare printed marketing documents. Because your audience is in the business of providing outcome-based health care, and your presentation time is short, you must include and emphasize functional outcomes for clients involved in your proposal and practical, cost-effective means of achieving them.

At the end of each presentation, the class will give feedback to the presenters, identifying the strengths of the presentation and giving suggestions for improvement. The instructor's evaluation of the marketing presentation will be based on presentation skills, appropriateness of content, effectiveness of visual aids, skill in responding to questions, and overall persuasiveness. Partners will receive the same grade.

The Marketing report must be comprehensive and cover all sections described in class. The report must include marketing research justifying the need for the new RT services along with complete vision, purpose, goals, and objectives, staffing overview, comprehensive budget figures with justification, and the marketing materials presented in the presentation. The written portion of this assignment is due no later than the time of Team Presentations which will be scheduled during the last two weeks of class.

Student will be graded for the overall quality of the marketing report and presentation, team work, team contribution, and individual performance. It is critical that all students participate actively with the team. Team members will be required to rate each others performance as well as their individual contribution.

First Exam (50 points): cover lectures and required readings since the beginning of the semester.

Final Exam (50 points): cover lectures and required readings from the first exam to the end of the semester.

RTH 417 Course Content and the Percentages of Recreational Therapy Knowledge The content and learning activities of RTH 360 relate primarily to the content on the National NCTRC Certification Exam for the knowledge area of Foundational Knowledge and Practice of Recreational Therapy. The percentages of Knowledge Content in the NCTRC Certification Examination (2007) are:

Foundational Knowledge	33.3%
Practice of RT	46.7%
Organization of RT	13.3%
Advancement of the Profession	6.7%



Course Evaluation: WCU provides an opportunity for students to evaluate this course. The course evaluation dates will be posted on Web Cat. Each student will receive an email notice that the course evaluation period is open and a link to the evaluation form. Please provide your input by participating in the course evaluation of RTH 417.

VIII. Tentative Course Schedule *(May change to accommodate guest presenters & student needs)*

Week	Topic	Reading Assignment
1	Course outline, assignments, expectations Current Status of Professional RTs	Print and Read Course Outline
	Philosophy Professional Organizations, Involvement	Carter, Chap 1 ATRA and NCRTA Web sites, Read Ann James and David Austin articles on WebCat
2	Characteristics of Management	Carter, Chap 2 & 3
	Vision, Mission, Philosophy and Objectives	Carter, Chap 4 and Readings on WebCat
3	LABOR DAY-NO CLASSES	
	Professional Standards	ATRA Standards of Practice Philosophical Position Paper Due
4	Organizational Behavior	Carter, Chap 5 on Organizational Behavior
	Clinical Supervision, Working with Mgmt	Carter, Chap 6
5	Code of Ethics and Ethical Practice	Readings on WebCat
	Technology, Decision Making, Problem Solving, and Conflict Management	Carter, Chap 9 & 10
6	Fiscal Management and Reimbursement RT Medicare Project, Fiscal Intermediaries, Professional Recognition	Carter, Chap 8 www.atra-tr.org/medicareproject/index.htm
	Fiscal Management and Budgeting	Carter, Chap 8
7	Marketing	Carter, Chap 11
	Student Marketing Examples	Carter, Chap 11 Ethics Paper Due
8	Fall or Spring Break – NO CLASS	
	FIRST EXAM	
9	RT Staffing	NCRTA Conference-Greensboro, NC, 10/13-14/08
	Advising Day – NO CLASS	
10	Evidence Based Practice and Outcomes	Carter, Chap 21, Readings on WebCat
	Evidence Based Practice and Outcomes	Carter, Chap 21, Readings on WebCat
11	Effective Communication, Motivating Staff	Carter, Chap 13 and 14
	Performance Appraisal	Carter, Chap 15 Evidence Based Search Report Due
12	Staff Training and Development	Carter, Chap 16
	Volunteer and Intern Supervision	Carter, Chap 17 & 18
13	Service Delivery Management	Carter, Chap 19
	Risk Management	Carter, Chap 20
14	Risk Management	Carter, Chap 20
	Thanksgiving or Easter Holiday – NO CLASS	
15	Quality Service Management	Carter, Chap 21
	Regulation of RT: JCAHO, CARF, CMS	Readings on WebCat
16	Student Marketing Project Presentations	Projects due at time of presentation
	Student Marketing Project Presentations Wrap-up, Exam Review, Course Eval	Projects due at time of presentation

Final Examination: Scheduled in Final Exam Week

Appendix 3.3.10 RTH 470 Adventure-Based Recreational Therapy**Standardized Syllabus Form**

University/College	Western Carolina University
Department	School of Health Sciences
Course Name	Adventure-Based Recreational Therapy
Course Number	RTH 470
Prerequisite(s)	PRM 270: Leadership and Group Dynamics in Recreation RTH 352: Processes and Techniques in Recreational Therapy
Course Description	A theoretical and practical investigation of structured outdoor experiences as vehicles for facilitating human growth and development. Field trips required.
Academic Hours (Lecture - Lab - Total)	3 hours lecture
Instructor (s)	Jennifer Hinton
Semester (s)	Fall and spring semesters
Required Text (s)	<i>Rental text:</i> Bandoroff, S. & Newes, S.(Eds.). (2004). Coming of age: The evolving field of adventure therapy. Boulder, CO: The Association for Experiential Education. <i>Book to Purchase:</i> Simpson, S., Miller, D., & Bocher, B. (2006). The processing pinnacle: An educator's guide to better processing. Oklahoma City, OK: Wood 'N' Barnes Publishing
Student Requirements	Attendance, readings, and learning activities. Graded assignments: Readings and Reflections Research review in JEE Final Exam Receive belay certification at climbing wall Challenge Course Participation Weekend Overnight Service Project applying training
Topic Outline	Syllabus/ Course Expectations/ Stages of Group Development/ Base Camp Understanding the field- Adventure Therapy vs. Therapeutic Adventure Adventure Therapy theory and practice Overnight Trip Planning and understanding merits of activity and inactivity Meeting with SOAR and beginning service project Overnight Trip Processing Basics Metaphor Development Belay Clinic Low and High Challenge Course Experience Facilitator Frontloading and Traditional Question and Answer Participant Directed Processing and Independent Reflection Adventure-Related Professional Associations and Vendors Research in Outdoor Behavioral Healthcare/ Adventure Therapy Accessible Adventure Safety and Risk Management

This course covers the following CARTE Competencies:

Competency	Description	Lecture, Lab, or both
<p>Implementing Treatment/ Programs: Modalities</p> <p>The curriculum should 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. Students entering the profession should have measured competence (eg, knowledge, skill and ability) to lead and facilitate the treatment interventions used to achieve evidence-based outcomes for the patients/clients served. It is recommended that the recreational therapist have specific education/training, assessed competency and/or the prevailing credentials in each treatment intervention used.</p>	<p>2. Knowledge of principles underlying the therapeutic/helping process, with emphasis upon interaction between the RT and the patient/client.</p> <p>6. Knowledge of adjustment or activity modification principles for adaptation to the needs of the individual patient/client.</p> <p>12. Skill in applying individual and group leadership/helping techniques.</p> <p>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.</p>	<p>Lecture and service learning project for all components</p>

Western Carolina University
College of Health and Human Sciences
School of Health Sciences
Recreational Therapy Program

RTH 470 Adventure-Based Recreational Therapy
Spring 2010

In nature there are neither rewards nor punishments. There are consequences.

- R.G. Ingersoll

I. Instructor Information

Instructor: Jennifer Hinton, Ph.D., LRT/CTRS

Office: Belk Annex 186

Office Phone: 227-2715

Home Phone: 631-9491 (before 8 p.m., please, unless it is an emergency, of course!)

Email: jlhinton@wcu.edu

*This is my preferred email address. I do not check WebCat email frequently.

Office Hours: Mondays and Wednesdays from 1-2 p.m., Tuesdays and Thursdays from 9-11 a.m.

A note from me to you: This is one of my *favorite* courses to learn with you in! My passion for outdoor applications in recreational therapy is both innate (yes, I'm a tree hugger) and well-trained. I've been learning about these applications and practicing them since my specialized master's degree in this area in the early 1990's. It's impossible for you to not participate in this class- the whole idea is to get involved in activities and discussion. However, don't forget to keep up with the academic part of things, too! Theory is to inform practice, just as reflection is to make sense of experience. Let's have a great time this semester- and enjoy our small breaks from the classroom walls!

II. Course Information

Course meeting: Belk 407, Tuesdays 12:30-3:30 and assigned out-of-class times

Prerequisites: RTH 200 and PRM 270 or permission of instructor

Catalog Description:

A theoretical and practical investigation of structured outdoor experiences as vehicles for facilitating human growth and development. Field trips required.

Course Objectives

Each student in this course will have the opportunity to:

1. Participate in classroom and outdoor adventure activities to enhance understanding of adventure applications in recreational therapy practice;
2. Organize self- and communication knowledge and skills so as to better understand how to use these elements in the therapeutic process;
3. Practice critiquing relational and group knowledge through the examination of the class process;
4. Compare different examples of adventure-based theory and practice through reading texts and research articles from the field;
5. Practice adventure skills (belaying, challenge course, weekend overnight trip) through both professional-planned and self-planned experiences;

6. Exemplify and carry out processing techniques that can be used in recreational therapy practice, focused on transference of knowledge. This includes skill in assisting the patient/ client to process the treatment intervention, thereby enhancing self-awareness and formulation conclusions relevant to treatment goals and objectives;
7. Plan and execute adventure-based activities for a therapeutic client group. This includes using a variety of facilitation techniques and the ability to select adventure-based treatment interventions/ programs according to diagnosis, age, cultural, socioeconomic factors, and patient/ client preferences to treat problems and limitations associated with specific medical psychiatric or other disabling conditions.

II. Course Content Areas

These are the NCTRC Knowledge Domains that will be covered in this course:

Foundational Knowledge

9. Cognition and related impairments (e.g., dementia, traumatic brain injury, developmental/learning disabilities)
18. Principles of group interaction, leadership, and safety
19. Principles of behavioral change (e.g., self-efficacy theory, experiential learning model)

Practice of Therapeutic Recreation/Recreation Therapy

45. Selection of programs, activities and interventions to achieve the assessed needs of the person served
46. Activity modifications (e.g., assistive techniques, technology and adaptive devices, rule changes)
47. Modalities and/or interventions (e.g., therapeutic recreation/recreation therapy activities, leisure skill development, assertiveness training, stress management, social skills, community reintegration)
48. Facilitation techniques and/or approaches (e.g., behavior management, counseling skills)

Organization of Therapeutic Recreation/Recreation Therapy Service

52. Role and function of other health and human service professions and of interdisciplinary approaches
60. Facility and equipment management

Advancement of the Profession

64. Professionalism: professional behavior and professional development
71. Professional associations and organizations

These are the ATRA Competencies that will be covered in this course:

1. Knowledge of principles underlying the therapeutic/helping process, with emphasis upon interaction between the RT and the patient/client.
2. Knowledge of adjustment or activity modification principles for adaptation to the needs of the individual patient/client.
3. Skill in applying individual and group leadership/helping techniques.
4. Skill in assisting the patient/client to process the treatment intervention, thereby enhancing self-awareness and formulating conclusions relevant to treatment goals and objectives.

Weather and Participation

It is imperative to sometimes have class- or at least portions of it- outdoors most weeks. Though I will not have you go out in a driving downpour or in any hazardous situation, do dress for, and expect to be, outdoors on most class days. We will go outdoors in light rain or snow and in the cold (above 20 degrees).

Inclement weather and poor clothing are NOT reasons to not participate in outdoor activities. ALL weather is good if you are dressed appropriately.

The best clothing to wear outdoors in Cullowhee is usually made from synthetic fabrics (cotton retains the moisture from the humidity increasing your coldness and the ability to get hypothermia, infections or abrasions). Dress in light layers. If it is cold, a base layer of non-cotton long underwear is a great start. Add in some non-cotton fleece pants and a shirt (or two in cold weather), and then a wind and rain protective layer. Waterproof, breathable fabrics are best for outer layers, but nylon jackets will be sufficient on most days.

For your head in cold weather, find a hat that shields your heat loss; much of the heat lost in your body comes out of your head. For sunny days, a hat with a brim and sunglasses are good additions.

For your feet, synthetic socks and hiking shoes are best. A good pair of waterproof hiking boots or shoes would be great for this class, especially since we will be taking a weekend trip. It is VERY important that your shoes be broken in for the trip. If you are having difficulty with blisters, a base layer of socks (nylon or similar) may help.

I don't want you to go out and buy a new wardrobe, but I do want you to learn to be safe and comfortable by choosing appropriate clothing to be outdoors. The more you are comfortable outside, the more you will choose to be there and protect our natural places.

III. Course Materials

Both of these texts will be used extensively in class!

Rental text:

Bandoroff, S. & Newes, S.(Eds.). (2004). *Coming of age: The evolving field of adventure therapy*. Boulder, CO: The Association for Experiential Education.

Book to Purchase:

Simpson, S., Miller, D., & Bocher, B. (2006). *The processing pinnacle: An educator's guide to better processing*. Oklahoma City, OK: Wood 'N' Barnes Publishing.

Other readings: There will be a few other readings on the library e-reserves and on WebCat. These will be listed on the syllabus and, on occasion, announced in class. For library reserve, go to the Hunter Library main page and click on "Course Reserves". You can then either search by Hinton, Jennifer or by RTH 470.

IV. Course Policies

Attendance Policy

This class only meets once a week and is highly participatory in nature. You've got to be present to learn! You must physically be in class to be counted as present. I will take attendance every day in class. If you will miss class for a university sanctioned event, I may count that absence as excused. All other absences, including non-fever illnesses and family emergencies, will be counted as regular absences. You have 2 "free" absences; after that, you will have 3% points taken from your final grade for each absence following. If you exceed five absences in the course, regardless of whether or not they were "excused", you will fail the course.

Please be aware that there is great concern this year with H1N1 and flu season in general. The following is from University Health Services. Please keep them in mind and, again, do NOT come to class with a fever or flu symptoms! *There are basic steps to prevention and common symptoms to help recognize the*

flu. One of the major concerns with universities across the country are the necessary steps to comply with CDC recommended isolation of patients with flu or flu like illness. The current recommendation is to remain in self-isolation for 24 hours after fever. Many students may feel that he or she cannot afford to miss classes and other activities for that length of time. Health Services will work with the Provost's Office to assist with communicating to faculty regarding flu-related excused class absences.

Class Cancellations

Very infrequently I will have an emergency (such as inclement weather) and I must cancel class. If this happens, I will send an email to your catamount email address.

Late Work

All assignments are to be turned in hard copy (NOT e-mail or WebCat). Late assignments will be counted off 10% points for each 24 hours it is late. Lateness is considered any time after the beginning of class, if an alternative time has not been listed. If you are going to be absent on the day of a previously scheduled in-class activity (e.g., the challenge course or adventure weekend), you have 24 hours from the time of your absence to create an alternative arrangement for making up that experience. Expect your make-up task to be in an alternate format (similar in content but probably more academically than experientially based) as often it is impossible to reschedule the original event. Your make-up task must be completed within two weeks of the absence. Other in-class assignments, including the final exam, may not be made up.

Documenting Source Information

If you are completing an assignment wherein a citation(s) is required to avoid plagiarism, you must use the APA style of citing sources. We will practice this with your first paper in class, and you may get information regarding APA citation at the WCU Writing Center website at:

<http://www.wcu.edu/11743.asp>

Writing Center personnel are also willing to help you in person if you desire assistance.

Accommodations for Students with Disabilities

Western Carolina University is committed to providing equal educational opportunities for students with documented disabilities. Students who require disability services or reasonable accommodations must identify themselves as having a disability and provide current diagnostic documentation to Disability Services. All information is confidential. Please contact Disability Services for more information at (828) 227-2716 or 144 Killian Annex.

Academic Honesty Policy

What I have to say:

I feel that it is my job to make you the best therapist you can be; I want to feel confident that if my mother needed your services someday that she would be in good hands. Therefore, I expect you not only to work hard, but also to work hard on your own. Copying one of your classmates or another source helps neither you, nor my mother.

I encourage you to study together, to ask one another questions, and to ask questions of me. I will do everything I can to help you to be proficient with the material. However, all assignments to be turned in must be strictly your own work.

What WCU has to say:

Western Carolina University, as a community of scholarship, is also a community of honor. Faculty, staff, administrators, and students work together to achieve the highest standards of honesty and integrity. Academic dishonesty is a serious offense at Western Carolina University because it threatens the quality of scholarship and defrauds those who depend on knowledge and integrity. Academic dishonesty includes:

- a. **Cheating**—Intentionally using or attempting to use unauthorized materials, information, or study aids in any academic exercise.
- b. **Fabrication**—Intentional falsification of information or citation in an academic exercise.
- c. **Plagiarism**—Intentionally or knowingly representing the words or ideas of someone else as one's own in an academic exercise.
- d. **Facilitation of Academic Dishonesty**—Intentionally or knowingly helping or attempting to help someone else to commit an act of academic dishonesty, such as knowingly allowing another to copy information during an examination or other academic exercise.

Instructors have the right to determine the appropriate sanction or sanctions for academic dishonesty within their courses up to and including a final grade of “F” in the course. Within 5 calendar days of the event the instructor will inform his/her department head, and the Associate Dean of the Graduate School when the student is a graduate student, in writing of the academic dishonesty charge and sanction.

Out-of-pocket expenses

There are out-of-pocket expenses in this class for activities in which we will be collaborating with Base Camp Cullowhee or Project SOAR. Unlike expenses you pay for printing, etc. in other courses, this class requires you to help fund these experiences. Expected fees are listed along with the assignments and grading, below. If you are having a difficult time paying these minimal fees, please speak to me outside of class privately.

V. Grading and Evaluation

Assignments and Grading

Assignments for Building Knowledge

1. *Readings and Reflections*- 20%- due as assigned; each week's assignment will differ slightly. These will be graded on a 0-1-2-3 basis:

0= not turned in

1= turned in but insufficient

2= average work

3= excellent

2. *Research review in JEE or other approved article*- 10%- You will be required to review an article on adventure programming research in the *Journal of Experiential Education*.

3. *Final Exam*- 15%- The final will be a cumulative exam for the semester containing both objective and essay questions.

Assignments for Gaining Basic Skill

1. *Receive belay certification at climbing wall*- 5%

We will have a belay clinic during class on Tuesday 10/20. If you are not present, you must complete the clinic on Thursday evening from 6-8 p.m. on 10/22 as we will use these skills on the challenge course during the week of 10/27. Cost is \$5.

2. *Challenge Course Participation*- 10%

This will be scheduled during the week of XXX. You will be expected to participate to your highest level. You will not be forced to complete all of the activities as they are construed (e.g., if you are afraid of heights you won't be forced to climb), but you will be expected to participate in everything in some capacity. Cost is approximately \$15.

3. *Weekend Overnight*- 15%

The entire class will participate in an overnight adventure together. The date is XXX, and reserved date for inclement weather is XXX. This is MANDATORY. You will be expected to plan activities for the rest of the class for a portion of the trip. The trip will leave on a Saturday morning and return on a Sunday afternoon. Cost is \$40 or less.

Assignment for Applying Knowledge

1. Service Project applying training- 25%

We will work with the students in the semester program at Project SOAR. This will give you the opportunity to facilitate adventure-based activities for a client group. You will be responsible for planning and leading in small groups. There will be competitive game days in class wherein all students will be present. There will be initiatives days outside of class (probably on assigned Thursdays) wherein you will need to plan and execute initiatives in pairs. This project will include a reflection on the service learning project.

Extra Credit- up to 5%

Base Camp Cullowhee participation

I STRONGLY encourage you to become involved in the programs offered by Base Camp this semester. The more you practice your skills, the more options you will have to facilitate adventure activities for your clientele. For each clinic in which you participate, get proof of attendance and write a 1-page paper regarding what you learned and how it may apply to your practice as a recreational therapist. Please turn this in within 2 weeks of attendance. You will receive one percentage point of extra credit for each clinic, with a maximum of five points. Three points may be earned in January/ February, and two in March/ April. (I.e., you cannot cram in 5 points with the last five clinics.) All clinics must be attended/ papers turned in by March 10th for the January/ February points and the last day of class for March/ April points.

Summary of points to be calculated for final grade:

	Points
1. <i>Readings and Reflections</i>	100
2. <i>Research review in JEE</i>	50
3. <i>Final Exam</i>	75
4. <i>Receive belay certification at climbing wall</i>	25
5. <i>Challenge Course Participation</i>	50
6. <i>Weekend Overnight</i>	75
7. <i>Service Project applying training</i>	125
Total:	500 points

Grading Scale

96% and above- A+	480 points
93-95%- A	465-479
90-92- A-	450-464
86-89- B+	430-449
83-85- B	415-429
80-82- B-	400-414
76-79- C+	380-399
73-75- C	365-379
70-72- C-	350-364
66-69- D+	330-349
63-65- D	315-329
60-62- D-	300-314
59% and below- F	below 300 points

The grades of A, A-, B+, B, B-, C+, C, C-, D+, D, D- and F indicate gradations in quality from Excellent to Failure. Please note that a C- grade is less than satisfactory and will not meet recreational therapy program requirements.

Composition-Condition Marks. A student whose written work in any course fails to meet acceptable standards will be assigned a composition-condition (CC) mark by the instructor on the final grade report. All undergraduates who receive two CC grades prior to the semester in which they complete 110 hours at Western Carolina University are so notified by the registrar and are required to pass English 300 or English 401 before they will be eligible for graduation. This course must be taken within two semesters of receiving the second CC and must be passed with a grade of C (2.0) or better.

Course Evaluation

Taking the time to evaluate courses is crucial to the instructors who are trying to improve the courses. I fully believe in providing constructive feedback, and will do this for you throughout the semester. I hope that you will, in turn, do this for me. *This course has improved for you this semester based on the feedback of the students in this course last semester!* The dates that the online course evaluations will be open are DATES. Do note that this year, students need to use their catamount mail username (without the @catamount.wcu.edu) to access CoursEval and the student blog server. I appreciate your consideration!

RTH 470 Tentative Timeline Spring 2010

A note on schedule adjustments and time management: As you are all readily aware, I'm apt to get off-topic. However, other than our activities that are scheduled with outside entities (which are pretty firm), it's especially important to be fluid in this class and to take the time to explore subjects of interest thoroughly. This class is highly discussion based, and topics may change based on need/ interest. Just a reminder, although it is not listed, there is homework due almost every week. Also, all of the SOAR Service Project information is yet to be added. Other assignments are spread out throughout the semester.

Week	Topic
1	First Day of Class- The Forming Stage Becoming comfortable outdoors and getting to know Base Camp Review of syllabus and course expectations
2	Group readings discussion In-class exercises and activities Have read before coming to class: <i>A Teachable Moment</i> pp. 12-21 on e-reserve at the library, and <i>Coming of Age</i> chapter 12 Don't forget to bring your first homework assignment!
3	Group readings discussion and activities Have read before coming to class: <i>Coming of Age</i> chapter 1 Download and sign all forms from Webcat regarding upcoming overnight trip and bring them to class with you on this date!
4	<u>Meet with Logan from SOAR at 12:30- begin leading competitive games with SOAR East from 1-3 p.m. Note: I will not be in class with you on this date!</u> Review gear list and make notations of what you have, what you have confirmed to borrow, and what you have rented (do this NOW!) from Base Camp. Bring a copy of your decisions with you to class. Read <i>Coming of Age</i> chapter 10, <i>Listening to Nature</i> no. 17 on e-reserve at the library and complete "Being Walk" and reflection.
5	Review chapter 10 in class/ make final preparations for overnight <i>Adventure overnight</i> Mandatory Attendance <i>Leave Saturday early- return Sunday afternoon</i>
6	Leading competitive games with SOAR West from 1-3 p.m.- meet at 12:30 as usual

	to prep
	<i>Adventure Overnight Inclement Weather Date</i> <i>Will only be used if first date is not safe for participation</i>
7	Readings discussion Have Section 1 completed (including quizzes and graphing) in <i>The Processing Pinnacle</i> (pp. 1-72). Create self-metaphors for belay clinic
	<u>Initiatives with SOAR East</u>
8	<u>Belay Clinic</u> - 12:30-3 p.m. In the Recreation Center at the Climbing Wall. Don't forget your i.d.!
	<u>Initiatives with SOAR West</u>
9	<u>Challenge Course at SOAR- ALL DAY</u>
	<u>Initiatives with SOAR East</u>
10	Review Challenge Course Experience Processing Readings Discussion and activities Have read before class today: <i>The Processing Pinnacle- Section 2 part A</i> (pp. 73-112)
11	Processing Readings Discussion and activities Have read before class today: <i>The Processing Pinnacle- Section 2 part B</i> (pp. 113 through the appendices) <u>All Jan/ Feb extra credit is due no later than this date.</u>
	<u>Initiatives with SOAR West</u>
12	Professional Associations Outside Readings given
	<u>Initiatives with SOAR East</u>
13	Research in Adventure Tx Research Readings Discussion Have read before class today: <i>Coming of Age</i> chapter 8 <i>Research Article Review Assigned</i>
14	Accessible Adventure and Safety/ Risk Management Outside Readings Assigned
15	Prepare for Final Exam <u>Research Reviews and any Mar/Apr extra credit due</u>
Final Exam	There will be an in-class <u>final exam</u> during this time period.

Appendix 3.3.11 RTH 484 Clinical Internship in Recreational Therapy**Standardized Syllabus Form**

University/College	Western Carolina University
Department	School of Health Sciences
Course Name	Clinical Internship in Recreational Therapy
Course Number	RTH 484
Prerequisite(s)	PREQ: 350, 352, 360, 370, 395, 401, 405, 417, “C” or better in all RTH prefix courses, and permission of instructor.
Course Description	Full-time internship in a recreational therapy program under direct professional supervision.
Academic Hours (Lecture - Lab - Total)	6 (internship)
Instructor (s)	Peg Connolly, Ph.D., LRT/CTRS
Semester (s)	Fall, Spring, Summer
Required Text (s)	RTH 484/485 Recreational Therapy Internship Manual
Student Requirements	<p>Internship Goals and Objectives (co-signed by student and supervisor)</p> <p>Daily Log/Journal</p> <p>Two Week Evaluation Report</p> <p>Six (6) Bi-Weekly Completed Hours and Narrative Summary Report</p> <p>Special Projects/Case Study</p> <p>Special Projects/Intervention Protocol</p> <p>Special Projects/Agency Choice</p> <p>Annotated Bibliography and Summary of a Minimum of 12 Journal Articles</p> <p>Agency Evaluation</p> <p>Intern Self Evaluation</p> <p>RT Curriculum Evaluation</p> <p>RT Competency Assessment</p>
Topic Outline	none
Additional Comments	This is the capstone experience and meets current NCTRC requirements for a full-time internship. Students enroll in both RTH 484 and RTH 485 during the same semester to complete their senior clinical internship which is their capstone experience. Both courses provide the opportunity for the student to develop the clinical competencies necessary for recreational therapy.

This course covers the following CARTE Competencies:

Competency	Description	Lecture, Lab, or both
To develop the abilities necessary for competent practice in recreational therapy through a full-time field placement experience.	<ul style="list-style-type: none"> • Foundations: Ability to communicate the purpose, techniques and effectiveness of RT to colleagues, consumers... • Foundations: Ability to analyze, evaluate and apply models of practice in various settings. • Foundations: Ability to use standards of practice and ethical codes in directing interactions with clients and colleagues and in the design and implementation of RT Services • Foundations: Ability to comply with professional credentialing standards. • Foundations: Ability to comply with agency or institutional clinical privileging and/or competency requirements. • Foundations: Ability to evaluate personal practice skills; seek resources to continually improve practice skills; and incorporate enhanced knowledge and skill into daily practice. • Client Assessment: Ability to determine the need for further assessment(s). • Client Assessment: Ability to determine and document the appropriateness of a referral for RT services. • Client Assessment: Ability to involve clients/patients, families and their significant others in 	internship

	<p>the assessment process.</p> <ul style="list-style-type: none"> • Client Assessment: Ability to conduct a systematic interview. • Client Assessment: Ability to select the appropriate assessment instrument(s) for a selected patient/client. • Client Assessment: Ability to analyze, interpret and incorporate assessment and evidence-based practice findings in a client data base that is used to develop functional outcome goals to be included in an individualized treatment plan. • Client Assessment: Ability to document assessment findings and review findings and implications for treatment with... • Client Assessment: Ability to assess the need for assistive technologies and devices to maximize functional abilities and independence in life activities. • Planning: Ability to involve the client, family and significant others, as appropriate, in the design of the treatment plan. • Planning: Ability to systematically apply assessment, quality improvement and evidence-based practice data in designing the treatment plan. • Planning: Ability to communicate and document the treatment plan to the patient/client, family, significant others, and all members of the treatment team. • Planning: Ability to apply accreditation, regulatory and therapeutic recreation standards of practice in the development, implementation, and evaluation of treatment plans/programs. • Planning: Ability to develop and use interdisciplinary collaboration in the design and implementation of tx plans. • Planning: Ability to select evidence-based treatment interventions/programs according to diagnosis, age, cultural, socioeconomic factors, and client preferences to treat problems associated with specific medical, psychiatric or other disabling conditions. • Planning: Ability to design and plan evidence-based treatment interventions/programs, protocols, guidelines and pathways, including such factors as contra indications, precautions, accommodations and adaptations, to improve physical, cognitive, social or emotional functioning of patients/clients. • Planning: Ability to select appropriate treatment interventions/programs, including such factors as type, frequency, duration and intensity, to achieve stated goals and outcomes. • Planning: Ability to use evidence-based treatment interventions/programs, protocols, guidelines, and pathways and facilitation techniques to accomplish desired outcomes • Planning: Ability to write functional outcome goals, and other forms of documentation related to treatment design. • Implementing: Ability to develop and/or select and implement treatment interventions appropriate to the goals and objectives and consistent with evidence-based practice and patient/client preferences to achieve optimal functional outcomes for patients/clients. • Implementing: Ability to effectively involve client, family and significant others in implementing treatment interventions. • Implementing: Ability to apply knowledge of the effects of pharmaceutical agents on health/behavior of clients in tx. • Implementing: Ability to apply knowledge of multicultural considerations when implementing treatment. • Implementing: Ability to effectively use a variety of assistive techniques, devices and equipment to meet client needs. • Implementing: Ability to modify or discontinue treatment interventions, as appropriate in adapting to changing conditions in the patient/client or treatment environment. • Implementing: Ability to apply behavior management strategies and helping techniques. • Implementing: Ability to document patient's/client's response to interventions. • Evaluating: Ability to evaluate the recreational therapy program for effectiveness and efficiency. • Evaluating: Ability to interpret data, to modify treatment interventions and programs and to formulate recommendations for continued patient/client treatment or aftercare. • Evaluating: Ability to use treatment/program evaluation data and research to develop protocols, guidelines and pathways to achieve effective client outcomes on a predictable and consistent basis. • Evaluating: Ability to involve clients and significant others in the reassessment of functioning and progress related to the individualized treatment/program plan, plans for 	
--	--	--

	<p>discharge and aftercare, and intervention/program_evaluation.</p> <ul style="list-style-type: none">• Evaluating: Ability to use program evaluation and applied research techniques to demonstrate program/service accountability.• Managing: Ability to apply knowledge of theory, techniques, and quality improvement to managing service delivery.• Managing: Ability to balance cost and quality to provide necessary and effective evidence-based care.• Managing: Ability to manage and use scientific, technological and patient/client information to assess and adapt physical/environmental barriers to optimize patient/client independence in life activities.• Managing: Ability to manage the practice of recreational therapy within legal and ethical requirements of health care, the agency and the profession.• Managing: Ability to collaborate with administrators and allied disciplines regarding the delivery and management of recreational therapy services provided to patients/clients.	
--	---	--

Western Carolina University

College of Health and Human Sciences

School of Health Sciences

Recreational Therapy Program

RTH 484 Clinical Internship in Recreational Therapy

Dr. Peg Connolly, LRT/CTRS 186 BELK mconnolly@email.wcu.edu

I. Course Description

Full-time learning experience designed to integrate theory with practice, observation, field work, and planning in an approved clinical setting related to student's area of interest.

Textbook: Student will download and print a copy of the *RTH 484/485 Recreational Therapy Internship Manual*, which consists of evaluation documents to be used throughout the course of the internship. The *Internship Manual and Forms Packet* is available on Web Cat under RTH 484/485 Field Internship in Recreational Therapy.

II. Course Aims and Objectives:

The aim of this course is to allow students to put into practice the knowledge and skills learned from all previous coursework and to demonstrate the ability to perform the job of a recreational therapist as defined by the NCTRC National Job Analysis (R2007).

OBJECTIVES

1. By the end of this course students will gain practical experience in the recreational therapy process as defined by the NCTRC National Job Analysis. This includes guided experiences under the supervision of a Licensed and Certified Therapeutic Recreation Specialist in the following areas:
 - a. Professional Roles and Responsibilities
 - b. Assessment
 - c. Planning interventions and/or programs
 - d. Implementing interventions and/or programs
 - e. Evaluate outcomes of the interventions and/or programs
 - f. Documenting intervention services
 - g. Working with treatment and/or service teams
 - h. Organizing programs
 - i. Managing recreational therapy services
 - j. Public awareness and advocacy
2. Students will be examined at the end of the clinical internship experience according to the ATRA Guidelines for Curriculum on:
 - Foundations: Ability to communicate the purpose, techniques and effectiveness of RT to colleagues, consumers...
 - Foundations: Ability to analyze, evaluate and apply models of practice in various settings.
 - Foundations: Ability to use standards of practice and ethical codes in directing interactions with clients and colleagues and in the design and implementation of RT Services
 - Foundations: Ability to comply with professional credentialing standards.
 - Foundations: Ability to comply with agency or institutional clinical privileging and/or competency requirements.

- Foundations: Ability to evaluate personal practice skills; seek resources to continually improve practice skills; and incorporate enhanced knowledge and skill into daily practice.
- Client Assessment: Ability to determine the need for further assessment(s).
- Client Assessment: Ability to determine and document the appropriateness of a referral for RT services.
- Client Assessment: Ability to involve clients/patients, families and their significant others in the assessment process.
- Client Assessment: Ability to conduct a systematic interview.
- Client Assessment: Ability to select the appropriate assessment instrument(s) for a selected patient/client.
- Client Assessment: Ability to analyze, interpret and incorporate assessment and evidence-based practice findings in a client data base that is used to develop functional outcome goals to be included in an individualized treatment plan.
- Client Assessment: Ability to document assessment findings and review findings and implications for treatment with...
- Client Assessment: Ability to assess the need for assistive technologies and devices to maximize functional abilities and independence in life activities.
- Planning: Ability to involve the client, family and significant others, as appropriate, in the design of the treatment plan.
- Planning: Ability to systematically apply assessment, quality improvement and evidence-based practice data in designing the treatment plan.
- Planning: Ability to communicate and document the treatment plan to the patient/client, family, significant others, and all members of the treatment team.
- Planning: Ability to apply accreditation, regulatory and therapeutic recreation standards of practice in the development, implementation, and evaluation of treatment plans/programs.
- Planning: Ability to develop and use interdisciplinary collaboration in the design and implementation of tx plans.
- Planning: Ability to select evidence-based treatment interventions/programs according to diagnosis, age, cultural, socioeconomic factors, and client preferences to treat problems associated with specific medical, psychiatric or other disabling conditions.
- Planning: Ability to design and plan evidence-based treatment interventions/programs, protocols, guidelines and pathways, including such factors as contra indications, precautions, accommodations and adaptations, to improve physical, cognitive, social or emotional functioning of patients/clients.
- Planning: Ability to select appropriate treatment interventions/programs, including such factors as type, frequency, duration and intensity, to achieve stated goals and outcomes.
- Planning: Ability to use evidence-based treatment interventions/programs, protocols, guidelines, and pathways and facilitation techniques to accomplish desired outcomes
- Planning: Ability to write functional outcome goals, and other forms of documentation related to treatment design.
- Implementing: Ability to develop and/or select and implement treatment interventions appropriate to the goals and objectives and consistent with evidence-based practice and patient/client preferences to achieve optimal functional outcomes for patients/clients.
- Implementing: Ability to effectively involve client, family and significant others in implementing treatment interventions.
- Implementing: Ability to apply knowledge of the effects of pharmaceutical agents on health/behavior of clients in tx.
- Implementing: Ability to apply knowledge of multicultural considerations when implementing treatment.
- Implementing: Ability to effectively use a variety of assistive techniques, devices and equipment to meet client needs.
- Implementing: Ability to modify or discontinue treatment interventions, as appropriate in adapting to changing conditions in the patient/client or treatment environment.
- Implementing: Ability to apply behavior management strategies and helping techniques.
- Implementing: Ability to document patient's/client's response to interventions.
- Evaluating: Ability to evaluate the recreational therapy program for effectiveness and efficiency.
- Evaluating: Ability to interpret data, to modify treatment interventions and programs and to formulate recommendations for continued patient/client treatment or aftercare.
- Evaluating: Ability to use treatment/program evaluation data and research to develop protocols, guidelines and pathways to achieve effective client outcomes on a predictable and consistent basis.
- Evaluating: Ability to involve clients and significant others in the reassessment of functioning and progress related to the individualized treatment/program plan, plans for discharge and aftercare, and intervention/program_evaluation.
- Evaluating: Ability to use program evaluation and applied research techniques to demonstrate program/service accountability.
- Managing: Ability to apply knowledge of theory, techniques, and quality improvement to managing service delivery.
- Managing: Ability to balance cost and quality to provide necessary and effective evidence-based care.
- Managing: Ability to manage and use scientific, technological and patient/client information to assess and adapt physical/environmental barriers to optimize patient/client independence in life activities.
- Managing: Ability to manage the practice of recreational therapy within legal and ethical requirements of health care, the agency and the profession.

- Managing: Ability to collaborate with administrators and allied disciplines regarding the delivery and management of recreational therapy services provided to patients/clients.
3. Upon successful completion of the academic internship and graduation from the RT BS Degree Program, the student should possess the **Standards of Knowledge, Skills and Abilities for the CTRS, including:**
- a. 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.
 - b. 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.
 - c. 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, lei-sure, 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.
 - d. 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.
 - e. 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 pro-grams to achieve the assessed needs and desired outcomes of the person served, and the impact of social issues on programming.
 - f. 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.
 - g. have a fundamental knowledge of the processes of documentation and evaluation as incorporated in all phases of the intervention process.
 - h. 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.
 - i. be able to identify and understand the components of professional competency within the realm of therapeutic recreation practice, including requirements
4. Learn current methods of service delivery from qualified recreational therapy practitioners.
5. Examine his/her interest in recreational therapy as a career and to determine the essential characteristics s/he needs to develop and exhibit as a professional.
6. Determine his/her strengths and weaknesses and to mature both personally and professionally through constructive evaluation from the qualified recreational therapy supervisor.

7. Understand more fully the responsibilities and work of professional personnel in the field.
8. To responsibly initiate communication with agency and university supervisors to meet deadlines and complete assignments on time.
9. To successfully complete a minimum 12-week, 480 hour internship as a sitting requirement for the national certification examination to become a Certified Therapeutic Recreation Specialist.

Student Intern Assignments

Student Responsibilities: Students must complete all assignments, turn them in to Web Cat, typed on appropriate forms or, where applicable in Word documents, and the assignments must professionally written and free of any spelling, grammar, or other typographical errors. Students will receive a “zero” for any assignment that is not submitted by deadlines and if the student fails to submit at least 6 Bimonthly Reports documenting their internship hours and activities reflective of the recreational therapy APIE Process (client assessment, planning, implementation, and evaluation), they will not pass the internship courses (RTH 484 and RTH 485).

Goals and Objectives: During the first week of the internship, develop a list of goals and objectives to be approved and signed by both the student intern and the facility supervisor. Send copy to university supervisor. The forms and examples for this assignment are on Web Cat.

Daily Log: The student is expected to maintain a daily log of duties performed and activity accomplished. This journal will be submitted to the university supervisor at the conclusion of the internship. Activity should reflect progress toward successfully attaining course and internship goals and objectives.

Two Week Evaluation Report: A *statement of fit*, this typed report will be sent by the student to the university supervisor at the end of the first two weeks of the experience. This report must be submitted on the Two Week Evaluation Form on Web Cat.

Bi-Weekly Summary Report: The student will edit her/his daily log entries and send a narrative summary report along with the exact hours worked each day for every two week period of the internship. This report must be submitted on the Bimonthly Report Form on Web Cat.

Special Projects: Each student will submit a client case study documenting application of the RT APIE Process to a particular diagnostic area of service, an intervention protocol specific to the internship site, and another special project assigned by the Internship Supervisor. Recognizing the differences in treatment program protocols from one facility to another, the student should expect that the agency may ask her/him to complete several internship assignment/s. These might include but not be limited to preparing an in-service presentation, RT marketing brochure, organizing an intervention manual, preparing information for the RT Website at the agency, etc.

All special projects must be approved by the RT Internship Supervisor. The student will be responsible for submitting the Special Projects report including

1. The client case study (do not include the client’s real name or other specific data that would violate client confidentiality),
2. An intervention protocol with a report on the development, implementation, and evaluation of the effectiveness of implementing the intervention, and
3. A report on other completed projects summarizing the other projects completed for the agency and including any manuals, brochures, or other artifacts developed.

Facility Supervisor Evaluations: The student is responsible for ensuring that the facility supervisor sends a mid-term and a final evaluation to the university supervisor in accordance with the timeline

specified in the *Internship Checklist Timeline*. The Supervisor Evaluation of Intern Forms are on the home page of this course in a folder marked “Supervisors”.

Final Student Reports: At the completion of the internship, the student is required to submit to the university supervisor the following reports: *Agency Evaluation, Intern Self Evaluation, RT Curriculum Evaluation*, and the complete *Student Log/Journal*. Specifics are to be found in the *WCU Recreational Therapy Internship Manual* and on Web Cat under each required assignment.

RT Competency Assessment: Students will be required to take the RT Competency Assessment on Web Cat under “Assessments” during the final week of their internship. The purpose of this assessment is to allow recreational therapy majors to rate their abilities for recreational therapy practice at the end of the senior clinical internship. Please be honest with your self-appraisal. There is no right or wrong answers, however, points are awarded for completing all sections of this assessment.

Final Grades: The facility supervisor will suggest a final grade for the internship concomitant with her/his final evaluation of the student. The field experience will be letter graded, **A** (Outstanding) through **F** (Failure). The students final grade will be composed of the two supervisory evaluations (midterm and final) and points earned on all other internship assignments described above.

Responsibilities

Written Assignments: All assignments must be submitted through the Web Cat program by electronic means and must, therefore, be typed, and double spaced, with appropriate one inch margins on all sides, top and bottom. *Five (5) points will be deducted from each assignment point value for assignments that are not delivered via the Web Cat Assignment section.* Additionally, **NO HANDWRITTEN REPORTS WILL BE ACCEPTED.**

All assignments must follow APA Guidelines for format and references. If you are unfamiliar with APA Guidelines, please go to the web page for the WCU Writing Center or to the Hunter Library Link to learn more about these Guidelines. Professional writing is expected of all for all assignments. All outside work submitted to the Professor will be retained by her. Should you desire a copy of your assignment for your own files, please make accommodations before submission.

Student Responsibilities:

- After consultation with the university supervisor, contact an agency of her/his choosing to determine the existence of a recreational therapy internship program under the direct site supervision of a currently authorized CTRS (TRS/CTRS if in North Carolina).
- Notify the university supervisor of her/his agency choice so that formal communication may be established.
- Complete, sign and present the documentation identified on the *Pre-Internship Preparation Timeline* to the university supervisor.
- Obtain professional liability malpractice insurance in an amount of at least \$1,000,000/\$3,000,000.
- Execute, in a timely manner, the assignments specified on the *Internship Submission Timeline*.
- Perform an internship consisting of a minimum of 480 hours over a twelve week time period; more if required by the agency.

University Faculty Supervisor Responsibilities:

- Meet with the student prior to the semester during which the internship will be undertaken to determine eligibility and prospective facility preferences.

- Assess potential field placement settings in relation to WCU program standards as well as the student's needs and goals.
- Refer to the facility only those students who have completed all prerequisites and received instruction regarding the concepts of privilege, confidentiality, and exposure to blood-borne pathogens.
- Refer to the facility only those students who have been instructed to obtain liability malpractice insurance in an amount of at least \$1,000,000/\$3,000,000.
- Approve appropriate field internship sites.
- Obtain the appropriate signatures for the *Educational Affiliation Agreement*.
- Review all reports sent to the university by the facility supervisor and the student.
- When possible, visit the intern at the field site during the internship time period.
- Enter a final grade for the student in cooperation with the facility supervisor.

Qualified Recreational Therapy Intern Supervisor CTRS and (if in NC) LRT

- Allow the student to commence the field internship only after receiving an official *Letter of Authorization* from the university supervisor.
- Coordinate with the university supervisor the total field placement experience including the *Educational Affiliation Agreement*, proposed goals and objectives, outline of approved training program, student's duties and the evaluation process.
- Orient the student to the field internship site.
- Provide educational experiences through practical tasks that broaden the student's knowledge, skills and ability.
- Involve the student in her/his own evaluation and goals for improvement.
- If appropriate, involve the student in in-service education programs for recreational therapy staff, or in interdisciplinary training programs.
- Provide supervisory conferences and evaluation sessions on a regularly scheduled and as needed basis.
- If appropriate, orient the student to the community in which the training is being provided. Involve the student in patient/client community reintegration and discharge planning.
- Supervise the student in the writing of progress notes, activity evaluations, and patient/client record keeping.
- Submit written evaluations of the student's performance at mid-term and at the close of the experience.

Assignment Values:

Preliminary Forms	
Student Checklist	5
Student Information Form (Appen. E)	5
Internship Learning Objectives (Appen. H)	10
Two Week Evaluation (Appen. H)	5
Bi-Monthly Summary Reports	
First Bi-Monthly (Appen. H)	10
2 nd Bi-Monthly Week 4	10
3 rd Bi-Monthly Week 6	10
4 th Bi-Monthly Week 8	10
5 th Bi-Monthly Week 10	10
6 th Bi-Monthly Week 12	10
Week 14*	
Final Reports ** (#5, p. 12)	
Agency Evaluation	10
Self-Evaluation	10

RT Curriculum Exit Evaluation	10
Annotated Bibliography ** (#3, p.11)	30
Daily Log (#2, p.11) **	30
Special Projects/Agency Assignments	100
RT Competency Assessment	25
Midterm Evaluation (Appen. F)	60
Final Evaluation** (Appen. G)	240
Total Points	600

Grading Scale: A total of 600 points are available for each student enrolled in RTH 484/485 and final grades will be calculated based on student point accumulation. Plus or minus grades may be awarded if warranted.

<i>Grade</i>	<i>Percent</i>	<i>Points</i>
A+	98-100%	588-600
A	94 -97%	564 - 587
A-	90-93%	540-563
B+	87-89%	522-539
B	84 – 86%	504-521
B-	81-83%	486-503
C+	78-80%	468-485
C	74-77%	444 - 467
C-	70-73%	420-443
D+	67-69	402-419
D	63-66%	378-401
D-	60-62%	360-377
F	59% and below	0-359

Midterm Supervisor Evaluation Grading Scale

<i>Grade</i>	<i>Percent</i>	<i>Points</i>
A	92 -100%	56-60
B	83 – 91.9%	51-55
C	75 – 82.9%	46-50
D	68 - 74.9%	41-45

Final Supervisor Evaluation Grading Scale

<i>Grade</i>	<i>Percent</i>	<i>Points</i>
A	92 -100%	222-240
B	83 – 91.9%	200-221
C	75 – 82.9%	181-199
D	68 - 74.9%	1630-180

Contacting Dr. Connolly: You can reach Dr. Connolly by email to: mconnolly@email.wcu.edu. It will be helpful if you send an email first indicating that you need to speak by phone and a preferred time for a conference call. An appointment will be made based on a mutually agreed to time.

Appendix 3.3.12 RTH 485 Clinical Internship in Recreational Therapy**Standardized Syllabus Form**

University/College	Western Carolina University
Department	School of Health Sciences
Course Name	Clinical Internship in Recreational Therapy
Course Number	RTH 485
Prerequisite(s)	PREQ: 350, 352, 360, 370, 395, 401, 405, 417, "C" or better in all RTH prefix courses, and permission of instructor.
Course Description	Full-time internship in a recreational therapy program under direct professional supervision.
Academic Hours (Lecture - Lab - Total)	6 (internship)
Instructor (s)	Peg Connolly, Ph.D., LRT/CTRS
Semester (s)	Fall, Spring, Summer
Required Text (s)	RTH 484/485 Recreational Therapy Internship Manual
Student Requirements	Internship Goals and Objectives (co-signed by student and supervisor) Daily Log/Journal Two Week Evaluation Report Six (6) Bi-Weekly Completed Hours and Narrative Summary Report Special Projects/Case Study Special Projects/Intervention Protocol Special Projects/Agency Choice Annotated Bibliography and Summary of a Minimum of 12 Journal Articles Agency Evaluation Intern Self Evaluation RT Curriculum Evaluation RT Competency Assessment
Topic Outline	none
Additional Comments	This is the capstone experience and meets current NCTRC requirements for a full-time internship. Students enroll in both RTH 484 and RTH 485 during the same semester to complete their senior clinical internship which is their capstone experience. Both courses provide the opportunity for the student to develop the clinical competencies necessary for recreational therapy.

This course covers the following CARTE Competencies:

Competency	Description	Lecture, Lab, or both
To develop the abilities necessary for competent practice in recreational therapy through a full-time field placement experience.	<ul style="list-style-type: none"> • Foundations: Ability to communicate the purpose, techniques and effectiveness of RT to colleagues, consumers... • Foundations: Ability to analyze, evaluate and apply models of practice in various settings. • Foundations: Ability to use standards of practice and ethical codes in directing interactions with clients and colleagues and in the design and implementation of RT Services • Foundations: Ability to comply with professional credentialing standards. • Foundations: Ability to comply with agency or institutional clinical privileging and/or competency requirements. • Foundations: Ability to evaluate personal practice skills; seek resources to continually improve practice skills; and incorporate enhanced knowledge and skill into daily practice. • Client Assessment: Ability to determine the need for further assessment(s). • Client Assessment: Ability to determine and document the appropriateness of a referral for RT services. • Client Assessment: Ability to involve clients/patients, families and their significant others 	internship

	<p>in the assessment process.</p> <ul style="list-style-type: none"> • Client Assessment: Ability to conduct a systematic interview. • Client Assessment: Ability to select the appropriate assessment instrument(s) for a selected patient/client. • Client Assessment: Ability to analyze, interpret and incorporate assessment and evidence-based practice findings in a client data base that is used to develop functional outcome goals to be included in an individualized treatment plan. • Client Assessment: Ability to document assessment findings and review findings and implications for treatment with... • Client Assessment: Ability to assess the need for assistive technologies and devices to maximize functional abilities and independence in life activities. • Planning: Ability to involve the client, family and significant others, as appropriate, in the design of the treatment plan. • Planning: Ability to systematically apply assessment, quality improvement and evidence-based practice data in designing the treatment plan. • Planning: Ability to communicate and document the treatment plan to the patient/client, family, significant others, and all members of the treatment team. • Planning: Ability to apply accreditation, regulatory and therapeutic recreation standards of practice in the development, implementation, and evaluation of treatment plans/programs. • Planning: Ability to develop and use interdisciplinary collaboration in the design and implementation of tx plans. • Planning: Ability to select evidence-based treatment interventions/programs according to diagnosis, age, cultural, socioeconomic factors, and client preferences to treat problems associated with specific medical, psychiatric or other disabling conditions. • Planning: Ability to design and plan evidence-based treatment interventions/programs, protocols, guidelines and pathways, including such factors as contra indications, precautions, accommodations and adaptations, to improve physical, cognitive, social or emotional functioning of patients/clients. • Planning: Ability to select appropriate treatment interventions/programs, including such factors as type, frequency, duration and intensity, to achieve stated goals and outcomes. • Planning: Ability to use evidence-based treatment interventions/programs, protocols, guidelines, and pathways and facilitation techniques to accomplish desired outcomes • Planning: Ability to write functional outcome goals, and other forms of documentation related to treatment design. • Implementing: Ability to develop and/or select and implement treatment interventions appropriate to the goals and objectives and consistent with evidence-based practice and patient/client preferences to achieve optimal functional outcomes for patients/clients. • Implementing: Ability to effectively involve client, family and significant others in implementing treatment interventions. • Implementing: Ability to apply knowledge of the effects of pharmaceutical agents on health/behavior of clients in tx. • Implementing: Ability to apply knowledge of multicultural considerations when implementing treatment. • Implementing: Ability to effectively use a variety of assistive techniques, devices and equipment to meet client needs. • Implementing: Ability to modify or discontinue treatment interventions, as appropriate in adapting to changing conditions in the patient/client or treatment environment. • Implementing: Ability to apply behavior management strategies and helping techniques. • Implementing: Ability to document patient's/client's response to interventions. • Evaluating: Ability to evaluate the recreational therapy program for effectiveness and efficiency. • Evaluating: Ability to interpret data, to modify treatment interventions and programs and to formulate recommendations for continued patient/client treatment or aftercare. 	
--	---	--

	<ul style="list-style-type: none">• Evaluating: Ability to use treatment/program evaluation data and research to develop protocols, guidelines and pathways to achieve effective client outcomes on a predictable and consistent basis.• Evaluating: Ability to involve clients and significant others in the reassessment of functioning and progress related to the individualized treatment/program plan, plans for discharge and aftercare, and intervention/program evaluation.• Evaluating: Ability to use program evaluation and applied research techniques to demonstrate program/service accountability.• Managing: Ability to apply knowledge of theory, techniques, and quality improvement to managing service delivery.• Managing: Ability to balance cost and quality to provide necessary and effective evidence-based care.• Managing: Ability to manage and use scientific, technological and patient/client information to assess and adapt physical/environmental barriers to optimize patient/client independence in life activities.• Managing: Ability to manage the practice of recreational therapy within legal and ethical requirements of health care, the agency and the profession.• Managing: Ability to collaborate with administrators and allied disciplines regarding the delivery and management of recreational therapy services provided to patients/clients.	
--	--	--

Western Carolina University

College of Health and Human Sciences

School of Health Sciences

Recreational Therapy Program

RTH 485 Clinical Internship in Recreational Therapy

Dr. Peg Connolly, LRT/CTRS 186 BELK mconnolly@email.wcu.edu

I. Course Description

Full-time learning experience designed to integrate theory with practice, observation, field work, and planning in an approved clinical setting related to student's area of interest.

Textbook: Student will download and print a copy of the *RTH 484/485 Recreational Therapy Internship Manual*, which consists of evaluation documents to be used throughout the course of the internship. The *Internship Manual and Forms Packet* is available on Web Cat under RTH 484/485 Field Internship in Recreational Therapy.

II. Course Aims and Objectives:

The aim of this course is to allow students to put into practice the knowledge and skills learned from all previous coursework and to demonstrate the ability to perform the job of a recreational therapist as defined by the NCTRC National Job Analysis (R2007).

OBJECTIVES

10. By the end of this course students will gain practical experience in the recreational therapy process as defined by the NCTRC National Job Analysis. This includes guided experiences under the supervision of a Licensed and Certified Therapeutic Recreation Specialist in the following areas:
 - a. Professional Roles and Responsibilities
 - b. Assessment
 - c. Planning interventions and/or programs
 - d. Implementing interventions and/or programs
 - e. Evaluate outcomes of the interventions and/or programs
 - f. Documenting intervention services
 - g. Working with treatment and/or service teams
 - h. Organizing programs
 - i. Managing recreational therapy services
 - j. Public awareness and advocacy
11. Students will be examined at the end of the clinical internship experience according to the ATRA Guidelines for Curriculum on:
 - Foundations: Ability to communicate the purpose, techniques and effectiveness of RT to colleagues, consumers...
 - Foundations: Ability to analyze, evaluate and apply models of practice in various settings.
 - Foundations: Ability to use standards of practice and ethical codes in directing interactions with clients and colleagues and in the design and implementation of RT Services
 - Foundations: Ability to comply with professional credentialing standards.
 - Foundations: Ability to comply with agency or institutional clinical privileging and/or competency requirements.
 - Foundations: Ability to evaluate personal practice skills; seek resources to continually improve practice skills; and

- incorporate enhanced knowledge and skill into daily practice.
- Client Assessment: Ability to determine the need for further assessment(s).
 - Client Assessment: Ability to determine and document the appropriateness of a referral for RT services.
 - Client Assessment: Ability to involve clients/patients, families and their significant others in the assessment process.
 - Client Assessment: Ability to conduct a systematic interview.
 - Client Assessment: Ability to select the appropriate assessment instrument(s) for a selected patient/client.
 - Client Assessment: Ability to analyze, interpret and incorporate assessment and evidence-based practice findings in a client data base that is used to develop functional outcome goals to be included in an individualized treatment plan.
 - Client Assessment: Ability to document assessment findings and review findings and implications for treatment with...
 - Client Assessment: Ability to assess the need for assistive technologies and devices to maximize functional abilities and independence in life activities.
 - Planning: Ability to involve the client, family and significant others, as appropriate, in the design of the treatment plan.
 - Planning: Ability to systematically apply assessment, quality improvement and evidence-based practice data in designing the treatment plan.
 - Planning: Ability to communicate and document the treatment plan to the patient/client, family, significant others, and all members of the treatment team.
 - Planning: Ability to apply accreditation, regulatory and therapeutic recreation standards of practice in the development, implementation, and evaluation of treatment plans/programs.
 - Planning: Ability to develop and use interdisciplinary collaboration in the design and implementation of tx plans.
 - Planning: Ability to select evidence-based treatment interventions/programs according to diagnosis, age, cultural, socioeconomic factors, and client preferences to treat problems associated with specific medical, psychiatric or other disabling conditions.
 - Planning: Ability to design and plan evidence-based treatment interventions/programs, protocols, guidelines and pathways, including such factors as contra indications, precautions, accommodations and adaptations, to improve physical, cognitive, social or emotional functioning of patients/clients.
 - Planning: Ability to select appropriate treatment interventions/programs, including such factors as type, frequency, duration and intensity, to achieve stated goals and outcomes.
 - Planning: Ability to use evidence-based treatment interventions/programs, protocols, guidelines, and pathways and facilitation techniques to accomplish desired outcomes
 - Planning: Ability to write functional outcome goals, and other forms of documentation related to treatment design.
 - Implementing: Ability to develop and/or select and implement treatment interventions appropriate to the goals and objectives and consistent with evidence-based practice and patient/client preferences to achieve optimal functional outcomes for patients/clients.
 - Implementing: Ability to effectively involve client, family and significant others in implementing treatment interventions.
 - Implementing: Ability to apply knowledge of the effects of pharmaceutical agents on health/behavior of clients in tx.
 - Implementing: Ability to apply knowledge of multicultural considerations when implementing treatment.
 - Implementing: Ability to effectively use a variety of assistive techniques, devices and equipment to meet client needs.
 - Implementing: Ability to modify or discontinue treatment interventions, as appropriate in adapting to changing conditions in the patient/client or treatment environment.
 - Implementing: Ability to apply behavior management strategies and helping techniques.
 - Implementing: Ability to document patient's/client's response to interventions.
 - Evaluating: Ability to evaluate the recreational therapy program for effectiveness and efficiency.
 - Evaluating: Ability to interpret data, to modify treatment interventions and programs and to formulate recommendations for continued patient/client treatment or aftercare.
 - Evaluating: Ability to use treatment/program evaluation data and research to develop protocols, guidelines and pathways to achieve effective client outcomes on a predictable and consistent basis.
 - Evaluating: Ability to involve clients and significant others in the reassessment of functioning and progress related to the individualized treatment/program plan, plans for discharge and aftercare, and intervention/program_evaluation.
 - Evaluating: Ability to use program evaluation and applied research techniques to demonstrate program/service accountability.
 - Managing: Ability to apply knowledge of theory, techniques, and quality improvement to managing service delivery.
 - Managing: Ability to balance cost and quality to provide necessary and effective evidence-based care.
 - Managing: Ability to manage and use scientific, technological and patient/client information to assess and adapt

- physical/environmental barriers to optimize patient/client independence in life activities.
 - Managing: Ability to manage the practice of recreational therapy within legal and ethical requirements of health care, the agency and the profession.
 - Managing: Ability to collaborate with administrators and allied disciplines regarding the delivery and management of recreational therapy services provided to patients/clients.
12. Upon successful completion of the academic internship and graduation from the RT BS Degree Program, the student should possess the **Standards of Knowledge, Skills and Abilities for the CTRS, including:**
- a. 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.
 - b. 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.
 - c. 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, lei-sure, 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.
 - d. 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.
 - e. 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 pro-grams to achieve the assessed needs and desired outcomes of the person served, and the impact of social issues on programming.
 - f. 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.
 - g. have a fundamental knowledge of the processes of documentation and evaluation as incorporated in all phases of the intervention process.
 - h. 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.
 - i. be able to identify and understand the components of professional competency within the realm of therapeutic recreation practice, including requirements
13. Learn current methods of service delivery from qualified recreational therapy practitioners.
14. Examine his/her interest in recreational therapy as a career and to determine the essential characteristics s/he needs to develop and exhibit as a professional.

15. Determine his/her strengths and weaknesses and to mature both personally and professionally through constructive evaluation from the qualified recreational therapy supervisor.
16. Understand more fully the responsibilities and work of professional personnel in the field.
17. To responsibly initiate communication with agency and university supervisors to meet deadlines and complete assignments on time.
18. To successfully complete a minimum 12-week, 480 hour internship as a sitting requirement for the national certification examination to become a Certified Therapeutic Recreation Specialist.

Student Intern Assignments

Student Responsibilities: Students must complete all assignments, turn them in to Web Cat, typed on appropriate forms or, where applicable in Word documents, and the assignments must professionally written and free of any spelling, grammar, or other typographical errors. Students will receive a “zero” for any assignment that is not submitted by deadlines and if the student fails to submit at least 6 Bimonthly Reports documenting their internship hours and activities reflective of the recreational therapy APIE Process (client assessment, planning, implementation, and evaluation), they will not pass the internship courses (RTH 484 and RTH 485).

Goals and Objectives: During the first week of the internship, develop a list of goals and objectives to be approved and signed by both the student intern and the facility supervisor. Send copy to university supervisor. The forms and examples for this assignment are on Web Cat.

Daily Log: The student is expected to maintain a daily log of duties performed and activity accomplished. This journal will be submitted to the university supervisor at the conclusion of the internship. Activity should reflect progress toward successfully attaining course and internship goals and objectives.

Two Week Evaluation Report: A *statement of fit*, this typed report will be sent by the student to the university supervisor at the end of the first two weeks of the experience. This report must be submitted on the Two Week Evaluation Form on Web Cat.

Bi-Weekly Summary Report: The student will edit her/his daily log entries and send a narrative summary report along with the exact hours worked each day for every two week period of the internship. This report must be submitted on the Bimonthly Report Form on Web Cat.

Special Projects: Each student will submit a client case study documenting application of the RT APIE Process to a particular diagnostic area of service, an intervention protocol specific to the internship site, and another special project assigned by the Internship Supervisor. Recognizing the differences in treatment program protocols from one facility to another, the student should expect that the agency may ask her/him to complete several internship assignment/s. These might include but not be limited to preparing an in-service presentation, RT marketing brochure, organizing an intervention manual, preparing information for the RT Website at the agency, etc.

All special projects must be approved by the RT Internship Supervisor. The student will be responsible for submitting the Special Projects report including

4. The client case study (do not include the client’s real name or other specific data that would violate client confidentiality),
5. An intervention protocol with a report on the development, implementation, and evaluation of the effectiveness of implementing the intervention, and
6. A report on other completed projects summarizing the other projects completed for the agency and including any manuals, brochures, or other artifacts developed.

Facility Supervisor Evaluations: The student is responsible for ensuring that the facility supervisor sends a mid-term and a final evaluation to the university supervisor in accordance with the timeline

specified in the *Internship Checklist Timeline*. The Supervisor Evaluation of Intern Forms are on the home page of this course in a folder marked "Supervisors".

Final Student Reports: At the completion of the internship, the student is required to submit to the university supervisor the following reports: *Agency Evaluation*, *Intern Self Evaluation*, *RT Curriculum Evaluation*, and the complete *Student Log/Journal*. Specifics are to be found in the *WCU Recreational Therapy Internship Manual* and on Web Cat under each required assignment.

RT Competency Assessment: Students will be required to take the RT Competency Assessment on Web Cat under "Assessments" during the final week of their internship. The purpose of this assessment is to allow recreational therapy majors to rate their abilities for recreational therapy practice at the end of the senior clinical internship. Please be honest with your self-appraisal. There is no right or wrong answers, however, points are awarded for completing all sections of this assessment.

Final Grades: The facility supervisor will suggest a final grade for the internship concomitant with her/his final evaluation of the student. The field experience will be letter graded, **A** (Outstanding) through **F** (Failure). The students final grade will be composed of the two supervisory evaluations (midterm and final) and points earned on all other internship assignments described above.

Responsibilities

Written Assignments: All assignments must be submitted through the Web Cat program by electronic means and must, therefore, be typed, and double spaced, with appropriate one inch margins on all sides, top and bottom. *Five (5) points will be deducted from each assignment point value for assignments that are not delivered via the Web Cat Assignment section.* Additionally, **NO HANDWRITTEN REPORTS WILL BE ACCEPTED.**

All assignments must follow APA Guidelines for format and references. If you are unfamiliar with APA Guidelines, please go to the web page for the WCU Writing Center or to the Hunter Library Link to learn more about these Guidelines. Professional writing is expected of all for all assignments. All outside work submitted to the Professor will be retained by her. Should you desire a copy of your assignment for your own files, please make accommodations before submission.

Student Responsibilities:

- After consultation with the university supervisor, contact an agency of her/his choosing to determine the existence of a recreational therapy internship program under the direct site supervision of a currently authorized CTRS (TRS/CTRS if in North Carolina).
- Notify the university supervisor of her/his agency choice so that formal communication may be established.
- Complete, sign and present the documentation identified on the *Pre-Internship Preparation Timeline* to the university supervisor.
- Obtain professional liability malpractice insurance in an amount of at least \$1,000,000/\$3,000,000.
- Execute, in a timely manner, the assignments specified on the *Internship Submission Timeline*.
- Perform an internship consisting of a minimum of 480 hours over a twelve week time period; more if required by the agency.

University Faculty Supervisor Responsibilities:

- Meet with the student prior to the semester during which the internship will be undertaken to determine eligibility and prospective facility preferences.
- Assess potential field placement settings in relation to WCU program standards as well as the student's needs and goals.
- Refer to the facility only those students who have completed all prerequisites and received instruction regarding the concepts of privilege, confidentiality, and exposure to blood-borne pathogens.

- Refer to the facility only those students who have been instructed to obtain liability malpractice insurance in an amount of at least \$1,000,000/\$3,000,000.
- Approve appropriate field internship sites.
- Obtain the appropriate signatures for the *Educational Affiliation Agreement*.
- Review all reports sent to the university by the facility supervisor and the student.
- When possible, visit the intern at the field site during the internship time period.
- Enter a final grade for the student in cooperation with the facility supervisor.

Qualified Recreational Therapy Intern Supervisor CTRS and (if in NC) LRT

- Allow the student to commence the field internship only after receiving an official *Letter of Authorization* from the university supervisor.
- Coordinate with the university supervisor the total field placement experience including the *Educational Affiliation Agreement*, proposed goals and objectives, outline of approved training program, student's duties and the evaluation process.
- Orient the student to the field internship site.
- Provide educational experiences through practical tasks that broaden the student's knowledge, skills and ability.
- Involve the student in her/his own evaluation and goals for improvement.
- If appropriate, involve the student in in-service education programs for recreational therapy staff, or in interdisciplinary training programs.
- Provide supervisory conferences and evaluation sessions on a regularly scheduled and as needed basis.
- If appropriate, orient the student to the community in which the training is being provided. Involve the student in patient/client community reintegration and discharge planning.
- Supervise the student in the writing of progress notes, activity evaluations, and patient/client record keeping.
- Submit written evaluations of the student's performance at mid-term and at the close of the experience.

Assignment Values:

Preliminary Forms	
Student Checklist	5
Student Information Form (Appen. E)	5
Internship Learning Objectives (Appen. H)	10
Two Week Evaluation (Appen. H)	5
Bi-Monthly Summary Reports	
First Bi-Monthly (Appen. H)	10
2 nd Bi-Monthly Week 4	10
3 rd Bi- Monthly Week 6	10
4 th Bi- Monthly Week 8	10
5 th Bi- Monthly Week 10	10
6 th Bi- Monthly Week 12	10
Week 14*	
Final Reports ** (#5, p. 12)	
Agency Evaluation	10
Self-Evaluation	10
RT Curriculum Exit Evaluation	10
Annotated Bibliography ** (#3, p.11)	30
Daily Log (#2, p.11) **	30
Special Projects/Agency Assignments	100
RT Competency Assessment	25
Midterm Evaluation (Appen. F)	60

Final Evaluation** (Appen. G)	240
Total Points	600

Grading Scale: A total of 600 points are available for each student enrolled in RTH 484/485 and final grades will be calculated based on student point accumulation. Plus or minus grades may be awarded if warranted.

<i>Grade</i>	<i>Percent</i>	<i>Points</i>
A+	98-100%	588-600
A	94 -97%	564 - 587
A-	90-93%	540-563
B+	87-89%	522-539
B	84 – 86%	504-521
B-	81-83%	486-503
C+	78-80%	468-485
C	74-77%	444 - 467
C-	70-73%	420-443
D+	67-69	402-419
D	63-66%	378-401
D-	60-62%	360-377
F	59% and below	0-359

Midterm Supervisor Evaluation Grading Scale

<i>Grade</i>	<i>Percent</i>	<i>Points</i>
A	92 -100%	56-60
B	83 – 91.9%	51-55
C	75 – 82.9%	46-50
D	68 - 74.9%	41-45

Final Supervisor Evaluation Grading Scale

<i>Grade</i>	<i>Percent</i>	<i>Points</i>
A	92 -100%	222-240
B	83 – 91.9%	200-221
C	75 – 82.9%	181-199
D	68 - 74.9%	1630-180

Contacting Dr. Connolly: You can reach Dr. Connolly by email to: mconnolly@email.wcu.edu. It will be helpful if you send an email first indicating that you need to speak by phone and a preferred time for a conference call. An appointment will be made based on a mutually agreed to time.

Appendix 3.4 Frequency of Recreational Therapy Course Offerings and Mean Class Size for the Previous 5 Years

RTH 101- Tai Chi

<i>Semester</i>	<i>Number of Sections</i>	<i>Average Class Size</i>	<i>Total SCH</i>
Fall 2004	1	17	17
Spring 2005	1	15	15
Fall 2005	0	0	0
Spring 2006	0	0	0
Fall 2006	0	0	0
Spring 2007	0	0	0
Fall 2007	0	0	0
Spring 2008	0	0	0
Fall 2008	0	0	0
Spring 2009	0	0	0
Fall 2009	0	0	0

RTH 200- Foundations of Recreational Therapy

<i>Semester</i>	<i>Number of Sections</i>	<i>Average Class Size</i>	<i>Total SCH</i>
Fall 2004	1	31	93
Spring 2005	0	0	0
Fall 2005	1	31	93
Spring 2006	1	26	78
Fall 2006	1	29	87
Spring 2007	1	18	54
Fall 2007	1	24	72
Spring 2008	1	24	72
Fall 2008	1	24	72
Spring 2009	1	25	75
Fall 2009	1	35	105

RTH 350- Recreational Therapy and People with Physical Disabilities

<i>Semester</i>	<i>Number of Sections</i>	<i>Average Class Size</i>	<i>Total SCH</i>
Fall 2004	1	14	42
Spring 2005	1	20	60
Fall 2005	1	22	66
Spring 2006	1	23	69
Fall 2006	1	24	72
Spring 2007	1	30	90
Fall 2007	1	24	72
Spring 2008	0	0	0
Fall 2008	1	24	72
Spring 2009	0	0	0
Fall 2009	1	36	108

RTH 351- Client Assessment in Recreational Therapy

<i>Semester</i>	<i>Number of Sections</i>	<i>Average Class Size</i>	<i>Total SCH</i>
Fall 2004	0	0	0
Spring 2005	0	0	0
Fall 2005	0	0	0
Spring 2006	0	0	0
Fall 2006	0	0	0
Spring 2007	0	0	0
Fall 2007	0	0	0
Spring 2008	1	20	60
Fall 2008	0	0	0
Spring 2009	1	30	90
Fall 2009	1	19	57

RTH 352- Recreational Therapy Processes and Techniques

<i>Semester</i>	<i>Number of Sections</i>	<i>Average Class Size</i>	<i>Total SCH</i>
Fall 2004	0	0	0
Spring 2005	1	14	42
Fall 2005	0	0	0
Spring 2006	1	32	96
Fall 2006	0	0	0
Spring 2007	1	27	81
Fall 2007	0	0	0
Spring 2008	1	24	72
Fall 2008	1	12	36
Spring 2009	1	22	66
Fall 2009	1	19	57

RTH 360- Recreational Therapy Services for Older Adults

<i>Semester</i>	<i>Number of Sections</i>	<i>Average Class Size</i>	<i>Total SCH</i>
Fall 2004	0	0	0
Spring 2005	1	21	63
Fall 2005	0	0	0
Spring 2006	1	16	48
Fall 2006	0	0	0
Spring 2007	1	24	72
Fall 2007	0	0	0
Spring 2008	1	11	33
Fall 2008	1	13	39
Spring 2009	1	15	45
Fall 2009	1	11	33

RTH 395- Pre-Internship Seminar

<i>Semester</i>	<i>Number of Sections</i>	<i>Average Class Size</i>	<i>Total SCH</i>
Fall 2004	1	14	14
Spring 2005	0	0	0
Fall 2005	1	10	10
Spring 2006	0	0	0
Fall 2006	1	18	18
Spring 2007	0	0	0
Fall 2007	1	19	19
Spring 2008	0	0	0
Fall 2008	1	11	11
Spring 2009	1	9	9
Fall 2009	1	12	12

RTH 417- Administration of Recreational Therapy Services

<i>Semester</i>	<i>Number of Sections</i>	<i>Average Class Size</i>	<i>Total SCH</i>
Fall 2004	1	12	36
Spring 2005	0	0	0
Fall 2005	1	15	45
Spring 2006	0	0	0
Fall 2006	1	16	48
Spring 2007	0	0	0
Fall 2007	1	22	66
Spring 2008	0	0	0
Fall 2008	1	19	57
Spring 2009	0	0	0
Fall 2009	1	24	72

RTH 450- Advanced Methods in Recreational Therapy

<i>Semester</i>	<i>Number of Sections</i>	<i>Average Class Size</i>	<i>Total SCH</i>
Fall 2004	1	16	48
Spring 2005	0	0	0
Fall 2005	1	12	36
Spring 2006	0	0	0
Fall 2006	1	20	60
Spring 2007	0	0	0
Fall 2007	1	20	60
Spring 2008	0	0	0
Fall 2008	1	20	60
Spring 2009	0	0	0
Fall 2009	1	28	84

RTH 470- Adventure-Based Recreational Therapy

<i>Semester</i>	<i>Number of Sections</i>	<i>Average Class Size</i>	<i>Total SCH</i>
Fall 2004	0	0	0
Spring 2005	1	20	60
Fall 2005	0	0	0
Spring 2006	1	19	57
Fall 2006	0	0	0
Spring 2007	1	18	54
Fall 2007	0	0	0
Spring 2008	1	21	63
Fall 2008	0	0	0
Spring 2009	1	21	63
Fall 2009	1	8	24

RTH 481- Independent Study

<i>Semester</i>	<i>Number of Sections</i>	<i>Average Class Size</i>	<i>Total SCH</i>
Fall 2004	1	1	1
Spring 2005	1	3	9
Fall 2005	1	1	1
Spring 2006	2	1.5	5
Fall 2006	1	2	2
Spring 2007	0	0	0
Fall 2007	0	0	0
Spring 2008	1	1	1
Fall 2008	1	1	1
Spring 2009	2	1	2
Fall 2009	1	1	1

RTH 484- Recreational Therapy Clinical Internship

<i>Semester</i>	<i>Number of Sections</i>	<i>Average Class Size</i>	<i>Total SCH</i>
Fall 2004	1	1	6
Spring 2005	1	3	18
Fall 2005	0	0	0
Spring 2006	1	9	54
Fall 2006	1	3	18
Spring 2007	1	4	24
Fall 2007	1	3	18
Spring 2008	1	10	60
Fall 2008	1	2	12
Spring 2009	1	11	66
Fall 2009	0	0	0

RTH 485- Recreational Therapy Clinical Internship

<i>Semester</i>	<i>Number of Sections</i>	<i>Average Class Size</i>	<i>Total SCH</i>
Fall 2004	1	1	6
Spring 2005	1	3	18
Fall 2005	0	0	0
Spring 2006	1	9	54
Fall 2006	1	3	18
Spring 2007	1	4	24
Fall 2007	1	3	18
Spring 2008	1	10	60
Fall 2008	1	2	12
Spring 2009	1	11	66
Fall 2009	0	0	0

Appendix 3.5 Number of Junior/Senior Recreational Therapy Majors during the Past Five Years

<i>Semester</i>	<i>Number Junior/Senior Majors</i>
Fall 2004	23
Spring 2005	30
Fall 2005	33
Spring 2006	38
Fall 2006	37
Spring 2007	24
Fall 2007	30
Spring 2008	25
Fall 2008	34
Spring 2009	29
Fall 2009	41

Appendix 3.6 Time to Degree for Recreational Therapy Graduates for Previous 5 Years

<i>Year</i>	<i># of Graduates</i>	<i>Time to Degree</i>
2004	7	4.36
2005	7	3.21
2006	14	3.89
2007	12	3.75
2008	19	3.95
2009	21	4.62

Appendix 3.7 Course Sequence for 4 Year Graduation: The 8 Semester Plan**Freshman Year****Fall Semester (Hours 15)**

- P1 Social Sciences Credits: (3) [PSY 150 - General Psychology]
- 190 Series First Year Seminar Credits: (3) _____
- ENGL 101 - Composition I Credits: (3)
- HSCC 101 - Nutrition, Fitness, and Wellness
- MATH 101 - Mathematical Concepts Credits: (3)

Spring Semester (Hours 18)

- P1 Social Sciences Credits: (3) _____
- P3 History Credits: (3) _____
- C5 Physical & Biological Sciences Credits: (3) **Do not take Biology _____
- CMHC 201 - Introduction to Speech Communication Credits: (3)
- ENGL 102 - Composition II Credits: (3)
- RTH 200 - Foundations of Recreational Therapy Credits: (3)

Sophomore Year**Fall Semester (Hours 16)**

- P5 Fine and Performing Arts Credits: (3) _____
- P4 Humanities Credits: (3) _____
- BIOL 291 - Human Anatomy and Physiology I Credits: (4)
- PRM 270 - Leadership and Group Dynamics in Recreation Credits: (3)
- RTH 352 - Recreational Therapy Processes and Techniques Credits: (3)

Spring Semester (Hours 15)

- P6 World Cultures Credits: (3) _____
- BIOL 292 - Human Anatomy and Physiology II Credits: (4)
- COUN 325 - Survey of Human Development Credits: (3)
- HEAL 250 - First Aid and Safety Education Credits: (2)
- HSCC 220 - Medical Terminology Credits: (3)

Junior Year**Fall Semester (Hours 16)**

- General Electives Credits: (4) _____
- P1-P6 Jr-Sr Perspective Credits: (3) _____
- RTH 350 - Recreational Therapy and People with Physical Disabilities Credits: (3)
- RTH 370 - Methods in Recreational Therapy Credits: (3)
- RTH 360 - Recreational Therapy Services for Older Adults Credits: (3)

Spring Semester (Hours 15)

- General Electives Credits: (6) _____
- COUN 430 - Individual and Group Counseling Credits: (3)
- RTH 401 - Client Assessment in Recreational Therapy Credits: (3)
- RTH 470 - Adventure-Based Recreational Therapy Credits: (3)

Senior Year**Fall Semester (Hours 13)**

- PSY 470 - Abnormal Psychology Credits: (3)
- PE Requirement – PE 365, PE 423, PE 425 or PE 435 Credits: (3) _____
- RTH 395 - Pre-Internship Seminar Credits: 1
- RTH 405 – Recreational Therapy in Behavioral Health Credits: (3)
- RTH 417 - Administration of Recreational Therapy Services Credits: (3)

Spring Semester (Hours 12)

- RTH 484 - Recreational Therapy Clinical Internship Credits: (6)
- RTH 485 - Recreational Therapy Clinical Internship Credits: (6)

Total Hours for Degree: 120

Appendix 3.8 2008-09 Annual Recreational Therapy Assessment Report

Program Name: Recreational Therapy
Department: School of Health Sciences
College: College of Health and Human Sciences
Year: 2008 - 2009
Contact Person: Peg Connolly, Ph.D., LRT/CTRS
mconnolly@email.wcu.edu
Program Website: <http://www.wcu.edu/4632.asp>

Contents

- I. Unit Mission Statement
- II. Assessment Plan: Program Outcomes
 - Educational goals
 - Measurable student learning outcomes
 - Educational experiences for attaining goals
- III. Assessment Plan: Measures and Criteria
- IV. Annual Assessment Report
 - Student Learning Outcomes
 - Methods of Assessment
 - Results of Assessment
 - Implementation Plan for 2009-2010

□ □ □

- Appendix A** Bachelor of Science Degree in Recreational Therapy Major and Support Courses
 - Appendix B** Curriculum Mapping: NCTRC Professional Knowledge Domains for RTH Courses with Required Learning Activities and Learning Outcomes
 - Appendix C** WCU RT Competency Assessment
 - Appendix D** Internship Assessment Data: Supervisor Grades, Competency Ratings, and Qualitative Comments
 - Appendix E** NCTRC School Reports: Western Carolina University 2006, 2007, and January 2008
- NOTE: Appendices are available upon request for the 2009 Program Review.*

□ □ □

I. Unit Mission Statement

It is the mission of the Recreational Therapy (RT) Curriculum to provide students preparing for health care careers to become recreational therapists with a sound conceptual foundation and entry-level professional preparation in the knowledge and skills necessary for competent practice in recreational therapy.

The mission and role of the School of Health Sciences is to prepare successful health professionals and informed consumers. The faculty is committed to high quality undergraduate and graduate teaching which encourages the development of critical thinking and an appreciation of the concept of life-long learning while fostering leadership, scholarship and integrity.

The mission of the College of Health and Human Sciences is to provide a dynamic learning community that prepares individuals for professional life by providing quality educational experiences that promote scholarship, engagement and life-long learning in a global environment. This goal will be met with active,

scholarly, collaborative faculty. The college will be recognized for graduates who are ethical, adaptive, technically capable and innovative professionals.

The mission of Western Carolina University indicates that WCU creates engaged learning opportunities that incorporate teaching, research and service through residential, distance education and international experiences. The university focuses its academic programs, educational outreach, research and creative activities, and cultural activities to improve individual lives and enhance economic and community development in the region, state and nation.

The mission of the Recreational Therapy B.S. Degree Program is in concert with the missions of the School of Health Sciences, the College of Health and Human Sciences, and WCU. The RT Curriculum is one of eight B.S. Degree Programs of the School of Health Sciences, located in the College of Health and Human Sciences at Western Carolina University. The Recreational Therapy B.S. Degree Program was selected as one of four pilot programs to implement the new WCU Quality Enhancement Plan (QEP). Several enhancements have been made to the Curriculum as a consequence of implementing the QEP and information on these enhancements for the QEP with further plans for improvement will be incorporated into this Annual Assessment Report.

The knowledge and skills for RT practice are defined in the National Job Analysis of the National Council for Therapeutic Recreation Certification (NCTRC) and form the basis for evaluation for eligibility and the content outline of the national certification exam. The American Therapeutic Recreation Association (ATRA) *Guidelines for Curriculum and Self-Competency Assessment* provide guidance for curriculum structure and content. Both the NCTRC and ATRA standards and guidelines are the basis for the WCU RT Degree Program. The WCU RT curriculum requirements appear in Appendix A.

• **Revisions to Curriculum based on findings from the 2007-2008 reporting period:**

- *Implementation of Technical Standards for Recreational Therapy:* Students are now required to agree to follow these standards and meet with their academic advisor annually to sign a certification which indicates their understanding of the Technical Standards and the student's agreement to meet these standards. Technical Standards are now posted on the RT Website at <http://www.wcu.edu/23751.asp>.
- *Addition of a Program Admission Process.* The new Admission Process will be effective as of the 2009-10 WCU Undergraduate Catalog. An RT admission application and process for admission has been developed and is now posted on the RT Website at <http://www.wcu.edu/23749.asp>.
- *Improved Service Learning Opportunities in the Curriculum.* Improvements in service learning opportunities are a critical aspect of implementation of the QEP. As of 2008-2009, two RT courses are officially designated as Service Learning Courses (SLC): RTH 360 Recreational Therapy for Older Adults and RTH 470 Adventure-Based Recreational Therapy. In addition, the student organization, the Recreational Therapy Association (RTA), has initiated volunteer service learning hours at the Webster Enterprises for adults with developmental disabilities, offering a variety of interventions two days a week to enhance the health, fitness and quality of life of Webster participants. Over the past year, a total of 96 students in five academic courses and the RTA have provided 1,119 service learning hours to the local community. More information on RT Service Learning Opportunities are now posted on the RT Website at <http://www.wcu.edu/23754.asp>.
- *Student Handbook for Majors:* A student handbook for RT majors has been developed and is accessible to students on the RT Website at <http://www.wcu.edu/23754.asp>. The student handbook provides information on the unit mission/goals/objectives, the RT QEP, admission and

retention requirements for majors, student expectations, technical standards, course requirements, advising, the student Recreational Therapy Association, and policies and procedures. Providing more direction to students on the issues covered in the Student Handbook will allow for more intentional and engaged student learners.

- *Revision of the RT Website:* Revision and updating of the RT Website includes adding a section on Student Information and Resources (includes the RT Student Handbook, Technical Standards, Associations and Professional Resources including information on the student Recreational Therapy Association, Service Learning, annual Student Awards, Internships, and information on the QEP and RT). See <http://www.wcu.edu/23751.asp> for this new information.

II. **Assessment Plan. Program Outcomes:** There are four curriculum education goals for the Recreational Therapy Degree Program. Over the past four years, these educational goals have remained consistent and form the primary basis for the measurement of student outcomes. The educational goals are derived from the NCTRC National Job Analysis Knowledge Areas.

1. **Educational Goal #1: Recreational therapy majors develop foundational knowledge for professional practice.**

- Foundational knowledge to be acquired includes:
 - Theories of play, recreation and leisure
 - Social psychological aspects of play, recreation and leisure
 - Diversity factors (e.g., social, cultural, educational, language, spiritual, financial, age, attitude, geography)
 - Human growth and development throughout the lifespan
 - Theories of human behavior and theories of behavior change
 - Leisure throughout lifespan
 - Leisure lifestyle development
 - Concepts and models of health and human services (e.g., medical model, community model, education model, psychosocial rehabilitation model, health and wellness model, person-centered model, Inter-national Classification of Functioning)
 - Cognition and related impairments (e.g., dementia, traumatic brain injury, developmental/learning disabilities)
 - Anatomy, physiology, and kinesiology and related impairments (e.g., impairments in musculoskeletal system, nervous system, circulatory system, respiratory system, endocrine and metabolic disorders, infectious diseases)
 - Senses and related impairments (e.g., vision, hearing)
 - Psychology and related impairments (e.g., mental health, behavior, addictions)
 - Normalization, inclusion, and least restrictive environment
 - Architectural barriers and accessibility
 - Societal attitudes (e.g., stereotypes)
 - Legislation (e.g., Americans with Disabilities Act, Individuals with Disabilities Education Act, Older Americans Act)
 - Relevant guidelines and standards (e.g., federal and state regulatory agencies)
 - Principles of group interaction, leadership, and safety
 - Principles of behavioral change (e.g., self-efficacy theory, experiential learning model)
- **Student outcome in foundational knowledge for recreational therapy practice**— The student applies principles related to recreation, leisure, and play behavior, human growth and development across the lifespan, and principles of anatomy, physiology and kinesiology, applying human behavioral change principles to clients from a variety of populations including cognitive, physical,

mental, and emotional disabling conditions and illness in either group or individual interactions, with awareness of current legislation, relevant guidelines and standards.

- **Educational experiences for attaining goal**

- Lecture/discussion courses
 - RTH 200, 350, 360, 417, 450
 - COUN 430, HSCC 220, HSCC 370,
 - PSY 470, BIOL 291, BIOL 292, PE 423
- Service learning/delivery
 - RTH 360
- Creative projects
 - RTH 350, 417, 450
- Research projects
 - RTH 350, 360

- 2. **Educational Goal #2: Recreational therapy majors develop professional skills to practice in service delivery.**

- Knowledge acquired to gain the skills in the practice of recreational therapy include:
 - Concepts of RT based on a holistic approach, recreative experience, special/adaptive recreation, inclusive recreation, using recreation as a treatment modality
 - Models of RT service delivery (e.g., Leisure Ability model, Health Protection/Health Promotion model, TR Service Delivery model)
 - Practice settings (e.g., hospital, long-term care, community recreation, correctional facilities)
 - Standards of practice for the TR/RT profession
 - Code of ethics in the TR/RT field and accepted ethical practices with respect to culture, social, spiritual, and ethnic differences
 - Impact of impairment and/or treatment on the person served (e.g., side effects of medications, medical precautions)
 - Criteria for selection and/or development of assessment (e.g., purpose, reliability, validity, practicality, availability)
 - Implementation of assessment
 - Behavioral observations related to assessment
 - Interview techniques for assessment
 - Functional skills testing for assessment
 - Current TR/RT/leisure assessment instruments
 - Other inventories and questionnaires (e.g., standardized rating systems, developmental screening tests, MDS, FIM, GAF)
 - Other sources of assessment data (e.g., records or charts, staff, support system)
 - Interpretation of assessment and record of person served
 - Sensory assessment (e.g., vision, hearing, tactile)
 - Cognitive assessment (e.g., memory, problem solving, attention span, orientation, safety awareness)
 - Social assessment (e.g., communication/interactive skills, relationships)
 - Physical assessment (e.g., fitness, motor skills function)
 - Affective assessment (e.g., attitude toward self, expression)
 - Leisure assessment (e.g., barriers, interests, values, patterns/skills, knowledge)
 - Documentation of assessment, progress/functional status, discharge/transition plan of person served (e.g., SOAP, FIM)
 - Nature and diversity of recreation and leisure activities
 - Purpose and techniques of activity/task analysis
 - Leisure education/counseling
 - Selection of programs, activities and interventions to achieve the assessed needs of the person served
 - Activity modifications (e.g., assistive techniques, technology and adaptive devices, rule changes)

Modalities and/or interventions (e.g., therapeutic recreation/recreation therapy activities, leisure skill development, assertiveness training, stress management, social skills, community reintegration)

Facilitation techniques and/or approaches (e.g., behavior management, counseling skills)

- **Student outcomes** — Students demonstrate the ability to assess, plan, implement, evaluate, and document appropriate recreational therapy services based individual client needs in a variety of healthcare settings and to do so adhering to Standards of Practice and the Code of Ethics.

- **Educational experiences for attaining goal**

- Lecture/discussion courses RTH 350, 351, 352, 360, 450, 470
- Service delivery projects RTH 360
- Clinical internship RTH 484/485

3. **Educational Goal #3: Recreational therapy majors develop the ability to organize professional services for clients.**

- Knowledge acquired to gain the skills necessary to organize professional services include:
 - Program design relative to population served
 - Type of service delivery systems (e.g., health, leisure services, education and human services)
 - Methods of writing measurable goals and behavioral objectives
 - Role and function of other health and human service professions and of interdisciplinary approaches
 - Documentation procedures for program accountability, and payment for services
 - Methods for interpretation of progress notes, observations, and assessment of the person served
 - Evaluating agency or TR/RT Service program
 - Quality improvement guidelines and techniques (e.g., utilization review, risk management, peer review, outcome monitoring)
 - Components of agency or TR/RT Service plan of operation
 - Personnel, intern, and volunteer supervision and management
 - Payment system (e.g., managed care, PPO, private contract, Medicare, Medicaid, DRG)
 - Facility and equipment management
 - Budgeting and fiscal responsibility
- **Student outcomes** — Students demonstrate the application of sound organizational and administrative skills for the practice of therapeutic recreation including budgeting, fiscal and facility management, continuous quality improvement, documentation, evaluation, and are able to work as a functioning member of the interdisciplinary healthcare treatment team.

- **Educational experiences for attaining goal**

- Lecture/discussion courses RTH 200, 351, 352, 417
- Group projects RTH 417
- Clinical internship RTH 484/485

4. **Educational Goal #4: Recreational therapy majors acquire the skills necessary to participate as a practicing professional in the advancement of the profession.**

- Knowledge acquired to gain skills necessary for a practicing professional include:
 - Historical development of TR/RT
 - Accreditation standards and regulations (e.g., JCAHO, CARF, CMS)
 - Professionalism: professional behavior and professional development

Requirements for TR/RT credentialing (e.g., certification, recertification, licensure)
 Advocacy for persons served
 Legislation and regulations pertaining to TR/RT
 Professional standards and ethical guidelines pertaining to the TR/RT profession
 Public relations, promotion and marketing of the TR/RT profession
 Methods, resources and references for maintaining and upgrading professional competencies
 Professional associations and organizations
 Partnership between higher education and direct service providers to provide internships and to produce, understand and interpret research for advancement of the TR/RT profession
 Value of continuing education and in-service training for the advancement of the TR/RT profession

- **Student outcomes** — Students engage in professional organizations, prepare a professional resume and portfolio, are able to apply for national certification prior to graduation, and have the ability to gain state licensure and apply for a professional position upon receipt of the baccalaureate degree.
- **Educational experiences for attaining goal**
 - Lecture/discussion courses RTH 395, 417, 484, 485
 - Business communication RTH 395, 417

III. Assessment Plan: Measures and Criteria

- **Course performance** — Practical, analytical, and synthesis projects are incorporated into each recreational therapy course within the curriculum. Grading rubrics are used in all RT courses. The senior professional portfolio project in RTH 395 Pre-Intern Seminar allows students to document the acquisition of requisite skills and knowledge for RT practice along with reflections on the impact of these learning opportunities to the student's preparation for final clinical internship and subsequent practice in the profession. A comprehensive RT Outcomes/Competency Assessment will be required of students at critical points in the major and will provide more objective measurement of learning outcomes as related to coursework completion. Additionally, further work will be done on the portfolio to incorporate student reflections on the five WCU overall learning outcomes.
- **Internship performance** — Recreational therapy students are required to pass their clinical internship with a grade of C or better. The capstone internship is a (minimum) 480-hour, twelve-week practicum performed under the site supervision of a Certified Therapeutic Recreation Specialist (CTRS) in an agency that provides recreational therapy services to its patients/clients. The CTRS provides the University Supervisor with formative and summative evaluations on the student intern on skills from the NCTRC national job analysis as well as general work performance skills. A new outcomes/competency assessment has been added to the exit evaluation information collected from student interns upon completion of this capstone experience.
- **National certification exam** — The majority of RT employment settings in the country require an individual be certified as a CTRS by NCTRC in order to practice. The State of North Carolina requires licensure to practice RT in the State. The North Carolina Recreational Therapy Licensure Board employs the national certification exam of NCTRC to award the LRT (Licensed Recreational Therapist) credential. The NCTRC certification procedure includes a comprehensive, standardized, computer-mastery examination using an instrument co-developed by the NCTRC and Thompson-Prometric Testing Corporation. Each year mean performance scores are released to institutions having at least 10 graduates

sit for the exam in any one year period of time and scores are reported for all those graduates sitting for the exam for a three year period. The NCTRC School Report depicts student performance against the knowledge areas of the NCTRC Job Analysis which provides a gage of knowledge acquisition in academic and clinical coursework.

- **Graduating student exit survey** — RT Curriculum Exit survey provides a vehicle through which the student may the overall educational preparation she received at WCU, commenting upon perceived utility of each course in the curriculum, in addition to effectiveness of the advising process. An opportunity also exists for open-ended responses.

IV. **Annual Assessment Report: Assessment activities conducted during the past year**

- **Course performance** — During the 2008-2009 academic year, a comprehensive curriculum mapping project was completed on all RT courses. The first step in evaluating the RT curriculum in relation to the WCU QEP was to conduct a gap analysis of curriculum structure and sequencing. The RT faculty held weekly meetings during the past year to complete this work during the second year of QEP Implementation. The steps involved were:
 1. Crosswalk National Council for Therapeutic Recreation Certification (NCTRC) Job Analysis Knowledge Areas to RT courses.
 2. Match NCTRC Job Skills to learning activities and learning outcomes as defined by the American Therapeutic Recreation Association (ATRA) Curriculum Guidelines within courses.
 3. Define the plan for synthesis of learning for the curriculum.
 4. Conceptualize levels of engagement and measurement of outcomes (including both those in recreational therapy and the 5 WCU learning outcomes from the QEP from freshman and sophomore year through the senior capstone clinical internship.

The curriculum mapping for each course in the RT curriculum appears in Appendix B. For each course, knowledge areas are matched to learning activities and learning outcomes. The learning activities incorporate the learning activity goals from the QEP as applied to each year of undergraduate studies in RT. A comprehensive RT Competency Assessment Instrument was developed (see Appendix C). This RT Competency Assessment will be completed by students upon admission to the curriculum while they are enrolled in their first course RTH 200 Foundations of Recreational Therapy. The Assessment was administered in spring 2009 to students enrolled in RTH 395 Pre-Intern Seminar prior to beginning their senior internships and to students enrolled in RTH 484/485 Clinical Internship in RT during the last week of their clinical internships. In the future, longitudinal data will be available on student outcomes/competency from admission to the program through completion of the final internship.

- **Internship performance** — All activities concomitant with the performance of each student's internship were reviewed by the University Supervisor. Grades were entered in consultation with each Site Supervisor. Qualitative statements from supervisory evaluation of student intern performance on the NCTRC Job Analysis Job Task Domains were reviewed to determine acquisition of required practice skills and readiness of entry-level performance in the profession.
- **National certification exam** — A report was received from the NCTRC identifying WCU recreational therapy graduate performance on the Computer Mastery Test (CMT) for the testing windows 2006, 2007 and January 2008. Data is shown below in findings section and appears in Appendix D of this report.

- **Graduating student exit survey** — Prior to graduation, all matriculating students submitted exit surveys sharing perceptions of their undergraduate experience, including an overall rating of the curriculum and ratings of the contributions of each required curriculum course in preparing the student for practice in the profession.

Assessment Findings Related to Outcomes

- **Course performance** —Major courses reflect that a majority of students passed each course with grades of C or higher. 2008-2009 was the first academic year with three full-time faculty assigned to the major and this fostered stability and quality to the program. The implementation of the senior portfolio project has continued to be one of the most important learning experiences for senior recreational therapy majors. A total of 20 students enrolled in RTH 395 in fall 2008 and 2009 have now completed senior portfolios. The majority of these students reported significant learning outcomes from this assignment and ultimately used their portfolios in applying for and securing clinical internship sites for RTH 484 and 485. RT Competency Assessments were completed by 20 students (9 pre-internship and 11 post internship). RT Competency Assessment Data is as follows:

RT Competency Assessment Areas	Pre-Interns				Post Interns			
	N	Min	Max	Mean	N	Min	Max	Mean
Measured on a 5 point perceived competency scale with 1= no perceived competence and 5= very high perceived competence								
Average Foundation Knowledge Score	9	2.50	5.00	3.51	11	3.83	5.00	4.42
Average Client Assessment Knowledge Score	9	1.50	4.63	3.06	11	3.38	5.00	4.30
Average Planning Treatment Knowledge Score	9	1.75	4.63	3.13	11	3.13	4.75	4.08
Average Implementing Treatment Knowledge Score	9	1.75	4.88	3.31	11	3.00	4.50	3.91
Average Evaluation Knowledge Score	9	1.60	4.40	3.09	11	3.00	5.00	3.93
Average Management Knowledge Score	9	2.00	4.80	3.27	11	3.00	4.80	3.87
Measured on a 4 point scale: 1= emerging, 2= developing, 3 = achieving, 4= exemplary (adapted from the Assessment Office for QEP Outcomes and Meta-Rubrics)								
Perceived competency to NCTRC Certification Standards	9	2	4	2.44	11	2	3	2.55
Integrates information from a variety of contexts	9	1	4	2.78	10	1	3	2.00
Solves complex problems	9	1	4	2.56	11	2	3	2.36
Communicates effectively and responsibly	9	2	4	3.22	11	2	3	2.36
Practice civic engagement	9	2	4	3.11	11	1	3	2.36
Clarify and act on purpose and values	9	2	4	2.78	11	2	3	2.27
Valid N (listwise)	9				10			

This is the first year that the RT Competency Assessment Instrument has been developed and used. Based on the ATRA *Curriculum Guidelines*, the instrument measures the professional abilities required for professional practice in RT and is related specifically to areas of coursework as stipulated by both the National Job Analysis and the ATRA *Curriculum Guidelines*. The WCU RT Program is based on these two documents and the student's self-assessment provides a more quantifiable measure of student learning outcomes. The groups "Pre-Interns" and "Post-Interns" are two different groups of students. So it is not possible this year to determine growth in individual student learning. However, basic indication is that students perceive increased competence after completion of the senior capstone internship. Beginning in 2009-2010, the

instrument will be administered at three points of undergraduate studies in RT: during RTH 200 Foundations of RT (the first course in the major), at the completion of RTH 395 Pre-Intern Seminar, and at the completion of RTH 484 and RTH 485 Clinical Internship courses. Over the next few years, we will be able to track student perceived competence and, thus, learning outcomes, longitudinally for students from entry into the program until completion of undergraduate studies.

Also measured in the RT Competency Assessment are the five WCU Learning Outcomes. Preliminary data indicate a slight drop in the mean scores for these QEP Learning Outcomes. This will be monitored closely over the next few years. The Post-Interns Group has not had as much exposure to the QEP Outcomes as the Pre-Interns Group, which may be one explanation.

- **Internship performance** — A total of 20 students completed academic internships from May 2008 through May 2009. These 20 internships were performed at 14 agencies, including:
 - Alexander Youth Treatment Network, Charlotte, NC (Behavioral Health/Children)
 - Cape Fear Valley Health System, Fayetteville, NC (Rehabilitation/Aquatic Therapy)
 - Carolinas Rehabilitation Institute, Charlotte, NC (Rehabilitation)
 - City of Durham, Durham, NC (Special Programs/Inclusion - Mature Adults)
 - Inner Harbour Hospital, Douglasville, GA (Pediatric Behavioral Health)
 - J. Iverson Riddle Developmental Center, Morganton, NC (Developmental Disabilities)
 - National Rehabilitation Hospital, Washington, DC (Rehabilitation)
 - Palm Beach County Therapeutic Recreation, Lake Worth, FL (Seniors & Dev. Disabilities)
 - Rocky Mountain/King Adult Day Program, Denver, CO (Multiple Sclerosis)
 - Sardis Oaks, Carolinas Medical System, Charlotte, NC (Geriatrics)
 - SOAR Adventure Therapy, Balsam, NC (Behavioral Health)
 - Spartanburg Regional Hospital, Spartanbrug, SC (Pediatrics)
 - Well Spring Retirement Community, Greensboro, NC (Geriatrics)
 - Whitestone/Masonic and Eastern Star Home, Greensboro, NC (Geriatrics)
- At the completion of internships, the Site Supervisor (always a CTRS and a licensed recreational therapist if practicing in North Carolina) is asked to complete a final evaluation on the student intern's performance. The instrument is a comprehensive evaluation tool, using a combination of Likert Scale responses and open-ended questions to gain a perspective of how successful the intern was in translating classroom-acquired knowledge into clinical service delivery skills, gaining competence in the NCTRC National Job Analysis Job Task Domains, and in readiness for practice as entry-level practitioners.
- These 20 RT student interns received the following grades from their supervisors: A+ (20%); A (40%), B+ (15%), B (20%), and D (5%). The most important area of outcome assessment by the supervisor is the student's ability in the competency area of recreational therapy as measured by ratings on the acquisition of Job Task Domains from the National Job Analysis. Competency ratings from internship supervisors ranged from Marginal (*Less than satisfactory in some aspects. Improvement needed*) to Distinguished (*Exceeds requirements in all aspects. Little room for improvement*) with 35% of students receiving overall ratings of Distinguished, 40% receiving overall ratings of Commendable, 20% received Satisfactory overall ratings, and one student or 5% received a Marginal rating. A complete table of student internship assessment appears in Appendix
- **National Certification Exam Score Report January 2008** —

National Score Information

N = 2,642
 Mean = 66.58
 % Pass = 73.1
 % Fail = 26.9

WCU Score Information 2006

N = 22
 Mean = 66.27
 % Pass = 72.7
 % Fail = 27.3

These test scores are at about the same level as the past year’s report from NCTRC. WCU graduates are very close to the national average for performance on the national certification exam. In examining the score report (see Appendix E), it is important to note that all WCU RT graduates who completed the national certification exam, showed performance at or above the minimum acceptable competency level in all areas of the exam, except Assessment, where the scores were 50% at or above the minimum acceptable competency level and 50% below the level of minimum competency. The strongest performance was in the following areas of the national exam:

- Diagnostic Groupings and Populations Served (77.3%)
- Implementing the Individualized Intervention Plan (63.6%)
- Organizing and Managing Services and Advancement of the Profession (63.6%)

Competence on the exam was lowest in the following areas:

- Background (54.5%)
- Assessment (50.0%)
- Planning the Intervention (54.5%)
- Documentation and Evaluation (54.5%)

Exam scores will continue to be monitored each year to determine indicators for curricular improvements. The scores are not where we would like to see our student performance. Three factors may lead to higher scores in the future. First, the addition of a tenure track faculty position and the filling of the fixed term position provide the program with three full time and qualified faculty members for the first time in three years. Second, the addition of RTH 351 Client Assessment (which has been offered twice and is now required in the curriculum) will provide the students with greater knowledge in this critical area of practice. Third, the process of curriculum mapping and documenting learning objectives to learning activities and outcomes in relation to the WCU QEP should afford a more rigorous and consistent curriculum for student majors. National exam scores for WCU graduates are a concern and will continue to be tracked.

- **Exit Survey** — All seniors complete the *Recreational Therapy Curriculum Exit Survey* as a final project in their clinical internship course. The evaluation provides a vehicle through which the student expresses her/his feelings about the overall educational preparation received at WCU, commenting upon perceived utility of each course in the curriculum, in addition to effectiveness of the advising process. An opportunity also exists for open-ended responses. A total of 19 students completed this Exit Survey in 2008-09.

Students rate the below curriculum statements based on the following scale:

1 = Strongly Agree, **2** = Agree, **3** = Neutral, **4** = Disagree, **5** = Strongly Disagree

Curriculum Statements	Average Rating
Overall, I feel my WCU undergraduate experience (courses and field internship) has adequately prepared me to perform the duties of an entry level recreational therapist.	1.63

Overall, I feel my RT Degree program at WCU prepared me with the knowledge and skills of a recreational therapist as defined by the NCTRC Job Analysis	1.53
The classrooms, computer resource labs, library, and other campus learning facilities were adequate for and appropriate to my needs as a student.	1.84
My major academic advisor was helpful and effective in guiding me through the educational process and assisting me in effectively executing my degree plan.	1.37
Instructors in most of my courses were available outside of class for advice on academic projects.	1.84
During office consultations, my major advisor treated me with respect and dignity.	1.42
I motivated myself to perform at a high level of academic excellence in my classes at WCU.	1.68
If I had it to do all over again, I would once again major in recreational therapy at WCU.	1.79
The professors teaching RTH prefix courses were knowledgeable about the subject matter at hand.	1.68
The professors teaching support courses (those without an RTH prefix) were knowledgeable about their respective academic disciplines.	1.79
Being a graduate of WCU's recreational therapy curriculum is a source of pride for me.	1.42

Qualitative comments from students:

- *“Western Carolina is a great school. I enjoyed being away from everyone to keep my mind off everything that was bad”*
- *“The first question I answered agree because I feel like our program does not offer enough hands on experience with patients during the undergraduate experience. While WCU is in a remote area and does not offer outside recreational therapy services, it would make the educational experience better to have that missing portion. Question "i" I answered agree because I have only had one steady recreational therapy professor my entire four years due to other professors quitting and not giving me the education necessary in their courses.”*
- *“I feel my undergraduate classes, and my internship course have helped me tremendously to prepare for my future career as a Recreational Therapist, and helped me to exceed in many ways throughout my internship.”*
- *“I feel that I was at a disadvantage due to the turnover of faculty that occurred during my time as a student majoring in recreational therapy. Overall, I feel that the professors within the major did a wonderful job at picking up slack where others had failed to be successful. I appreciate the concern that my professors and advisor took to make sure my needs were met and to see that I was prepared for my entry into the professional field. I feel that the program is growing and those teaching are well prepared and very knowledgeable.”*
- *“I feel like I have learned a lot in my time as a student at WCU. I know that I have been prepared with some of the best knowledge to excel as a professional and I feel that I have been prepared to enter into the work force.”*
- Seniors are asked to evaluate the utility of RT required courses to indicate how they contribute to the making of a recreational therapist. The students rate each course on the following scale:
 - 1** = Very Important—Retain in present form;
 - 2** = Valuable—Should undergo some revision;
 - 3** = Neutral—No strong opinion either way;
 - 4** = Not Essential—Significantly revision indicated;
 - 5** = A Total Waste of Time—Delete the course.

It is clear from qualitative comments on RTH Curriculum Courses that several students had concerns about inconsistencies in faculty over the past three years. With three regular faculty members who are fully engaged in teaching, research and service in the RT Program, it is

anticipated that students will have a more consistent educational experience in the major than these students experienced with only two faculty and one position which had 3 different individuals in that position over the past three years.

RTH Curriculum Courses	Average Rating
RTH 350 Recreational Therapy and People with Phys. Dis.	1.32
RTH 360 Recreational Therapy Services for Older Adults	1.32
RTH 395 Pre-Internship Seminar	1.37
RTH 352 Recreational Therapy Processes and Techniques	1.42
HEAL 250 First Aid & Safety Education	1.63
RTH 417 Administration of Recreational Therapy Services	1.68
RTH 200 Foundations of Recreational. Therapy	1.74
PSY 470 Abnormal Psychology	1.74
PSY 150 General Psychology	1.83
RTH 450 Advanced Methods in Recreational Therapy	1.89
COUN 325 Survey of Human Dev.	1.89
HSCC 220 Medical Terminology	2.00
BIOL 291 Human Anatomy & Phys I	2.00
BIOL 292 Human Anatomy & Phys II	2.00
PRM 270 Leadership & Group Dynamics in Recreation	2.05
COUN 430 Individual & Grp Counseling	2.11
RTH 470 Adventure-Based Recreational Therapy	2.16
HSCC 370 Intro to Pharmacology	2.33
PE 423 Kinesiology	2.42
ENGL 401 Writing for Careers	2.95

Qualitative comments from students on the utility of curriculum courses:

- *"I would like to see more cohesion in the teaching methods between the instructors within the program."*
- *"More hands on experience oppurtunities. A class that is devoted to teaching interventions that an be used for all types of populations."*
- *"I thought that Writing for Careers wasn't beneficial for my degree in Recreational Therapy. All we did was busy work and I didn't learn anything that I already didn't know."*
- *"I would like to see more hands on work done in classes for example RTH 360 is a great model."*
- *"I enjoyed most of the courses required for the major, however, some professors were better than others which effect my opinion of certain courses. The professor for the classes Advanced Methods and Adventure Based Therapy could have taught the classes more in depth with concrete examples and involved experience instead of concepts. All in all I feel this program has the necessary courses and structure with many support courses which are important to the development of our profession."*
- *"I enjoyed the Recreation Therapy program at WCU and feel that is prepared me well for my internship and have confidence in attaining a job in the rec therapy field in the future. I would like to see more hands on approaches to therapy if another opportunity is available in addition to the nursing home. In every RTH course I think it would be beneficial for students to be given scenarios of patient cases in different RT settings and have each person brain storm in groups or individually, treatment and FIMing of that patient. I think it would be beneficial to have students watch videos of an actual treatment session. Another area I believe that would be*

beneficial for increased knowledge for future internships and jobs would be to compile different examples of documentation. Some examples of the documentation would be SOAP notes, assessment papers, discharge papers etc. I was thinking maybe a filled out form of each documentation. I know a lot of these suggestions were covered in processes and techniques, but I feel if there is a way to incorporate these examples in each course it would be beneficial for the students.”

- *“I would like to see better teacher's in the field. I would also like to see more recommendations towards looking for internships because the internship that I participated in did not go to well. I like the field but the internship changed my mind a lot. I want to do physical therapy in the near future.”*
- *“I found a difficulty in preparing myself for the early deadlines of applying for internships at certain facilities when I had just begun pre-internship seminar. The course was very helpful in preparing me for my internship but I did not feel ready to apply to those facilities that had an application deadline of September 1 and such. Leadership and Group Dynamics was an easy class but I enjoyed the helpful ice breakers and fun games I learned.”*
- *“More experience through working with the community, and a curriculum shadowing other Recreational Therapists on the job site. I think it would be more helpful to choose your focus of what populations to work with after graduation, and during internship, to decide where you would like to work as a professional.”*
- *“More interactive material other than sitting and listening to lecture. Maybe more of a discussion along with lecture so that it is more interactive.”*
- *“As above, I feel I was at a disadvantage due to the change in faculty throughout my time as a student majoring in recreational therapy. I feel that appropriate changes have been made since and I feel that the faculty present now are exceptional and very knowledgeable. I would recommend evaluating the need for English 401- Writing for Careers. I feel it is an essential class and have increased this belief since completing my internship. I would also recommend increasing the availability for students to have experience with children. The recreational therapy curriculum has opportunities for students to work with older adults and individuals with disabilities but nothing is required for children. It is very helpful to be well rounded in experience with all populations. As well, it is my hope to see service learning opportunities expand overtime and possibly even be required.”*
- *“I'd like to see more outside student learning experience added to the classroom setting. All of the courses required for the degree are very helpful, but more experience in the actual field at clinical sites would have been beneficial.”*
- *“I really would have preferred to take Assessment over taking Writing for Careers. I wish I had known before I signed up to take English 401 that it was being discontinued as a requirement. Over the years, the RT professors have all had teaching styles that varied significantly. This is an important thing to maintain but I think some consistency is important too. If the professors would establish more of a partnership when planning how they are going to teach classes, I think they would benefit from receiving one another's input.”*
- *“I would like to see pharmacology being more tailored to our needs as recreational therapist. I also wish that I had a better Adventure based recreational therapy class and that my Leadership and group dynamics class was better structured because I do not feel that I got all that I could out of those classes.”*

Student Learning Outcome(s) Assessed in 2008-09	Method(s) of Assessment	Results of Assessment	Implementation Plan
Educational Goals #1-#4 (see pages 3-6 of this Assessment Report)	<ul style="list-style-type: none"> • Curriculum Mapping of all RTH Coursework Requirements 	<ol style="list-style-type: none"> 1. RT Faculty met weekly to structure each of the RTH required courses according to the knowledge areas of the NCTRC Job Analysis and the learning outcomes of the ATRA Curriculum Guidelines. Learning Activities for each class were evaluated and matched to the yearly learning goals delineated in the WCU QEP as well as RT discipline specific outcomes. 	<ul style="list-style-type: none"> • The completed RT Curriculum Mapping Document appears in Appendix B of this Report. • The RT Faculty have agreed to follow the Curriculum Map and align course outlines, objectives, learning activities and the targeted learning outcomes within each course in 2009-2010. • The RT Curriculum Mapping Document provides an operationalized model for discrepancy evaluation each year and will be reviewed and updated on an annual basis.

Summary and Conclusions

Overall, the Recreational Therapy B.S. Degree Program continues to evolve and to provide the opportunity for quality undergraduate education in the field. The RT program incorporates the spirit and principles of the WCU QEP for a holistic approach to providing recreational therapy majors with a synthesized learning experience focused on engagement and individualization. While the program has a strong basis for inclusion in the QEP, several areas will be revised to improve the educational program. The main areas for further improvement include: longitudinal measurement of learning outcomes from entry into the major through completion of the senior capstone clinical internship, revision of curricular structure and sequencing, enhancement of co-curricular experiences and opportunities for engagement, and continuation of improvements through involvement in the QEP.

Plans for the third year of the QEP include continuing work on admission requirements, advising, curricular improvements, and student engagement. Below are some of the planned RT QEP activities:

1. Admission: evaluate new admission process
2. Advising:
 - a. conduct advising survey in Fall 2009
 - b. assist students in using the Electronic Briefcase when it is implemented
3. Curriculum:
 - a. submit comprehensive curriculum revision
 - b. design two new RT courses – RTH 405 Recreational Therapy in Behavioral Health and RTH 460 Evaluating Treatment and Outcomes
 - c. incorporate rubrics from the Assessment Office relevant to the QEP within appropriate RT courses
 - d. implement RT Competency Assessment with students enrolled in the first RT course (RTH 200 Foundations) as a pre-assessment to their undergraduate studies in RT.

4. Student Engagement: seek further service learning opportunities in the surrounding community/region and coordinate a greater understanding of the meaning of the QEP to RT majors at WCU.

Curriculum Mapping and the addition of the RT Competency Assessment tool have been significant improvements to the program during the past year. In 2009-2010, the internship supervisor final evaluation form will be revised to incorporate the supervisor's evaluation of student interns using the RT Competency Assessment tool thus allow for analysis of relationship between student self-assessment of competency to the supervisor's evaluation of the student's competency.

The lack of stability of faculty in this curriculum besides the Director, Dr. Connolly, has been a continuing challenge from Fall 2005 to Fall 2008 and it had hampered many curriculum improvements. With the addition of a more stable and qualified faculty during the 2008-09 academic year, significant strides have been made in stabilizing and improving the curriculum. Students who entered the program in 2008-2009 should experience more solid academic preparation and significantly increased opportunities for engagement in their learning and their chosen profession. It will be important to track these students through completion of their degree programs in the next two years to assess whether these personnel and structural improvements have contributed to more consistent and higher competency/outcome measurements and increased passing rates and improved average scores on the national certification exam.

The RT Program will undergo Program Review during the 2009-2010 academic year. This review process will provide for an in depth examination of the curriculum through internal self-study and external review. Based on this Program Review, a new five year assessment plan will be developed.

Improving the quality of an undergraduate program of studies is an ongoing process. As new information from the profession is generated it will be targeted for inclusion in coursework. The Faculty will continue to monitor standards for national credentialing and accreditation along with issues and trends in the profession to provide the highest quality undergraduate education in recreational therapy.

Appendix 3.8.1 2007-08 Annual Recreational Therapy Assessment Report

Program Name: Recreational Therapy
Department: School of Health Sciences
College: College of Health and Human Sciences
Year: 2007 - 2008
Contact Person: Peg Connolly, Ph.D., LRT/CTRS
mconnolly@email.wcu.edu
Program Website: <http://www.wcu.edu/4632.asp>

Contents

- I. Unit Mission Statement
- II. Assessment Plan: Program Outcomes
 - Educational goals
 - Measurable student learning outcomes
 - Educational experiences for attaining goals
- III. Assessment Plan: Measures and Criteria
- IV. Annual Assessment Report
 - Student Learning Outcomes
 - Methods of Assessment
 - Results of Assessment
 - Implementation Plan for 2007-2008

□ □ □

- Appendix A** 2007 NCTRC National Job Analysis Job Skills and Knowledge Areas
- Appendix B** NCTRC School Reports: Western Carolina University 2005, 2006, 2007
- Appendix C** RTH 484/485 Supervisory CTRSs Final Evaluation
- Appendix D** Bachelor of Science Degree in Recreational Therapy Major and Support Courses
- Appendix E** RT Curriculum Admission Process
- Appendix F** WCU Recreational Therapy Technical Standards
- Appendix G** 2008 Evaluation of Advising in Recreational Therapy at WCU

Note: Appendices from the original 2007-08 Annual Recreational Therapy Assessment report are available upon request for the 2009 Program Review.

□ □ □

III. Unit Mission Statement

It is the mission of the recreational therapy curriculum to provide students preparing for health care careers to become recreational therapists with a sound conceptual foundation and entry-level professional preparation in the knowledge and skills necessary for competent practice in recreational therapy.

The knowledge and skills for recreational therapy practice are defined in the National Job Analysis of the National Council for Therapeutic Recreation Certification (NCTRC) and form the basis for evaluation for eligibility and the content outline of the national certification exam (see Appendix A). In 2007, NCTRC conducted its third Job Analysis Study of the Profession. While Job Task Domains remained fairly stable, the Professional Knowledge Domains were reorganized into four areas. The changes in this international study of the profession required some modifications to the WCU Recreational Therapy Curriculum.

The knowledge areas of the National Job Analysis are presented within recreational therapy academic coursework as well as service learning and internship experiences. The skill areas of the National Job Analysis are expressed primarily through the final clinical recreational therapy internship. This internship includes the successful completion of the didactic portion of their undergraduate education, a 480-hour clinical internship, and preparation for eligibility to sit for the national certification exam administered by NCTRC. Upon passage of the national exam and state licensure application, graduates of the WCU recreational therapy degree program are also eligible for licensure as a Recreational Therapist in the states of North Carolina, New Hampshire, and Utah.

The WCU Recreational Therapy Curriculum is one of eight B.S. Degree Programs of the School of Health Sciences, located in the College of Health and Human Sciences at Western Carolina University. The Recreational Therapy Curriculum has been part of the WCU College Restructuring and on July 1, 2007, the Curriculum was re-located to the School of Health Sciences within the new College of Health and Human Sciences. The transition to this new College has been positive for the degree program and provides for a better “fit” within the health care industry.

Another positive event for the Recreational Therapy B.S. Degree Program is that it has been selected as one of four pilot programs to implement the new WCU Quality Enhancement Plan (QEP). A specific QEP plan for the RT Curriculum was developed in February 2008 and is incorporated in this Annual Assessment Report.

The recreational therapy curriculum at WCU is recognized nationally as being academically rigorous and has served as a model for other institutions seeking to develop similar programs. We are continually striving for improvement, and feel we regularly take steps to ensure same.

- Student intern performance *across the board* suggests our curriculum (see Appendix D — *Recreational Therapy B.S. Degree Program*) is providing students with the knowledge, skills and ability to join the ranks of recreational therapists employed in clinical settings throughout the industry.
- The primary faculty in the recreational therapy program are all nationally certified and state licensed recreational therapists who are obliged to maintain current professional credentials. This involves investing ones self in a program of continuing education and educational conference participation. Consequently, a *state of the art* perspective is acquired, which is transferred back into the classroom. Changes in federal and state legislation, accreditation standards, reimbursement protocols, practitioner credentialing procedures, and evolution of evidence-based treatment interventions are routinely reflected in continually-revised course syllabi.

The mission of the recreational therapy curriculum is linked to and is a reflection of the teaching and learning goals that constitute the central mission of Western Carolina University, to create a community of scholarship in which the activities of its members are consistent with the highest standards of knowledge and practice in their disciplines. In all recreational therapy courses, students are encouraged accomplish the following objectives:

- to improve their ability to think critically, to communicate effectively, to identify and resolve problems reflectively, and to use information and technology responsibly;
- to become proficient in the intellectual and technical skills relative to the subject matter and protocols of the recreational therapy profession;
- to develop a desire for continued personal development and lifelong learning;
- to interact with other members of society in a manner that is characterized by honesty, integrity, responsibility, service and respect for diversity;
- to be mindful of the responsibility of all humans to respect and safeguard the natural and cultural environment.

In view of the newly adopted Quality Enhancement Plan (QEP) for WCU and recreational therapy's role as a pilot program in this plan, the recreational therapy curriculum will be further adapted to directly address the purpose and learning goals of the QEP, including synthesis of curricular and university experiences to enhance each student's development personally and professionally.

- **Revisions to Curriculum based on findings from the 2006-07 reporting period:**

- *Addition of RTH 351 Client Assessment in Recreational Therapy as a required course in the major* (listed as a curriculum requirement in the 2008-09 WCU Undergraduate Catalog and implemented in Spring 2008)..
- *Deletion of ENG 401 as a degree requirement.*
- *Continued implementation of the Professional Learning Portfolio in RTH 395 Pre-internship Seminar to focus on enhancement of student learning and reflection prior to leaving campus to complete clinical senior internships.* This capstone portfolio will become a major learning activity for students within the QEP and will be improved by the use of the QEP Electronic Briefcase beginning in fall 2008.
- *Addition of a Program Admission Process.* The new Admission Process was approved by the University Senate in May 2008 and will include the development of a strategic plan for undergraduate studies in recreational therapy, submission of a reflective essay on why the applicant is choosing to study recreational therapy, and completion of the recreational therapy pre-admission knowledge assessment. Application to the program does not assure acceptance. Students admitted to the program must earn a grade of C or better in each RTH course in the major and must maintain an overall GPA of 2.50 to remain in the program. (See Appendix E).
- *Improved Service Learning opportunities in the Curriculum.* RTH 360 was designated as an official WCU Service Learning Course during fall 2007. This course is now planned for scheduling in both fall and spring semesters. Additionally, new service learning opportunities were established with the Jackson County Special Olympics program during the 2007-2008 academic year and an additional service learning site is being developed with the Jackson County Rehabilitation Program for Adults with Developmental Disabilities in Webster, NC. Based on student exit evaluations of the curriculum, more service learning opportunities are still needed in pediatrics, mental and behavioral health, and rehabilitation areas.

II. Assessment Plan: Program Outcomes: The four curriculum education goals have been revised in coordination with the 2007 NCTRC National Job Analysis Professional Knowledge Domains and in consideration of the inclusion of the Recreational Therapy Degree Program as one of four pilot programs for the WCU QEP implementation.

2. **Educational Goal #1: Recreational therapy majors develop foundational knowledge for professional practice.**

- Foundational knowledge to be acquired includes:
 - Theories of play, recreation and leisure
 - Social psychological aspects of play, recreation and leisure
 - Diversity factors (e.g., social, cultural, educational, language, spiritual, financial, age, attitude, geography)
 - Human growth and development throughout the lifespan
 - Theories of human behavior and theories of behavior change
 - Leisure throughout lifespan
 - Leisure lifestyle development
 - Concepts and models of health and human services (e.g., medical model, community model, education model, psychosocial rehabilitation model, health and wellness model, person-centered model, Inter-national Classification of Functioning)
 - Cognition and related impairments (e.g., dementia, traumatic brain injury, developmental/learning disabilities)

Anatomy, physiology, and kinesiology and related impairments (e.g., impairments in musculoskeletal system, nervous system, circulatory system, respiratory system, endocrine and metabolic disorders, infectious diseases)
 Senses and related impairments (e.g., vision, hearing)
 Psychology and related impairments (e.g., mental health, behavior, addictions)
 Normalization, inclusion, and least restrictive environment
 Architectural barriers and accessibility
 Societal attitudes (e.g., stereotypes)
 Legislation (e.g., Americans with Disabilities Act, Individuals with Disabilities Education Act, Older Americans Act)
 Relevant guidelines and standards (e.g., federal and state regulatory agencies)
 Principles of group interaction, leadership, and safety
 Principles of behavioral change (e.g., self-efficacy theory, experiential learning model)

- **Student outcome in foundational knowledge for recreational therapy practice**— The student applies principles related to recreation, leisure, and play behavior, human growth and development across the lifespan, and principles of anatomy, physiology and kinesiology, applying human behavioral change principles to clients from a variety of populations including cognitive, physical, mental, and emotional disabling conditions and illness in either group or individual interactions, with awareness of current legislation, relevant guidelines and standards.

- **Educational experiences for attaining goal**

- Lecture/discussion courses

	RTH 200, 350, 360, 417, 450
	COUN 430, HSCC 220, HSCC 370,
	PSY 470, BIOL 291, BIOL 292, PE 423
• Service learning/delivery	RTH 360
• Creative projects	RTH 350, 417, 450
• Research projects	RTH 350, 360

3. **Educational Goal #2: Recreational therapy majors develop professional skills to practice in service delivery.**

- Knowledge acquired to gain the skills in the practice of recreational therapy include:
 - Concepts of RT based on a holistic approach, recreative experience, special/adaptive recreation, inclusive recreation, using recreation as a treatment modality
 - Models of RT service delivery (e.g., Leisure Ability model, Health Protection/Health Promotion model, TR Service Delivery model)
 - Practice settings (e.g., hospital, long-term care, community recreation, correctional facilities)
 - Standards of practice for the TR/RT profession
 - Code of ethics in the TR/RT field and accepted ethical practices with respect to culture, social, spiritual, and ethnic differences
 - Impact of impairment and/or treatment on the person served (e.g., side effects of medications, medical precautions)
 - Criteria for selection and/or development of assessment (e.g., purpose, reliability, validity, practicality, availability)
 - Implementation of assessment
 - Behavioral observations related to assessment
 - Interview techniques for assessment
 - Functional skills testing for assessment
 - Current TR/RT/leisure assessment instruments
 - Other inventories and questionnaires (e.g., standardized rating systems, developmental screening tests, MDS, FIM, GAF)
 - Other sources of assessment data (e.g., records or charts, staff, support system)
 - Interpretation of assessment and record of person served
 - Sensory assessment (e.g., vision, hearing, tactile)

Cognitive assessment (e.g., memory, problem solving, attention span, orientation, safety awareness)
 Social assessment (e.g., communication/interactive skills, relationships)
 Physical assessment (e.g., fitness, motor skills function)
 Affective assessment (e.g., attitude toward self, expression)
 Leisure assessment (e.g., barriers, interests, values, patterns/skills, knowledge)
 Documentation of assessment, progress/functional status, discharge/transition plan of person served (e.g., SOAP, FIM)
 Nature and diversity of recreation and leisure activities
 Purpose and techniques of activity/task analysis
 Leisure education/counseling
 Selection of programs, activities and interventions to achieve the assessed needs of the person served
 Activity modifications (e.g., assistive techniques, technology and adaptive devices, rule changes)
 Modalities and/or interventions (e.g., therapeutic recreation/recreation therapy activities, leisure skill development, assertiveness training, stress management, social skills, community reintegration)
 Facilitation techniques and/or approaches (e.g., behavior management, counseling skills)

- **Student outcomes** — Students demonstrate the ability to assess, plan, implement, evaluate, and document appropriate recreational therapy services based individual client needs in a variety of healthcare settings and to do so adhering to Standards of Practice and the Code of Ethics.

- **Educational experiences for attaining goal**

- Lecture/discussion courses RTH 350, 351, 352, 360, 450, 470
- Service delivery projects RTH 360
- Clinical internship RTH 484/485

4. **Educational Goal #3: Recreational therapy majors develop the ability to organize professional services for clients.**

- Knowledge acquired to gain the skills necessary to organize professional services include:
 - Program design relative to population served
 - Type of service delivery systems (e.g., health, leisure services, education and human services)
 - Methods of writing measurable goals and behavioral objectives
 - Role and function of other health and human service professions and of interdisciplinary approaches
 - Documentation procedures for program accountability, and payment for services
 - Methods for interpretation of progress notes, observations, and assessment results of the person being served
 - Evaluating agency or TR/RT Service program
 - Quality improvement guidelines and techniques (e.g., utilization review, risk management, peer review, outcome monitoring)
 - Components of agency or TR/RT Service plan of operation
 - Personnel, intern, and volunteer supervision and management
 - Payment system (e.g., managed care, PPO, private contract, Medicare, Medicaid, DRG)
 - Facility and equipment management
 - Budgeting and fiscal responsibility
- **Student outcomes** — Student demonstrate the application of sound organizational and administrative skills for the practice of therapeutic recreation including budgeting, fiscal and facility management, continuous quality improvement, documentation, evaluation, and are able to work as a functioning member of the interdisciplinary healthcare treatment team.

- **Educational experiences for attaining goal**

- Lecture/discussion courses RTH 200, 351, 352, 417
- Group projects RTH 417
- Clinical internship RTH 484/485

5. **Educational Goal #4: Recreational therapy majors acquire the skills necessary to participate as a practicing professional in the advancement of the profession.**

- Knowledge acquired to gain skills necessary for a practicing professional include:

Historical development of TR/RT

Accreditation standards and regulations (e.g., JCAHO, CARF, CMS)

Professionalism: professional behavior and professional development

Requirements for TR/RT credentialing (e.g., certification, recertification, licensure)

Advocacy for persons served

Legislation and regulations pertaining to TR/RT

Professional standards and ethical guidelines pertaining to the TR/RT profession

Public relations, promotion and marketing of the TR/RT profession

Methods, resources and references for maintaining and upgrading professional competencies

Professional associations and organizations

Partnership between higher education and direct service providers to provide internships and

to produce, understand and interpret research for advancement of the TR/RT profession

Value of continuing education and in-service training for the advancement of the TR/RT

profession

- **Student outcomes** — Students engage in professional organizations, prepare a professional resume and portfolio, are able to apply for national certification prior to graduation, and have the ability to gain state licensure and apply for a professional position upon receipt of the baccalaureate degree.

- **Educational experiences for attaining goal**

- Lecture/discussion courses RTH 395, 417, 484, 485
- Business communication RTH 395, 417

III. **Assessment Plan: Measures and Criteria**

- **Course performance** — Practical, analytical, and synthesis projects are incorporated into each recreational therapy course within the curriculum. Work continues on the development of specific grading rubrics for recreational therapy courses (to be developed: RTH 450 and 470) to provide the student with comprehensive feedback on individual projects and assignments. The senior professional portfolio project was incorporated into RTH 395 to allow students to document the acquisition of requisite skills and knowledge for recreational therapy practice along with reflections on the impact of these learning opportunities to the student's preparation for final clinical internship and subsequent practice in the profession. Further work will be done on the portfolio to incorporate student academic work from the new Electronic Briefcase planned for implementation in fall 2008.
- **Internship performance** — Recreational therapy students are required to pass their clinical internship with a grade of C or better. The internship is a (minimum) 480-hour, twelve-week practicum performed under the site supervision of a Certified Therapeutic Recreation Specialist (CTRS) in an agency that provides recreational therapy services to its patients/clients. The CTRS provides the University Supervisor with formative and summative evaluations on the student intern on skills from the NCTRC national job analysis as well as general work performance skills.
- **National certification exam** — The overwhelming majority of **recreational** therapy employment settings in the country require an individual be certified as a CTRS by the NCTRC in order to practice. The State of North Carolina requires licensure to practice

recreational therapy in the State. The North Carolina Recreational Therapy Licensure Board employs the national certification exam of NCTRC. The NCTRC certification procedure includes a comprehensive, standardized, computer-mastery examination using an instrument co-developed by the NCTRC and Thompson-Prometric Testing Corporation. Each year mean performance scores are released to institutions having at least 10 graduates sit for the exam in any one year period of time. The report also depicts student performance against the knowledge areas of the NCTRC Job Analysis which provides a gage of knowledge acquisition in academic and clinical coursework.

- **Graduating student self-assessment** — Graduating students are required to assess their performance during their internships and reflect upon their readiness to perform the duties of an entry-level recreational therapist. Guidelines for this report are identified in the *WCU Recreational Therapy Internship Manual* used by each student as a guideline for completing his or her internship.
- **Graduating student exit survey** — RT Curriculum Exit survey provides a vehicle through which the student may the overall educational preparation she received at WCU, commenting upon perceived utility of each course in the curriculum, in addition to effectiveness of the advising process. An opportunity also exists for open-ended responses.

V. **Annual Assessment Report: Assessment activities conducted during the past year**

- **Course performance** — An effort was made to examine student outcomes through the acquisition of knowledge and skills rather than mere grade performance. Further work is needed in this area in the future. Greater integration of course assignments with the National Job Task Domains and Professional Knowledge Domains is required. Additionally, because of the position of the RT Curriculum as one of the pilot programs in the WCU QEP Plan, it is anticipated that a comprehensive evaluation of course learning activities and linkages from one course to the next will be conducted in the coming year to assure that student learning outcomes are maximized.
- **Internship performance** — All activities concomitant with the performance of each student's internship were reviewed by the University Supervisor. Grades were entered in consultation with each Site Supervisor. Qualitative statements from supervisory evaluation of student intern performance on the NCTRC Job Analysis Job Task Domains were reviewed to determine acquisition of required practice skills and readiness of entry-level performance in the profession.
- **National certification exam** — A report was received from the NCTRC identifying WCU recreational therapy graduate performance on the Computer Mastery Test (CMT) for the testing windows 2005, 2006 and 2007. Data is shown below in findings section and appears in Appendix B of this report.
- **Graduating student self-assessment** — All graduating students completed self-assessments in keeping with program specified guidelines at the completion of their internships. Qualitative statements regarding the student's perceived ability to practice in the profession were reviewed.
- **Graduating student exit survey** — Prior to graduation, all matriculating students submitted exit surveys sharing perceptions of their undergraduate experience, including an overall rating of the curriculum and ratings of the contributions of each required curriculum course in preparing the student for practice in the profession.

Assessment findings related to outcomes

- **Course performance** — Major courses reflect that a majority of students passed each course with grades of C or higher. Because of changes in personnel over the past three years and the use of three different visiting lecturers from fall 2005 through spring 2008, complete documentation of all grades awarded is not currently available. Additionally, the visiting

professors have not fully implemented grading rubrics for student projects. The implementation of the senior portfolio project has continued to be one of the most important learning experiences for senior recreational therapy majors. A total of 33 students enrolled in RTH 395 in fall 2006 and 2007 have now completed senior portfolios. The majority of these students reported significant learning outcomes from this assignment and ultimately used their portfolios in applying for and securing clinical internship sites for RTH 484 and 485.

- **Internship performance** — A total of 19 students completed academic internships from May 2007 through May 2008. This is a 36% increase in the number of students completing the senior clinical internship in recreational therapy. The faculty advisor for internships visited the majority of recreational therapy interns to review the clinical recreational therapy program and discuss student competence expectations with clinical supervisors.
- From May 2007 through May 2008, 12 recreational therapy clinical internships were performed at ten agencies:
 - Alexander Youth Treatment Network, Charlotte, NC (Behavioral Health)
 - Broughton Hospital, Morganton, NC (Psychiatry)
 - Carolinas Rehabilitation Institute, Charlotte, NC (Rehabilitation)
 - Emerald Ridge Rehabilitation and Care Center, Asheville, NC (Geriatrics)
 - Forsyth Medical Center, Winston-Salem, NC (Psychiatry)
 - Friends Homes at Guilford, Greensboro, NC (Geriatrics)
 - Givens Estates, Asheville, NC (Geriatrics)
 - Golden Living Center Surry Community, Mt. Airy, NC (Geriatrics)
 - J.F. Keith Alcohol and Drug Abuse Treatment Center, Black Mountain, NC (Substance Abuse)
 - Masonic and Eastern Star Home, Greensboro, NC (Geriatrics)
 - Murdock Center, Raleigh, NC (Developmental Disabilities)
 - Pardee Hospital, Hendersonville, NC (Psychiatry)
 - Pitt County Memorial Hospital, Greenville, SC (Rehabilitation)
 - SOAR Adventure Therapy, Balsam, NC (Behavioral Health)
 - Tampa General Hospital, Tampa, FL (Pediatrics)
 - UNC Hospitals, Chapel Hill, NC (Bone Marrow Transplant Unit)
- At the completion of each internship, the Site Supervisor (always a CTRS and a licensed recreational therapist if practicing in North Carolina) is asked to complete a final evaluation on the student intern's performance. The instrument is a comprehensive evaluation tool, using a combination of Likert Scale responses and open-ended questions to gain a perspective of how successful the intern was in translating classroom-acquired knowledge into clinical service delivery skills, gaining competence in the NCTRC National Job Analysis Job Task Domains, and in readiness for practice as entry-level practitioners. (See Appendix C for Professional Competency measurement on the Internship Final Evaluation Form).
- Recreational therapy students consistently fare well in their final evaluations. The most important area of outcome assessment by the supervisor is the student's ability in the competency area of recreational therapy as measured by ratings on the acquisition of Job Task Domains from the National Job Analysis. The majority of student interns received ratings at the highest two levels for the majority of areas of job skills from the National Job Analysis: "*DISTINGUISHED-Exceeds requirements in all aspects. Little room for improvement*" and "*COMMENDABLE - Exceeds requirements in most, but not all aspects*". Two of the 19 students received a grade of "B" for their final clinical internship and the remaining students received grades of "A". The performance of this group of students over the past academic year was higher than the previous year. Some of the specific comments reported by supervisors on overall student internship performance are as follows:

- *“Cara developed through her internship. She began to take initiative and oversaw the TBI/SCI patients and their treatment plans. She completed the assessments, determined an intervention plan and continued to follow through with her patients. I encourage her to continue to focus on the functional interventions for each person’s needs as they progress throughout their treatment plans. She needs to continue to be aware of each patient’s needs and organized developed treatment plan.”*
 - *“Kelley has done a great job throughout her internship. She understands the Assessment-Planning-Intervention-Evaluation process of RT. The residents have truly enjoyed her presence and we will all miss her! The facility that hires her will truly have an asset to their Activities Department”*
 - *“Sarah demonstrated very professional, awesome leadership skills. She has terrific presentation skills, did a great job in her special project, and was excellent in aquatic therapy interventions.”*
 - *“Brandi used effectively many of the interventions she learned from courses. She understands the need for the total APIE process. Brandi has certainly brought a lot of experiences and enthusiasm to our department this summer. I hope she continues to funnel her energy into our field as she moves on. She is a motivated therapist that cares a lot about the people she comes in contact with. Brandi has learned with her patient populations that there is a lot more happening than just the initial diagnosis and continuing to be aware of those needs is important. I look forward to her being a part of our field.”*
 - *“Tina has been a pleasure to work with during her internship. She has been willing to accept constructive criticism and has grown professionally. She has been motivated at trying new and a variety of different interventions with her caseload. She has been a team player.”*
 - *“Laura adheres to the agency policy and procedures and develops appropriate interventions for her patients. She documents effectively making note of all important aspects of the treatment sessions. She has truly worked hard, demonstrated her skills as a recreational therapist and made an impact in our department. Laura has truly grasped the ever changing environment that we work in and has managed to excel in correlating what she learned in her courses to direct patient needs. I look forward to her being a part of our field.”*
 - *“Sunny has truly progressed substantially since her last review. She has taken much more initiative and truly feels comfortable in working with the individuals and in serving as a member of the interdisciplinary team. She has become very aware of her surroundings and is able to understand the dynamics that are part of a working environment. Her creativity is commendable as well as her ability to implement recreation therapy programs. In addition, she has adapted well as a team player among others in the office. Sunny appears to improve at most tasks once she has been given enough practice and feedback, such as documenting progress, determining needs from an assessment, and making recommendations for evaluations. She still continues to work in this area. She is determined and does not give up easily. It has been a pleasure to watch Sunny grow and learn during her internship.”*
- Each of the agencies providing educational experiences for our students, without exception, indicated they felt their intern was ready to assume the professional responsibilities of an entry-level recreational therapist.
 - **National Certification Exam Score Report 2007 —**

<u>National Score Information</u>	<u>WCU Score Information</u>
N = 3,343	N = 29
Mean = 66.56	Mean = 67.52
% Pass = 72.7	% Pass = 72.4
% Fail = 27.3	% Fail = 27.6

These test scores show a slight increase over the past year's report from NCTRC. WCU graduates are very close to the national average for performance on the national certification exam. In examining the score report (see Appendix B), it is important to note that all WCU RT graduates who completed the national certification exam, showed performance at or above the minimum acceptable competency level in all areas of the exam. The strongest performance was in the following areas of the national exam:

- Diagnostic Groupings and Populations Served (79.3%)
- Documentation and Evaluation (62.1%)
- Organizing and Managing Services and Advancement of the Profession (62.1%)

Competence on the exam was lower in the following areas:

- Background (55.5%)
- Assessment (51.7%)
- Planning the Intervention (55.2%)
- Implementing the Individualized Intervention Plan (58.6%)

Exam scores will continue to be monitored each year to determine indicators for curriculum improvements. A new NCTRC Exam was instituted in May 2008 reflecting the 2007 Job Analysis and Professional Knowledge Domains, which is currently being implemented in recreational therapy courses. It is anticipated that the addition of the course RTH 351 Client Assessment will result in improvements in exam mastery in that area and the addition of qualified faculty members will enhance the area of planning the intervention and implementation of the individualized intervention plan. Finally, the institution of new admission requirements and the involvement in the QEP plan will foster greater student learning opportunities. The students involved in these curricular changes will not sit for an exam until at least two more years, so results next year may not deviate substantially from the current testing results for WCU RT graduates.

- **Graduating student self-assessment** — Students are required to assess their performance during their internships and reflect upon their readiness to perform the duties of an entry-level recreational therapist. Representative comments for this reporting period include:
 - *Colby Kirk, summer '07, Forsyth Behavioral Health: "During my time as a Recreational Therapy intern, I learned many things about myself and the Recreational Therapy profession. These include but are not limited to: my personal strengths and weaknesses as a practicing recreational therapist and the skills which I possess that make me capable of being an effective Recreational Therapist. I completed the goals and objectives which I had set for myself at the beginning of the internship. The first was to increase my knowledge of interventions and diagnoses which would do by completing a research project on common diagnosis. I completed this by doing multiple presentations of information to the RT staff at the staff meetings throughout the internship. The next goal was to maintain a caseload of patients which I would do by writing treatment plans and attending treatment team meetings. I completed this by keeping five people on my caseload at all times meaning that I did assessments, treatment planning and implemented 1:1 interventions with all of them. The third goal was to write attainable treatment plans for patients and to give input at the treatment team meetings. This was easy to complete because I was already doing treatment plans with the client assessments and I was attending treatment team in which I would contribute any useful knowledge that I had to offer. The last goal was to evaluate treatment plans for effectiveness and make necessary changes. I was able to do this, but only a few times because of the*

extremely short length of stay, I simply did not have enough time to evaluate whether a treatment was successful for a certain patient. “

- *Tina Pentycofe, summer '07, JFK Drug and Alcohol Treatment Center: “As a result of this internship I have learned many positive things that I did not know about myself. I discovered that I can lead a group of patients through an initiative with confidence and not let my nerves get the best of me. I realized that I have an easier time presenting to clients than I did to my peers at school. I also learned that I love recreational therapy even more than I did before, which I did not think was possible. Before I started my internship I was unsure if I could relate to chemically dependent clients the way that I would need to in order to assist them with meeting their goals and objectives. I think this was due to not having clinical experience with this client base. I realized that working with this client base is exactly where I belong because on the first day I felt completely comfortable and started building a rapport with little effort; it just came natural to me. I picked up on the process of conducting assessments really quickly which surprised me because I did not get the opportunity to practice this procedure during my college experience. I learned that conducting assessments is one of my strengths which I did not expect prior to completing my internship. I really thought that I would dread doing documentation but once I became efficient at doing assessments, and writing progress notes it is not as bad as I thought it would be before starting my internship. Overall, I learned that I am a very competent therapist and that gaining confidence and sustaining is the key to my success and will continue to be throughout my career.*
- *Brandi Radford, summer '07, Carolinas Rehabilitation Hospital: “During the internship I found out a very important thing about myself. I learned that I am a competent therapist and need to believe in myself more. During my midterm evaluation with my supervisor she made the comment that I was not confident enough in myself and my skills. She said that I was a great therapist and had all of the skills necessary, but I did not realize this myself. I had to learn that I am not only a student but a growing therapist. During the 12 weeks at Carolinas Rehab I realized that being a recreational therapist is a lot of work. If you have 4 hours of scheduled patient time, that means about 2 hours of documentation time. If you count having to do chart notes for the ones you see plus the new patients that come in each day, you can be certain of a lot of documentation time. I knew that it would be a lot of work, but until you are exposed to the field you do not realize what it takes.”*
- *Sunny Wester, summer '07, Murdoch Center: “Going into my internship I never thought that I would have the skills to perform well. I was nervous going in. Feeling very unqualified, however I was qualified. Throughout my internship I learned that all the things I learned in school were really helping me to become a better therapist. I was scared that there would be times when I was asked something and I wouldn't know what to do. I can't remember a time that this actually happened. Everything that I learned in school just became so clear and I knew how to put it all to good use. I was by no means perfect I had things that I needed to learn a lot more about. Through my internship I learned that I really could do recreation therapy as a career. And it confirmed that this is what I was meant to do. I learned how to deal with clients that are hard to work with. I learned how to overcome my fears of stepping up to the plate during groups. I became a good leader. I was able to lead groups without being nervous anymore.”*
- *Travis Earley, fall '07, Givens Estates: “I really learned a lot about myself during this internship. I learned that I am a very caring person, I learned that I do love to help those in need, and I learned that this is the profession that I want to pursue a career in. I always knew that I was a caring person, even before my internship, but having this internship reaffirmed that fact. I felt for those in pain, struggling with depression, and for those who just needed someone to talk to and tried in every way possible to provide the best care to them that I could. Caring for the residents made everyday worth getting up for because it gave me something to strive for and to achieve. Learning that I love to help those in need made this internship a lot easier to deal with because seeing the satisfaction that*

the residents got from our activities and interventions made everything worth while. For me, having someone give me praise and admiration for something that I love to do is the best thing that I experienced while on my internship. I have always wanted to pursue a career in something where I know I can make a difference and after this internship it showed me that I can make a difference in the lives of many by doing simple, little things that no one else will do.”

- *Lauren Caldwell, spring '08, Broughton Hospital: “Although I feel that I learned an extreme amount of valuable information during my internship experience, I do not think it would have been a successful venture had I not been exposed to the academics that I received at Western Carolina. I felt more than knowledgeable about the administration and techniques of being a recreational therapist. There were many times that I was able to assist the specialists in improving and changing up their interventions because I was still a young mind. I was able to pull the information from my portfolio as well as my activities analysis project to make groups different and interesting. I feel that if it were not for the things that I learned at Western Carolina University I would have not been able to excel in my internship.”*
- *Sarah Simpson, Spring '08, Pitt County Memorial Hospital: “When I first arrived at Pitt County Memorial Hospital I felt a lot of pressure to prove myself. I was the only intern not from ECU and I was known as “Peg Connolly’s student”. The staff had very high expectations of me. At first that really bothered me, and I questioned whether I was really there because of my hard work or because I was “Peg Connolly’s student”. That made me extremely conscious of what I said, how I behaved, I did not want to let Peg down. I had a long talk with one of the other R.T.’s on staff and realized that I needed to step up my game and become known as “Sarah Simpson”, and not “Peg Connolly’s student”. Very soon (thankfully) it became very evident that I was at Pitt County Memorial Hospital not only because I was “Peg Connolly’s student” but also because I am “Sarah Simpson”. This became clear on Thursdays I worked on inpatient, the R.T.’s would get in a debate about who I would work with that week, and when Jim Barrett asked me to step in and take over the Aquatic Therapy for a day because the R.T. had an emergency and could not be there, and when Penny would ask my advice about an R.T. intervention and actually take it! (just to name a few). So, I came into the internship as “Peg Connolly’s student”, but left as “Sarah Simpson”.*
- *Jennifer Spence, spring '08, Masonic and Eastern Star Home: “After my internship experience, I have become exceedingly confident in my ability to enter the field of recreational therapy in an entry-level position. The foundational knowledge obtained through my academic achievement; coupled with the opportunity to apply this knowledge in a practical setting has sufficiently equipped me with the skill sets needed to begin a successful career. Western’s nationally recognized program allowed me learn how to write assessments, define objectives, and provide me with access to some of the most progressive minds and techniques in the field. Whitestone helped to gain comfort within a professional environment, enhance my communication and personal skills with my patients, and gain “real world” insight into how to do the best with what you’ve got. I know that only further experience will allow me to continue to progress, and cannot wait to start that chapter of my life!”*
- **Exit Survey** — All seniors complete the *Recreational Therapy Curriculum Exit Survey* as a final project in their clinical internship course. The evaluation provides a vehicle through which the student expresses her/his feelings about the overall educational preparation received at WCU, commenting upon perceived utility of each course in the curriculum, in addition to effectiveness of the advising process. An opportunity also exists for open-ended responses. All 19 internship students completed this Exit Survey in 2007-08.

Overall Curriculum Assessment Based on the following scale: **1** = Strongly Agree, **2** = Agree, **3** = Neutral, **4** = Disagree, **5** = Strongly Disagree

Curriculum Statement	Average Rating
Overall, I feel my WCU undergraduate experience (courses and field internship) has adequately prepared me to perform the duties of an entry level recreational therapist.	1.11
The classrooms, computer resource labs, library, and other campus learning facilities were adequate for and appropriate to my needs as a student.	1.11
My major academic advisor was helpful and effective in guiding me through the educational process and assisting me in effectively executing my degree plan.	1.11
Instructors in most of my courses were available outside of class for advice on academic projects.	1.26
During office consultations, my major advisor treated me with respect and dignity.	1.00
I motivated myself to perform at a high level of academic excellence in my classes at WCU.	1.37
If I had it to do all over again, I would once again major in recreational therapy at WCU.	1.53
The professors teaching RTH prefix courses were knowledgeable about the subject matter at hand.	1.16
The professors teaching support courses (those without an RTH prefix) were knowledgeable about their respective academic disciplines.	1.39
Being a graduate of WCU's recreational therapy curriculum is a source of pride for me.	1.00

Qualitative comments from students:

- *“All of my coursework, resources, and teaching prepared me for my internship. My instructors were very knowledgeable and very helpful with whatever I needed”*
 - *“Dr. Connolly prepared me for the real world of recreational therapy in the classroom. I could not have done it without her.”*
 - *“I feel that the curriculum taught was very in depth. I feel well prepared for the field and especially prepared for managing RT departments. The Administration class was very effective at preparing us for management in healthcare. I feel well equipped”*
 - *“I have thoroughly enjoyed and benefited from my learning experience at WCU in the RTH curriculum. The professors were all very supportive, understanding,, knowledgeable and offered guidance whenever I sought it. However, I would like to see more resource”*
 - *“I honestly feel like my experience in the Recreational Therapy program has been truly wonderful. I have met some of the most passionate, fun, energetic, non-judgemental, and truly greatest students that Western has to offer, during my courses and time spent in the recreational therapy department. I also feel that Peg Connolly, is one of the greatest staff members that Western has to offer. I have never experienced more willingness and dedication exhibited towards a student than i have experienced with Peg. Her passion and dedication has inspired me. When i came to Western and first Chose Recreational Therapy as my major, i was a little unsure about it but one meeting with Peg and there was no doubt its what i wanted to do. I learned a great deal at WCU and would not have gone anywhere else for my RT degree.”*
 - *“Peg is an awesome professor and advocate for recreational therapy. She knows what she is talking about and desires more recognition from our school than she receives. She desires a better staff to help her in making our education experience better.”*
 - *“Some professors were great, some were poor.”*
- When asked to evaluate the utility of the recreational therapy curriculum courses as to how they contribute to the making of a recreational therapist. The following course ratings were obtained on the following scale: **1** = Very Important—Retain in present form; **2** = Valuable—Should undergo some revision; **3** = Neutral—No strong opinion either way; **4** = Not Essential—Significantly revision indicated; **5** = A Total Waste of Time—Delete the course.

RTH Curriculum Courses	Average Rating
RTH 350 Recreational Therapy and People with Phys. Dis.	1.06
RTH 352 Recreational Therapy Processes and Techniques	1.11
RTH 417 Administration of Recreational Therapy Services	1.11
RTH 200 Foundations of Recreational. Therapy	1.17
RTH 360 Recreational Therapy Services for Older Adults	1.17
RTH 395 Pre-Internship Seminar	1.17
HEAL 250 First Aid & Safety Education	1.39
RTH 450 Advanced Methods in Recreational Therapy	1.44
PSY 150 General Psychology	1.65
PSY 470 Abnormal Psychology	1.65
HSCC 220 Medical Terminology	1.72
PRM 270 Leadership & Group Dynamics in Recreation	1.89
BIOL 292 Human Anatomy & Phys.	2.00
PE 423 Kinesiology	2.00
BIOL 291 Human Anatomy & Phys	2.06
RTH 470 Adventure-Based Recreational Therapy	2.11
COUN 325 Survey of Human Dev.	2.11
HSCC 370 Intro to Pharmacology	2.29
COUN 430 Individual & Grp Counseling	2.29
ENGL 401 Writing for Careers	3.53

Qualitative comments from students on the utility of curriculum courses:

- *“After completing these courses, I felt that many of them benefited me as an undergrad. However there were a few that I felt were either too out of context for RT students or should be changed to fit the curriculum RT students are to know before going out.”*
- *“I feel that pretty much all the classes in the RT curriculum fit, and are beneficial classes but I feel like there needs to be a class that focuses more on just interventions. Having just finished my internship, I feel like that was the only area that was lacking in my skills acquired through coursework at WCU. Great Program! I loved every semester and I am sad that it’s over.”*
- *“I think that the curriculum can be revised but that is an ongoing process that should be done constantly. I feel that the work that Dr. Peg Connolly is doing with the RTH program at WCU is going to make the program the best available whenever she is done.”*
- *“I would like to have more field experience in more areas of the health field. Also, actually participate in doing more interventions not just the planning them all the time. I would have also liked to be able to get certified in certain aspects of our fields, like aquatics.”*
- *“I would like to see more classes that deal with children. We have a class for older adults and I know the children population in RT is limited, but I still believe it is important. And maybe even one class just dealing with writing progress notes and go.”*
- *“If you could have all of the teachers teach like Peg and be as nice as her!”*
- *“More RT specific Labs and Space.”*
- *“More volunteer work experience would help prepare students more for internships and/or future work.”*
- *“Nothing, it is constantly growing and changing for the better.”*
- *“The adding of a Doctorate program at wcu and the adding of a pediatric course through elementary education.”*
- *The only real problems with the curriculum that I would change is Anatomy and Physiology, along with Pharmacology. Although these are very knowledgeable classes, I think they go too far in depth for our major and there are other classes that people could use.”*

- *“The Survey of Human Development course was pretty insignificant compared to other courses we were required to take. It felt more like a review of all health classes I have ever taken in my entire schooling. It felt more like a freshman health class than a 300 course. I don't think that class is necessary with all the other courses we are required to take. The pharmacology class was important, however, if there was a section of the course that focused on the people who take the drugs and the affects the drugs have on them it would have been more helpful. I find it difficult to remember drugs as far as their physical action they perform on the body and since we are not prescribing medicine it would be more helpful to have a course that categorizes the drugs by the disorders they are used to treat. That way we will have a better understanding of side effects that could be affecting certain patients. Advanced methods was a good course, however I feel like there could have been some more in depth study of different techniques. Leadership and group dynamics was a lot like the communications class. The only difference was we had did ice breakers... a lot. Medical Terminology would have been better in the classroom than online. I did not like the online course.*
- *“There should be more classes available to take in recreational therapy to have concentrations in the major. Classes such as geriatrics, pediatrics, spinal cord and brain injury concentrations would be awesome and essential to the real world of therapy.”*

Additional Assessment Efforts:

1. **Development of Technical Standards:** Technical Standards are common in health care professions and consist of those technical cognitive, psychomotor, and affective skills deemed essential to complete the recreational therapy academic program and to perform as a competent generalist in recreational therapy. Technical standards in recreational therapy are very rare in the profession. The generation of a set of technical standards for the WCU Recreational Therapy B.S. Degree Program represents the first known set for an undergraduate degree in the profession. Modeled after other health care occupations similar to recreational therapy, it is anticipated that these technical standards will provide WCU recreational therapy majors with a set of expectations that will govern their skills and abilities as a practitioner along with the academic knowledge provided via coursework. The technical standards appear in Appendix F of this report and will be put into place in the coming academic year upon full approval by the College of Health and Human Sciences.
2. **Survey of Academic Advising in Recreational Therapy:** During Fall 2007, the WCU Student Government Association generated a resolution expressing concerns about the quality of academic advising for WCU students. In an effort to probe the quality of the academic advising provided to recreational therapy students, a survey of advising was conducted. This evaluation of advising in recreational therapy was conducted as part of our transition to the QEP, for the annual assessment of the recreational therapy curriculum, and in response to concerns expressed by SGA. The survey was emailed through MyCat to 75 valid students enrolled in RT using "Ultimate Survey" on February 7, 2008 and a total of 35 students (47%) responded to the survey after two follow-ups. The enclosed report provides the preliminary analysis of results.

Overall, students were very satisfied with the advising provided by the two faculty members in RT. About 71.4% of the respondents visit their advisor by making an appointment (57%) during pre-registration as well as other times throughout the semester. About 85.7% of the respondents find it "easy" to schedule an advising appointment with their advisor. There are some good responses in the comment section on areas where we can continue to improve. But, overall, the evaluation indicates a favorable response from students about faculty efforts to provide quality advisement at WCU.

Student Learning Outcome(s) Assessed in 2007-08	Method(s) of Assessment	Results of Assessment	Implementation Plan
Educational Goal #4: Recreational therapy majors acquire the skills necessary to participate as a practicing professional in the advancement of the profession.	<ul style="list-style-type: none"> • Technical Standards • Student engagement in and satisfaction with academic advising 	<ol style="list-style-type: none"> 2. Technical Standards: No technical standards had existed for RT. The first draft of standards will be implemented in fall 2008. This tool will be used to monitor student progress toward professional development in RT. 3. Advising Study: <ul style="list-style-type: none"> ○ Overall, students were very satisfied with the advising provided by the two faculty members in RT. About 71.4% of the respondents visit their advisor by making an appointment (57%) during pre-registration as well as other times throughout the semester. About 85.7% of the respondents find it "easy" to schedule an advising appointment with their advisor. ○ Student responses indicated ease of scheduling, adequate access to the advisor, and appropriate guidance provided about both degree requirements and professional career goals. See complete report and student comments in Appendix G. 	<ul style="list-style-type: none"> • Implement Technical Standards with all recreational therapy majors during Fall 2008 • Continue to monitor methods for engaging students in the academic process through the WCU QEP plan implementation.

Summary and Conclusions

Overall, the Recreational Therapy B.S. Degree Program continues to evolve and to provide the opportunity for quality undergraduate education in the field. The RT program incorporates the spirit and principles of the WCU QEP for a holistic approach to providing recreational therapy majors with a synthesized learning experience focused on engagement and individualization. While the program has a strong basis for inclusion in the QEP, several areas will be revised to improve the educational program. The main areas for further improvement include: Curricular structure and sequencing and Co-curricular opportunities for engagement

1. Curricular structure and sequencing

Current Course	Satisfactory or Needs Revision	Service Learning (SL)	Notes
RTH 200 Foundations of Rec Therapy	Satisfactory	Needs SL Component	Add service learning component at basic level of engagement (e.g., Special Olympics)
RTH 350 Rec Therapy for Persons with Physical Disabilities	Needs Revision	Needs SL Component	-Change title and content to cover Introduction to Disabilities and include all disabilities. - Add service learning component at basic level of engagement (e.g., Special Olympics)
RTH 351 Client Assessment in RT	Satisfactory	No	New course Spring 2008
RTH 352 RT Processes & Techniques	Satisfactory	No	
RTH 360 RT for Older Adults	Satisfactory	SLC designated	
RTH 395 Pre-Intern Seminar	Satisfactory	No	
RTH 400 RT for Rehabilitation Patients	NEW COURSE	Needs SL Component	Content focused on clinical implications of RT service delivery in rehab settings including stroke, spinal cord injury, and brain injury
RTH 405 RT for Behavioral Health	NEW COURSE	Needs SL Component	Content focused on recreational therapy for psychiatric disabilities
RTH 410 RT for Pediatrics	NEW COURSE	Needs SL Component	Content focused on pediatric rehabilitation and care for hospitalized children
RTH 417 Administration of RT Services	Satisfactory	No	
RTH 450 Advanced Methods of RT	Needs Revision	Needs SL Component	CHANGE TO RTH 370 and create as introduction to RT interventions. Place advanced methods relevant to specific populations in RTH 400, 405, and 410
RTH 470 Adventure Based RT	Satisfactory	Needs SL Component	
RTH 484 Clinical Internship in RT	Satisfactory		
RTH 485 Clinical Internship in RT	Satisfactory		

2. Co-curricular opportunities for engagement

As presented in the curriculum revision section above, more co-curricular opportunities for student engagement are needed in relation to RT coursework. It is anticipated that appropriate service learning opportunities will be identified for specific courses as identified above. For each service learning opportunity

per course, application will be made to the Center for Service Learning for SLC designation. The first course to have SLC designation is RTH 360 RT Services for Older Adults.

This Annual Assessment Report represents a continued effort to refine and improve the Recreational Therapy B.S. Degree. The following remain to be completed:

1. Crosswalk NCTRC Job Analysis Knowledge Areas (see Appendix A) to RT courses.
2. Match 2007 NCTRC Job Analysis Job Task Domains to learning activities within courses.
3. Define the plan for synthesis of learning for the curriculum.
4. Conceptualize levels of engagement from freshman and sophomore year through the senior capstone clinical internship.

Finally, the lack of stability of faculty in this curriculum besides the Director, Dr. Connolly, has been a continuing challenge over the past three years that has hampered moving forward with curriculum improvements. A new tenure track faculty member will be joining the program in fall 2008 and efforts are underway to secure an additional fixed term position which has been approved for the Program for the fall 2008. Having a full faculty complement will greatly enhance the quality of the curriculum.

Appendix 3.8.2 2006-07 Annual Recreational Therapy Assessment Report

Program Name: Recreational Therapy
Department: Health and Human Performance
College: Education and Allied Professions
Year: 2006 - 2007
Contact Person: Peg Connolly, Ph.D., LRT/CTRS
mconnolly@email.wcu.edu

Contents

- I. **Unit Mission Statement**
- II. **Assessment Plan: Program Outcomes**
 - Educational goals
 - Measurable student learning outcomes
 - Educational experiences for attaining goals
- III. **Assessment Plan: Measures and Criteria**
- IV. **Annual Assessment Report**
 - Student Learning Outcomes
 - Methods of Assessment
 - Results of Assessment
 - Implementation Plan for 2007-2008

□ □ □

- Appendix A** NCTRC National Job Analysis Job Skills and Knowledge Areas
- Appendix B** NCTRC School Reports: Western Carolina University 2003, 2004, 2005
- Appendix C** RTH 484/485 Supervisory CTRSs Final Evaluation
- Appendix D** Intern Self Evaluation
- Appendix E** Recreational Therapy Curriculum Exit Survey
- Appendix F** Bachelor of Science Degree in Recreational Therapy Major and Support Courses

Note: Original Appendices from this report are not included but will be available upon request for the 2009 Program Review.

□ □ □

IV. Unit Mission Statement

It is the mission of the curriculum to provide students preparing for health care careers to become recreational therapists with a sound conceptual foundation and entry-level professional preparation in the knowledge and skills necessary for competent practice in recreational therapy.

The knowledge and skills for recreational therapy practice are defined in the National Job Analysis of the National Council for Therapeutic Recreation Certification (NCTRC) and form the basis for evaluation for eligibility and the content outline of the national certification exam (see Appendix A). The knowledge areas of the National Job Analysis are presented within recreational therapy academic coursework as well as service learning and internship experiences. The skill areas of the National Job Analysis are expressed primarily through the final clinical recreational therapy internship. This internship includes the successful completion of the didactic portion of their undergraduate education, a 480-hour clinical internship, and preparation for eligibility to sit for the national certification exam administered by NCTRC. Upon passage of the national exam and state licensure application, graduates of the WCU recreational therapy degree program are also eligible for licensure as a Recreational Therapist in the states of North Carolina, New Hampshire, and Utah.

The WCU Recreational Therapy Curriculum is one of the divisions of the Department of Health and Human Performance, located in the College of Education and Allied Professions at Western Carolina University. The Recreational Therapy Curriculum has been part of the WCU College Restructuring and on July 1, 2007, the Curriculum will be re-located to the Department of Health Sciences within the new College of Health and Human Sciences. During the next year, the transition to this new department and college will provide for a positive and better “fit” with the health care industry. However, it is also anticipated that the transition will call for further changes and refinement in the recreational therapy curriculum.

The recreational therapy curriculum at WCU is recognized nationally as being academically rigorous and has served as a model for other institutions seeking to develop similar programs. We are continually striving for improvement, and feel we regularly take steps to ensure same.

- Student intern performance *across the board* suggests our curriculum (see Appendix F — *Bachelor of Science Degree in Recreational Therapy Major and Support Courses*) is providing students with the knowledge, skills and ability to join the ranks of recreational therapists employed in clinical settings throughout the industry.
- The primary faculty in the recreational therapy division are all nationally certified and state licensed recreational therapists who are obliged to maintain current professional credentials. This involves investing ones self in a program of continuing education and educational conference participation. Consequently, a *state of the art* perspective is acquired, which is transferred back into the classroom. Changes in federal and state legislation, accreditation standards, reimbursement protocols, practitioner credentialing procedures, and evolution of evidence-based treatment interventions are routinely reflected in continually-revised course syllabi.

The mission of the recreational therapy curriculum is linked to and is a reflection of the teaching and learning goals that constitute the central mission of Western Carolina University, to create a community of scholarship in which the activities of its members are consistent with the highest standards of knowledge and practice in their disciplines. In all recreational therapy courses, students are encouraged accomplish the following objectives:

- to improve their ability to think critically, to communicate effectively, to identify and resolve problems reflectively, and to use information and technology responsibly;
- to become proficient in the intellectual and technical skills relative to the subject matter and protocols of the recreational therapy profession;
- to develop a desire for continued personal development and lifelong learning;
- to interact with other members of society in a manner that is characterized by honesty, integrity, responsibility, service and respect for diversity;
- to be mindful of the responsibility of all humans to respect and safeguard the natural and cultural environment.

In view of the newly adopted Quality Education Plan (QEP) for WCU, the recreational therapy curriculum will be further adapted to directly address the purpose and learning goals of the QEP, including synthesis of curricular and university experiences to enhance each students development personally and professionally.

- **Revisions to Curriculum based on findings from the 2005-06 reporting period:**

- *Consideration is being given to adding an RTH course on client assessment and documentation in view of consistent diagnostic findings of low outcomes in these areas for WCU graduates of the recreational therapy curriculum. Implementation: A new course RTH 351 Client Assessment in Recreational Therapy was proposed and approved by the Department of Health and Human Performance but not approved by the College EAP Curriculum Committee in May 2007. The course will again be proposed within the Department Health Sciences in the College of Health and Human Sciences in August 2007.*
- *Consideration is being given to the deletion of ENG 401 Writing for Careers from support course requirements in the recreational therapy major. This action will not be taken until appropriate new*

courses are recommended for inclusion in curriculum revision. Implementation: The elimination of ENG 401 was proposed and approved by the Department of Health and Human Performance but not approved by the College EAP Curriculum Committee in May 2007. The course will again be proposed within the Department Health Sciences in the College of Health and Human Sciences in August 2007.

- *A learning portfolio will be implemented in the RTH 395 Pre-internship Seminar to focus on enhancement of student learning and reflection prior to leaving campus to complete clinical senior internships.* Implementation: the student learning portfolio was implemented as a learning activity in RTH 395 during Fall 2006 and was rated very highly as a learning objective within the evaluation of this course. This assignment will be continued in future offerings of RTH 395.

II. Assessment Plan: Program Outcomes

- **Educational Goal #1: Foundations of a Profession** — to assist the student in gaining an understanding of the knowledge and skills required for competent practice in recreational therapy including how recreation and related interventions have evolved to become clinical treatment modalities for persons whose functional ability is impaired.
- **Student outcome** — The student should be able to describe of the historical emergence of recreational therapy as a rehabilitative service and to explain the role of the contemporary recreational therapist as a member of a health care treatment team.
- **Educational experiences for attaining goal**
 - Lecture/discussion courses RTH 200, 350, 352, 360, 417, 450
 - Service learning/delivery RTH 360
 - Creative projects RTH 350, 352, 417, 450
 - Research projects RTH 350, 352, 360
- **Educational Goal #2: Clinical Processes and Techniques** — to assist the student in gaining an understanding of the knowledge, skill and ability required clinical service delivery in recreational therapy practice.
- **Student outcomes** — The student should be able to demonstrate competency in assessment, planning, implementation and evaluation of individual and program recreational therapy clinical treatment plans.
- **Educational experiences for attaining goal**
 - Lecture/discussion courses RTH 350, 352, 360, 450, 470
COUN 430, HSCC 220, HSCC 370, PSY 470
BIOL 291, BIOL 292, PE 423
 - Service delivery projects RTH 360
 - Clinical internship RTH 484/485
- **Educational Goal #3: Clinical Administration** — to assist the student in gaining an understanding of organization, management and clinical standards required to establish and administer the operational duties of a recreational therapy department within a healthcare agency.
- **Student outcomes** — The student should be able to demonstrate an applied understanding of such administrative concerns as current healthcare legislation and regulations, marketing principles, risk management, staff development, professional ethics, and operational policies and procedures.
- **Educational experiences for attaining goal**
 - Lecture/discussion courses RTH 352, 417, HSCC 220
 - Group projects RTH 417
 - Clinical internship RTH 484/485
- **Educational Goal #4: Professional Credentialing and Career Search** — to assist the student in gaining an understanding of the procedure used by a recreational therapist to receive her

professional credentials on the state and national levels, as well as to obtain the knowledge and skills appropriate to securing entry-level employment.

- **Student outcomes** — The student should be able to describe the credential application process set forth by the North Carolina Board of Recreational Therapy Licensure (NCBRTL) and NCTRC, and demonstrate the career search elements of business letter writing, résumé preparation, interview communication, and identification of potential employers.
- **Educational experiences for attaining goal**
 - Lecture/discussion courses RTH 200, 395, 417
 - Business communication RTH 352, 395, 417, ENGL 401

III. Assessment Plan: Measures and Criteria

- **Course performance** — Practical, analytical, and synthesis projects are incorporated into each recreational therapy course within the curriculum. Over the past year, grading rubrics have been developed in the majority of recreational therapy courses (RTH 200, 350, 352, 360, 395, and 417) to provide the student with comprehensive feedback on individual projects and assignments. Additionally, a senior portfolio project was incorporated into RTH 395 to allow students to document the acquisition of requisite skills and knowledge for recreational therapy practice along with reflections on the impact of these learning opportunities to the student's preparation for final clinical internship and subsequent practice in the profession. Finally, the curriculum requires that each student obtain a C or higher in each degree course with an RTH prefix and to repeat major courses in which they earned a final grade of <C. Grade distributions are monitored to determine the frequency of grades < and >C.
- **Internship performance** — Recreational therapy students are required to pass their clinical internship with a grade of C or better. The internship is a (minimum) 480-hour, twelve-week practicum performed under the site supervision of a Certified Therapeutic Recreation Specialist (CTRS) in an agency that provides recreational therapy services to its patients/clients. The CTRS provides the University Supervisor with formative and summative evaluations on the student intern on skills from the NCTRC national job analysis as well as general work performance skills.
- **National certification exam** — The overwhelming majority of **recreational** therapy employment settings in the country require an individual be certified as a CTRS by the NCTRC in order to practice. The State of North Carolina requires licensure to practice recreational therapy in the State. The North Carolina Recreational Therapy Licensure Board employs the national certification exam of NCTRC. The NCTRC certification procedure includes a comprehensive, standardized, computer-mastery examination using an instrument co-developed by the NCTRC and Thompson-Prometric Testing Corporation. Each year mean performance scores are released to institutions having at least 10 graduates sit for the exam in any one year period of time. The report also depicts student performance against the knowledge areas of the NCTRC Job Analysis which provides a gage of knowledge acquisition in academic and clinical coursework.
- **Graduating student self-assessment** — Graduating students are required to assess their performance during their internships and reflect upon their readiness to perform the duties of an entry-level recreational therapist. Guidelines for this report are identified in the *WCU Recreational Therapy Internship Manual* used by each student as a guideline for completing his or her internship.
- **Graduating student exit survey** — RT Curriculum Exit survey provides a vehicle through which the student may the overall educational preparation she received at WCU, commenting upon perceived utility of each course in the curriculum, in addition to effectiveness of the advising process. An opportunity also exists for open-ended responses.

VI. Annual Assessment Report: Assessment activities conducted during the past year

- **Course performance** — All RTH prefix courses were reviewed to determine grade distributions. Students who are recreational therapy majors were obliged to repeat major courses in which they earned a final grade of <C. Grade distributions were examined to determine the frequency of grades < and >C.
- **Internship performance** — All activities concomitant with the performance of each student's internship were reviewed by the University Supervisor. Grades were entered in consultation with

each Site Supervisor. Qualitative statements from supervisory evaluation of student intern performance on the NCTRC Job Analysis Skills were reviewed to determine acquisition of required practice skills and readiness of entry-level performance in the profession.

- **National certification exam** — A report was received from the NCTRC identifying WCU recreational therapy graduate performance on the Computer Mastery Test (CMT) for the testing windows 2004, 2005 and 2006. Data is shown below in findings section and appears in Appendix B of this report.
- **Graduating student self-assessment** — All graduating students completed self-assessments in keeping with program specified guidelines at the completion of their internships. Qualitative statements regarding the student's perceived ability to practice in the profession were reviewed.
- **Graduating student exit survey** — Prior to graduation, all matriculating students submitted exit surveys sharing perceptions of their undergraduate experience, including an overall rating of the curriculum and ratings of the contributions of each required curriculum course in preparing the student for practice in the profession.

Assessment findings related to outcomes

- **Course performance** — Major courses reflect that a majority of students passed each course with grades of C or higher. Because of changes in personnel over the past year and the use of two different visiting lecturers during Fall 2005 through Spring 2007, complete documentation of all grades awarded is not currently available. Additionally, the visiting professors have not fully implemented grading rubrics for student projects. The implementation of the senior portfolio projected proved to be one of the most important learning experiences for senior recreational therapy majors. A total of 16 students enrolled in RTH 395 in Fall 2006 completed senior portfolios. The majority of these students reported significant learning outcomes from this assignment and ultimately used their portfolios in applying for and securing clinical internship sites for RTH 484 and 485.
- **Internship performance** — A total of 12 students completed academic internships from May 2006 through May 2007. The faculty advisor for internships visited the majority of recreational therapy interns to review the clinical recreational therapy program and discuss student competence expectations with clinical supervisors.
- From May 2006 through May 2007, 12 recreational therapy clinical internships were performed at ten agencies:
 - Carolinas Rehabilitation Institute, Charlotte, NC (Rehabilitation)
 - Forsyth Medical Center, Winston-Salem, NC (Psychiatry)
 - Inner Harbor Hospital, Douglasville, GA (Psychiatry)
 - J. Iverson Riddle Developmental Center, Morganton, NC
 - Medical Univ of SC, Charleston, SC (Psychiatry)
 - Methodist Rehabilitation Center, Jackson, MS (Rehabilitation)
 - National Health Care of Greenville, Greer, SC
 - Provo Canyon School, Provo, UT (Pediatric Psychiatry)
 - Shriner's Hospital for Children, Greenville, SC (Pediatric Rehabilitation)
 - UNC Hospitals, Chapel Hill, NC (Psychiatry)
- At the completion of each internship, the Site Supervisor (always a CTRS and a licensed recreational therapist if practicing in North Carolina) is asked to complete a final evaluation on the student intern's performance. The instrument is a comprehensive evaluation tool, using a combination of Likert Scale responses and open-ended questions to gain a perspective of how successful the intern was in translating classroom-acquired knowledge into clinical service delivery skills, gaining competence in the NCTRC National Job Analysis Job Skills, and in readiness for practice as entry-level practitioners. (See Appendix C — *RTH 484/485 Supervisory Final Evaluation*).

- Recreational therapy students consistently fare well in their final evaluations. The most important area of outcome assessment by the supervisor is the student's ability in the competency area of recreational therapy as measured by ratings on the acquisition of job skills from the National Job Analysis. The majority of student interns received ratings at the highest two levels for the majority of areas of job skills from the National Job Analysis: "*DISTINGUISHED-Exceeds requirements in all aspects. Little room for improvement*" and "*COMMENDABLE - Exceeds requirements in most, but not all aspects*". One student awarded a "C" for the internship, received lower ratings in all areas of the Job Analysis. Two students awarded a "B" for the internship received lower ratings in areas, with lower ratings of "Satisfactory" in the areas of assessment, treatment planning, and documentation. These areas are also depicted as lower areas of performance on the NCTRC diagnostic report of past graduates. Some of the specific comments reported by supervisors on overall student internship performance are as follows:
- "*The student has excellent communication skills, demonstrates positive interpersonal skills and effectively provides opportunities for individual patient differences. She is a quick learner and able to transition and apply knowledge during practice. This student exceeds expectations on all NCTRC Job Analysis Skills for a therapist. The student will be an excellent therapist and add quality to our profession. She will do well in the workforce.*" (Summer 06 Intern, Grade "A")
- "*The student has become independent in her ability to conduct assessment interviews and record documentation such as progress notes, assessments, and discharge summaries. She has led coping skills groups on all of the inpatient psychiatric units, and has demonstrated increased comfort level and skill with this facilitation and various patient populations. She is functioning at an introductory level of proficiency, and has shown progress and growth towards becoming an entry-level recreational therapist. I would urge her to further develop her intervention skill set, and to continue to exercise her sense of responsibility for her learning and advancement, which will expand her professional growth and development. If a position were vacant at our agency, I would consider employing this student*" (Summer 06 Intern, Grade "A")
- "*We are proud to have had this student here for his internship. He has worked exceptionally hard these past weeks, and he shown much development in work ethic and professionalism as well as a general understanding of the recreation therapy process. His work in our dementia program is commendable; the relationships and effect he has on our residents seems to be irreplaceable. We admire his natural ability to anticipate needs and identify strengths when he works with our patients. His efforts have never gone unnoticed and though we encourage much success in his career, we will miss him. He has exceeded expectations for his acquisition of NCTRC Job Analysis Skills in all areas except documentation, where he continues to show major progress, but can still improve.*" (Fall 06 Intern, Grade "A-")
- "*Has led some groups independently, completing assessments, attending treatment teams and offering appropriate input. Manages assignments well. Knows when to act independently and when to seek input from others. Following work assignments responsibly. Taking appropriate role in planning and leading treatment groups and activities. Works well with all disciplines of the treatment team. Is often hard on herself and fears making mistakes; however work performance doesn't suffer for it – it just adds to her personal stress level. Her leadership skills are good for someone at this point in her internship. They will continue to improve with experience. Appropriately professional for this level of expertise per the NCTRC Job Analysis Skills".* (Fall 06 Intern, Grade "A")
- "*I think with some more clinical, maybe a different setting, or one with less travel time, Jamie could develop into a good recreational therapist. She interacted with her patients and ASAP clients professionally but needs to improve her interactions with her colleagues. She meets all NCTRC Job Skill areas at a satisfactory level.*" (Fall 06 Intern, Grade "B")
- "*Her education and knowledge base was evident in her documentation skill, care planning with care plan team and implementation of her programming. This student came to her internship with a*

strong knowledge base in RT. Her development of a falls program on unit 1 has positively benefited the residents and overall staff morale. She is able to independently assess, care plan, document, complete MDS and program as well as many other beneficial skills that will help her in her professional career. She from the very beginning only needed minimal assistance with most tasks—and is excellent working with the geriatric population. I believe that continuing education for this student in a master's program will be a huge benefit to the RT field. We will miss this student greatly as she was a wonderful asset to our agency.” (Spring 07 Intern, Grade “A”)

- *“She is committed to producing the best quality of work. She has researched and developed new curriculum for HeartMath so that we may begin to use it as soon as we get it. She uses all down time productively and searches for a project if one is not assigned to her. She is creative yet adheres to the policies and procedures for safety and protocols. She has demonstrated effective communication skills with everyone she has come across; patients and families most importantly. This student has mastered the NCTRC Job Analysis skills required to be a leading recreational therapist. She develops treatment plans and sets measurable functional goals for her patients. She has worked very hard through her internship and has set herself. She has achieved my respect for her and for what she can do for our continued success as a respected therapy. I look forward to her representing our field as she continues with her career.” (Spring 07 Intern, Grade “A”)*
- Each of the agencies providing educational experiences for our students, without exception, indicated they felt their intern was ready to assume the professional responsibilities of an entry-level recreational therapist.
- **National Certification Exam Score Report 2006 —**

National Score Information

N = 3,145
Mean = 66.46
% Pass = 73.4
% Fail = 26.6

WCU Score Information 2006

N = 21
Mean = 65.19
% Pass = 71.4
% Fail = 28.6

In 2004, 5 WCU applicants sat for the NCTRC exam and only one of the 5 passed the national exam. These scores will be dropped in the 2007 NCTRC Certification Exam Score Report and students completing the exam in 2007 will be added. It will be important to monitor the next NCTRC Report to determine if a trend in lower passage rates is continuing or a reflection of the 2004 results. Every effort is currently being made to assure that WCU Recreational Therapy majors are prepared for the national exam.

- **Graduating student self-assessment** — Students are required to assess their performance during their internships and reflect upon their readiness to perform the duties of an entry-level recreational therapist. Guidelines for this report are identified on Appendix D *Intern Self Evaluation*. Representative comments for this reporting period include:
 - *Amber Beasley, Summer 06, MUSC: “I have been challenged in ways I have never been challenged throughout this internship. I have grown in more ways that I could ever been to describe. I have developed motivation and set future goals for myself. I am more than ready to graduate, complete my internship while continuing to learn as much as possible, take the national certification exam, and work as a recreational therapist. The Japanese say, “If the flower is to be beautiful, it must be cultivated.” Presently I am only in the beginning stages of growth. In order for me to grow as a therapist I must continue to cultivate myself.” CTRS awarded by NCTRC 1/2/07*
 - *Jamie Piercy, Summer 06, Carolinas Rehabilitation Institute: “I feel very confident on my ability to work as an entry level recreational therapist. After the first six weeks of the internship, I felt very comfortable with my abilities and the therapy that I was giving to patients. I noticed patients opening up to me a lot more than other therapists, and this proved to me that I am in the right field. I have the heart, ability, compassion, and love for the job that patients and their*

families need. Of course every time I have ever gotten a new job, the first couple of weeks are a little unusual, but after that I am successful at everything that I have ever done. I can't wait to get my first job as a recreational therapist!" CTRS awarded by NCTRC 5/7/07

- *Jessica Bowman, Summer 06, UNC Hospitals: "I am completely confident in my entry-level skills to work as a recreational therapist. I know that UNCH is one of the more renowned hospitals in the profession of recreational therapy and they are currently doing great things and providing much needed services to individuals. I feel confident that given all of my experience with documentation, interventions, groups, interactions with patients, etc. has set an exceptional foundation for any future work that I do in recreational therapy. I feel that I can write functional goals and assess an individual to figure out their personal needs, so the goal can target that. I without a doubt feel confident that UNCH has left me with a lifelong impression and has set sturdy ground for further development." CTRS awarded by NCTRC 1/2/07*
- *Monica Bane, Summer 06, Methodist Rehabilitation Center: " Because of my wonderful supervisor and the talented professional staff I worked with while at Methodist Rehabilitation Center, I feel confident that I can successfully work as an entry-level recreational therapist. I have gained the practical application and knowledge and experience needed to work with patients. Not only have I learned an incredible amount about different populations, different modalities, and the true vision of recreational therapy, I am inexpressibly excited about working in this field in a rehabilitation setting. With the contacts I have made in this field in the short time of my internship, I look forward to a career that provides for patients and advances the field of recreational therapy." CTRS awarded by NCTRC 1/2/07*
- *Scot Baker, Summer 06, Provo Canyon School: "I brought to my internship a lot of knowledge that I had learned during my stay at WCU. I acquired skills to become certified as a ropes course facilitator and also swift-water rescued certified. The ropes course helped me out the most during my stay in Provo Utah. They have a ropes course and I actually helped out the supervisor teach/ refresh some of the other Recreational Therapists. It was fun and I found out that this internship would not have been possible if I had not gone and gotten my certification to be able to facilitate and run a ropes course activity." No data available on NCTRC Certification.*
- *Amber Kerr, Fall 06, Forsyth Medical Center: "When I began my internship here at Forsyth Medical Center I was really nervous and worried about how well I would do here. I had to constantly remind myself that I was still a student and was not expected to know everything or be able to do everything perfectly. On that note I encourage future interns to be confident in knowing that WCU has prepared them greatly for this experience, but that they are still learning and not expected to know everything about being a recreational therapist already. It's one thing to know the class material that we learn, but it's so different to actually observe and perform what you learned. I learned so much about myself while being here. I learned that I am a slight perfectionist believe it or not. When asked to do a special event or lead a group I found myself being very indecisive and trying to come up with the most perfect idea or what I had chose wasn't quite good enough or didn't fit the group like it should. I learned that I should not be so hard on myself and trust my instincts, ideas and plans. I am very confident in my ability to work as an entry-level therapist. I feel that just by having this experience of working in such an interesting and challenging facility that I will be prepared for any situation that I become involved in as a recreational therapist." No data available on NCTRC Certification.*
- *Tabatha McMinn, Fall 06, J. Iverson Riddle Developmental Center: "After doing my internship I feel as though I could work as a recreational therapist. I had a wide variety of experience working at the center. There is not one particular area that I think that I need to improve in. Throughout my internship the areas that I think I thought I needed to see more or practice more we focused more on. I feel as though I got to strengthen my skills in the areas that I thought needed more attention. To sum up my experience at JIRDC I would have to say it's an amazing place and I walked away with so much knowledge about the field of recreational therapy but I*

also gained a lot of life experiences. I feel lucky to have gotten to work at the center and meet all the professionals and especially the residents. They all left expressions that will last and helped me decide on what I want to do in the future.” No data available on NCTRC Certification.

- *Matt Mull, Fall 06, National Health Care of Greenville: “I feel that I am being allowed to express my feelings of how I have changed as a person during my internship at the NHC of Greenville. I would rather look at it as a big discovery in my life of who I am as a person and as a therapist. I also rediscovered skills that I thought I had forgotten, from classes that I took two years prior to my internship. Other aspects about myself and my field were discovered, such as: ways to perfect myself as a person and therapist, my views of the field I have chosen for my profession, and my confidence as a recreational therapist. The experience of working at the NHC of Greenville has given me the boost of confidence that I needed to work in the recreational therapy field. I fully understand the APIE process and the purpose of recreational therapy in the clinical setting as well as developing high-quality people skills. I honestly feel that when attending classes you are unaware how much you retain and apply what you learn, toward your internship and field of practice. The experience alone was seventy percent of my education in my major. After attending this internship at the NHC of Greenville, SC I give my permission to place this in files that are accessible to future interns.” NCTRC Application in process, anticipated testing date 10/2007.*
- *Lindsay Allen, Spring 07, National Health Care of Greenville: “I was able to use all of my skills learned at WCU while on my internship. I feel that I am ready and confident that I have the necessary skills to work as an entry-level recreational therapist. I have learned the most from my education and work experience, but I feel that I need to do something to change the field. I have seen two different agencies that are calling themselves recreational therapy departments but doing activities. I want to change this. I want recreational therapists to work side-by-side with occupational and physical therapists. This will not happen unless the professionals set out to change the way they are doing things. This is my hope for the field as I enter into an entry-level therapist.” NCTRC Application in process, anticipated testing date 10/2007.*
- *Erin Kuehn, Spring 07, Carolinas Rehabilitation Institute: “I never imagined it would be so hard to answer the question, “What did I learn about myself as the result of my internship?” It is hard because I learned so much and now I have to specifically name what I learned about myself. First off, my clinical experience affirmed the fact that I did learn in school and that I was able to appropriately apply what I learned. I learned that I tend to step up as a leader. I am a better follower in situations when someone has already stepped up as a leader, or in a situation where I am unsure of what is going on and I have just been recruited because I tend to allow someone to continue what they have already got going on. I learned that I work better with a plan as opposed to flying by the seat of my pants—which causes me to more appreciate individual treatment plans. I learned that I am concerned of practicing ethically and maintaining appropriate relationships with clients. It is hard with ASAP because even though they are clients they seem more because you get to know them on a friend level. I learned that I am able to handle stressful situation well and I am capable to rising to the occasion. Through Cycle to the Sea I learned that I can accomplish goals that at once seemed impossible and unachievable. I also learned that training and preparation is effective—can take you a long way. I am confident in my ability to work as an entry level recreation therapist. My only hesitation would be working with a population that I have not worked with previously. But as far as my recreation therapy skills I feel very equipped. Because of my agency experience and because of the reviews, feedback, and support I have received from experienced practicing therapists. I have been able to measure my productivity and quality of work and results have been positive as evidenced by client load and professional/co-worker feedback.” NCTRC Application in process, anticipated testing date 10/2007.*
- *Jenna West, Spring 07, Shriner’s Hospital for Children: “When I began my internship I wasn’t very independent and didn’t show much initiative. I didn’t want to go into the patients rooms by*

myself, and I was a little nervous about interacting with them. I didn't do too much on my own and I asked my supervisor about everything to make sure I was doing it correctly. After a few weeks, that all changed. I became very comfortable with the patients and family members and I spent all of my free time playing with the kids or just hanging out with them. I never knew I could feel so confident and secure. I wanted to be around these kids every chance I got. I think the skills that I acquired at Western played a major role in my confidence. I learned so much about soap notes, APIE, planning and implementing activities, and people first language, just to mention a few. I felt like I was fully prepared when I entered my internship. After I got over my nervousness and uneasiness, I felt like I fit in completely. I also felt like I knew what I was doing and didn't have to continuously ask my supervisor questions on how to do what. I can't think of anything that I didn't learn during my studies at WCU that I should have known for my internship." NCTRC Application in process, anticipated testing date 5/2007.

- *Martha Lynn Brown, Spring 07, Inner Harbor Hospital: "There were many skills that I acquired at WCU that I was able to use as an intern. The first being that I had experience on a ropes course from previous classes; which was great to have while going through the ropes course training at IHH. The second being the knowledge I gained in the medical terminology class. I do not think that I could have been able to understand my patients notes if I had not had the class. The third being all the knowledge that I gained in the recreational therapy classes at WCU. I don't think that it was one specific skill that I learned, but a combination of many that made my internship successful. I know that my confidence level has grown in my ability to facilitate and process with groups. However, I am still nervous about starting my job in May. I know that I have the ability to do it its just getting over the initial step of leaving school and starting a career. I have accepted the position at IHH, so I guess that I will be putting my abilities to the test in starting my entry-level position as a recreational therapist." NCTRC Application in process, anticipated testing date 10/2007.*
- **Exit Survey** — Appendix E shows the *Recreational Therapy Curriculum Exit Survey* which students complete immediately prior to graduation. It provides a vehicle through which the student might express her/his feelings about the overall educational preparation received at WCU, commenting upon perceived utility of each course in the curriculum, in addition to effectiveness of the advising process. An opportunity also exists for open-ended responses. A total of 12 students completed this Exit Survey in 2006-07.

Overall Curriculum Assessment Based on the following scale: **1** = Strongly Agree, **2** = Agree, **3** = Neutral, **4** = Disagree, **5** = Strongly Disagree

Curriculum Statement	Average Rating
Overall, I feel my WCU undergraduate experience (courses and field internship) has adequately prepared me to perform the duties of an entry level recreational therapist.	1.58
The classrooms, computer resource labs, library, and other campus learning facilities were adequate for and appropriate to my needs as a student.	1.79
My major academic advisor was helpful and effective in guiding me through the educational process and assisting me in effectively executing my degree plan.	1.50
Instructors in most of my courses were available outside of class for advice on academic projects.	1.50
During office consultations, my major advisor treated me with respect and dignity.	1.33
I motivated myself to perform at a high level of academic excellence in my classes at WCU.	1.58
If I had it to do all over again, I would once again major in recreational therapy at WCU.	1.58
The professors teaching RTH prefix courses were knowledgeable about the subject matter at hand.	1.50
The professors teaching support courses (those without an RTH prefix) were knowledgeable about their respective academic disciplines.	1.50
Being a graduate of WCU's recreational therapy curriculum is a source of pride for me.	1.42

Qualitative comments from students:

"I think that we had only moderate resources available to utilize that were specific to recreational therapy; however, I'm sure this is something that will expand as the major and field becomes more known. I also think that initially when going into the major that I was not informed of what resources were available. Also, I would still major in recreational therapy again, but I would double major in psychology, or in something else, more than likely to give me more background in that area because they are both of great interest to me. Although I had some psychology classes I think I would enjoy having more background in that area. Also, due to the location of WCU more hands on experience is difficult, and I know that has increased since new professors have arrived and I think that should continue to be encouraged and individuals should get more involved in the community, if for nothing else, then for the experience in working with a wide range of individuals."

"Dr. Connolly was a wonderful professor. She is very knowledgeable in the field and uses the most updated materials to keep WCU students at the top of the field."

"This program has effectively prepared me for my career path. My advisor was very helpful and informative when I came to her with any questions or concerns. I couldn't have asked for a better program."

- When asked to evaluate the utility of the recreational therapy curriculum courses as to how they contribute to the making of a recreational therapist. The following course ratings were obtained on the following scale: **1** = Very Important—Retain in present form; **2** = Valuable—Should undergo some revision; **3** = Neutral—No strong opinion either way; **4** = Not Essential—Significantly revision indicated; **5** = A Total Waste of Time—Delete the course.

RTH Curriculum Courses	Average Rating	Note
RTH 360 Recreational Therapy Services for Older Adults	1.08	
RTH 395 Pre-Internship Seminar	1.08	
HEAL 250 First Aid & Safety Education	1.08	
RTH 350 Recreational Therapy and People with Phys. Dis.	1.12	
RTH 417 Administration of Recreational Therapy Services	1.25	
PSY 150 General Psychology	1.25	
PSY 470 Abnormal Psychology	1.33	
RTH 352 Recreational Therapy Processes and Techniques	1.34	
RTH 450 Advanced Methods in Recreational Therapy	1.42	
RTH 470 Adventure-Based Recreational Therapy	1.42	
HSCC 220 Medical Terminology	1.42	
RTH 200 Foundations of Recreational. Therapy	1.50	
COUN 325 Survey of Human Dev.	1.58	
BIOL 291 Human Anatomy & Phys	1.67	
BIOL 292 Human Anatomy & Phys.	1.83	
PRM 270 Leadership & Group Dynamics in Recreation	1.92	
COUN 430 Individual & Grp Counseling	2.08	
RTH 300 Health and Healing	2.17	Not required of RT majors
HSCC 370 Intro to Pharmacology	2.41	
PE 423 Kinesiology	2.91	
ENGL 401 Writing for Careers	2.92	
RTH 101 T'ai Chi Ch'uan	3.42	Not required of RT majors

Qualitative comments from students on the utility of curriculum courses:

“A learning lab with assessment tools and modalities to be accessed by the student. More discussion and learning about what modalities and methods are being used with the different disabilities at different facilities and possibly hands on experience with those modalities.

“ I would like to see more opportunities for students to experiment with interventions and processing. I believe that it was too much for me to dive into the internship with the training that I had received. I also felt that more opportunities to increase our communication skills would be important also. This may mean more projects and presentations for students. Providing students with the knowledge of relevant information to report to treatment teams would also be a nice addition. Maybe all of this content was reviewed in an appropriate amount for some students but I would have liked to have a booklet given to me before leaving for my internship containing basic processing questions, a few interventions of my own, and web-sites for journals and other recreational therapy exercises. To me, this would have been an excellent project to assign a senior in the recreational therapy program. Basically it would be nice to have more experiential learning than lecturing. I do not believe that the Anatomy and Physiology requirements are a little too harsh for our major. I believe that the combined course of anatomy and physiology that the physical education majors have to take is sufficient. I believe that an extra course on documentation skills would be beneficial to replace the extra three hours from anatomy and physiology. This course could provide students a chance to learn experientially how to document properly. Finally I believe a course on working in the psychiatric hospital would be beneficial for students. It is a very large field and it should be necessary to teach students about it.”

“I did not take RTH 300 or HSCC 370, so that is why I am neutral about those classes. It is hard to make such a general reference to the classes application to recreational therapy given that I was primarily in one specific area. It's likely that you will need more knowledge in one area in one work setting and different knowledge in another specific area if you work somewhere else. Also, I had a different professor for Foundations of Rec. Therapy and from what I know of the new course some different information is covered and it is structured differently. However, when I took the class only a portion of what I learned seems applicable to the field. I think that all of the RT classes for a specific population are great and hope to see one established for psy. since it is a population often served by RT. The administrative class and processes were not necessarily my favorite classes while there, but I am now able to see the importance. I think it would be helpful to use more practical application in classes to allow students to see the relevance of the information because until I came here I was unable to fully understand the importance. I dislike research as much as the next person, but think there should be more research based assignments. Even if they are not draining lengthy research papers, I feel that the practice of research and how to approach it would be especially helpful.”

“The only thing I believe should be changed is the kinesiology requirement. I learned nothing from this class that applies to Recreational therapy, and what I did learn that was beneficial, I had already learned somewhere else.”

“I believe that it would be beneficial for the RT program to allow that etiology would be a great class to add. Drop Writing for Careers due to the fact of the Pre intern class goes over a lot of the same things in that class.”

“More hands on with clients. I think there is a lot of opportunities that can be used around here that are not used. and when clients are used make it a wide variety of clients. Try to make it when looking for an internship where a student is able to visit many places.”

“I feel that the need for understanding funding for agencies is in need of explanation. I am referring to the medicare, medicaid, and private pay process and payment forms need for progress notes.”

“Teachers that are as knowledgeable as Dr. Connolly should be added to the faculty. The teachers that have taught RTH under Dr. Connolly have not been as encouraging or passionate about teaching the students.”

“I would like to see more courses related to experience based learning. Also, a class just based on recreation, where they teach you different recreation activities that you can use.”

“n/a. i think what Peg is doing and how she has already altered the program for the better is tremendous.”

“I thoroughly enjoyed most of these classes and found that as I did my Internship they were very beneficial to me. In the program there are classes that taught us about working with geriatrics and individuals with disabilities, however I would have liked to see a class that taught us about working with pediatrics. There are several Recreational Therapy students who are going to be working with peds and I think, as much as we were already prepared, it would have prepared us just a little more. Also, while I was taking Intro to Pharmacology I didn't understand why Recreational Therapists needed to learn about the different medicines, but after completing my internship I found that class to be as important as my RTH classes. Otherwise, I wouldn't change anything. I feel comfortable and confident that my advisor and these classes have adequately prepared me for my career.”

<p>Student Learning Outcome(s) Assessed in 2006-07</p>	<p>Method(s) of Assessment</p>	<p>Results of Assessment</p>	<p>Implementation Plan</p>
<p>Educational Goal #2: Clinical Processes and Techniques — to assist the student in gaining an understanding of the knowledge, skill and ability required clinical service delivery in recreational therapy practice. Student learning outcome — The student should be able to demonstrate competency in assessment, planning, implementation and evaluation of individual and program recreational therapy clinical treatment plans.</p>	<ul style="list-style-type: none"> • Course performance • Internship performance • National certification exam scores • Student self-evaluation • Student exit survey 	<p>Course performance: closer monitoring of individual student gains must be monitored in key RTH courses such as RTH 350, RTH 352, RTH 360, RTH 450, and RTH 470. Grade performance is satisfactory in this area.</p> <p>Internship performance: Evidence from supervisory final evaluations is satisfactory and the majority of RT majors show high performance on clinical processes and techniques during the capstone internship experience.</p> <p>National certification exam scores: performance is at or above minimum competency for the majority of clinical processes and techniques for WCU graduates, however, it is below the level of minimum competency in one area of clinical processes (planning the intervention) according to the latest score report and at 57% competency in assessment.</p> <p>Student self-evaluation: the majority of students reported being prepared for entry-level practice in recreational therapy and this includes skills in clinical processes and techniques.</p> <p>Student exit survey: the majority of qualitative comments indicated a need for more experiential and practical experience opportunities within the curriculum, especially in clinical processes and techniques related to patient care.</p>	<ul style="list-style-type: none"> • Seek approval for client assessment course RTH 351 and implement in Spring 2008. • Seek facilities for the establishment of an assessment laboratory and resources for student practice with the clinical processes and techniques of client assessment. Implementation of this is contingent on the college/university providing needed space and technological resources for student use. Resources needed include computers and a room for students to practice assessing client needs. These resources have been proposed for the new Gerontological and Health Services Building architectural plans. • Establish service learning opportunity for clinical experience in RTH 200, RTH 350, and RTH 470. Target populations are physical disabilities, developmental disabilities, and youth with psychiatric and behavioral health disabilities. Target RTH 200 for implementation in Spring 2008, and RTH 350 and 470 in Spring 2009. Resources required for this proposal are access to clients at Cullowhee School Special Education classroom for RTH 200 where preliminary contacts have been made. Students will be required to pay a \$30 fee for a background check as stipulated. Further investigation is needed for implementation in RTH 350 and 470.

Summary and Conclusions

The NCTRC Job Analysis was revised in 2007 based on a national study. It will be important to implement any changes in the 2007 Job Analysis into the curriculum courses and student learning experiences. In an effort to improve assessment of student acquisition of the Job Skills of a Recreational Therapist, a student assessment on all job skills will be implemented during RTH 200 beginning in Spring 2008 and the Educational Goal #1: Foundations of a Profession will be revised to incorporate knowledge and acquisition of NCTRC Job Skills.

The lack of stability of faculty in this curriculum besides the Director, Dr. Connolly, has been a continuing challenge over the past two years that has hampered moving forward with curriculum improvements. It is hoped that the faculty situation will stabilize in the coming year.

Finally, the recreational therapy curriculum is committed to the implementation of the WCU QEP within the curriculum. During the coming year plans are to incorporate QEP student learning objectives into the curriculum in order to enhance integration and synthesis of the educational and university experiences that are available for the education of an individual with a baccalaureate degree in recreational therapy from Western Carolina University.

Appendix 3.8.3 2005-06 Annual Recreational Therapy Assessment Report

Program Name: Recreational Therapy
Department: Health and Human Performance
College: Education and Allied Professions
Year: 2005-2006
Report Author: Peg Connolly, Ph.D., TRS/CTRS

Contents

- I. Unit Mission Statement
- II. Assessment Plan: Program Outcomes
 - Educational goals
 - Measurable student learning outcomes
 - Educational experiences for attaining goals
- III. Assessment Plan: Measures and Criteria
- IV. Annual Assessment Report
 - Assessment activities conducted during the past year
 - Assessment findings related to outcomes
 - Program changes / modification / improvements described

□ □ □

- Appendix A NCTRC National Job Analysis Job Skills and Knowledge Areas
- Appendix B NCTRC School Reports: Western Carolina University 2003, 2004, 2005
- Appendix C RTH 484/485 Supervisory CTRSs Final Evaluation
- Appendix D Intern Self Evaluation
- Appendix E Recreational Therapy Curriculum Exit Survey
- Appendix F Bachelor of Science Degree in Recreational Therapy Major and Support Courses

Note: Original appendices included with this assessment report will be made available upon request for the 2009 Program Review.

□ □ □

I. Unit Mission Statement

The Recreational Therapy Curriculum is one of the divisions of the Department of Health and Human Performance, located in the College of Education and Allied Professions at Western Carolina University.

It is the mission of the curriculum to provide students aspiring to become recreational therapists with a sound conceptual foundation and entry-level professional preparation in the knowledge and skills necessary for competent practice in recreational therapy. The knowledge and skills are defined in the National Job Analysis of the National Council for Therapeutic Recreation Certification (NCTRC) and form the basis for evaluation for eligibility and the content outline of the national certification exam (see Appendix A). The knowledge areas of the National Job Analysis are presented via academic coursework as well as service learning and internship experiences. The skill areas of the National Job Analysis are expressed primarily through the final clinical internship. This internship includes the successful completion of the didactic portion of their undergraduate education, a 480-hour clinical internship, and preparation for *sitting for* the certification exam administered by the National Council for Therapeutic Recreation Certification (NCTRC).

The mission of the unit is *linked to* and is a reflection of the teaching and learning goals that constitute the central mission of Western Carolina University –*viz.*, to create a community of scholarship in which the activities

of its members are consistent with the highest standards of knowledge and practice in their disciplines. In all of our courses, students are encouraged accomplish the following objectives:

- to improve their ability to think critically, to communicate effectively, to identify and resolve problems reflectively, and to use information and technology responsibly;
- to become proficient in the intellectual and technical skills relative to the subject matter and protocols of the recreational therapy profession;
- to develop a desire for continued personal development and lifelong learning;
- to interact with other members of society in a manner that is characterized by honesty, integrity, responsibility, service and respect for diversity;
- to be mindful of the responsibility of all humans to respect and safeguard the natural and cultural environment.

II. Assessment Plan: Program Outcomes

- **Educational Goal #1: Foundations of a Profession** — to assist the student in gaining an understanding the knowledge and skills required for competent practice in recreational therapy including how recreation and related interventions have evolved to become clinical treatment modalities for persons whose functional ability is impaired.
- **Student outcome** — The student should be able to describe of the historical emergence of recreational therapy as a rehabilitative services subset and to explain the role of the contemporary recreational therapist as a member of a healthcare treatment team.
- **Educational experiences for attaining goal**
 - Lecture/discussion courses RTH 200, 350, 352, 360, 417, 450
 - Service learning/delivery RTH 350, 352
 - Creative projects RTH 200, 350, 417, 450
 - Research projects RTH 352, 360, 417
- **Educational Goal #2: Clinical Processes and Techniques** — to assist the student in gaining an understanding of the knowledge, skill and ability required of a recreational therapist in clinical service delivery.
- **Student outcomes** — The student should be able to demonstrate competency in assessment, planning, implementation and evaluation of individual and program recreational therapy clinical treatment plans.
- **Educational experiences for attaining goal**
 - Lecture/discussion courses RTH 200, 350, 352, 360, 450, 470, PRM 270
COUN 430, HSCC 220, HSCC 370, Psy 470
BIOL 291, BIOL 292, PE 423
 - Service delivery projects RTH 350, 352, 360, 450, 470, PRM 270
 - Clinical internship RTH 484/485
- **Educational Goal #3: Clinical Administration** — to assist the student in gaining an understanding of organization, management and clinical standards attendant to establishing and conducting the operational affairs of a recreational therapy department.
- **Student outcomes** — The student should be able to demonstrate an applied understanding of such administrative concerns as current healthcare legislation and regulations, marketing principles, risk management, staff development, professional ethics, and operational policies and procedures.
- **Educational experiences for attaining goal**
 - Lecture/discussion courses RTH 352, 360, 417, HSCC 220
 - Group projects RTH 417
 - Clinical internship RTH 484/485
- **Educational Goal #4: Professional Credentialing and Career Search** — to assist the student in gaining an understanding of the procedure used by a recreational therapist to receive her professional credentials on the state and national levels, as well as to obtain the knowledge and skills appropriate to securing entry-level employment.

- **Student outcomes** — The student should be able to describe the credential application process set forth by the North Carolina Therapeutic Recreation Certification Board (TRCB) and the NCTRC, and demonstrate the career search elements of business letter writing, résumé preparation, interview communication, and identification of potential employers.
- **Educational experiences for attaining goal**
 - Lecture/discussion courses RTH 200, 352, 395, 417
 - Business communication RTH 352, 395, 417, 450, ENGL 401

III. Assessment Plan: Measures and Criteria

- **Course performance** — Recreational therapy students are required to pass all courses in the major with a grade of C or better. Grades are assigned in keeping with each student's successfully meeting syllabus requirements for attendance, exam performance, individual and group projects, field trips, and creative expression tasks. Course grades are reviewed each semester to ensure expected student performance measures are fair and equitable. Grade distributions are also monitored for the purpose of controlling grade inflation.
- **Internship performance** — Recreational therapy students are required to pass their clinical internship with a grade of C or better. The internship is a (minimum) 480-hour, twelve-week practicum performed under the site supervision of a Certified Therapeutic Recreation Specialist (CTRS) in an agency that provides recreational therapy services to its patients/clients. The CTRS provides the University Supervisor with formative and summative evaluations on the student intern.
- **National certification exam** — Most recreational therapy employment settings in the country require an individual be certified as a CTRS by the NCTRC in order to practice. The State of North Carolina has recently passed a licensure act regulating the practice of recreational therapy in the State. The North Carolina Recreational Therapy Licensure Board employs the national certification exam of NCTRC. The NCTRC certification procedure includes a comprehensive, standardized, computer-mastery examination using an instrument co-developed by the NCTRC and Thompson-Prometric Testing Corporation. Periodically, mean performance scores are released to institutions having at least 10 graduates sit for the exam in any one year period of time.
- **Graduating student self-assessment** — Graduating students are required to assess their performance during their internships and reflect upon their readiness to perform the duties of an entry-level recreational therapist. Guidelines for this report are identified in the *WCU Recreational Therapy Internship Manual* used by each student as a guideline for completing his or her internship.
- **Graduating student exit survey** — RT Curriculum Exit survey provides a vehicle through which the student may the overall educational preparation she received at WCU, commenting upon perceived utility of each course in the curriculum, in addition to effectiveness of the advising process. An opportunity also exists for open-ended responses.

VII. Annual Assessment Report

Assessment activities conducted during the past year

- **Course performance** — All RTH prefix courses were reviewed to determine grade distributions. Students who are recreational therapy majors were obliged to repeat major courses in which they earned a final grade of <C. Grade distributions were examined to determine the frequency of grades < and >C.
- **Internship performance** — All activities concomitant with the performance of each student's internship were reviewed by the University Supervisor. Grades were entered in consultation with each Site Supervisor.
- **National certification exam** — A report was received from the NCTRC identifying WCU recreational therapy graduate performance on the Computer Mastery Test (CMT) for the testing windows 2003, 2004 and 2005. Data is shown below in findings section and appears in Appendix B of this report.
- **Graduating student self-assessment** — All graduating students completed self-assessments in keeping with program specified guidelines at the completion of their internships.

- **Graduating student exit survey** — Prior to graduation, all matriculating students submitted exit surveys sharing perceptions of their undergraduate experience.

Assessment findings related to outcomes

- **Course performance** — Major courses reflect that a majority of students passed each course with grades of C or higher. Because of changes in personnel over the past year and the use of two different visiting lecturers during Fall 2005 through Spring 2006, complete documentation of all grades awarded is not currently available.
- **Internship performance** — A total of 13 students completed academic internships from May 05 through May 06. This number is almost double the number of students completing internships for the past three years. In addition, the faculty advisor for internships during Spring 2006 visited each internship to review the clinical recreational therapy program and discuss student competence expectations with each clinical supervisor. This practice will be continued in the future to insure that each clinical site meets high quality standards for student learning opportunities. Internship experiences reflect the following statistics for the reporting period:

Course	Summer '05		Fall '05		Spring '06		Total	
	#<C	# Grades	#<C	# Grades	#<C	# Grades	#<C	# Grades
RTH 484	0	4	0	0	0	9	0	13
RTH 485	0	4	0	0	0	9	0	13

- During the time frame May 2005-06, recreational therapy clinical internships were performed by our students at the following agencies:
 - Carolinas Rehabilitation Institute, Charlotte, NC (Rehabilitation) 2 students/Spring 2006
 - Catawba Valley Medical Center, Hickory, NC (Psychiatry)
 - Cherry Hospital, Goldsboro, NC (Rehabilitation)
 - Givens Health Center, Asheville, NC (Geriatrics) – Summer 2005 and Spring 2006
 - John Umstead Hospital, Raleigh, NC (Psychiatry) 2 students/Spring 2006
 - National Healthcare Corporation, Greer, SC (Geriatrics)
 - Pardee Hospital, Hendersonville, NC (Psychiatry)
 - Phoenix Children's Hospital, Phoenix, AZ (Pediatrics)
 - S.O.A.R., Balsam, NC (Children's Behavioral Disturbances)
 - Wake Forest University Medical Center, Winston-Salem, NC (Psychiatry)
- At the completion of each internship, the Site Supervisor (always a CTRS and a licensed recreational therapist if practicing in North Carolina) is asked to complete a final evaluation on the student intern's performance. The instrument is a comprehensive evaluation tool, using a combination of Likert Scale responses and open-ended questions to gain a perspective of how successful the intern was in translating classroom-acquired knowledge into clinical service delivery skills. (See Appendix C — *RTH 484/485 Supervisory Final Evaluation*). Areas surveyed are: quality of work, productivity, work habits/talents/skills, interpersonal work relationships, professional competency in recreational therapy (Job Analysis Job Skill Areas), and a suggested grade for the student's performance in the internship.
- Our students consistently fare well in their final evaluations. The most important area of outcome assessment by the supervisor is the student's ability in the competency area of recreational therapy as measured by ratings on the acquisition of job skills from the National Job Analysis. The majority of student interns received ratings at the highest two levels for all areas of job skills from the National Job Analysis: "*DISTINGUISHED-Exceeds requirements in all aspects. Little room for improvement*" and "*COMMENDABLE - Exceeds requirements in most, but not all aspects*". Two students received lower ratings in documentation and in organizing and managing services. These areas are also depicted as lower areas of performance on the NCTRC diagnostic report of past

graduates. Some of the specific comments reported by supervisors on overall student internship performance are as follows:

- “...highly creative, outgoing, and hard working when motivated. Can recognize and fulfill patient needs and is able to address varying cognitive levels. She has impressive skills facilitating group activities...”
 - “...has been able to function independently as a therapist while receiving compliments by patients as to her professionalism...”
 - “...throughout her 15 week internship, the student matured from being a student to becoming an entry-level licensed recreational therapist...”
 - “...the student has strongly demonstrated her skills within the scope of recreational therapy. With her academic knowledge, work experience, and natural talents she will be an exceptional recreational therapist...”
 - “...she demonstrated a complete knowledge of recreational therapy assessments, interventions, and summaries. I look forward to seeing her enter our field as a licensed therapist...”
 - “...she has an incredible way of building relationships with people almost immediately. This skills will take her fare in the field...”
 - “...she has a strong knowledge base of the profession through both academic knowledge and, now, practical application. She now has the skills to begin as an entry level recreational therapist...”
- Each of the agencies providing educational experiences for our students, without exception, indicated they felt their intern was ready to assume the professional responsibilities of an entry-level recreational therapist.

- **National Certification Exam — 2005**

<u>National Score Information</u>	<u>WCU Score Information</u>
N = 3,183	N = 25
Mean = 66.74	Mean = 71.48
% Pass = 73.6	% Pass = 84.0
% Fail = 26.4	% Fail = 16.0

- **Graduating student self-assessment** — Students are required to assess their performance during their internships and reflect upon their readiness to perform the duties of an entry-level recreational therapist. Guidelines for this report are identified on Appendix D *Intern Self Evaluation*. Representative comments for this reporting period include:

- *Over the 12 weeks, I have changed, not only as a professional, but also as an individual. I began to look at life with an entirely new prospective, one which allowed me to grow and mature into the professional which I am starting out as today.*
- *With the completion of my internship and graduating in May I feel that I am completely confident in my abilities and knowledge of the recreation therapy field to practice as a recreation therapist.*
- *After my prestigious internship I feel I am prepared for anything. Psychiatry is a hard field to work in and I feel that I have succeeded so well with it, that anything is possible. I hope that because of where I performed my internship and what I was able to learn from WCU that I will get an amazing job and be able to help WCU students as they begin their new careers.*
- *After this experience I feel more confident in my ability to be a recreational therapist, however I do not believe that I am done learning about this field and I do not believe that I am the best that I can be, I have a long way to go and only hope that I can continue to improve on all aspects of this field.*
- *I think that my internship has prepared me as an entry-level recreational therapist. The skills that I have acquired were: documentation, planning, initial interview, interventions, evaluations,*

and implementations. I also learned how to associate with patients, doctors, physical therapist, occupational therapist, nurses, and certified nurses assistants.

- *I feel confident in my abilities to work as an entry-level recreational therapist in the near future. The many different skills and experiences that I have acquired throughout the duration of my internship have well prepared me for a job within the health care services for the geriatric population.*
- *My first day of my internship I remember being a little afraid of the patients. After fifteen weeks of working on the mental health unit and being responsible for all groups, assessments, and documentation, I felt more confident than I thought I would be. I had comments from a few patients that I was much better with the relaxation groups. I remember that I had half of the group in tears when I did the guided imagery; I helped them get in touch with themselves. When I did the progressive muscle relaxation, a few female and male patients commented on how they would love a tape of my voice being played at night to help them sleep.*
- *Overall the most important thing that my internship has shown me about recreational therapy is that our work is important and beneficial to patients. I do not think that I will ever forget the excitement I felt the first time one of the patients I worked with responded to treatment. It could have been a non-verbal patient asking me how I was doing or a patient who had isolated themselves from people for weeks wanting to make a bead bracelet with me, but there was always this moment of excitement, of feeling like what I was doing was really helping people. Even if I only had one more experience like that during my career, that would make me satisfied with what I have chosen to do with my life.*
- **Exit Survey** — Appendix E shows the *Recreational Therapy Curriculum Exit Survey* that students are asked to complete immediately prior to graduation. It provides a vehicle through which the student might express her feelings about the overall educational preparation she received at WCU, commenting upon perceived utility of each course in the curriculum, in addition to effectiveness of the advising process. An opportunity also exists for open-ended responses.
- Conclusions for this reporting (Likert Scale 1=Strongly Agree, 5=Strongly Disagree) period include ratings of “STRONGLY AGREE” for the following items:
 - Overall, I feel my Western Carolina University (WCU) undergraduate experience (courses and field internship) has adequately prepared me to perform the duties of an entry level recreational therapist.
 - My major academic advisor was helpful and effective in guiding me through the educational process and assisting me in effectively executing my degree plan.
 - Instructors in most of my courses were available outside of class for advice on academic projects.
 - During office consultations, my major advisor treated me with respect and dignity.
 - The professors teaching RTH prefix courses were knowledgeable about the subject matter at hand.
- The following items include ratings of “AGREE”:
- Instructors in most of my courses were available outside of class for advice on academic projects.
- The professors teaching support courses (those without an RTH prefix) were knowledgeable about their respective academic disciplines.
- If I had it to do all over again, I would once again major in recreational therapy at WCU.

- Being a graduate of WCU's recreational therapy curriculum is a source of pride for me.
- When asked to evaluation of the utility of the recreational therapy curriculum courses as to how they contribute to the making of a recreational therapist. Several courses received the highest rating as a very important or valuable course:
 - RTH 200
 - RTH 300
 - RTH 350
 - RTH 352
 - RTH 417
 - RTH 450
 - RTH 470
 - BIOL 291
 - BIOL 292
 - HEAL 250
 - HSCC 220
 - HSCC 370
 - PSY 150
 - PSY 470
- Several courses received the mixed ratings from very important to not essential:
 - COUN 325
 - COUN 430
 - ENG 401
 - HSCC 370
 - PE 423
 - PRM 270
- One course received the highest number of ratings indicating the course should be eliminated: ENG 401.

Program changes / modification / improvements described

The recreational therapy curriculum at WCU is recognized nationally as being academically rigorous and has served as a model for other institutions seeking to develop similar programs. We are continually striving for improvement, and feel we regularly take steps to ensure same.

- Student intern performance *across the board* suggests our curriculum (see Appendix F — *Bachelor of Science Degree in Recreational Therapy Major and Support Courses*) is providing students with the knowledge, skills and ability to join the ranks of recreational therapists employed in clinical settings throughout the industry.
- The primary faculty member in the recreational therapy division are all nationally certified and state licensed recreational therapists who are obliged to maintain current professional credentials. This involves investing ones self in a program of continuing education and educational conference participation. Consequently, a *state of the art* perspective is acquired, which is transferred back into the classroom. Changes in federal and state legislation, accreditation standards, reimbursement protocols, practitioner credentialing procedures, and evolution of evidence-based treatment interventions are routinely reflected in continually-revised course syllabi.
- **Consequent to findings of this reporting period:**
 - A comprehensive manual was developed and implemented for the RTH 484/485 internship course as well as instituting the course online on WebCT. Within the internship supervisory evaluation process, specific areas of the NCTRC Job Skills were instituted to collect supervisory evaluation of each student interns competence to practice recreational therapy.
 - Prerequisites have been added to the majority of recreational therapy coursework. These prerequisites will allow students to be introduced to various clinical topics and content in a logical and sequential manner to enhance their learning of key concepts of recreational therapy.
 - Consideration is being given to adding an RTH course on client assessment and documentation in view of consistent diagnostic findings of low outcomes in these areas for WCU graduates of the recreational therapy curriculum.
 - Consideration is being given to the deletion of ENG 401 Writing for Careers from support course requirements in the recreational therapy major. This action will not be taken until appropriate new courses are recommended for inclusion in curriculum revision.

- As a conclusion of the last Annual Assessment report, the former program director deleted HSCC 370 Legal and Legislative Aspects of Health Care from support course requirements in the recreational therapy major. This course is still suggested as an important course for academic guidelines in recreational therapy. Discussions have been initiated with the Health Sciences Department to determine how this course may be reintroduced into the major.
- A learning portfolio will be implemented in the RTH 395 Pre-internship Seminar to focus on enhancement of student learning and reflection prior to leaving campus to complete clinical senior internships.

Appendix 3.8.4 2004-05 Annual Recreational Therapy Assessment Report

Program Name: Recreational Therapy
Department: Health and Human Performance
College: Education and Allied Professions
Year: 2004-2005
Report Author: Edward J. Kesgen, Ph.D., TRS/CTRS

Contents

- I. Unit Mission Statement
- II. Assessment Plan: Program Outcomes
 - Educational goals
 - Measurable student learning outcomes
 - Educational experiences for attaining goals
- III. Assessment Plan: Measures and Criteria
- IV. Annual Assessment Report
 - Assessment activities conducted during the past year
 - Assessment findings related to outcomes
 - Program changes / modification / improvements described

□ □ □

- Appendix A** RTH 484/485 Supervisory CTRSs Final Evaluation
- Appendix B** Intern Self Evaluation
- Appendix C** Recreational Therapy Curriculum Exit Survey
- Appendix D** Bachelor of Science Degree in Recreational Therapy Major and Support Courses

Note: Original appendices for this report are not included and will be made available upon request for the 2009 Program Review.

□ □ □

I. Unit Mission Statement

The Recreational Therapy Curriculum is one of the divisions of the Department of Health and Human Performance, located in the College of Education and Allied Professions at Western Carolina University.

It is the mission of the curriculum to provide students aspiring to become recreational therapists with a sound conceptual foundation and entry-level professional competence regarding the administrative procedures, strategies and techniques attendant to contemporary recreational therapy service delivery in a healthcare setting. This includes successful completion of the didactic portion of their undergraduate education, a 480-hour clinical internship, and preparation for *sitting for* the certification exam administered by the National Council for Therapeutic Recreation Certification (NCTRC).

The mission of the unit is *linked to* and is a reflection of the teaching and learning goals that constitute the central mission of Western Carolina University –*viz*, to create a community of scholarship in which the activities of its members are consistent with the highest standards of knowledge and practice in their disciplines. In all of our courses, students are encouraged accomplish the following objectives: to improve their ability to think critically, to communicate effectively, to identify and resolve problems reflectively, and to use information and technology responsibly;

- to become proficient in the intellectual and technical skills relative to the subject matter and protocols of the recreational therapy profession;
- to develop a desire for continued personal development and lifelong learning;
- to interact with other members of society in a manner that is characterized by honesty, integrity, responsibility, service and respect for diversity;
- to be mindful of the responsibility of all humans to respect and safeguard the natural and cultural environment.

II. Assessment Plan: Program Outcomes

- **Educational Goal #1: Prospective Caregiver Self-Assessment** — to assist the student in gaining an understanding of personal qualities appropriate for a person to function effectively as a caregiver.
- **Measurable student learning outcome** — The student should be able to identify the personality characteristics of an effective caregiver and relate them to her own life perspective.
- **Educational experiences for attaining goal**
 - Self-awareness/self-disclosure exercises RTH 200, 352, 360, 417, 450, 470
 - Lecture/discussion courses RTH 200, 352, 360, 417, 450, 470
 - Creative expression projects RTH 200, 352, 360, 417, 450, 470
- **Educational Goal #2: Foundations of a Profession** — to assist the student in gaining an understanding of how recreation and related activities have evolved to become clinical treatment modalities for persons whose functional ability is impaired.
- **Student outcome** — The student should be able to describe of the historical emergence of recreational therapy as a rehabilitative services subset and to explain the role of the contemporary recreational therapist as a member of a healthcare treatment team.
- **Educational experiences for attaining goal**
 - Lecture/discussion courses RTH 200, 352, 360, 450
 - Interviews with recreational therapists RTH 350, 352
 - Clinical observation block RTH 352
 - Research projects RTH 352, 360, 417, 450
- **Educational Goal #3: Clinical Processes and Techniques** — to assist the student in gaining an understanding of the knowledge, skill and ability required of a recreational therapist in clinical service delivery.
- **Student outcomes** — The student should be able to demonstrate competency in assessment, planning, implementation and evaluation of individual and program recreational therapy clinical treatment plans.
- **Educational experiences for attaining goal**
 - Lecture/discussion courses RTH 100, 200, 350, 352, 360, 450, 470, PRM 270
COUN 430, HEAL 250, HSCC 220, HSCC 370,
PSY 150, PSY 470, BIOL 291, BIOL 292, PE 423
 - Service delivery projects RTH 200, 350, 352, 360, 450, 470, PRM 270
 - Clinical internship RTH 485
- **Educational Goal #4: Program Administration** — to assist the student in gaining an understanding of management particulars attendant to establishing and conducting the operational affairs of a recreational therapy department.
- **Student outcomes** — The student should be able to demonstrate an applied understanding of such administrative concerns as current healthcare legislation and regulations, marketing principles, risk management, staff development, professional ethics, and operational policies and procedures.
- **Educational experiences for attaining goal**
 - Lecture/discussion courses RTH 417, 450, HSCC 330, HSCC370

- Group projects RTH 417, 450
- Clinical internship RTH 485
- **Educational Goal #5: Professional Credentialing and Career Search** — to assist the student in gaining an understanding of the procedure used by a recreational therapist to receive her professional credentials on the state and national levels, as well as to obtain the knowledge and skills appropriate to securing entry-level employment.
- **Student outcomes** — The student should be able to describe the credential application process set forth by the North Carolina Therapeutic Recreation Certification Board (TRCB) and the NCTRC, and demonstrate the career search elements of business letter writing, résumé preparation, interview communication, and identification of potential employers.
- **Educational experiences for attaining goal**
- Lecture/discussion courses RTH 200, 395, 417, 450, ENGL 401
- Business communication RTH 352, 395, 417, 450, ENGL 401

III. Assessment Plan: Measures and Criteria

- **Course performance** — Recreational therapy students are required to pass all courses in the major with a grade of C or better. Grades are assigned in keeping with each student's successfully meeting syllabus requirements for attendance, exam performance, individual and group projects, field trips, and creative expression tasks. Course grades are reviewed each semester to ensure expected student performance measures are fair and equitable. Grade distributions are also monitored for the purpose of controlling grade inflation.
- **Internship performance** — Recreational therapy students are required to pass their clinical internship with a grade of C or better. The internship is a (minimum) 480-hour, twelve-week practicum performed under the site supervision of a Certified Therapeutic Recreation Specialist (CTRS) in an agency that provides recreational therapy services to its patients/clients. The CTRS provides the University Supervisor with formative and summative evaluations on the student intern.
- **National certification exam** — Most recreational therapy employment settings in the country require an individual be certified as a CTRS by the NCTRC in order to practice. The certification procedure includes a comprehensive written examination using an instrument co-developed by the NCTRC and the Educational Testing Service (ETS). Periodically, mean performance scores are released to institutions having a substantial number of graduates who *sat for* the exam.
- **Graduating student self-assessment** — Graduating students are required to assess their performance during their internships and reflect upon their readiness to perform the duties of an entry-level recreational therapist. Guidelines for this report are identified in the *Forms Packet* used by each student as a manual for completing her internship.
- **Graduating student exit survey** — This survey provides a vehicle through which the student might express her feelings about the overall educational preparation she received at WCU, commenting upon perceived utility of each course in the curriculum, in addition to effectiveness of the advising process. An opportunity also exists for open-ended responses.

IV. Annual Assessment Report

Assessment activities conducted during the past year

- **Course performance** — All RTH prefix courses were reviewed to determine grade distributions. Students who are recreational therapy majors were obliged to repeat major

courses in which they earned a final grade of <C. Grade distributions were examined to determine the frequency of grades < and >C.

- **Internship performance** — All activities concomitant with the performance of each student's internship were reviewed by the University Supervisor. Grades were entered in consultation with each Site Supervisor.
- **National certification exam** — A report was received from the NCTRC identifying WCU recreational therapy graduate performance on the Computer Mastery Test (CMT) for the testing windows May 2002, August 2002, November 2002, February 2003, May 2003, August 2003, November 2003, February 2004 and May 2004. Data is shown below in findings section.
- **Graduating student self-assessment** — All graduating students completed self-assessments in keeping with program specified guidelines at the completion of their internships.
- **Graduating student exit survey** — Prior to graduation, all matriculating students submitted exit surveys sharing perceptions of their undergraduate experience.

Assessment findings related to outcomes

- **Course performance** — Major courses reflect the following statistics for the reporting period:

Course	Summer '04		Fall '04		Spring '05		Total	
	#<C	# Grades	#<C	# Grades	#<C	# Grades	#<C	# Grades
RTH 101			0	16	0	13	0	29
RTH 200			13	28			13	28
RTH 300			7	24	5	28	12	52
RTH 350								
RTH 352								
RTH 360								
RTH 395			0	13			0	13
RTH 417								
RTH 450			1	16			1	16
RTH 470					0	20	0	20

- The data reveals a majority of students passing each course with grades of C or higher. The presence of grades <C suggests little likelihood of grade inflation. This is in keeping with the philosophies of the university, school and department to maintain an appropriately set (high) *bar*.
- The grades for RTH 101 T'ai Chi Ch'uan are rarely <C due to the experiential/skills acquisition nature of the course. Students tend to *stay with it until they get it right*.
- The grades for RTH 200 Foundations of Recreational Therapy, suggest a high number of grades <C when compared to other courses in the major. RTH 200 is recognized as the most academically rigorous course in the major.
- **Internship performance** — Internship experiences reflect the following statistics for the reporting period:

Course	Summer '04		Fall '04		Spring '05		Total	
	#<C	# Grades	#<C	# Grades	#<C	# Grades	#<C	# Grades
RTH 484	0	4	0	1	0	3	0	8

RTH 485	0	4	0	1	0	3	0	8
---------	---	---	---	---	---	---	---	---

- During the time frame May '04 to May 05, recreational therapy clinical internships were performed by our students at the following agencies:
 - Julian Keith Alcohol and Drug Abuse Treatment Center, Black Mountain, NC
 - Center for Positive Aging, Port Charlotte, FL
 - Shriners' Hospitals for Children, Greenville, SC
 - Wellspring, Greensboro, NC
 - Givens Health Center, Asheville, NC
 - Inner Harbour Hospitals, Douglasville, GA
 - Rocky Mountain MS Center, Denver, CO
 - The Hartmann Center, Marietta, GA

- At the completion of each internship, the Site Supervisor (always a CTRS) is asked to complete a final evaluation on the student intern's performance. The instrument is a comprehensive evaluation tool, using a combination of Likert Scale responses and open-ended questions to gain a perspective of how successful was the intern in translating classroom-acquired knowledge into clinical service delivery skills. (See Appendix A — *RTH 484/485 Supervisory CTRSs Final Evaluation*). Areas surveyed are: Knowledge Base, Professional and Personal Characteristics, (Student Intern's) Strongest Qualities, Areas for Improvement, plus a speculation of how well the student intern might perform as an entry-level recreational therapist with the agency.

- Our students consistently fare well in their final evaluations. The five point scale regards #1 as the most favorable response and #5 as the least favorable. Using simple mathematical averaging, a representative sample of items eliciting the most positive responses would include:
 - *demonstrated a familiarity with "state of the art" recreational therapy interventions – for example: guided imagery, relaxation training, values clarification, anger management, assertiveness training, mask making, conflict resolution and/or T'ai Chi Ch'uan (moving meditation)*
 - *showed critical thought process in assessing and evaluating client/patient treatment objectives*
 - *demonstrated knowledge of a wide variety of treatment interventions.*
 - *successfully conveyed treatment prescription to clients*
 - *appropriately asked questions relevant to the operational specifics and philosophy of the agency*
 - *showed loyalty in carrying out the policies and procedures of the agency*
- A collective selection of comments noting areas in which our interns might strive for improvement would include:
 - *expand bag of tricks in leisure skills area*
 - *carefully proofread documentation*
 - *communicate more effectively with co-workers and supervisors*
 - *take time to relax and leave internship pressure at the hospital*
 - *become more comfortable at staff meetings*

- Each of the agencies providing educational experiences for our students, without exception, indicated they felt their intern was ready to assume the professional responsibilities of an entry-level recreational therapist. Five said they would hire the student if an opening existed; three indicated they would not.

- **National Certification Exam —**
National Score Information WCU Score Information

N = 2,773
 Mean = 66.78
 % Pass = 74.3
 % Fail = 25.7

N = 20
 Mean = 72.50
 % Pass = 95.0
 % Fail = 5.0

- **Graduating student self-assessment** — Students are required to assess their performance during their internships and reflect upon their readiness to perform the duties of an entry-level recreational therapist. Guidelines for this report are identified on Appendix B *Intern Self Evaluation*. Representative comments for this reporting period include:
 - *I learned that I have made all of the right choices as far as my career goes.*
 - *Looking back on it, I'm glad they gave me all that work. It all added to my experience.*
 - *My reminiscing group was fantastic. It never ceased to amaze me at some of the thoughts generated during that time.*
 - *I learned more than ever that these are just people who happen to have a disability.*
 - *I was amazed at how much I had learned and retained while at Western.*
 - *I had no idea this internship would make such a drastic impression on me. Who ever decided that an internship was necessary for a degree in recreational therapy, they were right.*
 - *I have been deeply touched by the clients I have served. If only everyone could have this feeling.*
 - *I learned one of the greatest lessons, probably the most important lesson that you can obtain from your internship, that I can do this.*
 - *I am going to be able to join a facility and be able to facilitate groups that will actually help the clientele being served, and I am going to know what questions to ask and what behaviors to look for as well as be able to keep the clientele under control and following the directions.*
 - *Being left alone to do sessions on my own was the best gift I was given, it allowed me to hone my processing skills, it MADE me hone my processing skills.*
 - *I learned through experiences of good sessions and bad sessions, and sessions that I just wish I could do all over again, or even forget about, that being confident in what you are doing is one of the most important keys to surviving the session.*
- **Exit Survey** — Appendix C shows the *Recreational Therapy Curriculum Exit Survey* that students are asked to complete immediately prior to graduation. It provides a vehicle through which the student might express her feelings about the overall educational preparation she received at WCU, commenting upon perceived utility of each course in the curriculum, in addition to effectiveness of the advising process. An opportunity also exists for open-ended responses.
- Conclusions for this reporting period include consistently high (Likert Scale 1=Strongly Agree, 5=Strongly Disagree) ratings for the following items:
 - *My major academic advisor was helpful and effective in guiding me through the educational process and assisting me in effectively executing my degree plan.*
 - *Being a graduate of WCU's recreational therapy curriculum is a source of pride for me.*
 - *The professors teaching RETH prefix courses were knowledgeable about the subject matter at hand.*
 - *Overall, I feel my WCU undergraduate experience (courses and field internship) has adequately prepared me to perform the duties of an entry-level recreational therapist.*
- There were no across the board low ratings for any of the objective (<3 on the Likert Scale) items on the survey.

Program changes / modification / improvements described

The recreational therapy curriculum at WCU is recognized nationally as being academically rigorous and has served as a model for other institutions seeking to develop similar programs. We are continually striving for improvement, and feel we regularly take steps to ensure same.

- Student intern performance *across the board* suggests our curriculum (see Appendix D — *Bachelor of Science Degree in Recreational Therapy Major and Support Courses*) is providing students with the knowledge, skills and ability to join the ranks of recreational therapists employed in clinical settings throughout the industry.
- The primary faculty in the recreational therapy division are all certified recreational therapists who are obliged to maintain current professional credentials. This involves investing ones self in a program of continuing education and educational conference participation. Consequently, a *state of the art* perspective is acquired, which is transferred back into the classroom. Changes in federal and state legislation, accreditation standards, reimbursement protocols, practitioner credentialing procedures, and evolution of treatment interventions are routinely reflected in continually-revised course syllabi.

Consequent to findings of this reporting period:

- Our curriculum has deleted HSCC 370 Legal and Legislative Aspects of Health Care from support course requirements in the recreational therapy major.
- Our curriculum has been reduced from 128 to 120 hours.

Appendix 3.9 Recreational Therapy Student Learning Outcomes

Appendix 3.9.1 Recreational Therapy Curriculum Goals and Student Outcomes

The following two sections show curriculum educational goals and student learning outcomes and the curriculum map indexing competencies, knowledge areas, learning activities and student learning outcomes.

3. Educational Goal #1: Recreational therapy majors develop foundational knowledge for professional practice.

- **Student outcome in foundational knowledge for recreational therapy practice**— The student applies principles related to recreation, leisure, and play behavior, human growth and development across the lifespan, and principles of anatomy, physiology and kinesiology, applying human behavioral change principles to clients from a variety of populations including cognitive, physical, mental, and emotional disabling conditions and illness in either group or individual interactions, with awareness of current legislation, relevant guidelines and standards.

4. Educational Goal #2: Recreational therapy majors develop professional skills to practice in service delivery.

- **Student outcomes** — Students demonstrate the ability to assess, plan, implement, evaluate, and document appropriate recreational therapy services based individual client needs in a variety of healthcare settings and to do so adhering to Standards of Practice and the Code of Ethics.

5. Educational Goal #3: Recreational therapy majors develop the ability to organize professional services for clients.

- **Student outcomes** — Students demonstrate the application of sound organizational and administrative skills for the practice of therapeutic recreation including budgeting, fiscal and facility management, continuous quality improvement, documentation, evaluation, and are able to work as a functioning member of the interdisciplinary healthcare treatment team.

6. Educational Goal #4: Recreational therapy majors acquire the skills necessary to participate as a practicing professional in the advancement of the profession.

- **Student outcomes** — Students engage in professional organizations, prepare a professional resume and portfolio, are able to apply for national certification prior to graduation, and have the ability to gain state licensure and apply for a professional position upon receipt of the baccalaureate degree.

Appendix 3.9.2 RT Curriculum Map: ATRA Competencies, NCTRC Knowledge Areas, Learning Activities, and Student Outcomes

RTH 200 Foundations of Recreational Therapy			
<i>ATRA Competencies</i>	<i>NCTRC Knowledge Domains</i>	<i>Learning Activities</i>	<i>Student Outcomes</i>
<ol style="list-style-type: none"> 1. Knowledge of historical foundations/ evolution of RT profession 2. Knowledge of philosophical concepts/definitions of RT and implications for service delivery. 3. Knowledge of 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 10. Knowledge of the role and responsibilities of a RT working as an integral part of the interdisciplinary treatment process. 11. Knowledge of the theories and principles of therapeutic/helping relationships. 12. Knowledge of RT's role as an advocate for client's rights. 13. Knowledge of 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 the 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. 24. Ability to communicate the purpose, techniques and effectiveness of RT to colleagues, consumers, and the public. 25. Ability to analyze, evaluate and apply models of practice in various settings. 	<p>Foundational Knowledge</p> <ol style="list-style-type: none"> 1. Theories of play, recreation and leisure 2. Social psychological aspects of play, recreation and leisure 3. Diversity factors (e.g., social, cultural, educational, language, spiritual, financial, age, attitude, geography) (all RT courses) 8. Concepts and models of health and human services (e.g., medical model, community model, education model, psychosocial rehabilitation model, health and wellness model, person-centered model, Inter-national Classification of Functioning) (also RTH 417) 9. Cognition and related impairments (e.g., dementia, traumatic brain injury, developmental/learning disabilities) (also RTH 350) 11. Senses and related impairments (e.g., vision, hearing) (also RTH 350) 13. Normalization, inclusion, and least restrictive environment 14. Architectural barriers and accessibility 15. Societal attitudes (e.g., stereotypes) 19. Principles of behavioral change (e.g., self-efficacy theory, experiential learning model) (all) <p>Practice of Recreational Therapy</p> <ol style="list-style-type: none"> 20. Concepts of RT (e.g., holistic approach, recreative experience, special/adaptive recreation, inclusive recreation, using recreation as a treatment modality) (all) 21. Models of RT service delivery 22. Practice settings (e.g., hospital, long-term care, community recreation, correctional facilities) 23. Standards of practice for the RT profession (in depth in RTH 417) 24. Code of ethics in the RT field and accepted ethical practices with respect to culture, social, spiritual, and ethnic differences (in depth in RTH 417) <p>Organization of Recreational Therapy Service</p> <ol style="list-style-type: none"> 52. Role and function of other health and human service professions and of interdisciplinary approaches (all) <p>Advancement of the Profession</p> <ol style="list-style-type: none"> 64. Professionalism: professional behavior and professional development (all – in depth focus in RTH 395) 66. Advocacy for persons served (also RTH 350) 71. Professional associations and organizations (all) 	<ul style="list-style-type: none"> • Reflective Paper: "Why I Chose To Study RT" • RT Resource Guide • Disability Awareness Paper • Co-curricular Reflection based on Involvement in RT Service Learning Programs: RT Practice Reflection • RT Competency and WCU Learning Outcomes Assessment Pre-Test • Two exams, short answer and essay 	<ol style="list-style-type: none"> 1. Ability to define historical foundations, concepts and definitions of RT, role of RT in healthcare and in relation to allied health disciplines, personal and societal attitudes related to health, illness and disability, APIE process, concepts of health/wellness/habilitation/r rehabilitation, role and responsibilities of the RT, theories and principles of therapeutic relationships, processes of interdisciplinary treatment teams, credentialing and accreditation, principles of normalization, inclusion and self-determination, and RT professional issues. 2. Skill in applying the principles of the RT process 3. Ability to communicate the purpose, techniques and effectiveness of RT to colleagues, consumers, and the public. 4. Ability to analyze, evaluate and apply models of practice in various settings.

RTH 350 Recreational Therapy for People with Physical Disabilities			
<i>ATRA Competencies</i>	<i>NCTRC Knowledge Domains</i>	<i>Learning Activities</i>	<i>Student Outcomes</i>
<p>16. Knowledge of evidence-based recreational therapy/therapeutic recreation assessment instruments used to determine physical, cognitive, emotional, and social functioning of patients/clients</p> <p>17. Knowledge of the evidence of problems and limitations for the specific medical, psychiatric or other disabling conditions being treated</p> <p>18. Knowledge of the nature and function of documentation procedures and systems related to client assessment.</p> <p>19. Knowledge of goals and mission of the various service settings as determinants for assessment procedures and protocols.</p> <p>20. Ability to select the appropriate assessment instrument(s) for a selected patient/client.</p> <p>21. Knowledge of the scope of practice of therapeutic recreation for treatment/program planning.</p> <p>22. Knowledge of assistive techniques and devices to facilitate appropriate treatment interventions.</p> <p>23. Skill in constructing treatment plans that incorporate patient/client strengths, resources and preferences.</p> <p>24. Skill in integrating systematic methods of patient/client evaluation and program evaluation into treatment/program plans.</p> <p>25. Ability to write functional outcome goals, and other forms of documentation related to treatment design</p> <p>26. Knowledge of goals and mission of the institution/agency/organization as determinants for treatment/program intervention.</p> <p>27. Knowledge of principles underlying the therapeutic/helping process, with emphasis upon interaction between the RT and the patient/client.</p> <p>28. Knowledge of evidence-based treatment interventions/programs typically used to reach treatment outcomes for specific medical, psychiatric or other disabling conditions</p> <p>29. Skill in establishing an effective therapeutic/helping relationship.</p> <p>30. Skill in designing evidence-based treatment interventions to implement the individual treatment plan of the patient/client.</p> <p>31. Skill in using a variety of facilitation techniques, such as social skills training, cognitive learning theories or behavioral theories, etc, to reach treatment outcomes.</p>	<p>Foundational Knowledge</p> <p>3. Diversity factors (e.g., social, cultural, educational, language, spiritual, financial, age, attitude, geography)</p> <p>9. Cognition and related impairments (e.g., dementia, TBI, developmental/learning disabilities)</p> <p>10. Anatomy, physiology, and kinesiology and related impairments (e.g., impairments in musculoskeletal system, nervous system, circulatory system, respiratory system, endocrine and metabolic disorders, infectious diseases)</p> <p>11. Senses and related impairments (e.g., vision, hearing) (introduced RTH 200)</p> <p>14. Architectural barriers and accessibility (introduced RTH 200)</p> <p>16. Legislation (e.g., Americans with Disabilities Act, Individuals with Disabilities Education Act, Older Americans Act) (also 417)</p> <p>19. Principles of behavioral change (e.g., self-efficacy theory, experiential learning model)</p> <p>Practice of Recreational Therapy</p> <p>25. Impact of impairment and/or treatment on the person served (e.g., side effects of medications, medical precautions)</p> <p>30. Functional skills testing for assessment</p> <p>36. Cognitive assessment (e.g., memory, problem solving, attention span, orientation, safety awareness)</p> <p>38. Physical assessment (e.g., fitness, motor skills)</p> <p>46. Activity modifications (e.g., assistive techniques, technology and adaptive devices, rule changes)</p> <p>Organization of Recreational Therapy Service</p> <p>None</p> <p>Advancement of the Profession</p> <p>66. Advocacy for persons served</p>	<p>1. Accessibility Survey by ADA Guidelines</p> <p>2. Grand Rounds Paper/Team Projects- for each diagnostic group assigned the student will research and write: diagnostic and disease description; the disability and functioning issues; rehabilitation and general indications; evidence-based research on treatment for the diagnostic group; and recreational therapy interventions:</p> <ul style="list-style-type: none"> • 5 dx groups • one individual student project <p>3. Two exams, short answer and essay</p>	<p>1. Ability to define concepts of health/wellness/habilitation/rehabilitation, role and responsibilities of the RT in physical medicine, processes of interdisciplinary treatment teams in rehabilitation, legislation related to physical disabilities, principles of normalization, inclusion and self-determination, adjustment or activity modification principles for adaptation to the needs of the individual patient/client.</p> <p>2. Ability to define evidence-based treatment interventions typically used to reach treatment outcomes in physical medicine and rehabilitation.</p> <p>3. Ability to develop, select and implement treatment interventions appropriate to goals and objectives and consistent with evidence-based practice and client preferences to achieve optimal functional outcomes for physical medicine and rehabilitation.</p> <p>4. Ability to effectively use a variety of assistive techniques, devices and equipment to meet patient/client needs</p>

RTH 351 Client Assessment in Recreational Therapy			
<i>ATRA Competencies</i>	<i>NCTRC Knowledge Domains</i>	<i>Learning Activities</i>	<i>Student Outcomes</i>
<ol style="list-style-type: none"> 1. Knowledge of psychometric properties of tests and measurements. 2. Knowledge of evidence-based recreational therapy/therapeutic recreation 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. 16. Ability to conduct a systematic interview 17. Ability to select the appropriate assessment instrument(s) for a selected patient/client. 	<p>Foundational Knowledge</p> <ol style="list-style-type: none"> 3. Diversity factors (e.g., social, cultural, educational, language, spiritual, financial, age, attitude, geography) 19. Principles of behavioral change (e.g., self-efficacy theory, experiential learning model) <p>Practice of Recreational Therapy</p> <ol style="list-style-type: none"> 20. Concepts of RT (e.g., holistic approach, recreative experience, special/adaptive recreation, inclusive recreation, using recreation as a treatment modality) 26. Criteria for selection and/or development of assessment (e.g., purpose, reliability, validity, practicality, availability) 27. Implementation of assessment 28. Behavioral observations related to assessment 29. Interview techniques for assessment 30. Functional skills testing for assessment 31. Current RT/leisure assessment instruments 32. Other inventories and questionnaires (e.g., standardized rating systems, developmental screening tests, MDS, FIM, GAF) 33. Other sources of assessment data (e.g., records or charts, staff, support system) 34. Interpretation of assessment and record of person served 35. Sensory assessment (e.g., vision, hearing, tactile) 36. Cognitive assessment (e.g., memory, problem solving, attention span, orientation, safety awareness) 37. Social assessment (e.g., communication/interactive skills, relationships) 38. Physical assessment (e.g., fitness, motor skills function) 39. Affective assessment (e.g., attitude toward self, expression) 40. Leisure assessment (e.g., barriers, interests, values, patterns/skills, knowledge) 41. Documentation of assessment, progress/functional status, discharge/transition plan of person served (e.g., SOAP, FIM) (also in RTH 352) <p>Organization of Recreational Therapy Service</p> <ol style="list-style-type: none"> 53. Documentation procedures for program accountability, and payment for services 54. Methods for interpretation of progress notes, observations, and assessment results of the person being served <p>Advancement of the Profession</p> <p style="text-align: center;">None</p>	<ol style="list-style-type: none"> 1. Search for and Review of Standardized Assessment for RT Application 2. Assessment Application to a Client Case With Emphasis on Observation Skills 3. Assessment Case Study and Treatment Plan with Emphasis on Interviewing Skills 4. Two 50 question, objective exams 	<ol style="list-style-type: none"> 1. Ability to determine the need for further assessment(s) 2. Ability to conduct a systematic interview 3. Ability to select the appropriate assessment instrument(s) for a selected patient/client. 4. Ability to analyze, interpret and incorporate assessment findings on a patient/client and develop functional outcome goals in an individualized treatment plan

RTH 352 Principles and Processes of Recreational Therapy			
<i>ATRA Competencies</i>	<i>NCTRC Knowledge Domains</i>	<i>Learning Activities</i>	<i>Student Outcomes</i>
<ol style="list-style-type: none"> 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 therapeutic recreation 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. 11. Ability to write functional outcome goals, and other forms of documentation related to treatment design 	<p>Foundational Knowledge</p> <ol style="list-style-type: none"> 3. Diversity factors (e.g., social, cultural, educational, language, spiritual, financial, age, attitude, geography) <p>Practice of RT</p> <ol style="list-style-type: none"> 20. Concepts of RT (e.g., holistic approach, recreative experience, special/adaptive recreation, inclusive recreation, using recreation as a treatment modality) 21. Models of RT service delivery (e.g., Leisure Ability model, Health Protection/Health Promotion model, etc.) 41. Documentation of assessment, progress/functional status, discharge/transition plan of person served 43. Purpose and techniques of activity/task analysis 44. Leisure education/counseling 45. Selection of programs, activities and interventions to achieve the assessed needs of the person served 46. Activity modifications (e.g., assistive techniques, technology and adaptive devices, rule changes) <p>Organization of RT Service</p> <ol style="list-style-type: none"> 49. Program design relative to population served 50. Type of service delivery systems (e.g., health, leisure services, education and human services) 51. Methods of writing measurable goals and behavioral objectives 52. Role and function of other health and human service professions and of interdisciplinary approaches 53. Documentation procedures for program accountability, and payment for services 54. Methods for interpretation of progress notes, observations, & assessment results of the person served 55. Evaluating agency or RT Service program 56. Quality improvement guidelines and techniques (e.g., utilization review, risk management, peer re-view, outcome monitoring) 57. Components of agency/RT Service plan of operation <p>Advancement of the Profession</p> <ol style="list-style-type: none"> 68. Professional standards and ethical guidelines pertaining to the RT profession 	<ol style="list-style-type: none"> 1. Knowledge quizzes 2. Review of an Evidence-based Research Article 3. Diagnostic Related Group Paper 4. Treatment Plan 	<ol style="list-style-type: none"> 1. Ability to define components of comprehensive treatment programs, systems approach to program planning, documentation procedures. 2. Skill in constructing treatment plans that incorporate patient/client strengths, resources and preferences. 3. Skill in designing discharge/transition plans relevant to patient/client resources, support systems and needs 4. Skill in activity and task analysis. 5. Skill in integrating systematic methods of patient/client evaluation and program evaluation into treatment/program plans.

RTH 360 Recreational Therapy for Older Adults – SLC (Service Learning Course)			
<i>ATRA Competencies</i>	<i>NCTRC Knowledge Domains</i>	<i>Learning Activities</i>	<i>Student Outcomes</i>
<ol style="list-style-type: none"> 1. Knowledge of evidence-based recreational therapy/therapeutic recreation assessment instruments used to determine physical, cognitive, emotional, and social functioning of patients/clients 2. Knowledge of the evidence of problems and limitations for the specific medical, psychiatric or other disabling conditions being treated 3. Knowledge of the nature and function of documentation procedures and systems related to client assessment. 4. Knowledge of goals and mission of the various service settings as determinants for assessment procedures and protocols. 5. Ability to select the appropriate assessment instrument(s) for a selected patient/client. 6. Knowledge of the scope of practice of therapeutic recreation for treatment/program planning. 7. Knowledge of assistive techniques and devices to facilitate appropriate treatment interventions. 8. Skill in constructing treatment plans that incorporate patient/client strengths, resources and preferences. 9. Skill in integrating systematic methods of patient/client evaluation and program evaluation into treatment/program plans. 10. Ability to write functional outcome goals, and other forms of documentation related to treatment design 11. Knowledge of goals and mission of the institution/agency/organization as determinants for treatment/program intervention. 12. Knowledge of principles underlying the therapeutic/helping process, with emphasis upon interaction between the RT and the patient/client. 13. Knowledge of evidence-based treatment interventions/programs typically used to reach treatment outcomes for specific medical, psychiatric or other disabling conditions 14. Skill in establishing an effective therapeutic/helping relationship. 15. Skill in designing evidence-based treatment interventions to implement the individual treatment plan of the patient/client. 16. Skill in using a variety of facilitation techniques, such as social skills training, cognitive learning theories or behavioral theories, etc, to reach treatment outcomes. 	<p>Foundational Knowledge</p> <ol style="list-style-type: none"> 3. Diversity factors (e.g., social, cultural, educational, language, spiritual, financial, age, attitude, geography) 17. Relevant guidelines and standards (e.g., federal and state regulatory agencies) 19. Principles of behavioral change (e.g., self-efficacy theory, experiential learning model) <p>Practice of Recreational Therapy</p> <ol style="list-style-type: none"> 20. Concepts of RT (e.g., holistic approach, recreative experience, special/adaptive recreation, inclusive recreation, using recreation as a treatment modality) 22. Practice settings (e.g., hospital, long-term care, community recreation, correctional facilities) 23. Standards of practice for the RT profession 24. Code of ethics in the RT field and accepted ethical practices with respect to culture, social, spiritual, and ethnic differences 25. Impact of impairment and/or treatment on the person served (e.g., side effects of medications, medical precautions) 32. Other inventories and questionnaires (e.g., standardized rating systems, MDS, FIM, GAF) 33. Other sources of assessment data (e.g., records or charts, staff, support system) 45. Selection of programs, activities and interventions to achieve the assessed needs of the person served <p>Organization of Recreational Therapy Service</p> <ol style="list-style-type: none"> 51. Methods of writing measurable goals and behavioral objectives <p>Advancement of the Profession</p> <ol style="list-style-type: none"> 64. Professionalism: professional behavior and professional development 	<ol style="list-style-type: none"> 1. Personal Reflection on Aging and Dementia 2. Resident Case Study 3. Resident Care Plan 4. Report of Application of Two Treatment Protocols 5. Log and Reflection of 15 Service Learning Hours at a Nursing Home 6. Two 50 question, objective exams 	<ol style="list-style-type: none"> 1. Ability to define the role and responsibilities of the RT in geriatrics, processes of interdisciplinary treatment teams in rehabilitation, legislation related to geriatrics, adjustment or activity modification principles for adaptation to the needs of the individual patient/client. 2. Ability to develop and/or select and implement treatment interventions appropriate to the goals and objectives and consistent with evidence-based practice and patient/client preferences to achieve optimal functional outcomes for patients/clients in geriatrics. 3. Ability to effectively use a variety of assistive techniques, devices and equipment to meet patient/client needs 4. Skill in applying techniques of evidence-based practice to recreational therapy in geriatrics.

RTH 395 Pre-Intern Seminar			
<i>ATRA Competencies</i>	<i>NCTRC Knowledge Domains</i>	<i>Learning Activities</i>	<i>Student Outcomes</i>
	Foundational Knowledge None Practice of Recreational Therapy 20. Concepts of RT (e.g., holistic approach, recreative experience, special/adaptive recreation, inclusive recreation, using recreation as a treatment modality) Organization of Recreational Therapy Service 52. Role and function of other health and human service professions and of interdisciplinary approaches Advancement of the Profession 64. Professionalism: professional behavior and professional development 65. Requirements for RT credentialing (e.g., certification, recertification, licensure) 68. Professional standards and ethical guidelines pertaining to the RT profession 71. Professional associations and organizations 72. Partnership between higher education and direct service providers to provide internships and to produce, understand and interpret research for advancement of the RT profession	1. Resume 2. Letters of Application for Senior Clinical Internship 3. Internship Interviews with Licensed Recreational Therapists 4. Cumulative Professional Portfolio 5. Portfolio Presentation 6. 25 item objective exam 7. RT Competency and WCU Learning Outcomes Assessment Pre-Internship	1. Ability to use standards of practice and ethical codes in directing interactions with patients/clients and colleagues and in the design and implementation of RT Services 2. Ability to secure a placement for the capstone clinical internship experience in recreational therapy.

RTH 405 Recreational Therapy in Behavioral Health			
<i>ATRA Competencies</i>	<i>NCTRC Knowledge Domains</i>	<i>Learning Activities</i>	<i>Student Outcomes</i>
<ol style="list-style-type: none"> 1. Knowledge of evidence-based recreational therapy/therapeutic recreation assessment instruments used to determine physical, cognitive, emotional, and social functioning of patients/clients 2. Knowledge of the evidence of problems and limitations for the specific medical, psychiatric or other disabling conditions being treated 3. Knowledge of the nature and function of documentation procedures and systems related to client assessment. 4. Knowledge of goals and mission of the various service settings as determinants for assessment procedures and protocols. 5. Ability to select the appropriate assessment instrument(s) for a selected patient/client. 6. Knowledge of the scope of practice of therapeutic recreation for treatment/program planning. 7. Knowledge of assistive techniques and devices to facilitate appropriate treatment interventions. 8. Skill in constructing treatment plans that incorporate patient/client strengths, resources and preferences. 9. Skill in integrating systematic methods of patient/client evaluation and program evaluation into treatment/program plans. 10. Ability to write functional outcome goals, and other forms of documentation related to treatment design 11. Knowledge of goals and mission of the institution/agency/organization as determinants for treatment/program intervention. 12. Knowledge of principles underlying the therapeutic/helping process, with emphasis upon interaction between the RT and the patient/client. 13. Knowledge of evidence-based treatment interventions/programs typically used to reach treatment outcomes for specific medical, psychiatric or other disabling conditions 14. Skill in establishing an effective therapeutic/helping relationship. 15. Skill in designing evidence-based treatment interventions to implement the individual treatment plan of the patient/client. 16. Skill in using a variety of facilitation techniques, such as social skills training, cognitive learning theories or behavioral theories, etc, to reach treatment outcomes. 	<p>Foundational Knowledge</p> <ol style="list-style-type: none"> 3. Diversity factors (e.g., social, cultural, educational, language, spiritual, financial, age, attitude, geography) 9. Cognition and related impairments (e.g., dementia, TBI, developmental/learning disabilities) 10. Anatomy, physiology, and kinesiology and related impairments (e.g., impairments in musculoskeletal system, nervous system, circulatory system, respiratory system, endocrine and metabolic disorders, infectious diseases) 16. Legislation (e.g., Americans with Disabilities Act, Individuals with Disabilities Education Act, Older Americans Act) (also 417) 19. Principles of behavioral change (e.g., self-efficacy theory, experiential learning model) <p>Practice of Recreational Therapy</p> <ol style="list-style-type: none"> 25. Impact of impairment and/or treatment on the person served (e.g., side effects of medications, medical precautions) 30. Functional skills testing for assessment 36. Cognitive assessment (e.g., memory, problem solving, attention span, orientation, safety awareness) 38. Physical assessment (e.g., fitness, motor skills) 46. Activity modifications (e.g., assistive techniques, technology and adaptive devices, rule changes) <p>Organization of Recreational Therapy Service</p> <p>None</p> <p>Advancement of the Profession</p> <ol style="list-style-type: none"> 66. Advocacy for persons served 	<ul style="list-style-type: none"> • Paper on Mental Health Diagnostic Group with Literature Review and Current Treatment Strategies • Paper on a major theory Used in Mental Health with Research Review, Evidence, and Application to RT Services • Group Reflections on Lab Experiences • Evaluation of RT Interventions for Behavioral Health • Three Exams, Combined Short Answer and Essay 	<ol style="list-style-type: none"> 1. Ability to define the concepts of health/wellness/habilitation/rehabilitation, role and responsibilities of the RT in physical medicine, processes of interdisciplinary treatment teams in rehabilitation, legislation related to physical disabilities, principles of normalization, inclusion and self-determination, adjustment or activity modification principles for adaptation to the needs of the individual patient/client. 2. Ability to define the evidence-based treatment interventions/programs typically used to reach treatment outcomes in physical medicine and rehabilitation. 3. Ability to develop and/or select and implement treatment interventions appropriate to the goals and objectives and consistent with evidence-based practice and patient/client preferences to achieve optimal functional outcomes for patients/clients in physical medicine and rehabilitation. 4. Ability to effectively use a variety of assistive techniques, devices and equipment to meet patient/client needs

RTH 417 Administration of Recreational Therapy Services			
<i>ATRA Competencies</i>	<i>NCTRC Knowledge Domains</i>	<i>Learning Activities</i>	<i>Student Outcomes</i>
<p>1. Knowledge of the organization and delivery of health care and human services.</p> <p>2. Knowledge of position design, classification, recruitment, orientation/training, supervision and performance management of personnel as an integrated human resource system.</p> <p>3. Knowledge of techniques of financing, budgeting, cost accounting, rate setting and fiscal accountability.</p> <p>4. Knowledge of governmental, professional, agency, and accreditation standards and regulations</p> <p>5. Knowledge of the principles and practices of promotions, public relations, and marketing.</p> <p>6. Knowledge of practices of managing resources including personnel, facilities, supplies, and equipment.</p> <p>7. Knowledge of principles and requirements for safety and risk management.</p> <p>8. Knowledge of facility planning processes</p> <p>9. Knowledge of strategic planning processes</p> <p>10. Knowledge of legal requirements pertaining to delivery of health care and human services and recreational therapy.</p> <p>11. Skill in using computers/systems for managing information and data</p> <p>12. Skill in applying ethical and conduct standards to practice</p> <p>13. Skill in practicing safety, emergency, infection control and risk management procedures</p> <p>14. Skill in scheduling, time management, and prioritization of tasks and decisions</p> <p>15. Skill in managing productivity and labor resources.</p> <p>16. Skill in providing clinical supervision and education to staff and students</p>	<p>Foundational Knowledge</p> <p>3. Diversity factors (e.g., social, cultural, educational, language, spiritual, financial, age, attitude, geography)</p> <p>8. Concepts and models of health and human services (e.g., medical model, community model, education model, psychosocial rehabilitation model, health and wellness model, person-centered model, Inter-national Classification of Functioning)</p> <p>17. Relevant guidelines and standards (e.g., federal and state regulatory agencies)</p> <p>Practice of Recreational Therapy</p> <p>22. Practice settings (e.g., hospital, long-term care, community recreation, correctional facilities)</p> <p>23. Standards of practice for the RT profession</p> <p>24. Code of ethics in the RT field and accepted ethical practices with respect to culture, social, spiritual, and ethnic differences</p> <p>Organization of Recreational Therapy Service</p> <p>53. Documentation procedures for program account-ability, and payment for services</p> <p>57. Components of agency or RT Service plan of operation</p> <p>58. Personnel, intern, and volunteer supervision and management</p> <p>59. Payment system (e.g., managed care, PPO, private contract, Medicare, Medicaid, DRG)</p> <p>60. Facility and equipment management</p> <p>61. Budgeting and fiscal responsibility</p> <p>Advancement of the Profession</p> <p>62. Historical development of RT</p> <p>63. Accreditation standards and regulations (e.g., JCAHO, CARF, CMS)</p> <p>64. Professionalism: professional behavior and professional development</p> <p>65. Requirements for RT credentialing (e.g., certification, recertification, licensure)</p> <p>66. Advocacy for persons served</p> <p>67. Legislation and regulations pertaining to RT</p> <p>68. Professional standards and ethical guidelines pertaining to RT</p> <p>69. Public relations, promotion and marketing of the RT profession</p> <p>70. Methods, resources and references for maintaining and upgrading professional competencies</p> <p>71. Professional associations and organizations</p> <p>72. Partnership between higher education and direct service providers to provide internships and to produce, understand and interpret research for advancement of the RT profession</p> <p>73. Value of continuing education and in-service training for the advancement of the RT profession</p>	<p>1. Senior Professional Philosophy Position Paper</p> <p>2. Ethics Case Study</p> <p>3. Evidence-Based Practice Search</p> <p>4. Program Development and Marketing Project</p> <p>5. Two 50 Item, Objective Exams</p>	<p>1. Skill in using computers/systems for managing information and data</p> <p>2. Skill in applying ethical and conduct standards to practice</p> <p>3. Skill in practicing safety, emergency, infection control and risk management procedures</p> <p>4. Skill in scheduling, time management, and prioritization of tasks and decisions</p> <p>5. Skill in applying techniques of evidence-based practice to recreational therapy practice.</p> <p>6. Ability to balance cost and quality to provide necessary and effective RT services.</p>

RTH 450 Advanced Methods of Recreational Therapy (Changed to RTH 370 Methods of Recreational Therapy)			
<i>ATRA Competencies</i>	<i>NCTRC Knowledge Domains</i>	<i>Learning Activities</i>	<i>Student Outcomes</i>
<ol style="list-style-type: none"> 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. 	<p>Foundational Knowledge</p> <ol style="list-style-type: none"> 3. Diversity factors (e.g., social, cultural, educational, language, spiritual, financial, age, attitude, geography) 19. Principles of behavioral change (e.g., self-efficacy theory, experiential learning model) <p>Practice of Recreational Therapy</p> <ol style="list-style-type: none"> 25. Impact of impairment and/or treatment on the person served (e.g., side effects of medications, medical precautions) 45. Selection of programs, activities and interventions to achieve the assessed needs of the person served 46. Activity modifications (e.g., assistive techniques, technology and adaptive devices, rule changes) 47. Modalities and/or interventions (e.g., Recreational Therapy activities, leisure skill development, assertiveness training, stress management, social skills, community reintegration) 48. Facilitation techniques and/or approaches (e.g., behavior management, counseling skills) <p>Organization of Recreational Therapy Service</p> <ol style="list-style-type: none"> 51. Methods of writing measurable goals and behavioral objectives 52. Role and function of other health and human service professions and of interdisciplinary approaches <p>Advancement of the Profession</p> <ol style="list-style-type: none"> 64. Professionalism: professional behavior and professional development 69. Public relations, promotion and marketing of the RT profession 	<ul style="list-style-type: none"> • Treatment Protocol • HeartMath Personal Development and Application with Mock Client • Design and Lead a Modality with Peer Review • Modality Poster with Literature Review and Professional Presentation • Two Exams, Combination objective and Short Answer • One Final, Comprehensive Exam, Objective and Short Answer 	<ol style="list-style-type: none"> 1. Skill in establishing an effective therapeutic/helping relationship 2. Skill in designing evidence-based treatment interventions to implement the individual treatment plan of the patient/client. 3. Skill in applying individual and group leadership/helping techniques 4. Skill in assisting the patient/client to process the treatment intervention, thereby enhancing self-awareness and formulating conclusions relevant to treatment goals and objectives. 5. Skill in using a variety of facilitation techniques, such as social skills training, cognitive learning theories or behavioral theories, etc, to reach treatment outcomes. 6. Ability to effectively use a variety of assistive techniques, devices and equipment to meet patient/client needs 7. Ability to apply behavior management strategies and helping techniques.

RTH 470 Adventure- Based Recreational Therapy – SLC (Service Learning Course)			
<i>ATRA Competencies</i>	<i>NCTRC Knowledge Domains</i>	<i>Learning Activities</i>	<i>Student Outcomes</i>
	<p>Foundational Knowledge</p> <p>9. Cognition and related impairments (e.g., dementia, traumatic brain injury, developmental/learning disabilities)</p> <p>18. Principles of group interaction, leadership, and safety</p> <p>19. Principles of behavioral change (e.g., self-efficacy theory, experiential learning model)</p> <p>Practice of Recreational Therapy</p> <p>45. Selection of programs, activities and interventions to achieve the assessed needs of the person served</p> <p>46. Activity modifications (e.g., assistive techniques, technology and adaptive devices, rule changes)</p> <p>47. Modalities and/or interventions (e.g., Recreational Therapy activities, leisure skill development, assertiveness training, stress management, social skills, community reintegration)</p> <p>48. Facilitation techniques and/or approaches (e.g., behavior management, counseling skills)</p> <p>Organization of Recreational Therapy Service</p> <p>52. Role and function of other health and human service professions and of interdisciplinary approaches</p> <p>60. Facility and equipment management</p> <p>Advancement of the Profession</p> <p>64. Professionalism: professional behavior and professional development</p> <p>71. Professional associations and organizations</p>	<ul style="list-style-type: none"> • Research Article Review on Adventure Based Interventions • Outdoor Adventure Project Demonstrating Competence in Intervention Skills • Co-curricular Reflection on Service Learning with Youth and Adolescents served by SOAR • Acquisition of Adventure Based Skills (Belay Certification, Challenge Course, Overnight/Weekend Adventure Experience) • Final, Comprehensive Exam (Combination of Objective, Short Answer, and Essay) 	<ol style="list-style-type: none"> 1. Skill in assisting the patient/client to process the treatment intervention, thereby enhancing self-awareness and formulating conclusions relevant to treatment goals and objectives. 2. Skill in using a variety of facilitation techniques, such as social skills training, cognitive learning theories or behavioral theories, etc, to reach treatment outcomes. 3. Ability to select adventure-based treatment interventions/programs according to diagnosis, age, cultural, socioeconomic factors, and patient/client preferences to treat problems and limitations associated with specific medical, psychiatric or other disabling conditions.

RTH 484 and RTH 485 Clinical Internship in Recreational Therapy			
<i>ATRA Competencies</i>	<i>NCTRC Knowledge</i>	<i>Learning Activities</i>	<i>Outcomes</i>
<ol style="list-style-type: none"> 1. Foundations: Ability to communicate the purpose, techniques and effectiveness of RT to colleagues, consumers, ... 2. Foundations: Ability to analyze, evaluate and apply models of practice in various settings. 3. Foundations: Ability to use standards of practice and ethical codes in directing interactions with clients and colleagues and in the design and implementation of RT Services 4. Foundations: Ability to comply with professional credentialing standards. 5. Foundations: Ability to comply with agency or institutional clinical privileging and/or competency requirements. 6. Foundations: Ability to evaluate personal practice skills; seek resources to continually improve practice skills; and incorporate enhanced knowledge and skill into daily practice. 7. Client Assessment: Ability to determine the need for further assessment(s). 8. Client Assessment: Ability to determine and document the appropriateness of a referral for RT services. 9. Client Assessment: Ability to involve clients/patients, families and their significant others in the assessment process. 10. Client Assessment: Ability to conduct a systematic interview. 11. Client Assessment: Ability to select the appropriate assessment instrument(s) for a selected patient/client. 12. Client Assessment: Ability to analyze, interpret and incorporate assessment and evidence-based practice findings in a client data base that is used to develop functional outcome goals to be included in an individualized treatment plan. 13. Client Assessment: Ability to document assessment findings and review findings and implications for treatment with... 14. Client Assessment: Ability to assess the need for assistive technologies and devices to maximize functional abilities and independence in life activities. 15. Planning: Ability to involve the client, family and significant others, as appropriate, in the design of the treatment plan. 16. Planning: Ability to systematically apply assessment, quality improvement and evidence-based practice data in designing the treatment plan. 17. Planning: Ability to communicate and document the treatment plan to the patient/client, family, significant others, and all members of the treatment team. 18. Planning: Ability to apply accreditation, regulatory and therapeutic recreation standards of practice in the development, implementation, and evaluation of treatment plans/programs. 19. Planning: Ability to develop and use interdisciplinary collaboration in the design and implementation of tx plans. 20. Planning: Ability to select evidence-based treatment interventions/programs according to diagnosis, age, cultural, socioeconomic factors, and client preferences to treat problems associated with specific medical, psychiatric or other disabling conditions. 21. Planning: Ability to design and plan evidence-based treatment interventions/programs, protocols, guidelines and pathways, including such factors as contra indications, precautions, accommodations and adaptations, to improve physical, cognitive, social or emotional functioning of patients/clients. 22. Planning: Ability to select appropriate treatment interventions/programs, including such factors as type, frequency, duration and intensity, to achieve stated goals and outcomes. 23. Planning: Ability to use evidence-based treatment interventions/programs, protocols, guidelines, and pathways and facilitation techniques to accomplish desired outcomes 24. Planning: Ability to write functional outcome goals, and other forms of documentation related to treatment design. 25. Implementing: Ability to develop and/or select and implement treatment interventions appropriate to the goals and objectives and consistent with evidence-based practice and patient/client preferences to achieve optimal functional outcomes for patients/clients. 26. Implementing: Ability to effectively involve client, family and significant others in implementing treatment interventions. 27. Implementing: Ability to apply knowledge of the effects of pharmaceutical agents on health/behavior of clients in tx. 28. Implementing: Ability to apply knowledge of multicultural considerations when implementing treatment. 29. Implementing: Ability to effectively use a variety of assistive techniques, devices and equipment to meet client needs. 30. Implementing: Ability to modify or discontinue treatment interventions, as appropriate in adapting to changing conditions in the patient/client or treatment environment. 	<p>Possesses knowledge in all domains and demonstrates skills of recreational therapy in practice for a minimum of 12 weeks and 480 hours of clinical internship under direct supervision of a licensed and certified recreational therapist</p>	<ul style="list-style-type: none"> • Reflective Bi-monthly reports (6) • Client Case Study • Clinical Intervention • Annotated Bibliography of Professional Literature • Reflective Log detailing each day of practice • RT Competency and WCU Learning Outcomes Assessment Post-Internship 	<p>All abilities in RT and WCU Undergraduate outcomes (see Measurement Instrument in Appendix C)</p>

<p>31. Implementing: Ability to apply behavior management strategies and helping techniques.</p> <p>32. Implementing: Ability to document patient's/client's response to interventions.</p> <p>33. Evaluating: Ability to evaluate the recreational therapy program for effectiveness and efficiency.</p> <p>34. Evaluating: Ability to interpret data, to modify treatment interventions and programs and to formulate recommendations for continued patient/client treatment or aftercare.</p> <p>35. Evaluating: Ability to use treatment/program evaluation data and research to develop protocols, guidelines and pathways to achieve effective client outcomes on a predictable and consistent basis.</p> <p>36. Evaluating: Ability to involve clients and significant others in the reassessment of functioning and progress related to the individualized treatment/program plan, plans for discharge and aftercare, and intervention/program evaluation.</p> <p>37. Evaluating: Ability to use program evaluation and applied research techniques to demonstrate program/service accountability.</p> <p>38. Managing: Ability to apply knowledge of theory, techniques, and quality improvement to managing service delivery.</p> <p>39. Managing: Ability to balance cost and quality to provide necessary and effective evidence-based care.</p> <p>40. Managing: Ability to manage and use scientific, technological and patient/client information to assess and adapt physical/environmental barriers to optimize patient/client independence in life activities.</p> <p>41. Managing: Ability to manage the practice of recreational therapy within legal and ethical requirements of health care, the agency and the profession.</p> <p>42. Managing: Ability to collaborate with administrators and allied disciplines regarding the delivery and management of recreational therapy services provided to patients/clients.</p>			
---	--	--	--

Appendix 3.9.3 RT Competency Assessment

WCU RT Competency Assessment

The purpose of this assessment is to allow recreational therapy majors to rate their abilities for practice upon completion of the senior clinical internship experience. For each professional ability statement listed below, please describe your perceived level of competence. Please be honest with your self-appraisal.

Foundations of RT	No perceived competence		Average perceived competence		Very high perceived competence	
	1	2	3	4	5	
1. Ability to communicate the purpose, techniques and effectiveness of RT to colleagues, consumers, and the public. requirements for graduation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2. Ability to analyze, evaluate and apply models of practice in various settings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3. Ability to use standards of practice and ethical codes in directing interactions with patients/clients and colleagues and in the design and implementation of RT Services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4. Ability to comply with professional credentialing standards.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5. Ability to comply with agency or institutional clinical privileging and/or competency requirements.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6. Ability to evaluate personal practice skills; seek resources to continually improve practice skills; and incorporate enhanced knowledge and skill into daily practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Client Assessment	No perceived competence		Average perceived competence		Very high perceived competence	
	1	2	3	4	5	
7. Ability to determine the need for further assessment(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
8. Ability to determine and document the appropriateness of a referral for RT services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
9. Ability to involve clients/patients, families and their significant others in the assessment process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
10. Ability to conduct a systematic interview.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
11. Ability to select the appropriate assessment instrument(s) for a selected patient/client.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
12. Ability to analyze, interpret and incorporate assessment and evidence-based practice findings into a patient/client data base that is used to develop functional outcome goals to be	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

included in an individualized treatment plan.					
13. Ability to document assessment findings and review findings and implications for treatment with client, family, significant others, and team members.	<input type="radio"/>				
14. Ability to assess the need for assistive technologies and devices to maximize functional abilities and independence in life activities.	<input type="radio"/>				

Planning Treatment Plans/ Programs	No perceived competence		Average perceived competence		Very high perceived competence
	1	2	3	4	5
15. Ability to involve the patient/client, family and significant others, as appropriate, in the design of the treatment plan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Ability to systematically apply assessment, quality improvement and evidence-based practice data in designing the treatment plan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Ability to communicate and document the treatment plan to the patient/client, family, significant others, and all members of the treatment team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Planning: Ability to apply accreditation, regulatory and therapeutic recreation standards of practice in the development, implementation, and evaluation of treatment plans/programs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Ability to develop and use interdisciplinary collaboration in the design and implementation of treatment/program plans.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Ability to select evidence-based treatment interventions/programs according to diagnosis, age, cultural, socioeconomic factors, and patient/client preferences to treat problems and limitations associated with specific medical, psychiatric or other disabling conditions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Ability to design and plan evidence-based treatment interventions/programs, protocols, guidelines and pathways, including such factors as contra indications, precautions, accommodations and adaptations, to improve physical, cognitive, social or emotional functioning of patients/clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Ability to select appropriate treatment interventions/programs, including such factors as type, frequency, duration and intensity, to achieve stated goals and outcomes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Implementing Treatment Programs	No perceived	Average perceived	Very high perceived
---------------------------------	--------------	-------------------	---------------------

	competence		competence		competence
	1	2	3	4	5
25. Ability to develop and/or select and implement treatment interventions appropriate to the goals and objectives and consistent with evidence-based practice and patient/client preferences to achieve optimal functional outcomes for patients/clients.	<input type="radio"/>				
26. Ability to effectively involve patient/client, family and significant others in implementing treatment interventions.	<input type="radio"/>				
27. Ability to apply knowledge of the effects of pharmaceutical agents upon the health and behavior of patients/clients when implementing treatment.	<input type="radio"/>				
28. Ability to apply knowledge of multicultural considerations when implementing treatment.	<input type="radio"/>				
29. Ability to effectively use a variety of assistive techniques, devices and equipment to meet patient/client needs.	<input type="radio"/>				
30. Ability to modify or discontinue treatment interventions, as appropriate in adapting to changing conditions in the patient/client or treatment environment.	<input type="radio"/>				
31. Ability to apply behavior management strategies and helping techniques.	<input type="radio"/>				
32. Ability to document patient's/client's response to interventions.	<input type="radio"/>				

Evaluating Treatment Programs	No perceived competence		Average perceived competence		Very high perceived competence
	1	2	3	4	5
33. Ability to evaluate the recreational therapy program for effectiveness and efficiency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. Ability to interpret data, modify treatment interventions and programs and formulate recommendations for continued patient/client treatment or aftercare.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. Ability to use treatment/program evaluation data and research to develop or refine protocols, guidelines and pathways to achieve effective client/patient outcomes on a predictable and consistent basis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. Ability to involve patients/clients and significant others in the reassessment of functioning and progress related to the individualized treatment/program plan, plans for discharge and aftercare, and intervention/program evaluation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

37. Ability to use program evaluation and applied research techniques to demonstrate program/service accountability.	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
--	---

Managing RT Practice	No perceived competence		Average perceived competence		Very high perceived competence
	1	2	3	4	5
38. Ability to apply knowledge of theory, techniques, and practices of quality improvement to managing service delivery.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. Ability to balance cost and quality to provide necessary and effective evidence-based care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. Ability to manage and use scientific, technological and patient/client information to assess and adapt physical/environmental barriers to optimize patient/client independence in life activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. Ability to manage the practice of recreational therapy within legal and ethical requirements of health care, the agency and the profession.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. Ability to collaborate with administrators and allied disciplines regarding the delivery and management of recreational therapy services provided to patients/clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

According to NCTRC, a competent and qualified recreational therapist meets the following standards:

1. possesses knowledge of the theories and concepts of RT, 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. possesses an essential knowledge of the diversity of the populations including diagnostic groups served within the RT process, including etiology, symptomatology, prognosis, treatment of conditions and related secondary complications. Possess a basic understanding of and ability to use medical terminology.

3. has a thorough understanding of the assessment process used within RT 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 RT/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. has a basic understanding of the published standards of practice for the profession and the influence that such standards have on the program planning process.

5. possesses 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. possesses basic knowledge related to the implementation of an individual intervention plan, including theory and application of modalities/interventions and facilitation techniques/approaches.

7. has a fundamental knowledge of methods for documenting and evaluating persons served, programs, and agencies.

8. possesses a broad understanding of organizing and managing RT 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. is able to identify and understand the components of professional competency within the realm of RT practice, including requirements for certification, ethical practice, public relations, and the general advancement of the profession.

10. possesses fundamental knowledge of how the RT process is influenced by diversity and social environment.

11. possesses fundamental knowledge of assistive devices/equipment and activity modification techniques.

12. possesses fundamental knowledge of group interaction, leadership, and safety.”

Minimal Competency Statement for Recreational Therapists

According to the NCTRC statement above, how would you rate your knowledge, skills and abilities, overall, as a competent and qualified recreational therapist based on your education in recreational therapy from WCU and the completion of your senior clinical internship?

Emerging Developing Achieving Exemplary

1 2 3 4

Rate Yourself on WCU's Five Learning Outcomes from Your BS in RT

WCU has established five overall learning outcomes for students. These are core skills, behaviors and outcomes that are central to your development as an integrated and intentional learner. Rate where you are on these five learning outcomes as either emerging, developing, achieving, or exemplary.

WCU Learning Outcomes	Emerging	Developing	Achieving	Exemplary
	1	2	3	4
1. INTEGRATES INFORMATION FROM A VARIETY OF CONTEXTS: students make connections between personal interest and abilities, liberal studies, your major, general electives and experiential learning opportunities and other co-curricular activities and relate the implications/value of these connections to 'real world' scenarios.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. SOLVES COMPLEX PROBLEMS: students identify the dimensions of complex issues or problems, analyze and evaluate multiple sources of information/data, apply knowledge and decision-making processes to new questions or issues, and reflects on the implications of their solution/decision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. COMMUNICATE EFFECTIVELY AND RESPONSIBLY: students convey complex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<p>information in a variety of formats and contexts, identify intended audience and communicate appropriately and respectfully.</p>	
<p>4. PRACTICE CIVIC ENGAGEMENT: students identify their roles and responsibilities as engaged citizens by considering the public policies that affect their choices and actions, by recognizing commonalities and interdependence of diverse views/values, and by acting responsibly to positively affect public policy.</p>	<p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p>
<p>5. CLARIFY AND ACT ON PURPOSE AND VALUES: students examine the values that influence their own decision making processes, take responsibility for their own learning and develop in a manner consistent with academic integrity and their own goals and aspirations, intentionally use knowledge gained from learning experiences to make informed judgments about their future plans, and bring those plans into action.</p>	<p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p>

Add any additional comments you have about your knowledge, skills and abilities as a recreational therapist or your overall educational outcomes based on completion of your BS Degree in Recreational Therapy from Western Carolina University here:

Appendix 4. Standard 4**Appendix 4.1 Age, Tenure Status, Gender, And Ethnic Origin Of Faculty**

		<i>Fall 2006</i>	<i>Spring 2007</i>	<i>Fall 2007</i>	<i>Spring 2008</i>	<i>Fall 2008</i>	<i>Spring 2009</i>	<i>Fall 2009</i>
Ethnicity	<i>White</i>	2	2	2	2	3	3	3
	<i>Other</i>	0	0	0	0	0	0	0
Gender	<i>Female</i>	2	2	2	2	2	2	2
	<i>Male</i>	0	0	0	0	1	1	1
Rank	<i>Instructor</i>	1	1	1	1	2	2	2
	<i>Assistant Professor</i>	0	0	0	0	1	1	1
	<i>Associate Professor</i>	1	1	1	1	2	2	2
Tenure Status	<i>On Tenure Track</i>	1	1	1	1	2	2	2
	<i>Not on Tenure Track</i>	1	1	1	1	1	1	1
	TOTALS	2	2	2	2	3	3	3

Appendix 4.2 Credentials for Full, Part Time Faculty for Last academic year

Faculty Member	Credentials
Peg Connolly	Ph.D. Licensed Recreational Therapist (NC) Certified Therapeutic Recreation Specialist (NCTRC)
Jennifer Hinton	Ph.D. Licensed Recreational Therapist (NC) Certified Therapeutic Recreation Specialist (NCTRC)
Glenn Kastrinos	M.Ed. Licensed Recreational Therapist (NC) Certified Therapeutic Recreation Specialist (NCTRC)

Appendix 4.3 Summary of Sponsored Research

The RT Faculty did not have any sponsored research activities during the review period.

Appendix 4.4 Curriculum Vitae for Full-time Faculty

Appendix 4.4.1 Connolly Biographic Sketch and Curriculum Vitae

**Program Director
Information Form**

Name: Peg Connolly, Ph.D., LRT/CTRS Program Director

Educational Experience

School	Location	Dates	Degree	Major
University of Illinois at Urbana-Champaign, Ph.D.	Champaign, IL	1977-81	Ph.D.	Leisure Studies
Masters Degree: University of Illinois at Urbana-Champaign	Champaign, IL	1976-77	M.S.	Therapeutic Recreation
Southeast Missouri State Univ	Cape Girardeau, MO	1969-72	B. A.	Psychology and Sociology

Post-graduate Training

Name of program	Location	Dates	Type of program
Indiana University Post-Doctoral Institute	Oglevy Park, WV	1983	Lecturing
UNC Hospitals, Recreational Therapy Department	Chapel Hill, NC	November 2005	HeartMath
East Carolina Univ, Graduate Course on Biofeedback in RT	Online Course	Fall 2008	Biofeedback

Work Experience

Name of job	Where	Dates	Institution
Associate Professor and Director of Recreational Therapy	Cullowhee, NC	8/2005- present	Western Carolina University
Research Associate	New City, NY	1/2003-7/2005	National Council for TR Certification
Ressearch Associate	Princeton, NJ	1/2004-9/2005	Knapp and Associates
Lecturer	Ithaca, NY	9/2004-5/2005	Ithaca College/Dept of TR and Leisure Studies
Lecturer	Fort Myers, FL	9/2001-7/2004	Florida Gulf Coast Univ/RT Program
Executive Director	New City, NY	9/1986 - 12/2002	NCTRC

How long have you been serving in the present position with the program? 4 years, 3 months

Check all that apply:

Duties: (check all that apply and % of time in that duty)		
Average number of hours per week while class in session		40 Hours
Lecture	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	30% % Percent time
Administrative	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	30 % Percent time
Internship Supervisor	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	30 % Percent time
Are you involved in the hiring and evaluation of other program	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are you involved in developing the program budget?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are you involved in modifications of the curriculum?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been evaluated by your supervisor?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Signature Peg Connolly (electronic)

Date: October 16, 2009

CURRICULUM VITAE

Peg Connolly, Ph.D., LRT/CTRS

Full Name: Margaret L. Connolly

Address: P O Box 362,
Cullowhee, NC 28723

Email: mconnolly@email.wcu.edu

Phone: 828-227-2481

Date of Birth: August 12, 1950

EDUCATION

Doctoral Degree: University of Illinois at Urbana-Champaign, Ph.D., Leisure Studies, October, 1981.

Dissertation Title -- Analysis of a formative program evaluation procedure for therapeutic recreation services.

Masters Degree: University of Illinois at Urbana-Champaign, M.S., Therapeutic Recreation, May, 1977.

Undergraduate Degree: Southeast Missouri State University, B.A., Psychology and Sociology, Dec., 1972.

PROFESSIONAL EXPERIENCE

Associate Professor and Director of Recreational Therapy, Western Carolina University, Cullowhee, North Carolina, August 1, 2005 to present. Responsible for teaching, service and research activities relevant to recreational therapy; curriculum development and evaluation, student advising, and committee work.

Undergraduate courses taught:

RTH 200 Foundations of Recreational Therapy

RTH 300 Health and Healing

RTH 350 Recreational Therapy for People with Physical Disabilities

RTH 351 Client Assessment in Recreational Therapy

RTH 352 Recreational Therapy Processes and Techniques

RTH 360 Recreational Therapy Services for Older Adults

RTH 395 Pre-Internship Seminar

RTH 417 Administration of Recreational Therapy Service

RTH 484 Recreational Therapy Clinical Internship

RTH 485 Recreational Therapy Clinical Internship

Service Learning Projects:

Mountain Trace Healthcare Center – Recreational Therapy for Residents with Alzheimer’s Disease (2006-present)

Webster Enterprises Community Rehabilitation Program – Recreational Therapy for Adults with Developmental Disabilities (2008-present)

Jackson County Special Olympics – basketball, field and track, annual regional track and field competitions (2007-present)

Service to Western Carolina University:

a. Departmental Committees

School of Health Sciences:

Travel Committee (Fall 2009-present)

Program Directors and Curriculum Committee (Fall 2007 – present)

Faculty Liaison, Career Services and Cooperative Education (2008-present)

Faculty Search Committee, Assistant/Associate Professor-Tenure Track, Chair (Spring 2008)

Faculty Search Committee, Assistant Professor-Fixed Term, Chair (Spring and Summer 2008)

Faculty Search Committee, Visiting Instructor/Recreational Therapy, Chair (Spring 2007)

Health and Human Performance

Department Head Evaluation Committee (Fall 2006-Spring 2007)
Curriculum Committee (Fall 2005 to 2007)
Program Directors (Fall 2005 to 2007)
Department Head Search (Spring 2006)
Faculty Search Committee, Visiting Instructor/Recreational Therapy (Spring 2006)
Research Committee, Chair (Fall 2005)
Combined Campaign, Chair (Fall 2005)

- b. College of Health and Human Sciences
Faculty Marshall, WCU Commencement, (Fall 2008-present)
International Task Force, (Spring 2009)
Clinical Coordinators Committee (2007-present)
Dean's Advisory Committee (2007-present)
- c. Institutional Service.
WCU Quality Enhancement Plan Steering Committee (2007 to present)
Physician Search Committee, Health Sciences, Chair (Spring 2007)

Research Associate, National Council for Therapeutic Recreation Certification, New City, New York, January 2003 to July 2005. Conduct and support research projects associated with certificants in the national certification plan for Recreational Therapists. Provide consultation to the Executive Director as requested.

Research Associate, Knapp and Associates International, Inc., Princeton, New Jersey, January 2004 to September 2005. Conduct research projects for national certification organizations, including the Pharmacy Technician Certification Board and Northeast Electric Reliability Council.

Lecturer, Ithaca College, Ithaca, New York, September 2004 to May 2005. Courses taught: Administration of Therapeutic Recreation, Introduction to Therapeutic Recreation, Research Methods in Therapeutic Recreation and Leisure Studies.

Lecturer, Florida Gulf Coast University, Fort Meyers, Florida, September 2001 to July 2004. Internet courses taught: Foundations of Recreational Therapy, Programming and Evaluation in Recreational Therapy, Principles and Practices of Recreational Therapy, and Conceptual Issues of Recreational Therapy.

Executive Director, National Council for Therapeutic Recreation Certification, New City, New York, September, 1986 to December 2002. Chief executive officer for the nationally recognized certification agency for therapeutic recreation personnel in the United States. Responsible for administration of all facets of the credentialing program for over 17,000 certified personnel, including management of a \$1,500,000 operational budget, administration of the national headquarters, and implementation of the credentialing standards and procedures for the field of therapeutic recreation.

Lecturer, Montclair State College, Montclair, New Jersey, September 1993 to 1996. Courses taught: Recreation in Rehabilitation and Clinical Experience in Therapeutic Recreation.

Coordinator of Retiree Programs, United Federation of Teachers, New York, New York, August, 1985 to September, 1986. Administration of programs for 15,000 retired New York City teachers, including administration of \$500,000 outreach budget, program development, evaluation, and applied research.

Lecturer, New York University, New York, New York, January, 1986 to 1989. Graduate courses taught: Therapeutic Recreation, Aging, and Physical Disabilities, Leisure Education and Program Development, and Leisure Counseling.

Visiting Assistant Professor, Northern Arizona University, Flagstaff, Arizona, July, 1985. Course taught: Assessment Techniques in Therapeutic Recreation.

Assistant Professor, Department of Human Services and Studies, Florida State University, Tallahassee, Florida, August, 1983 to May, 1985. Research, curriculum development, student advising, teaching and committee work. Undergraduate courses taught: Introduction to Therapeutic Recreation, Clinical Aspects of Therapeutic Recreation, Principles and Procedures of Therapeutic Recreation, Analysis and Use of Leisure Activities, Program Planning in Leisure Service Systems. Graduate course taught: Intervention and Facilitation in Therapeutic Recreation.

Visiting Assistant Professor, Curriculum in Recreation, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, May to June, 1984 and 1985. Graduate courses taught: Accountability Issues in Therapeutic Recreation and Graduate Seminar in Leisure Education.

Assistant Professor and Therapeutic Recreation Extension Specialist, Office of Recreation and Park Resources (Aug., 1981-83), Lecturer (Aug., 1979-1981), Department of Leisure Studies, University of Illinois at Urbana-Champaign, Champaign, Illinois. Academic, professional development activities, and applied research projects; consultation and technical assistance; curriculum development and evaluation, teaching, student advising, and committee work. Undergraduate courses taught: Clinical Aspects of Therapeutic Recreation, Introduction to Therapeutic Recreation, Program Development and Evaluation, Senior Seminar in Therapeutic Recreation. Graduate courses taught: Professional Seminar in Therapeutic Recreation, Accountability Issues in Therapeutic Recreation, Doctoral Seminar in Therapeutic Recreation, Graduate Seminar in Leisure Studies.

Graduate Assistantships, University of Illinois at Urbana-Champaign, Champaign, Illinois, January, 1976 to August, 1979.

Head Counselor, Camp Allen, Inc., Bedford, New Hampshire, June to August, 1976. Supervision of staff in a residential camp for youth with physical disabilities.

Hospital Recreation Worker/Supervisor, American National Red Cross, Midwest Regional Office, St. Louis, Missouri, August, 1973 to January, 1976. Planned, conducted, and supervised medically approved recreation programs for patients in military hospitals. Assignments: Fort Leonardwood Army Hospital, Missouri, September, 1975-January, 1976; Scott USAF Medical Center, Illinois, October, 1974 to April, 1975; Wilford Hall USAF Medical Center, Lackland Air Force Base, Texas, August, 1973 to October, 1974; and Recreation/Education Coordinator, Vietnamese Refugee Evacuation, Guam, April to August, 1975.

PUBLICATIONS

Books:

Peterson, C. A. & Connolly, P. (1978). Characteristics of special populations: Implications for recreation participation and planning. Washington, DC: Hawkins and Associates, Inc (out of print).

Chapters in Books:

Connolly, P. (2009). Certification and licensure: Recognition and oversight of the profession. In Stumbo, N. J. Professional Issues in Therapeutic Recreation: On Competence and Outcomes, Second Edition. Champaign, IL: Sagamore Publishing.

Connolly, P. (1998). Health care credentialing. In Brasile, F., Skalko, T.K., & burlingame, j. (Eds.) Perspectives in recreational therapy: Issues of a dynamic profession. Ravensdale, WA: Idyll Arbor, Inc., 403-417.

Connolly, P. (1998). NCTRC certification. In Brasile, F., Skalko, T.K., & burlingame, j. (Eds.) Perspectives in recreational therapy: Issues of a dynamic profession. Ravensdale, WA: Idyll Arbor, Inc., 383-402.

- Connolly, P. (1992). Clinical privileging in therapeutic recreation. In Riley, R. G. (Ed.) Evaluation of therapeutic recreation services, Volume II. State College, PA: Venture Publishing.
- Connolly, P. (1992). Defining common practices in therapeutic recreation: The development of protocol. In Riley, R. G. (Ed.) Evaluation of therapeutic recreation services, Volume II. State College, PA: Venture Publishing.
- Connolly, P. (1984). Program evaluation. In Peterson, C. A. & Gunn, S.L. Therapeutic recreation program design: Principles and procedures, Second edition. Englewood Cliffs, NJ: Prentice Hall, Inc., 136-179.
- Connolly, P. (1982). The formative program evaluation procedure: An internal evaluation tool for therapeutic recreation services. In Neal, L.L. & Edginton, C.R. (Eds.) Extra perspectives: Concepts in therapeutic recreation. Eugene, OR: Center for Leisure Studies, University of Oregon, 41-56.
- Howe, C.Z. & Connolly, M.L. (1980). Evaluation of the 1979 midwest symposium on therapeutic recreation. In Hitzhusen, G., Elliott, J., Szymanski, D.J., & Thompson, M.G. (Eds.) Expanding horizons in therapeutic recreation, VII. Columbia, MO: Department of Recreation and Park Administration, Extension Division, University of Missouri.
- Connolly, M.L. (1977). A leisure counseling program utilizing values clarification and assertive training techniques. In Epperson, A., Witt, P.A., & Hitzhusen, G. (Eds.) Leisure counseling: An aspect of leisure education. Springfield, IL: Charles C. Thomas.

Refereed Journal Articles (blind peer review):

- Connolly, P., Hinton, J., & Martin, B. (2009). Development of technical standards for undergraduate studies in recreational therapy. American Journal of Recreation Therapy, accepted for publication.
- Riley, B. & Connolly, P. (2007). A profile of certified therapeutic recreation specialist practitioners. Therapeutic Recreation Journal, 41:1, 29-46.
- Elich Monroe, J. & Connolly, P. (1998). Responsive curriculum development in therapeutic recreation: One approach to comprehensive curriculum design. Annual in Therapeutic Recreation, 7, 64-73.
- Riley, R. & Connolly, P. (1997). Statistical results of the NCTRC certification exam: The first five years. Therapeutic Recreation Journal, 31:1, 38-52.
- Connolly, P. & Riley, R. (1996). Entry level job skills: Reinvestigation of the national job analysis of the practice of therapeutic recreation. Annual in Therapeutic Recreation, 6, 26-37.
- Connolly, P. (1993). Balancing changing health care needs with the shortage of quality health care professionals: Implications for therapeutic recreation. Loss, Grief, and Care: A Journal of Professional Practice, 6, 4, 15-22.
- Connolly, P. (1984). Analyzing cause as well as effect: A method of program analysis. Therapeutic Recreation Journal, 18, 1.
- Connolly, P. (1984). The importance of leisure and social skill development for individuals with severe head injury. In Stumbo, N.J. & Connolly, P. (Eds.) Research into action: Applications for therapeutic recreation programming, Volume 4. Champaign, IL: Office of Recreation and Park Resources, University of Illinois, 33-37.

Connolly, P. (1981). Selected references on assessment. Therapeutic Recreation Journal, 15, 3, 27-29.

Peterson, C.A. & Connolly, P. (1981). Professional preparation in therapeutic recreation. Therapeutic Recreation Journal, 15, 2, 39-45.

Witt, P.A., Connolly, P., & Compton, D.M. (1980). Assessment: A plea for sophistication. Therapeutic Recreation Journal, 14, 4, 5-7.

Peer Reviewed Research Reports and Proceedings:

Riley, B. & Connolly, P. (2006) NCTRC summary report: Current status of professional preparation in therapeutic recreation. In Carter, M.J. & Folkerth, J.E. (Eds.) *Therapeutic Recreation Education: Challenges and Changes* (pp.187-219). Ashburn, VA: National Therapeutic Recreation Society.

Other Publications, Monographs, and Research Reports:

Skalko, T. K., West, R., Kinney, T., Connolly, P., Baxter, A., Wilson, P., & Edwards, C. (2009). Professionalization of recreational therapy education: Committee on accreditation of recreational therapy education (CARTE). American Therapeutic Recreation Association Newsletter, 25:3, 2-3.

Connolly, P. & Tindell, E. (2001) The role of recreational therapist on the interdisciplinary treatment team. Rehab Management, October.

Connolly, P. (1997). Foreword. In Compton, D.M. (Ed.) Issues in therapeutic recreation, second edition. Champaign, IL: Sagamore Publishing.

Nichols, S. & Connolly, P. (1995) Therapeutic recreation in the continuum of care. Rehabilitation management, 8, 6, 68-73.

Connolly, P. & Garbarini, A. (1994). Therapeutic recreation in geriatric rehabilitation. Continuing Care: The National Magazine for Case Management and Discharge Planning Professionals, 13, 3, 26.

Connolly, P. (1990). Foreword. In Compton, D.M. (Ed.) Issues in therapeutic recreation. Champaign, IL: Sagamore Publishing.

Connolly, P. (1989). Foreword. In Fine, A.H. & Fine, N.M. Therapeutic recreation for exceptional children: Let me in, I want to play. Springfield, IL: Charles C. Thomas.

Connolly, P. (1983-86). Associate Editor, Therapeutic Recreation Journal.

Connolly, M. (1986). The leisure imperative. Farm Family America, 1, 1, 11.

Peterson, C. A. & Connolly, P. (Eds.). (1985). Research into action: Applications for therapeutic recreation programming, Volume 5. Champaign, IL: Office of Recreation and Park Resources, University of Illinois.

Stumbo, N.J. & Connolly, P. (Eds.). (1984). Research into action: Applications for therapeutic recreation programming, Volume 4. Champaign, IL: Office of Recreation and Park Resources, University of Illinois.

Connolly, P. (1982, February). Evaluation's critical role in agency accountability. Parks and Recreation, 17, 2, 34-36.

- Connolly, P., Stumbo, N.J., & Holmes, P. (Eds.). (1982). Research into action: Applications for therapeutic recreation programming, Volume 3. Champaign, IL: Office of Recreation and Park Resources, University of Illinois.
- Brademas, D.J., Connolly, P., Wallrich, P., & Rodgers, J. (1982). A model playground for the multiply handicapped. Champaign, IL: Office of Recreation and Park Resources, University of Illinois.
- Connolly, P. (1982). Report on the Illinois therapeutic recreation personnel and professional issues study. Unpublished manuscript, Office of Recreation and Park Resources, University of Illinois.
- Connolly, P. (1981). What's the difference between NTRS registration and membership? National Therapeutic Recreation Society Newsletter, July/Aug., 2-4.
- Witt, P.A., Connolly, P., & Compton, D.M. (Eds.). (1980). Therapeutic Recreation Journal, 14, 4 (special issue on assessment in therapeutic recreation).
- Connolly, P. (1980). The state of the art of evaluation and impact on recreation services for the handicapped. In Taylor, J.T., Compton, D.M., & Johnson, T.M. (Eds.) Directions for the 80's: 1979-80 proceedings, the national consortium on physical education and recreation for the handicapped. Lexington, KY: Extension Division, University of Kentucky, 27-32.
- Connolly, P. (1979). Professional preparation of therapeutic recreation personnel. In Peterson, C. A. & Newmyer, E.J. (Eds.) Research into action: Applications for therapeutic recreation programming, Volume 2. Champaign, IL: Office of Recreation and Park Resources, University of Illinois, 25-27.
- Peterson, C.A. & Connolly, P. (1978). Therapeutic recreation professional preparation programs: A state of the art. Unpublished manuscript, Office of Recreation and Park Resources, University of Illinois.
- Connolly, P. & Peterson, C.A. (1978). Special recreation needs and services: Existing and alternative models. Unpublished manuscript, Office of Recreation and Park Resources, University of Illinois.
- Peterson, C.A., Connolly, P., Altengarten, S., & Gunn, S.L. (1977). Outdoor recreation for the mentally ill, mentally retarded, physically disabled and aging in Illinois: A five year plan. Unpublished manuscript, Office of Recreation and Park Resources, University of Illinois.

RESEARCH GRANTS AND PROJECTS

Development of a Standardized Assessment Procedure for Activities Therapy, St. Vincent's Hospital, Harrison, New York, Project Director, \$1,500.00, 1986-88.

Assessment and Billing Procedures for Therapeutic Recreation in Rehabilitation, York Rehabilitation Hospital, York, Pennsylvania, Project Director, \$4,500.00, 1986-88.

Assessment of Therapeutic Recreation Personnel, Illinois Therapeutic Recreation Society, \$2,000.00, Project Director, 1980-82.

Playground Design Project, Illinois Department of Mental Health and Miracle Playground Equipment Company, \$17,500.00, Principle Co-Investigator, 1980-81.

Therapeutic Recreation Doctoral Curriculum Development Project, Bureau of Education for the Handicapped, \$20,000.00, Project Evaluator, 1980-82.

Feasibility Study/Recreation for the Handicapped, Northfield Township, Northbrook and Glenview Park Districts, Illinois, \$2,000.00, Principle Investigator, 1977-78.

Special Populations Outdoor Recreation Plan, Illinois Department of Conservation, \$55,000.00, Research Assistant, 1977.

CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT

Pitt County Memorial Hospital Recreational Therapy Department, Greenville, North Carolina, February, 2008, "Search, Research and Case Study: Documenting Evidence-Based RT Practice".

UNC Hospitals Recreational Therapy Department, Chapel Hill, North Carolina, November, 2007, "Search, Research and Case Study: Documenting Evidence-Based RT Practice".

V.A. Medical Center-Recreation Therapy Staff Training, Palo Alto VAMC, California, March, 1987.

Therapeutic Recreation Management School, University of Maryland and Oglebay Park, West Virginia, 1982-85.

Oklahoma State Therapeutic Recreation Staff-Training on Assessment, Oklahoma State Department of Education, 1984-85.

Staff Training on Assessment Techniques, Calvary Hospital Therapeutic Recreation Department, Bronx, New York, July, 1984.

Post Doctoral Institute in Therapeutic Recreation, University of Maryland and Indiana University, Oglebay Park, West Virginia, March, 1983.

Basic and Advanced Activity Director Workshops, Activity Director Development Systems, Illinois 1980-83.

Activity Director Training Program, Illinois Health care Association, Springfield, Illinois, 1979.

National Park Service Training Program-Outdoor Recreation for Persons with Disabilities, Hawkins and Associates, Inc., Washington, DC, January to April, 1978.

CONSULTATION

External Curriculum Evaluator, Utica College, Utica, New York: Evaluation of the Bachelors Degree Program in Therapeutic Recreation. March 2004.

Curriculum Evaluation Team, University of New Hampshire Department of Recreation, Durham, New Hampshire: Evaluation of a Proposed Masters Degree Program in Therapeutic Recreation. December 2002.

Provost Curriculum Evaluation Team, Temple University Department of Recreation, Philadelphia, Pennsylvania, 1989.

Curriculum Evaluation Team, Montclair State University Department of Recreation, Montclair, New Jersey, 1987.

External Evaluator, Raleigh Vocational Center, Inc., A Comprehensive Vocational Training Model for Severely Disabled Persons, Raleigh, North Carolina, 1984-88.

Peer Review Panel, Rehabilitation Services Administration, U.S. Department of Education, Washington, DC, 1978 Rehabilitation Act Amendments, 1981 and 1983.

Project Consultant and Evaluator, Department of Recreation Management, University of Oregon, Special Projects and Curriculum Grant, Eugene, Oregon, 1983.

Project Consultant and Evaluator, Leisure Resource Center, Peoria Easter Seal Society, Peoria, Illinois Special Projects Grant, 1981.

Project Consultant and Evaluator, Recreation Therapy Department, Hillcrest Medical Center, Tulsa, Oklahoma, 1981.

National Task Force-Training Standards for Camp Personnel for the Handicapped, Bureau of Education for the Handicapped Project Reach, University of Kentucky, Lexington, Kentucky, 1976.

AWARDS AND HONORS

WCU Service Learning Center Award for Faculty Service, 2008

North Carolina Board of Governors Award for Superior Teaching, 2007.

Presidential Award, American Therapeutic Recreation Association, 2004.

Distinguished Service Award, New York State Therapeutic Recreation Association, 1996

Distinguished Fellow Award, American Therapeutic Recreation Association, 1990.

Member of the Year, Metropolitan New York Parks and Recreation Society, 1987.

Presidential Citation, Metropolitan New York Parks and Recreation Society, 1986.

Teachers Ranked as Excellent by Their Students, University of Illinois at Urbana-Champaign, 1980, 1981, 1982, 1983.

Honorable Mention, W.A.V.E. for Audio-visuals, "A Model Playground for the Multiply Handicapped", slide-tape, 1981.

Fellowship, University of Illinois at Urbana-Champaign, 1978-79.

Third Place, W.A.V.E. for Audio-visuals, "Recreation Outdoor Needs of the Handicapped", videotape, 1977.

Honor Society of Phi Kappa Phi.

PROFESSIONAL ACTIVITIES

Professional Credentials:

Certified Therapeutic Recreation Specialist, *Initial Certification:* 02/09/1982, *Annual Expiration*

Date: 12/31/2009, *Recertification Due Date:* 11/01/2010

National Council for Therapeutic Recreation Certification, New City, New York

Licensed Recreational Therapist, *Date of First Lic.:* 09/15/2006, *Maint. Due Date:* 12/15/2010, *Lic. Exp.*

Date: 1/15/2010

North Carolina Board of Recreational Therapy Licensure, Saxapahaw, North Carolina

Professional Society Membership, Offices, and Committees:

<u>American Therapeutic Recreation Association</u>	1984-present
Founder	1984-1985
Founding President	1984-1985
Newsletter Editor	1984-1986
Chair, Publications Committee	1985-1986
Chair, Nominations and Elections	1985-1986
Past-Presidents' Council	2002-present

Board Member, ATRA Foundation	2002-2007
Chair, Foundation Grant Review	2004-2007
Co-Chair, Clinical Practice Guidelines	2002-2005
Chair, Clinical Practice Guidelines	2005-2009
Member, Task Force on Recreational Therapy Outcomes	2006-present
Associate Editor, <u>ATRA Annual in Therapeutic Recreation</u>	2005-present
<u>North Carolina Recreational Therapy Association</u>	2005-present
Member, Committee to Explore Options for Recreational Therapy Academic Accreditation	2007-present
<u>North Carolina Board of Recreational Therapy Licensure</u>	
Co-Chair, Administrative Rules Committee	2009-present
<u>National Recreation and Park Association</u>	1977-2003
<u>National Therapeutic Recreation Society</u>	1977-2003
Office -- Board of Directors, Great Lakes Region	1980-1983
Committees --	
Chair, Research Committee	1982-1984
Chair, 1984 Congress Institute	1983-1984
Chair, Philosophical Statement Task Force	1982-1983
Chair, Newsletter Editor Selection Committee	1981-1982
Chair, Membership	1980-1982
<u>New York State Therapeutic Recreation Association</u>	1995-2006
<u>Metropolitan New York Parks and Recreation Society</u>	1987-1993
<u>Florida Recreation and Park Association</u>	1983-1986
Therapeutic Recreation Interest Section Member	1983-1986
Chair, Legislation Committee	1983-1984
<u>Illinois Park and Recreation Association</u>	1979-1983
Illinois Therapeutic Recreation Section Member	1979-1983
Chair, Research Committee	1979-1983
<u>National Consortium on Physical Education and Recreation for the Handicapped</u>	1979-1982
<u>National Easter Seal Society Professional Advisory Council to the Board of Directors</u>	1984-1990
<u>Southeast Symposium on Therapeutic Recreation Board of Directors</u>	1983-1985
<u>Midwest Symposium on Therapeutic Recreation Steering Committee</u>	1979-1982
<u>Illinois Special Olympics Advisory Committee</u>	1979-1980

WORKSHOPS, PRESENTATIONS AND SPEECHES

International Professional Presentations

“Reclaiming our Professionalism: Competence and Results”, Nova Scotia Therapeutic Recreation Association, Halifax, Nova Scotia, 3/01.

“Keynote: Professional Leadership and Integrity: Developing Professional Community” Recreational Therapy Conference, Toronto, Canada, 6/95.

“History and Trends in Certification of Therapeutic Recreation Personnel in the United States”, International Symposium on Therapeutic Recreation, Nottingham, England, 7/89.

“The Results of the United States National Job Analysis Project for Therapeutic Recreation Professionals”, International Symposium on Therapeutic Recreation, Nottingham, England, 7/89.

National Professional Presentations

“Recreational Therapy Clinical Practice Based on Evidence: An Introduction”, with Laurie Reddick, 2009 ATRA Midyear Professional Issues Forum, Washington, DC, 3/09.

“Advanced Clinical Practice Based on Evidence: The Recreational Therapy Process”, with Laurie Reddick, 2009 ATRA Midyear Professional Issues Forum, Washington, DC, 3/09.

“Advanced Clinical Practice Based on Evidence: Developing a National Database for Recreational Therapists”, with Laurie Reddick, 2009 ATRA Midyear Professional Issues Forum, Washington, DC, 3/09.

“Evidence-Based Practice and Outcomes for RT: Assessment and Functional Goals” and **“Using Case Studies to Measure Evidence-Based Outcomes”**, with Laurie Reddick, 2007 American Therapeutic Recreation Association Annual Conference, Milwaukee, WI, 9/07.

“Growth and Retention of New Graduates in the Practice of Recreational Therapy”, with Bob Riley, American Therapeutic Recreation Association Mid-Year Professional Issues Conference, Washington, DC, 3/07.

“Evidence-Based Practice and Outcomes for RT: Assessment and Functional Goals” and **“Using Case Studies to Measure Evidence-Based Outcomes”**, with Laurie Reddick, 2007 American Therapeutic Recreation Association Mid-Year Professional Issues Conference, Washington, DC, 3/07.

“Clinical Practice Guidelines Workshop: Obesity Guidelines”, American Therapeutic Recreation Association Annual Conference, Orlando, FL, 9/06.

“Clinical Practice Guidelines Workshop: Obesity Guidelines”, American Therapeutic Recreation Association Mid-Year Professional Issues Conference, Plano, TX, 3/06.

“NCTRC Summary Report: Current Status of Professional Preparation of Therapeutic Recreation”, with Bob Riley, American Therapeutic Recreation Association Annual Conference, Salt Lake City, UT 10/05.

“Practice Guidelines for Recreational Therapy”, American Therapeutic Recreation Association Annual Conference, Salt Lake City, UT 10/05.

“NCTRC Summary Report: Current Status of Professional Preparation of Therapeutic Recreation”, with Bob Riley, Therapeutic Recreation Education Conference, Alliance on Therapeutic Recreation Joint Task Force for Higher Education, Itasca, IL, 5/05.

“A Profile of Certified Therapeutic Recreation Specialists: Current Research on the Employment, Practice, and Demographics of Qualified Recreational Therapists”, with Bob Riley, American Therapeutic Recreation Association Annual Conference, Kansas City, MO, 10/04.

“Keynote: Celebrating our Profession: Reflections, Imagination and Progress”, American Therapeutic Recreation Association Mid-Year Professional Issues Conference, Albuquerque, NM, 3/04.

“CTRS/CCLS: Describing the Practice of Dually Certified Professionals”, with Teresa Eberhart, American Therapeutic Recreation Association Annual Conference, Keystone, CO, 9/02

“Developing a TR Internship Program: Critical Factors Affecting Supervision”, with Jan Monroe, American Therapeutic Recreation Association Annual Conference, New Orleans, LA, 9/01

“From Computer Based to Mastery Testing” with Teresa Eberhart, American Therapeutic Recreation Association Annual Conference, Cincinnati, Ohio, 9/00, and National Therapeutic Recreation Society Annual Institute, Phoenix, AZ, 10/00.

“State-Private Certification Nexus: Models for Working Together”, with Margaret Bloom, American Therapeutic Recreation Association Mid-Year Conference, Washington, DC, 3/00

“State-Private Certification Nexus: Models for Working Together”, with Margaret Bloom, Michael Hemingway, Gerald Shook, and Vickie Sheets, National Organization for Competency Assurance Annual Conference, San Diego, CA, 12/99

“Therapeutic Recreation Curriculum Study: State of the Art” with Bob Riley, American Therapeutic Recreation Association Mid-year Issues Forum, Minneapolis, MN, 4/95.

“NCTRC Recertification” National Teleconference Lecture, Veterans Administration Medical Center National Monthly Conference Call, 2/95.

“Telling Our Story: A CTRS Public Relations Campaign (with Susan “Boon” Murray)” and **“Leadership and Performance: The Keys to Professional Success (with Carmen Russoniello)”** American Therapeutic Recreation Association Annual Conference, Orlando, FL 9/94

“Developing the Leadership Skill and Potential Needed to Represent Recreational Therapy Through Health Care Reform”, American Therapeutic Recreation Association, Recreational Therapy Public Policy Summit on Health Care Reform, Washington, DC, 6/94.

“Developing Leadership Potential”, American Therapeutic Recreation Association Mid-year Issues Forum, Indianapolis, IN, 3/94.

“State and National Concerns On Certification and Licensure”, American Therapeutic Recreation Association Mid-year Issues Forum, Indianapolis, IN, 3/94.

“Strategic Planning for Health Care Reform”, American Therapeutic Recreation Association Mid-year Issues Forum, Indianapolis, IN, 3/94.

“Total Quality Management: Philosophy, Principles and Practical Applications”, American Therapeutic Recreation Association Annual Conference, Towson, MD, 9/93.

“The National Certification Exam: Results and Implications”, National Recreation and Park Association Annual Congress, Cincinnati, OH, 10/92.

“How to Take Responsibility for Creating Continuing Education Opportunities in Your Local Area: Tips and Resources” (with Mary Ann Keogh Hoss), American Therapeutic Recreation Association Annual Conference, Breckenridge, CO, 9/92.

“The NCTRC Exam: Results and Implications” (with Bob Riley), American Therapeutic Recreation Association Annual Conference, Breckenridge, CO, 9/92.

“NCTRC: Continuing to Make Tracks Toward Professional Credibility”, (with Mary Ann Keogh Hoss), American Therapeutic Recreation Association Mid-Year Forum, Chicago, IL, 3/92.

“The NCTRC National Examination Project”, National Therapeutic Recreation Society Annual Institute, NRPA Annual Congress, San Antonio, TX 10/89.

“The Results of the National Job Analysis Project for Therapeutic Recreation Professionals”, National Therapeutic Recreation Society Annual Institute, National Recreation and Parks Association Congress, Indianapolis, IN, 10/88.

“The Results of the National Job Analysis Project for Therapeutic Recreation Professionals”, American Therapeutic Recreation Association Annual Conference, Cincinnati, OH, 9/88.

“Defining Common Practice in Therapeutic Recreation: The Process of Developing Protocol for Treatment Intervention”, American Therapeutic Recreation Society Conference on Quality Assurance III, San Francisco, CA, 7/88.

“Keynote: Therapeutic Recreation in the Midst of Change” and **“Issues and Trends in Therapeutic Recreation Certification”**, American Therapeutic Recreation Association Mid-Year Forum, Miami, FL, 3/88.

“Clinical Privileging and Therapeutic Recreation” (with Richard Hatfield), American Therapeutic Recreation Association Quality Assurance Conference II, Poultney, VT, 6/87.

“Keynote: The Status of Research and Therapeutic Recreation” Society of Park and Recreation Educators Research Symposium/Research and Special Populations Section, National Recreation and Parks Association Annual Congress, Dallas, TX 10/85.

“National Trends and the American Therapeutic Recreation Association”, V.A. Hospital Training for Therapeutic Recreation, Orlando, FL, 10/84.

“How to Publish: Tips from the Editors of the Therapeutic Recreation Journal”, National Therapeutic Recreation Society Annual Institute, National Recreation and Parks Association Congress, Orlando, FL, 10/84.

“Evaluation Plan Design for Therapeutic Recreation in Clinical Facilities”, Therapeutic Recreation Management School, University of Maryland, Oglebay Park, WV, 3/84.

“Therapeutic Recreation Evaluation Processes”, National Therapeutic Recreation Society Annual Institute, National Recreation and Park Association Congress, Kansas City, MO, 10/83.

“Entry Level Outlook for Therapeutic Recreation Professionals”, National Therapeutic Recreation Society Annual Institute, National Recreation and Park Association Congress, Kansas City, MO, 10/83.

“Activity Analysis”, National Recreation and Park Association National Forum on Community Based Programming for Special Populations, Milwaukee, WI, 8/83.

“Program Evaluation”, Therapeutic Recreation Management School, University of Maryland, Oglebay Park, WV, 3/83.

“Program Evaluation”, Therapeutic Recreation Management School, University of Maryland, Oglebay Park, WV, 3/82.

“Formative Program Evaluation Procedure”, National Therapeutic Recreation Society Institute, National Recreation and Parks Association Congress, Phoenix, AZ, 10/80.

“Playground Design for Severely and Profoundly Disabled”, National Therapeutic Recreation Society Institute, National Recreation and Parks Association Congress, Phoenix, AZ, 10/80.

“Assessment and Evaluation”, National Forum on Therapeutic Recreation, University of Missouri Cooperative Extension Service, Columbia, MO, 10/80.

“Program Evaluation in Therapeutic Recreation”, National Therapeutic Recreation Society Annual Institute, National Recreation and Parks Association Congress, New Orleans, LA, 10/79.

“Program Evaluation in Therapeutic Recreation”, National Therapeutic Recreation Society Annual Institute, National Recreation and Parks Association Congress, Miami, FL 10/78.

“Assertive Training Techniques in Leisure Counseling”, Society of Park and Recreation Educators Institute, National Recreation and Parks Association Annual Congress, Boston, MA, 10/76.

Regional, State, and Local Professional Presentations

“Engaging Students and Practitioners: Using Service to Improve Learning in Recreational Therapy”, 2009 North Carolina Recreational Therapy Association Annual Conference, Atlantic Beach, NC, 10/09.

“Improving Recreational Therapy Education: A Quality Enhancement Model”, 2008 North Carolina Recreational Therapy Association Annual Conference, Greensboro, NC, 10/08.

“Panel Presentation on the QEP: Recreational Therapy”, WCU Academic Forum, Cullowhee, NC, 10/08

“Making Its Mark: Recreational Therapy Pilots the QEP”, with Carol Burton, WCU FEED Conference, Cullowhee, NC, 9/08.

Keynote: “Theory Based Recreational Therapy Practice and Client Needs”, General Session, 2008 Southeast Recreational Therapy Symposium, Gatlinburg, TN, 7/08.

“Evidence-Based Practice and Outcomes for RT: Assessment and Functional Goals” and **“Using Case Studies to Measure Evidence-Based Outcomes”**, with Laurie Reddick, 2008 Southeast Recreational Therapy Symposium, Gatlinburg, TN, 7/08.

“Initiating Recreational Therapy Services in Nursing Homes: Using Academic Service Learning as One Vehicle”, ARROW: Active Recreational Resources for Optimal Wellness Initiative Workshop, UNC-Greensboro, 6/08.

“Search, Research, and Case Study: Documenting Evidence-Based Recreational Therapy Practice”, Inservice Recreational Therapy Workshop, Pitt County Memorial Hospital, Greenville, NC, 2/08.

“Search, Research, and Case Study: Documenting Evidence-Based Recreational Therapy Practice”, Inservice Recreational Therapy Workshop, University of North Carolina Hospitals, Chapel Hill, NC, 11/07.

“Evidence-Based Practice and Outcomes for RT: Assessment and Functional Goals” and **“Using Case Studies to Measure Evidence-Based Outcomes”**, with Laurie Reddick, 2007 North Carolina Recreational Therapy Association Annual Conference, Greenville, NC, 10/07.

“Evidence-Based Practice and Outcomes for RT: Assessment and Functional Goals” and **“Using Case Studies to Measure Evidence-Based Outcomes”**, with Laurie Reddick, 2007 Southeast Therapeutic Recreation Symposium, Atlanta, GA, 7/07.

“Keynote Address: Connecting Practice, Education, & Viability as a Legitimate Health Care Provider”, Tennessee Recreation Therapy Association, Knoxville, TN, 5/07.

“Keynote Address: The Future is Now: Connecting Practice, Education, and Viability as a Health Care Provider”, North Carolina Recreational Therapy Association Annual Conference, Asheville, NC, 9/06.

“Clinical Practice Guidelines for Recreational Therapy”, with Chris Meneses-Diaz, New York State Therapeutic Recreation Association, Kerhonkson, NY, 4/05.

“Keynote: Therapeutic Recreation for the 21st Century: Creating Outcomes for Healthier Lifestyles”, New Jersey/Eastern Pennsylvania Therapeutic Recreation Association, Princeton, NJ, 11/04.

“Keynote: Answering the Call to Improved Practice and Outcomes in Recreational Therapy: On the Road to Excellence”, Southeast Therapeutic Recreation Symposium, Greenville, SC, 7/04.

“Keynote: Stepping Up to the Challenge: Opportunities for Recreational Therapy”, New York State Therapeutic Recreation Association, Albany, NY, 4/04.

“A Profile of Certified Therapeutic Recreation Specialists: Current Research on the Employment, Practice, and Demographics of Qualified Recreational Therapists”, with Bob Riley, New York State Therapeutic Recreation Association, Albany, NY, 4/04.

“A Brief History of Therapeutic Recreation”, SUNY-Cortland Student Recreation Conference, Cortland, NY, 11/03

“Keynote: Pacing Your Professional Career in TR: The Starting Line is Here”, New York State Therapeutic Recreation Association, Saratoga Springs, NY, 4/02

“Preparing and Delivering a Professional Presentation: How to Give a Speech” New York State Therapeutic Recreation Association Workshop, Utica, NY, 2/02

“Metcalf Endowment Keynote Address: Choosing the Future – Endless Possibilities in Professionalism and Life”, SUNY-Cortland Student Recreation Conference, Cortland, NY, 11/01

“Keynote: It’s Time to Transform your Work and Life Achieve Greater Balance in TR Practice!” Southeast Therapeutic Recreation Symposium, Charleston, SC, 7/01.

“A Brief History of Therapeutic Recreation” with Viki Annand, Mideast Symposium for Therapeutic Recreation, Williamsburg, VA, 5/01.

“Keynote: Reclaiming our Professionalism: Competence and Results”, Southeast Therapeutic Recreation Symposium, Jacksonville, FL, 7/00.

“Keynote: Solutions Start with You: Making TR Valuable beyond 2000”, New York State Therapeutic Recreation Association, 4/00.

“Empowered Leadership and the Development of Professional Community”, Kansas Recreation and Parks Association Annual Conference, Topeka, KS, 2/99.

“Keynote: Along the Road: Celebrating the Past and Excelling in the Future”, North Carolina Recreational Therapy Association, Chapel Hill, NC, 10/98.

“NCTRC Recertification” with Joanne Finegan, Mideast Symposium for Therapeutic Recreation, Virginia Beach, VA, 5/95.

“NCTRC Recertification” California Therapeutic Recreation Section Institute, California Parks and Recreation Society, San Jose, CA, 3/95.

“NCTRC Certification” Teleconference Lecture, Radford University, Radford, VA, 11/94.

“Directions for the Future of Therapeutic Recreation”, Maine Medical Center, Portland, ME 7/94

“Keynote: Educating the Public Regarding the Mission of Our Profession”, Southeast Therapeutic Recreation Symposium, Asheville, NC 7/94

“TR Versus RT”, Southeast Therapeutic Recreation Symposium, Asheville, NC 7/94

“Keynote: Professional Empowerment: Taking Personal Responsibility”, Michigan Therapeutic Recreation Institute, North Higin Lake, MI, 6/94.

“Therapeutic Recreation Certification: Tip, Questions, and Resources”, Michigan Therapeutic Recreation Institute, North Higin Lake, MI, 6/94.

“Developing Your Leadership Potential”, Mid-Eastern Symposium on Therapeutic Recreation, Atlantic City, NJ, 5/94.

“Total Quality Management: Philosophy, Principles and Practical Applications”, Mid-Eastern Symposium on Therapeutic Recreation, Atlantic City, NJ, 5/94.

“Developing Your Leadership Potential”, Therapeutic Recreation Association of Suffolk County Annual Conference, Long Island, NY, 2/94.

“Therapeutic Recreation Recertification”, Therapeutic Recreation Association of Suffolk County Annual Conference, Long Island, NY, 2/94.

“How to Take Responsibility for Creating Continuing Education”, New York Therapeutic Recreation Forum, Albany, NY, 9/93.

“Total Quality Management”, “Empowerment: Exploring Potential”, and “National and State Concerns Regarding the Regulation of Therapeutic Recreation”, Mid-Eastern Symposium on Therapeutic Recreation, Ocean City, MD, 5/93.

“Certification Process for Therapeutic Recreation Specialist”, Grambling State University, Grambling, LA, 5/93.

“Therapeutic Recreation Protocols and Quality Management”, University of Wisconsin, LaCrosse, WI, 2/93.

“Assessments in Therapeutic Recreation”, Recreation Therapy Institute, University of North Carolina, Chapel Hill, NC, 7/92.

“The NCTRC Certification Exam: Results and Implications” (with Bob Riley and Patty Hughes), Mid-Eastern Symposium on Therapeutic Recreation, Virginia Beach, VA, 5/92.

“Empowerment: Showing up for Professional Life” (with Carol Peterson), Mid-Eastern Symposium on Therapeutic Recreation, Virginia Beach, VA, 5/92.

“Keynote Address: Quality of Life in the 1990s: Impact on the Profession”, Genesee Valley Recreation and Park Society Annual Conference, Rochester, NY, 11/91.

“Keynote Address: Issues and Trends in Therapeutic Recreation”, Recreation Therapy Institute, University of North Carolina, Chapel Hill, NC, 7/91.

“Assessments for Recreation Therapy”, Recreation Therapy Institute, University of North Carolina, Chapel Hill, NC, 7/91.

“Results of the First National Certification Exam”, Illinois Parks and Recreation Association Annual Conference, Chicago, IL, 1/91.

“Trends in Therapeutic Recreation”, Therapeutic Recreation Forum, New York Parks and Recreation Society, Lake George, NY, 9/90.

“Implementation of the First National Certification Exam”, Horizons West, Seattle, WA, 9/90.

“Therapeutic Recreation Trends for the 1990’s”, Mideast Symposium for Therapeutic Recreation, Ocean City, MD, 5/90.

“Development of Protocol for Therapeutic Recreation Services”, Mideast Symposium for Therapeutic Recreation, Ocean City, MD, 5/90.

“Implementation of the First National Certification Exam”, Midwest Symposium on Therapeutic Recreation, St. Louis, MO, 4/90.

“Implementation of the First National Certification Exam”, Southwest Symposium on Therapeutic Recreation, Denton, TX, 3/90.

“Keynote: Point-Counter Point: The Leisure Ability Model Revisited (with Carol Peterson)”, Therapeutic Recreation Forum, New York Parks and Recreation Society, Poughkeepsie, NY, 9/89.

“The NCTRC National Examination Project”, Therapeutic Recreation Forum, New York Parks and Recreation Society, Poughkeepsie, NY, 9/89.

“The Development of Protocol for Therapeutic Recreation”, Therapeutic Recreation Forum, New York Parks and Recreation Society, Poughkeepsie, NY, 9/89.

“Therapeutic Recreation: Changes and Challenges”, Southeast Symposium on Therapeutic Recreation, Greensboro, NC, 6/89.

“Results of the National Job Analysis and Implementation of the National Certification Exam”, Mideast Symposium for Therapeutic Recreation, Richmond, VA, 5/89.

“Results of the National Job Analysis and Implementation of the National Certification Exam”, Midwest Symposium on Therapeutic Recreation, Springfield, IL, 5/89.

“Trends in the National Certification of Therapeutic Recreation Personnel”, Ithaca College Speakers Series, Ithaca, NY, 2/89.

“Results of the National Job Analysis Project for Therapeutic Recreation Professionals”, Connecticut Parks and Recreation Society Annual Conference, New Haven, CT, 2/89.

“Results of the National Job Analysis Project for Therapeutic Recreation Professionals”, Maryland Parks and Recreation Association Winter Institute, 1/89.

“The Development of Protocol for Therapeutic Recreation Practice”, Maryland Parks and Recreation Association Winter Institute, 1/89.

“Therapeutic Recreation in the Midst of Change”, Missouri Therapeutic Recreation Institute, Columbia, MO, 11/88.

“The Results of the National Job Analysis Project for Therapeutic Recreation Professionals”, Missouri Therapeutic Recreation Institute, Columbia, MO, 11/88.

“Keynote: Point-Counter Point: The Leisure Ability Model Revisited (with Carol Peterson)”, New England Therapeutic Recreation Consortium, Portsmouth, NH, 11/88.

“The Results of the National Job Analysis Project for Therapeutic Recreation Professionals”, New England Therapeutic Recreation Consortium, Portsmouth, NH, 11/88.

“The Development of Protocol for Therapeutic Recreation Service”, New England Therapeutic Recreation Consortium, Portsmouth, NH, 11/88.

“Trends and Issues in the Certification of Therapeutic Recreation Personnel”, Mideast Symposium for Therapeutic Recreation, Suffern, NY, 5/88.

“Professional Issues in Therapeutic Recreation”, V.A.M.C. Professional Development Workshop, Montrose, NY, 2/88.

“Therapeutic Recreation Certification: Trends and Issues”, North Carolina and Virginia Parks and Recreation Conference, Winston-Salem, NC, 11/87.

“Keynote: Definitions and Divisions: Explaining Therapeutic Recreation”, Mideast Symposium for Therapeutic Recreation, Ocean City, MD, 5/87.

“Issues and Trends in Therapeutic Recreation””, Kentucky and Tennessee Recreation and Parks Conference, Therapeutic Recreation Section, Louisville, KY, 11/86.

“Program Effectiveness through Quality Assurance”, Kentucky and Tennessee Recreation and Parks Conference, Therapeutic Recreation Section, Louisville, KY, 11/86.

“Accountability Issues in Therapeutic Recreation”, Sacred Heart Rehabilitation Hospital, Spokane, WA, 10/86.

“Accountability Issues in Therapeutic Recreation”, California State University, Northridge, CA, 6/86.

“Keynote: Issues and Trends in Therapeutic Recreation” Metro New York Parks and Recreation Society Conference, New York, NY, 3/86.

“The Future of Therapeutic Recreation”, Professional Institute, Temple University, Philadelphia, PA, 11/85.

“Keynote: Taking Hold of Our Future: Understanding Trends and Issues in Therapeutic Recreation”, Horizons West Therapeutic Recreation Symposium, Los Angeles, CA, 9/85.

“Moving Into our Future with Research”, Pre-Symposium Workshop, Horizons West Therapeutic Recreation Symposium, Los Angeles, CA, 9/85.

“Keynote: Trends and Issues in Therapeutic Recreation” Midwest Symposium on Therapeutic Recreation, Lake Geneva, WI, 4/85.

“The State of the Therapeutic Recreation Profession: History, Present Issues and Future Trends”, Professional Institute, National Jewish Asthma Hospital, Denver, CO, 2/85.

“Outlook for the 80’s: Therapeutic Recreation Trends and Issues”, Florida Recreation and Park Association Annual Conference, West Palm Beach, FL, 9/84.

“Trends in Activity Services in Extended Care Facilities”, Illinois Activity Professionals Association, Collinsville, IL, 6/83.

“Advanced Accountability Issues in Therapeutic Recreation”, Department of Recreation and Park Management, University of Oregon, Eugene, OR, 5/83.

“Developmental Implications of Leisure and Accountability in Therapeutic Recreation”, Upper Midwest Hospital Conference, Minneapolis, MN, 5/83.

“Formative Program Evaluation”, Tulsa Medical Center, Tulsa, OK, 9/82.

“The Formative Program Evaluation Procedure”, Indiana University Post-Doctoral Institute in Therapeutic Recreation, Bloomington, IN, 5/82.

“Demystifying the Evaluation Process”, Linden State College Speakers Series, Linden, VT, 4/82.

“Client and Program Evaluation”, Memorial Hospital, University of North Carolina, Chapel Hill, NC, 4/82.

“Methods in Client Evaluation”, Missouri Park and Recreation Association Annual Conference, Lake of the Ozarks, MO, 3/82.

“Program Evaluation in Therapeutic Recreation”, Ohio Therapeutic Recreation Society Workshop, Columbus, OH, 1/82.

“Therapeutic Recreation Trends and Issues”, Illinois Park and Recreation Association Conference, Chicago, IL, 11/80.

“Playground Design for Severely and Profoundly Disabled”, Illinois Park and Recreation Association Conference, Chicago, IL, 11/80.

“Documentation, Assessment, and Evaluation in Therapeutic Recreation”, Wisconsin Recreation and Park Association Conference, Lake Geneva, WI, 11/80.

“Client Evaluation Methods”, Illinois Therapeutic Recreation Section, Southern Workshop, Carbondale, IL, 9/80.

“Assertive Training on the Job”, Americana Health Care Corporation, Administrators Training Program, Champaign, IL, 2/79.

“Theories and Models of Evaluation”, Midwest Symposium on Therapeutic Recreation, Rock Island, IL, 3/78.

“A Systems Approach to Program Planning and Evaluation”, Technology Transfer Series, University of Illinois, Champaign, IL, 12/77.

“Leisure Education: Implications for Therapeutic Recreation”, Iowa Parks and Recreation Association Annual Conference, Sioux City, IA, 9/77.

“A Systems Approach to Therapeutic Recreation in General Hospitals”, Midwest Symposium on Therapeutic Recreation, Rock Island, IL, 3/77.

“Recreation for the Hospitalized”, Texas Recreation and Park Society Annual Conference, Edinburg, TX, 10/74.

Appendix 4.4.2 Hinton Biographic Sketch and Curriculum Vitae

FACULTY BIOGRAPHICAL SKETCH

NAME JENNIFER HINTON		POSITION TITLE ASSOCIATE PROFESSOR	
EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, and include post-doctoral training).			
INSTITUTION AND LOCATION	DEGREE (IF APPLICABLE)	YEAR(S)	FIELD OF STUDY
Clemson University	Ph.D.	1997- 2000	Parks Recreation and Tourism Management/ Recreation Therapy Recreation and Park Administration/ Outdoor Therapeutic Recreation Leisure Studies/ Therapeutic Recreation
Indiana University	M.S.	1993- 1994	
Kent State University	B.S.		
PROFESSIONAL EXPERIENCE: LIST IN CHRONOLOGICAL ORDER, PREVIOUS EMPLOYMENT AND EXPERIENCE.			
Western Carolina University, Associate Professor, Health Sciences. August 2008-present. Ohio University, Associate Professor, Recreation and Sport Sciences. September 2000 to August 2008. Clemson University, Teacher of Record. August 1997 to May 2000. Western Carolina University, Visiting Assistant Professor. August, 1996 to July, 1997. Georgia Southern University, Instructor. September, 1994 to June, 1996. Kevin Coleman Center for Mental Health. Ravenna, OH. Therapeutic Recreation Specialist/Rehabilitation Specialist. August, 1991 to August, 1993. *other information available upon request			
Certification/Licensure (List current certifications at the national and state level, year received and renewal date.)			
Certification/Licensure		YEAR RECEIVED	RENEWAL DATE
Licensed Recreation Therapist – 2008, North Carolina, # 1787. Certified Therapeutic Recreation Specialist – 1991, NCTRC, # 20521. Low and High Challenge Course Facilitator Training – 2001, 2000, 1993. *other outdoor certs available upon request		2008 1991 2001, 2000, 1993	December 2009 November 2011 n/a
INSTRUCTION (List the courses taught, include Course number, title, and semester taught.)			
COURSE NUMBER	COURSE TITLE		SEMESTER
RTH 200 RTH 250 RTH 352 RTH 450 RTH 470 *other lists available	Foundations of Recreational Therapy (3) Inclusion and Recreation for People with Disabilities (3) Processes and Techniques in Recreational Therapy (3) Advanced Methods of Recreational Therapy (3) Adventure-Based Recreational Therapy (3)		Fall 2008 Spring 2009 F 08, S 09, F 09 F 08, F 09 S 09, F 09
RECENT SCHOLARSHIP AND/OR PRESENTATIONS (LIST IN REVERSE CHRONOLOGICAL ORDER, THE AUTHORS, TITLES, AND COMPLETE REFERENCES TO ALL PUBLICATIONS/PRESENTATIONS DURING THE PAST 5 YEARS)			
See curriculum vitae			

Jennifer Lyn Hinton, Ph.D., LRT/CTRS
CURRICULUM VITA

Jennifer L. Hinton, Ph.D., LRT/ CTRS
Associate Professor
College of Health and Human Services
School of Health Sciences, Recreational Therapy Program
Moore Hall 106A
Western Carolina University, Cullowhee, NC 28723
828-227-2715 jlhinton@wcu.edu

ACADEMIC PREPARATION

Ph.D.: Parks, Recreation, and Tourism Management, Clemson University, May 2000

Emphasis: Recreation Therapy

Dissertation: Looking Up from the Bottom of the Barrel? Examining Allied Health Professionals' Beliefs about Recreational Therapy.

Committee: Francis McGuire (chair), Larry Allen, Ann James, and James Hawdon

M.S.: Recreation and Park Administration, Indiana University, August 1994

Emphasis: Outdoor Therapeutic Recreation

Advisor: David Austin

B.S.: Recreation and Leisure Studies, Kent State University, May, 1991

Emphasis: Therapeutic Recreation

Advisor: Wayne Munson

Certifications

Licensed Recreation Therapist

Licensed 2008 by the North Carolina Board of Recreational Therapy Licensure, current. Licensure # 1787.

Certified Therapeutic Recreation Specialist

Certified 1991 by National Council on Therapeutic Recreation Certification, current. Certification # 20521.

Low and High Challenge Course Facilitator Training

Ohio University Outdoor Pursuits, 2001. Cornerstone Designs, 2000. Bradford Woods, 1993.

Project Wild

Certified 1996 in Cullowhee, NC

Wilderness Steward

Certified 1994, Wilderness Education Association

PROFESSIONAL EXPERIENCE

Western Carolina University

Associate Professor, Health Sciences. August 2008-present.

Primary teaching responsibilities in the undergraduate Recreational Therapy program. Advising of undergraduate students in the major. Involved in scholarship, service, and teaching and curriculum development.

Ohio University

Associate Professor, Recreation and Sport Sciences. September 2000 to August 2008.

Primary teaching responsibility in the areas of undergraduate and graduate core courses with emphasis specialties in therapeutic and adventure recreation. Advising of undergraduate and graduate

students in both course scheduling and academic pursuits (e.g. internships, projects, theses). Involved in service, scholarship, and teaching and curriculum development.

Clemson University

Teacher of Record. August 1997 to May 2000.

Taught starting first semester of doctoral program. Collaborated with a master teacher and two other doctoral candidates on a grant-based class wherein we met weekly to execute innovative teaching strategies.

Assistant Director, American Humanics Program. Clemson University, Clemson, SC, August 1999 to January 2000.

Assisted in development of American Humanics affiliated Nonprofit Leadership minor. Tasks included re-tooling curriculum from strict recreation coursework to a campus-wide course selection, marketing of the program, and management of the student association. Supervisor: Bonnie Stevens

Research Assistant. Clemson University, Clemson, SC, March 1999 to December 1999.

Collected and analyzed data regarding students' and parents' perceptions of binge-drinking. \$15,000 grant sponsored by Budweiser. Supervisor: Bonnie Stevens

Camp High Rocks. Cedar Mountain, NC. Office Manager and Challenge Course Facilitator. May, 1998 to July, 2000.

Completed various camp management tasks, particularly financial management. Facilitated on challenge course as available and as needed. Worked full-time May, 1998 to August, 1998; continued part-time regularly through July 2000.

Moonshadow Learning Services. Facilitator. Whittier, NC. April, 1997 to August, 1998.

Facilitated team-building experiences for corporate, therapeutic, and general education groups on contract basis. Utilized for expertise in processing experiences.

Western Carolina University

Visiting Assistant Professor. August, 1996 to July, 1997.

Updated learning experiences in clinical recreational therapy courses. Created unique experiences within the classroom and clinical facilities throughout the region. Utilized collaborative learning techniques to build treatment-team competence. Department chair: David Claxton.

Georgia Southern University

Instructor. September, 1994 to June, 1996.

Facilitated experiential learning within the classroom and the community. Advised 40 students. Collaborated with campus recreation to facilitate and evaluate ropes and teams courses. Department chair: Henry Eisenhart.

Indiana University

Teaching Assistant, Indiana University/ Bradford Woods. January, 1994 to August, 1994.

Assisted in facilitating the undergraduate class focusing on Adventure Education, including leading teams-course activities. Also facilitated low-and high-adventure activities with a variety of population groups. Supervisor: Stuart Shepley.

National Camp Evaluation Project Site Coordinator. Bradford Woods, Martinsville, IN. May to August, 1994. Supervisor: Gary Robb.

Data collection and coding for over 300 campers.

Research Assistant. Bloomington, IN, August, 1993 to May, 1994.

Indiana University Distance Education market survey and American Therapeutic Recreation Association needs and satisfaction survey. Supervisor: David Austin.

Kevin Coleman Center for Mental Health. Ravenna, OH. Therapeutic Recreation Specialist/Rehabilitation Specialist. August, 1991 to August, 1993.

Developed and facilitated psycho-educational, therapeutic, and leisure programming for the Partial Hospitalization Program. Caseload: 25. Served on quality assurance team.

Jellystone Camp-Resort. Mantua, OH. Recreation Director. Summers, 1989 to 1991.

Created, coordinated, and co-executed all recreation programming and special events for large facility. Emphasis in guiding youth activities and lifestyles.

Laurelwood Hospital. Willoughby, OH. Recreation Therapy Intern. January, 1991 to April, 1991.

Completed all NCTRC required tasks with persons with mental health and/ or substance abuse issues. Facilitated groups with clientele ages 8-90+. Project: relaxation therapy programs.

Sea World of Ohio: Entertainment Department. Aurora, OH. Assistant Productions Lead. Summers, 1985 to 1989.

Auditioned, trained, scheduled, and supervised costume characters. Performed as costume character, pre-show entertainer, and spotlight operator.

Instruction and Advising

Courses taught at Western Carolina University followed by credit hours (#)

RTH 200	Foundations of Recreational Therapy (3)
RTH 250	Inclusion and Recreation for People with Disabilities (3)
RTH 352	Processes and Techniques in Recreational Therapy (3)
RTH 450	Advanced Methods of Recreational Therapy (3)
RTH 470	Adventure-Based Recreational Therapy (3)

Courses taught at Ohio University followed by credit hours (#) and *if not didactic or taught by independent study

UC 190	Learning Community Seminar (1)
REC 200	Introduction to Leisure (4)
REC 236	Field Experience (1-3)*
REC 301	Leisure Education (4)
REC 315	Outdoor Education (4)
REC 320	Challenge Course Theory and Practice (3)
REC 336	Field Experience (3)*
REC 350	Independent Study (1-5)*
REC 376	Practices in Therapeutic Recreation (4)
REC 418A	Instructional Experience (1-5)*
REC 405	Internship Seminar (1)
REC 440	Internship (16)*
REC 470	Assessment and Documentation in TR (4)
REC 471	Program Planning in Therapeutic Recreation (4)
REC 472	Trends and Issues in Therapeutic Recreation (4)
REC 473	Administration in Therapeutic Recreation (4)
REC 475	Adventure Programming (3)*
REC 518A	Instructional Experience (1-5)*
REC 518C	Disability Issues in Recreation (1-5)
REC 600	Guided Independent Study (1-5)*
REC 601	Contemporary Issues (4)

REC 611	Special Problems (1-5)*
REC 617	Leisure and Sport in Society (4)
REC 650	Practicum (1-6)*
REC 675	Adventure Programming (3)
REC 690	Readings in Recreation (3)
PESS 593	Research Dynamics (1-6)*

Didactic courses taught Fall 1997-Spring 2000 at Clemson University

PRTM 309	Behavioral Concepts of Parks, Recreation, and Tourism Mgmt.
PRTM 311	Introduction to Therapeutic Recreation
PRTM 416	Therapeutic Recreation for the Older Adult
PRTM/ EDSP	
414/614	Recreation for Special Populations (co-teacher)
PRTM 406	Senior Seminar

Didactic courses taught Fall 1996-Spring 1997 at Western Carolina University

RTH 396	Special topics: Current Issues in Recreational Therapy
RTH 352	Recreational Therapy Processes and Techniques
RTH 417	Administration of Recreational Therapy Services
RTH 360	Recreational Therapy Services for Older Adults
RTH 253	Psychomotor Activity Skills

Didactic courses taught Fall 1994-Spring 1996 at Georgia Southern University

Camping and Outdoor Recreation
 Leisure in Contemporary Society
 Recreation Leadership
 Recreation for Persons with Disabilities
 Therapeutic Activities

Note: Course titles and descriptions have changed following semester conversion.

Graduate-level projects, theses, mentored writing, and dissertations

Spring 2008: Mentored Writing, chair, Ashley Coll and Megan Schmidt
 Spring, 2008: Master's Project, Michael Ackerman
 Spring 2008: Comprehensive Exams, chair of 4 committees
 Winter 2008: Comprehensive Exams, chair of 1 committee
 Fall 2007: Comprehensive Exams, chair of 1 committee
 Spring, 2007: Master's Thesis, committee member, Jesse Jones
 Spring, 2006: Master's Project, committee chair, Erica Seaver
 Spring, 2006: Master's Project, committee chair, Beth Urbanik
 Spring, 2006: Comprehensive Exams, chair of 1 committee
 Spring, 2005: Comprehensive Exams, chair of 4 committees
 Spring 2004: Comprehensive Exams, chair of 3 committees
 Summer 2003: Master's Thesis, committee member, Jessica Robinson
 Summer 2003: Master's Project, committee chair, Kent DeLong
 Spring 2003: Comprehensive Exams, chair of 3 committees
 Spring 2002: Dissertation, committee member, Mary Wells (psychology)
 Spring 2002: Master's Project, committee member, Stephen Snyder

SCHOLARLY AND CREATIVE ACTIVITIES

Journal Publications

Refereed

- Connolly, P, **Hinton, J.**, and Martin, B. (2009). The development of technical standards for undergraduate studies in Recreational Therapy. *American Journal of Recreational Therapy*, in press.
- Nisbett, N. and **Hinton, J.** (2008). Ethics audit of a therapeutic recreation course. *College Teaching Methods & Styles Journal*, 4 (2), 15-20.
- Hinton, J.** (2007). Learning and serving: A case report of collaborative service-learning between a university therapeutic recreation class and an assisted living residence. *Journal of ICHPER-SD, XLIII (1)*, 21-25.
- Hinton, J.L.**, Twilley, D.L., and Mittelstaedt, R.D. (2006). An investigation of self efficacy in a freshman wilderness experience program. *Research in Outdoor Education*, 8, 105-118.
- Mittelstaedt, R., **Hinton, J.**, Rana, S., Cades, D., & Xue, S. (2005). Qigong and the older adult: An exercise to improve health and vitality. *Journal of Physical Education, Recreation, and Dance (JOPERD)*.
- Nisbett, N. and **Hinton, J.** (2005). On and off the trail: Experiences of people with specialized needs on the Appalachian Trail. *Tourism Review International*, 8 (3), 221-237.
- McGuire, F.A., & **Hinton, J.L.** (1999, Summer). The aging of America: Implications for the parks and recreation professional. *Management Strategy*, 23(2), 1 & 4.

Other Publications

Chapters in Books

- Hinton, J.L.**, & Lustig, J. (2008). Day hiking. In Goldberg, M. and Martin, B. (eds.). *Hiking and Backpacking*. Champaign, IL: Human Kinetics.
- Hinton, J.L.**, McGuire, F.A., Witthoef, J. S., McDonald, J.M., & Mitchell, D.L. (2000). Integration of Intergenerational Service Learning into "Health Promotion of the Aged". In Madden, S. (ed.). *Service learning in higher education: Case applications*. Lanham, MD: University Press of America, Inc.

Abstracts

- Jones, J.J. & **Hinton, J.L.** (2007). Study of self-efficacy in a freshman wilderness experience program: Measuring general versus specific gains. *Journal of Experiential Education*, 29 (3), 382-385.

Book Reviews

- Hinton, J.** (2008). Processing the experience. [Book review]. *Schole*, 23, 129-130.
- Hinton, J.** (2005). Damn bunch of cripples. [Book review]. *Therapeutic Recreation Journal*, 39 (4), 312-313.
- Hinton, J.** (2005). The spirit catches you and you fall down. [Book review]. *Therapeutic Recreation Journal*, 39 (1), 88-93)
- Hinton, J.** (2003). Moving violations: War zones, wheelchairs, and declarations of independence. [Book review]. *Therapeutic Recreation Journal*, 36(4), 391-392.

Hinton, J.L. (2002). Instructors guide for introduction to recreation service for people with disabilities: A person-centered approach (2nd ed.). [Book review]. *Schole*, 17, 167-169.

Hinton, J. L. (2001). Introduction to writing goals and objectives: A manual for recreation therapy students. [Book review]. *Therapeutic Recreation Journal*, 35 (1), 70-71.

Presentations

Peer Reviewed Papers, Posters, and other Scholarly Presentations

Hinton, J. & Connolly, P. (2009, October). *Engaging students & practitioners: Using service to improve learning in RT*. Paper presented at the North Carolina Recreational Therapy Association 19th Annual Conference: Atlantic Beach, NC.

Hinton, J. (2009, October). *Processing techniques to enhance active learning*. Paper presented at the North Carolina Recreational Therapy Association 19th Annual Conference: Atlantic Beach, NC.

Hinton, J. (2009, January). *"Mirror, mirror, on the wall..." How are you really learning about your performance as a teacher and advisor?* Paper presented at the Society for Parks and Recreation Educators Teaching Institute: Salt Lake City, UT.

Eberts, G. & **Hinton, J.** (2008, May). *Surpassing a century of mental health care: A case study of change and advocacy*. Paper presented at the Cincinnati-Dayton Area Recreation Therapy Association: Centerville, OH.

Hinton, J., Fife, C. & Dexel, L. (2008, May). *Get OUT! How and why your clients can- and should- access the outdoors*. Paper presented at the Cincinnati-Dayton Area Recreation Therapy Association: Centerville, OH.

Hinton, J. (2007, September). *An Inclusive and Pro-Social Service-Learning Project*. Poster presented at the National Recreation and Park Association Annual Congress & Exposition. Indianapolis, IN.

Hinton, J. (2007, February). *Professional development 101*. Paper presented at the Cincinnati-Dayton Area Therapeutic Recreation Association annual workshop. Cincinnati, OH.

Wilson, S. & **Hinton, J.** (2007, January). *Are you there? Understanding the influence of media and instant communication on today's undergraduate student*. Paper presented at the Society for Parks and Recreation Educators Teaching Institute. Clemson, SC.

Nisbett, N., & **Hinton, J.** (2007, January). *"She did great. Give her an A": Creating meaningful peer feedback*. Paper presented at the Society for Parks and Recreation Educators Teaching Institute. Clemson, SC.

Jones, J.J., & **Hinton, J.** (2006, November). *Study of self-efficacy in a freshman wilderness experience program: Measuring general versus specific gains*. Paper presented at the Association for Experiential Education 34th Annual International Conference. St. Paul, MN.

Hinton, J., & Twilley, D. (2006, January). *An investigation of self-efficacy in a freshman wilderness experience program*. Poster presented at the Coalition for Education in the Outdoors Research Symposium. Martinsville, IN.

Hinton, J., & Nisbett, N. (2005, October). *Making the connection: Expectations and outcomes*. Paper presented at the National Recreation and Park Association Annual Congress & Exposition. San Antonio, TX.

- Hinton, J.** (2005, March). *We view health through cultural lenses: Lessons from one immigrant family.* Paper presented at the American Therapeutic Recreation Association Mid-Year Professional Issues Forum. Washington, DC.
- Hinton, J., & Nisbett, N.** (2005, February). *Lessons from the Simpsons.* Paper presented at the Cincinnati-Dayton Area Therapeutic Recreation Association annual workshop. Cincinnati, OH.
- Hinton, J., Turno, D. & Harmelin, P.** (2005, January). *Enhance your assessment! Clarifying incoming groups; needs for better planning.* Paper presented at the Association for Challenge Course Technology Annual Conference. Indianapolis, IN.
- Nisbett, N., & **Hinton, J.** (2004, October). *Individuals with specialized needs on the Appalachian Trail: Motivations and constraints.* Poster presented at National Recreation and Park Association Congress on Leisure and Aging Section Poster Session, Reno, NV.
- *Note: This poster was also accepted for the National Trails Symposium in October, 2004. However, I had just given birth to my second child and Dr. Nisbett was not able to make both the NRPA Congress and the Trails Symposium while maintaining her classes.*
- Nisbett, N., & **Hinton, J.** (2004, May). *On and off the trail: Experiences of individuals with specialized needs on the Appalachian Trail.* Poster presented at the Spring Faculty Research Exposition, Athens, OH.
- Hinton, J., & Bookwalter, L.** (2004, February). *The process of processing.* Paper presented at the Cincinnati-Dayton Area Therapeutic Recreation Association annual workshop.
- Hinton, J.** (2003, October). *Using collaborative service learning to teach about nonverbal behavior.* Poster presented at the NTRS Institute Poster Session, NRPA Congress, St. Louis, MO.
- Wilson, S., & **Hinton, J.** (2003, January). *Move over Oprah Winfrey and Gene Shalit! Recreation book-clubbers and movie reviewers REALLY know their stuff!* Paper presented at the Society for Parks and Recreation Educators Teaching Institute.
- Hinton, J., & Wilson, S.** (2002, November). *Person-first terminology- Primer and a reminder.* Paper presented at the 52nd Annual Cortland Recreation Conference.
- Hinton, J., & Wilson, S.** (2001, September). *Connecting communities and universities: Benefits of service learning with older adults.* Paper presented at the American Therapeutic Recreation Association annual conference.
- McCormick, B., & **Hinton, J.** (2001, August). *Reform in therapeutic recreation education: Where do we go from here?* Paper presented at the American Therapeutic Recreation Association annual conference.
- Spitler, H., Stevens, B., & **Hinton, J.** (2000, November). *Rushing toward trouble: Alcohol abuse and self-selection in the Greek system.* Paper presented at the 2000 Annual Meeting of the American Public Health Association.
- Hinton, J., & Wilson, S.** (2000, November). *Service learning with older adults and university students: Benefits for everyone.* Paper presented at the 50th Annual Cortland Recreation Conference.

Hinton, J. (2000, September). *Looking up from the bottom of the barrel? Examining prejudice toward recreational therapy.* Paper presented at the American Therapeutic Recreation Association Annual Conference.

Hinton, J., Hurtes, K.P., & Clayton, L. (2000, September). *Team teaching, team learning, and technology.* Paper presented during the Educator's Institute at the American Therapeutic Recreation Association Annual Conference.

Workshops, service programs, and invited guest speaker

Hinton, J. (2007, March). *Spring Cleaning.* Team building and facilitation exercises provided for Kappa Phi Sorority as their new pledge class enters.

Hinton, J. (2006, October). *Leisure experiences of older adults.* Continuing Education Videoconference presented at the Geriatric Noon Seminar, O'Bleness Memorial Hospital, Athens, OH and region.

Hinton, J. (2006, July). *What do recreation professionals do?* Teams Course experience and discussion provided for Teens on Campus, Ohio University, Athens, OH.

Hinton, J. (2006, March). *Multicultural diversity in your practice.* Continuing education presented at The University of Toledo: Interventions and Facilitation Techniques Workshop, Toledo, OH.

Hinton, J., Seaver, E., & Hinton, J. (2004, June through 2005, August). *Staff training and teams course creation.* Several month training and building process so that Good Works, Inc. could have their own staff run team-building activities on-site. Athens, OH.

Hinton, J., & Nisbett, N. (2005, May). *Building a community of TR students.* Poster presented at the Therapeutic Recreation Education Conference, Itasca, IL.

Hinton, J. (2004, September). *Leisure experiences of older adults: The role of the recreation therapist.* Educational session provided at Promoting Health along the Continuum of Care for Older Adults, Nelsonville, OH.

Hinton, J. (2004, July). *Healthy eating and exercise.* Educational session provided at the Appalachian Behavioral Healthcare Family Support Group, Athens, OH.

Neiman, G. (coordinator). (2004, March). *CHHS Faculty Exposition.* Poster presentation member for session provided at the Spotlight on Learning conference at Ohio University, Athens, OH.

Hinton, J. (2003, May). *Team communication.* Team intervention provided for Good Works, Inc. Staff, Athens, OH.

Hinton, J. (2002, July). *What is therapeutic recreation?* Education session provided for the Ohio University Upward Bound College Prep Academy, Athens, OH.

Sandell, K. (facilitator). (2004, May). *Scholarship of teaching.* Panel presentation member for session provided at the Spotlight on Learning conference at Ohio University, Athens, OH.

Hinton, J. (2002, February). *Service learning as a tool to connect communities and universities.* Guest Lecture provided to the Kiwanis Club, Athens, OH.

Hinton, J. (2001, October). *Challenge Course.* Coordinated and facilitated a high challenge course experience for a combined group of ATCO consumers and staff, Athens, OH.

Hinton, J. (2001, March through 2001, September). *Team Building*. Several-session team intervention provided for Health Recovery Services staff, Athens, OH.

Grants

Off-Highway Vehicle Economic Impact Study. 5/2008. Project participant. Funded: \$2,000 from American Motorcyclist Association.

First Year Experience at Ohio University Research Initiative. 7/1/2006-present. Principle Investigator. Funded: \$15,000; Ohio University Foundation 1804 Fund Award.

An Investigation of Self-Efficacy in a Freshman Wilderness Experience Program. 7/1/2005-present. Principle investigator. \$2,200; Ohio University College of Health and Human Services.

A Multidisciplinary Intervention Program for Diabetic Elderly Population in Appalachia: Preparing Professionals in the Health and Human Services. 9/2001- 6/2004. Faculty facilitator. \$143,682; United States Department of Health and Human Services.

CHHS Multidisciplinary Research Fellow Forum. 2001- 2003. Chosen as a participant in the forum. \$50,000; Ohio University 1804 Grant. Project: *The effects of Qi Gong training on physiological and psychological well-being in older adults: A pilot study.*

Team Teaching, Team Learning, and Technology: A Multi-faceted Approach. 1999. Co-principle author and co-project director. \$8,500; Clemson University Innovation Fund.

Integration of Intergenerational Service Learning into “Health Promotion of the Aged”. 1998. Co-principal author and research coordinator. \$11,190; Corporation for National Service through the University of Pittsburgh and the Association for Gerontology in Higher Education.

“Health Promotion of the Aged” Service Learning Project. 1998. Principal Investigator. \$800; Clemson University Service Learning Collaborative through the National Dropout Prevention Center.

Professional Associations

Leadership Roles

Session Coordinator, Society for Parks and Recreation Educators Teaching Institute, January 2007.

Facilitator, Undergraduate Education Breakout Session, Therapeutic Recreation Education Conference, May 2005.

Co-Team Leader, Academic Affairs Team, American Therapeutic Recreation Association, September 2000 through September 2003

Current Memberships

American Therapeutic Recreation Association

North Carolina Recreation Therapy Association

Professional Committees and Service

Associate Editor, *Annual in Therapeutic Recreation* 2008-2011 and 2001, 2002

Editor, *Research in Outdoor Education, Volume 9-* 2008-2009.

Civic Engagement Committee, Society for Parks and Recreation Educators, 2007-2008.

Book manuscript content review, *Human Kinetics Publishing*, Winter, 2007.

Session Coordinator, SPRE Teaching Institute, February 2007.

Session Moderator, Therapeutic Recreation Education Conference, May, 2005.

Reviewer

Annual in Therapeutic Recreation- 2006

Journal of Leisure Research- 2004

Scholarship- 2003, 2002, 2001

Therapeutic Recreation Journal- 2004 (3 reviews this year)

Session Moderator

Leisure Research Symposium, National Recreation and Park Association
2005 and 2001

Service

University

Western Carolina University

Scholarship of Teaching and Learning Steering Committee, 2008-present

Faculty Advisor, Wesley Foundation student group, 2008-present, including co-leading a trip of 10 WCU students to Guatemala for a Habitat for Humanity Build

Ohio University

Faculty Senate, 2006-2008, Finance Committee

Leadership Steering Committee, 2007-2008

Cluster Facilitator and Teams Course Trainer, week-long LeaderShape Institute, Ohio
University, August/ September 2005, August 2006, August 2007

Past Universities

Department Representative, State Employees Combined Campaign, Western Carolina University, 1996

Member, Disabilities Awareness Day Committee, Georgia Southern University, 1995 - 1996

Member, Botanical Garden Education Committee, Georgia Southern University, 1996

Volunteer Coordinator, Botanical Garden Fall Festival Committee, Georgia Southern University, 1995

College

Western Carolina University

Academic Integrity Board Member, fall 2008-?

Ohio University

Member, search committee Director of Recruitment and Retention

School of Recreation and Sport Sciences representative to College Student

Scholarship Committee, Ohio University, 2003-2007

Appointed member, College Teaching/ Learning Committee, Ohio University, 2002-2006

Led initiatives session for Stroke Support Group, Ohio University, January 2003

Member, Scholarly Activity Award Review Committee, Ohio University, 2001-2002

Past Universities

Invited Member, Faculty/ Staff Wellness Day Planning Committee, Georgia Southern University, 1995

School/ Department

Western Carolina University

Member, Collegial Review Document Review Committee, AY 2008-2009

Advisor of the Recreational Therapy Association, spring 2008

Ohio University

Coordinator, Recreation Studies Program, June 2006- June 2008

Member, Graduate Coordinators Committee- June 2006- June 2008

Member, Promotion and Tenure Committee- 2007-2008

Co-advisor, Recreation Studies Club, Ohio University 2006-2007

Chair, Recreation Studies Search, Ohio University, 2005-2006

Governance Committee, School of RSPS, Ohio University, 2002 – 2008, chair 2005-2006 AY

Recreation Studies Program liaison to Campus Recreation, Ohio University, 2003-2008

Co-advisor, Recreation Studies Club, Ohio University, 2002-2003

Co-chair, Recreation Studies Search, Ohio University, 2001-2002

Member, Golf and Tennis Center Director Search, Ohio University, 2001-2002

Professional Development Committee, Ohio University, 2001-2002

Curriculum Committee, Ohio University, 2001-2002

Scholarship Committee, Ohio University, 2000-2001

Past Universities

Graduate Student Representative, Graduate Committee, Clemson University, 1998 - 1999

Member, Therapeutic Recreation Faculty Search Committee, Georgia Southern University, 1995 - 1996

Member, Therapeutic Recreation Section Curriculum Committee, Georgia Southern University, 1995 - 1996

Department Representative, Library Acquisitions Committee, Georgia Southern University, 1995 - 1996

Invited Member, Leisure Studies Alumni Board, Kent State University, 1991 – 1993

Community:

Cullowhee, NC

Coordinating Cub Scouts food drive for Jackson County, November 2009.

Coordinated community giving projects through local church.

Athens, Ohio

Completed Initiatives Training and Coordinated Challenge Course building for Good Works, Inc.

Coordinated service learning projects wherein students provided services to community members and agencies during all university appointments. Over 20 local agencies served in university communities. Current ongoing agency affiliations include ATCO, Good Works, Lindley Inn, and Appalachian Behavioral Healthcare.

Coordinated community giving projects and service projects through local church and other agency groups.

Coordinator, ATCO Challenge Course Experience (for community members with developmental disabilities) 2001

Facilitator, Health Recovery Services Team Building Activities (several months), 2001

PROFESSIONAL RECOGNITION

Outstanding Professional Award, Cincinnati-Dayton Area Recreation Therapy Association

Spring 2008

Presidential Teacher Award Nominee, Ohio University Fall 2007**School of Recreation and Sport Sciences Nominee for the College of Health and Human Services Exemplary Teacher Award, Ohio University AY 2005-2006**

Awarded the College of Health and Human Services Outstanding Teaching Award, Ohio University AY 2001-2002

Certificate of Recognition, American Therapeutic Recreation Association

For work completed on curriculum directory update spring 2001, presented September 2001.

Peg Connolly Student Scholar. American Therapeutic Recreation Association Annual Conference, Boston, MA, September 1998.

RECENT TEACHING DEVELOPMENT (2003-present)**WCU Faculty Center Activities 2008-2009 AY:**

Professional Development: FEED: Making its Mark: Recreation Therapy

CFC- Digital Media: Audio/ Video

Professional Development: New Faculty Orientation

CFC- Instructional Development: Teaching and Learning Groups

CFC- Instructional Development: Scholarship of Teaching and Learning

CFC- Instructional Development: Formative Assessment

Professional Development: FEED: True Equality: Achieving Reciprocity

CFC- Instructional Development: Formative Assessment

Professional Development: SoTL Faculty Learning Community

Professional Development: SoTL Retreat 2009 (**small group facilitator**)

CFC- Instructional Development: Scholarship of Teaching and Learning

Other Teaching and Learning Development:

Attendance at the ATRA 2009 Professional Issues Mid-Year forum- specifically for HeartMath training (March 21-25, 2009). The National Conference Center: Landsdowne, VA.

Attendance at the Society for Parks and Recreation Educators Bi-annual Teaching Institute (January 29-31, 2009). University of Utah: Salt Lake City, UT.

Gradin, S. (2008, February). *Blogs and Wikis: Meeting students where they write*. Four hour workshop facilitated by the Center for Writing Excellence, Ohio University, Athens, OH.

Morrone, M. Kanawha Project Faculty Learning Community (workshop December 2007, monthly meetings winter and spring 2008). Chosen for an internal grant project focused upon teaching faculty to incorporate environmental content in existing courses. Environmental Studies Program, Ohio University, Athens, OH.

Attendance at the Society for Parks and Recreation Educators Bi-annual Teaching Institute (January 24-28, 2007). Clemson University Madren Center, Clemson, SC.

Larson, S. (2005, May). *Public Speaking in the Classroom*. Five session workshop facilitated by College of Communication faculty at Ohio University, Athens, OH.

Marcus, E. (2005, May). *Preparing PowerPoint Posters*. Workshop facilitated by Instructional Media and Technology Services, Alden Library, Ohio University, Athens, OH.

Selected member of Ohio University's Faculty Learning Community on Active Learning (2004, January through June). Faculty Learning Communities sponsored by the Center for Teaching Excellence at Ohio University, Athens, OH. Current reading: *The Art of Changing the Brain* by James Zull.

Sandell, K. & Bi, Joy, facilitators (2004, February). *Electronic Teaching Portfolios*. Workshop presented by the Centers for Teaching Excellence and Innovations in Technology and Learning at Ohio University, Athens, OH.

Attendance at the Coalition for Outdoor Education Research Bi-annual Conference (January 9-11, 2004). Bradford Woods, Indiana University, Martinsville, IN.

Fink, D. (2003, April.) *Radical New Ideas for Designing Your Courses Differently*. Workshop coordinated by the Center for Teaching Excellence at Ohio University, Athens, OH.

Appendix 4.4.3 Kastrinos Biographic Sketch and Curriculum Vitae

FACULTY BIOGRAPHICAL SKETCH

NAME GLENN KASTRINOS		POSITION TITLE ASSISTANT PROFESSOR	
EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, and include post-doctoral training).			
INSTITUTION AND LOCATION	DEGREE (IF APPLICABLE)	YEAR(S)	FIELD OF STUDY
Utah State University	BS	1975	Psychology Education, Biology minor
Temple University	M.ED	1985	Therapeutic Recreation
PROFESSIONAL EXPERIENCE: LIST IN CHRONOLOGICAL ORDER, PREVIOUS EMPLOYMENT AND EXPERIENCE.			
2008-present Assistant Professor, Recreational Therapy, WCU 2004-2008 Program Coordinator, Therapeutic Recreation, Eastern Institute of Technology Napier New Zealand 1990-2004 Program Coordinator and Senior Instructor of Recreational Therapy University of Idaho 1988-1990 Instructor and Internship Coordinator of Therapeutic Recreation Temple University 1987-1988 Assistant Director Community Mental Health Program, Hunterdon Hospital 1980-1986 Recreational Therapist, Princeton House/Princeton Medical Center.			
Certification/Licensure (List current certifications at the national and state level, year received and renewal date.)			
Certification/Licensure		YEAR RECEIVED	RENEWAL DATE
CTRS Licensed Recreational Therapist		1988 2008	June 2010 December 2009
INSTRUCTION (List the courses taught, include Course number, title, and semester taught.)			
COURSE NUMBER	COURSE TITLE		SEMESTER
RTH 200	Foundations of Recreational Therapy		Fall and Spring
RTH 300	Health and Healing		Fall and Spring
RTH 350	Recreational Therapy for People with Physical Disabilities		Fall
RTH 405	Recreational Therapy in Behavioral Health		Fall and Spring
RECENT SCHOLARSHIP AND/OR PRESENTATIONS (LIST IN REVERSE CHRONOLOGICAL ORDER, THE AUTHORS, TITLES, AND COMPLETE REFERENCES TO ALL PUBLICATIONS/PRESENTATIONS DURING THE PAST 5			
See curriculum vita.			

Glenn Kastrinos, M. Ed., LRT, CTRS

Assistant Professor
Western Carolina University
gkastrin@gmail.com
8282272788

Formal Education

B.S. Major in Psychology, minor in Biology, Utah State University, 1976.
M.Ed. Therapeutic Recreation, Temple University, 1986
ABD Education with Counselling cognate, University of Idaho

Professional Experience:**Assistant Professor of Recreational Therapy** (2008-present)

Recreational Therapy Program, School of Health Sciences, College of Health and Human Sciences
Western Carolina University
Cullowhee North Carolina 28723

Teach recreational therapy courses in the bachelors of RT degree. Represent the college as faculty fellow in service learning. Teach Foundations of RT, RT in physical rehabilitation, Health and Healing and RT in behavioural health.

Programme Coordinator Therapeutic Recreation (2004-2008)

College of Nursing and Sports Science
Eastern Institute Of Technology
Taradale, New Zealand

Have organized and managed therapeutic recreation degree in New Zealand. Teach three courses each semester, advise students, and have coordinated practicum and internship programmes. Responsible for marketing of programme and curriculum management. Have completed annual reports, monitor's visits, and external moderation. Serve on Faculty advising committee and teaching and learning committee institute wide and served on Critical Reflection and student learning committees. Worked with marketing team to promote EIT's programmes.

Senior Instructor, Program Coordinator Recreational Therapy (8/90-7/2004)

Recreation Department
University of Idaho, Moscow, ID

Organized and delivered curriculum to students in recreational therapy. Worked collaboratively with colleagues in Recreation Department and division of Health, PE, Recreation and Dance. RT course-work included Clinical Aspects of RT, Assessment and Evaluation in RT, Leisure Education, Leisure and the Elderly, RT in Psych Settings, RT in rehab settings, Principles of RT, Medical Terminology, RT for People with Developmental Disabilities, advising and fieldwork/internship. Redesigned curriculum, active in State and national organizations. Service to community through offering TR services to mental health population and people with developmental disabilities. Research emphases in masters level curricula and integration of psychotherapy models and TR. Received outstanding teacher awards three times.

Instructor (9/88-8/90)

Department of Recreation and Leisure Studies
Temple University, Philadelphia, PA

Instructed undergraduate and graduate students in Leisure Counselling, Clinical Issues, TR and Mental Health and Leisure and the Developmentally Disabled. Supervised and coordinated fieldwork and internship program. Oversaw an average of forty students per semester in a variety of settings throughout the east coast. Administered Community recreation program for Special Populations, a joint venture between

Temple University and the City of Philadelphia. Was on Board of the Philadelphia Mental Health Connection.

Soccer Coach (1992-present)

Pullman High School

Regional Olympic Development Programme

Women's Central Region team in New Zealand National League.

Have coached soccer at a number of different levels from recreational teams to Regional Olympic Development teams. Have progressed to USSF B level (second highest level). KNVB (Dutch Soccer Association) Level 1 license, New Zealand National license, (equivalent to UEFA B license). Coaching style is transformative and have always been interested in bringing the best out of each player. Made state tournament four of five years with Pullman High School. A lot of carryover between teaching, recreational therapy and coaching.

Assistant Director of Partial Care (3/88-8/88)

Community Health Center

Hunterdon Medical Center, Flemington, NJ

Redesigned and administered day programs for adult clients with psychiatric disorders. Led groups in stress management, music, exercise and group therapy. Developed program for mentally ill chemical abusers (MICA).

Residential Services Worker II (10/87-3/88)

Bureau for Special Residential Services

Division of Developmental Disabilities, Trenton, NJ

Worked as a case manager for the developmentally disabled. Inspected programs and worked as a case manager with a full case load. Coordinated efforts between state agencies, family and facility.

Recreational Therapist (11/80-10/87)

Medical Center of Princeton, Princeton, NJ

Directed groups for both psychiatric and addiction populations. Groups included group therapy, stress management, music expression, assertiveness training, leisure counseling, fitness, recreational therapy, Outdoor initiatives and role playing. Thorough documentation was required of each patient's progress and participation in activities. Worked closely with the interdisciplinary team of head psychiatrist, attending psychiatrist, social worker, alcoholism counselor, nursing and creative arts therapists. Had ongoing clinical supervision and clinical privileging structure.

EMPLOYMENT PRIOR TO 1980:

Social Worker II (5/77-7/80) West Philadelphia Mental Health Consortium

Maintained a case load and used recreational therapy interventions. Worked on variety of units including transitional living, crisis management, Partial hospital, and Day Care.

Halfway House Coordinator (2/76-4/77) Philadelphia State Hospital (H.I.P. program)

Activities Therapist (Summers 1972-1975) Philadelphia State Hospital (H.I.P. program)

RESEARCH AND SCHOLARLY ACTIVITIES:

Research efforts have focused primarily on application of therapeutic models to the clinical practice of TR with an emphasis on shorter term therapy models that reflect practice in the health care field. I have also done research in areas of curriculum with an emphasis on masters' level training. I also have an interest in

free play and coaching as they relate to recreational therapy. Currently, I have been working on research related to teacher excellence and critical reflection.

Publications: (Refereed)

Austin, D., & Kastrinos, G., & Stumpf, K. (1998) Master's Programs in Therapeutic Recreation in the United States. In Global Therapeutic Recreation, (V) (pp. 189-200).

Malkin, M., & Kastrinos, G. (1997) (Peer Reviewed) Integration of cognitive therapy techniques with recreational therapy. In Dave Compton's Therapeutic Recreation: Toward the New Millennium. (pp. 445-461) Champaign, IL: Sagamore.

Kastrinos, Glenn (1994) (Peer Reviewed) Implications of inpatient group psychotherapy models and therapeutic recreation in acute psychiatric settings. In D. Compton and S. Iso-Ahola (Eds.), Leisure and Mental Health Park City, UT: Family Development resources.

Hammersley, C.H., & Kastrinos, G. (1993) A vocational profile of certified therapeutic recreation specialists using the 16PF. Therapeutic Recreation Journal, 3rd quarter.

Hammersley, C.H., & Kastrinos, G. (1992) Trait and Factor Theory: An application for certified therapeutic recreation specialists. Research Quarterly for Exercise and Sport, Vol. 63, No. 1.

Publications: (Abstracts, directories and Newsletters)

Kastrinos, G., & Hanson K. (2006) Polyventure: Interacting with adults with developmental delays through imagination. 4th International adventure therapy conference proceedings.

Kastrinos, G. (2006) Facilitating lifestyle change through free play, creative expression and galumphing. Australia National Diversional therapy conference abstract booklet and CD of powerpoints in presentation)

Kastrinos, G. (2006) Therapeutic Recreation. Bridging the gap between rehabilitation and the community. International Conference on Health, PE, and Recreation abstracts booklet.

Kastrinos, G. (1998) (Invited paper) Ethics in Review: The Issue of Competency. ATRA newsletter. October, November.

Kastrinos, G., & Austin, D. (1997) (Peer Reviewed) A study of masters programs in Therapeutic Recreation. Research Symposium. (ATRA) Nashville, TN.

Kastrinos, Glenn (1995) Directory of Colleges and Universities offering programs in TR. Hattiesburg, MS: ATRA.

Kastrinos, Glenn (1993) Training in Allied Health Care.. How do we compare? (Invited paper) ATRA's Curriculum conference, Minneapolis, MN: 1993.

Kastrinos, Glenn (1992) "TR Section, TR conference a Success." The Overview. Vol. 4, Issue 10.

Kastrinos, G. (1992) "TR Section" The Overview. Vol. 4, Issue 9.

Kastrinos, G. (1991) Application of Yalom's inpatient psychotherapy techniques to therapeutic recreation in acute psychiatric settings." Horizons West Proceedings, p. 4.

Kastrinos, G. (1990) Implications of Yalom's inpatient group psychotherapy model on therapeutic recreation in acute psychiatric settings. ATRA National conference. Kansas City, MO.

Conference Presentations:

Presentations: National and International

Four international presentation, fifteen national presentations, 5 regional presentations, and fifteen state presentations. Have also served as workshop coordinator, state conference coordinator on three occasions and regional student conference coordinator for Idaho Parks and Recreation Association (IRPA).

Presentations included Therapist Portfolios, Integration of Cognitive therapy and recreational therapy and applying coach, referee and player positions to therapy.

October 2006: Therapeutic Recreation. Bridging the gap between rehabilitation and the community. International Conference on Health, PE, and Recreation.

September 2006: Facilitating lifestyle change through free play, creative expression and galumphing. Australia National Diversional therapy conference.

February 2006 Polyventure: Interacting with adults with developmental delays through imagination. 4th International adventure therapy conference. Rotorua, New Zealand

Fall 2002 Teaching the art of recreational therapy. ATRA national: Keystone Colorado

Fall, 1998 “Bringing the therapy team into the classroom” *ATRA National*: Boston, MA.

September, 1997 “Teaching Clinical Skills in the college classroom.” “Enhancing professional competency through higher education and self assessment.” “Innovative teaching approaches in the college classroom.” *ATRA national*: Nashville, TN:

October, 1996: “Therapist Portfolios: Marketing yourself before the interview.” “Peer Review: You lead the groups and provide the feedback.” (2 sessions) *ATRA national conference*. San Francisco, CA:

September, 1995: “You Lead the Groups and provide the feedback” (2 sessions) Louisville KY. *ATRA national*.

April, 1995 “Training in Allied Health Care. How do we compare?” (Invited)

April, 1995 “Group facilitator for eight hour workshop on curriculum revision.” *ATRA midyear*. Minneapolis, MN.

September, 1994 “Therapist portfolios. Marketing yourself before the interview.” *ATRA national*. Orlando, FL.

March, 1993: (Invited) “Coach, Referee and Player positions Model. Effective therapist interventions within small activity groups.” “Reaching consensus on TR intervention strategies with psychiatric patients.” *ATRA Midyear*. Tulsa, Ok.

September, 1992: “Effective Therapist interventions within small activity groups. Coach, referee and player positions model. *ATRA national*. Breckenridge, Co.

July, 1992: “Application of inpatient psychotherapy models to therapeutic recreation.” *International conference on Leisure and Mental Health*. SLC, UT.

October, 1991: Integration of Cognitive therapy and recreational therapy in working with people with mood disorders.” *ATRA national*. Spokane, WA.

September, 1990: : “Implications of inpatient group psychotherapy models on TR in acute settings. *ATRA national*. Kansas City, KA.

Research, State and Regional Conferences:

Kastrinos, Glenn October 2009 Keynote: A gypsy professor's adventures in New Zealand. North Carolina Recreational Therapy Association conference. Atlantic Beach North Carolina

Kastrinos, Glenn October 2009 Application of inpatient group psychotherapy models to acute psychiatric settings. North Carolina Recreational Therapy Association conference. Atlantic Beach, NC

Kastrinos, Glenn August 2007 The Evergreen State Model of Learning. Teaching and Learning seminar. Eastern Institute of Technology

Kastrinos, Glenn August 2006: Engaging students in the learning process. Teaching and Learning forum. Eastern Institute of Technology, New Zealand.

Kastrinos, Glenn April 2006 Integration of cognitive therapy techniques with recreation therapy in working with people with affective disorders. Research Forum: EIT.

Kastrinos, Glenn (2005) Helping students chart their progress through portfolios and critical reflection. Faculty of Health and Sport Science Research Forum, April 6.

Fall 2004 State conference therapeutic recreation coordinator: Idaho Rec and Parks conference.

Fall 2000 State conference coordinator: IRPA: Opening and closing remarks:

Fall 1998 Integration of coaching techniques into recreational therapy. IRPA: Idaho Falls, ID.

October, 1997 "Ethical Issues in Rural Mental Health." (Panel) "Recreational therapy in Rural Mental Health Systems." St. Joseph's hospital. Lewiston, ID.

April, 1996: Peer Review, Opening Comments, Panel Discussion on the health of TR in the State of Idaho. Moscow, ID: *State TR conference*.

April 1996 Welcome to first Northwest Regional Student Conference! Moscow, ID.

October, 1995: Current Trends in TR. Where is the right direction? *IRPA state conference*.

April, 1995 "Using Critical Thinking Skills in Clinical Situations: B. Therapist Portfolios. Marketing yourself before the interview." *State TR Conference*. Blackfoot ID.

October, 1995: "Opening and Closing Comments." *Idaho TR Workshop*. Wallace, ID.

October, 1995: "How to create your own therapist portfolio." *IRPA state conference*.

March, 1993: "Educational Practitioners workshop, and Opening remarks" at *Idaho State Recreational therapy conference* in Moscow, Id.

March, 1992: "Integrating Cognitive Therapy techniques and Therapeutic Recreation in working with people with mood disorders. *Idaho State conference*.

September 1991: "Implications of inpatient group psychotherapy models on TR in acute settings. *Horizons West conference*. SLC, UT.

March 1991 "Current Trends and issues in TR." Idaho State TR Conference: Boise, ID

March, 1990 Coach, Referee and Player roles in leading group interactions. PRPS State conference, Philadelphia, PA.

Workshops presented

1995-1999 Taught communication skills at Palouse Massage Therapy School twice a year for past three years.

March 1993: "The role of TR in the overall treatment plans of troubled adolescents and psychiatric populations." Northwest Children's Home. Lewiston, ID.

October, 1992: "Integrating cognitive therapy techniques and therapeutic recreation for people with psychosocial disorders. Temple University.

October, 1992: Coach, referee and player roles: Effective Therapist interventions within the Therapeutic Arena. Princeton Medical Center.

March, 1990 "Leisure Counselling in the 90's." Princeton House (Part of Princeton Medical Center) Princeton, N.J.

June, 1986 "T.R. and the Acute Inpatient Unit." Workshop given at Temple University for recreational therapists in area.

Workshops attended

November 2006 Obtained national soccer coaching license. New Zealand Federation.

November 2005: Cognitive Therapy Certification course (Auckland, NZ)

January 2005 Te Reo: Maori language course.

September 2004 Te Wheke: The Maori mental health model. Hastings New Zealand.

February 2004 Attended International Coaching symposium.

October 2003 Attended national symposium for soccer, Portland, Oregon.

July 2003 Attended Manchester United Coaching symposium. Seattle WA.

March 2003 Attended Region IV Olympic Development training. Seattle WA

June 2002: Attended Web design course, WEBCAT design: University of Idaho

June 2001 Attended Multimedia Applications. Personal planner. Computer basics. University of Idaho.

July, 1985, 1984 Attended National Psychodrama conference, NYC, Poconos, Pennsylvania

July, 1984: National Music Therapy Conference, New York City

August 1983: Attended two day workshop on leading groups with Irvin Yalom. NYC

October, 1979: Attended Reality therapy workshop with William Glasser: Philadelphia, PA.

1973-1975: Attended a number of gestalt therapy workshops run by Adrienne Kennedy, Utah State University.

Professional Service and Involvement:

Service learning faculty fellow, College of Health Sciences Teaching and Learning Group. Chaired Learning for life subgroup and participated in Critical Reflection group and Teaching and Learning seminar.

ATRA associate editor: 2007:

NZTRA member and advisor to board.

American Therapeutic Recreation Association member

Chairman Clinical Pathways for Recreational Therapists (American Therapeutic Recreation Society) (2003)

Board Member at large: Festival Dance: (2002-2004)

Board of Directors (ATRA national board) From Fall 1996 to Fall 1998.

Board liaison to the following national committees, Academic Affairs, Research, Student Affairs, Ethics, Awards, Clinical Supervision, Technology and certification task force.

Executive committee-ATRA, 1997-1998.

Co-chair of Academic Affairs committee, ATRA from 1993 to 1996.

ATRA state representative 1994-1997.

SRAC, NTRS state representative 1993-1995

Panel of Experts, ATRA

Idaho State Representative, Idaho Parks and Recreation 1990-1992.

Consultation with state agencies, local health care services.

Arrange for students to work with people with various disabilities.

Service to Community:

Have performed for Hohepa, local nursing homes, Head Trauma unit, farmers markets, disability centers, Rudolf Steiner School, John Campbell folk school's fall festival, Mountain Trace Nursing home, Colorfest in Sylva.

Played Seattle Folklife festival, 1994-2000

Hawkes Bay premier soccer coach.2006

Central Soccer coach (New Zealand National league)

Region IV ODP Women's soccer coach

Pullman Boys Varsity Soccer Coach 2000-2004:

Pullman Coaching Director-2000-2003

Coached girl's soccer select team-1997-2000 (Approximately 20 hrs per week)

Coached AAU basketball team (97-98).

Numerous benefit concerts in New Zealand and for Whitman County Parks, Moscow and Pullman Parks and Recreation, Senior Centers, Mental health agencies

Free consultation for various problems/programs related to people with disabilities

Lena Whitmore Inclusive Play program

Hiring board for new teachers, Pullman, WA: 1996

Philadelphia Mental Health Connection, 1989.

Coordinated Special Recreation Program with City Of Philadelphia and Temple University. (1989)

Awards:

Appointed to Teaching and learning committee (EIT)

Coach of the Year Eskview Soccer club (2007)

Coach of the year: 2003, Great Northern League

Who's who in America's teachers-2002-2005.

College of Education Award for Scholarly Activity (1997-1998) U of Idaho

Service award, 1998 ATRA.

Nominated and elected to American Therapeutic Recreation Association national board.
1995 Presidential Award for outstanding professional contributions, ATRA.
Alumni Award for Faculty Excellence, University of Idaho. 1993, 1995, 2001.
Two Peg Connolly Scholarship students. National scholarship for students: 1995, 1998.
Vandal helping hand Award (1998, 2000, 2001)
Competed and placed in Irish music competitions in Ireland, 77-80.

Certifications:

Certified therapeutic Recreation specialist (CTRS)
Primary Certificate in Cognitive-behavioural therapy and training.
Coaching B, C, D, E licenses, KNVB license, Level 5 license, New Zealand national license.

Interests:

Cross country skiing and telemarking, rollerblading, playing and singing traditional music, reading, soccer playing and coaching, hiking, cooking, humor.

Appendix 4.5 School of Health Sciences AFE/TPR Document

**Western Carolina University
College of Health and Human Sciences
School of Health Sciences Collegial Review Document
Effective Fall Semester, 2009**

**Policies, Procedures, and Criteria for Faculty Evaluation:
Annual Faculty Evaluation, Reappointment, Tenure, Promotion and Post-Tenure Review**

I. Overview.

Criteria, guidelines, and procedures are supplementary to the *Faculty Handbook* and the WCU Tenure Policies and Regulations as approved by the Board of Governors, the provisions of which shall prevail on any matter not covered in this document or on any point where this document is inconsistent with those provisions. All faculty members must have documented evidence of educational preparation, quality teaching, service and scholarship in their discipline.

For new faculty in the School of Health Sciences, the contribution to teaching, professional and scholarly development and service activities is apportioned as such:

- First year health sciences faculty will be expected to devote a majority of their time to course preparation, teaching process, student learning, and professional development.
- Second year faculty are expected to begin work on at least one scholarly project in addition to their teaching assignments. Second year faculty are also expected to participate in community service, professional service and development.
- From the second through the sixth year the faculty member is expected to negotiate a plan with the school director for each academic year based on annual goals.

II. Domains of Evaluation**A. Teaching (Faculty Handbook Section 4.04 & 4.05)****1. Teaching effectiveness is evaluated according to the following 7 dimensions:**

- a). Content expertise – Effective teachers display knowledge of their subject matters. Content expertise includes the skills, competencies, and knowledge in a specific subject area in which the faculty member has received advanced experience, training, or education.
- b). Instructional delivery skills – Effective teachers communicate information clearly, create environments conducive to learning, and use an appropriate variety of teaching methods.
- c). Instructional design skills – Effective teachers design course objectives, syllabi, materials, activities, and experiences that are conducive to learning.
- d). Course management skills – Effective teachers give timely feedback to students, make efficient use of class time, and handle classroom dynamics,

interactions, and problematic situations (e.g., academic dishonesty, tardiness, etc.) appropriately.

- e). Evaluation of students – Effective teachers design assessment procedures appropriate to course objectives, ensure fairness in student evaluation and grading, and provide constructive feedback on student work.
 - f). Faculty/student relationships – Effective teachers display a positive attitude toward students, show concern for students by being approachable and available, present an appropriate level of intellectual challenge, sufficient support for student learning, and respect diversity.
 - g). Facilitation of student learning – Effective teachers maintain high academic standards, prepare students for professional work and development, facilitate student achievement, and provide audiences for student work.
2. **Methods of evaluation and sources of evidence**
- a). Self-evaluation of teaching, addressing the 7 dimensions of effective teaching. (4.05A)
 - b). Peer review of teaching materials --including syllabi, examinations, study guides, handouts, assignments, etc. (4.05B2b)
 - c). Direct observation of instruction using the departmental protocol is required for all untenured faculty. (4.3.1.1)
 - d). Student assessment of instruction, using a form of the university-wide SAI instrument is required for all sections of all courses. (4.05A)
3. **General comments** – Professional development service activities, teaching awards, and nominations in the area of teaching are also positively valued and should be described and documented as appropriate.

B. Scholarship and Creative Works (4.05C)

1. WCU recognizes as legitimate forms of scholarly activity the 4 types described by Boyer. These types of scholarly activity (discovery, integration, application, and teaching and learning) will result in externally peer reviewed scholarly activity in the School of Health Sciences.

Note: Unpublished scholarly activities meet the definition of scholarship if they appear in a publicly observable form; in other words, it must be public, subject to critical review, and in a form allowing the use and exchange by other members of the discipline (Shuler & Hutchings, 1998). Unpublished scholarly activity can take the form of a paper, poster, an audio or videotape presentation, written report, or Web site (Braxton & Del Favero, 2002).

- a). **Scholarship of discovery** – Original research that advances knowledge. Also includes creative activities such as artistic products, performances, musical, or literary works. Examples are:
 - i). Active research programs.
 - ii). Inventions, new discoveries, and patents.
 - iii). Research/grant proposals submitted and/or funded.
 - iv). Scholarly practice which results in the creation of new knowledge and/or improvement in existing practice.
 - v). Construction of new ideas or theories.

- vi). Conceptualization and investigation of significant problems.
 - vii). Development of a model or theory of practice in the health sciences, health education, or health administration.
- b). **Scholarship of integration** – Synthesis of information across disciplines, across topics, or across time. Examples are:
- i). Development of interdisciplinary course materials relating to health.
 - ii). Synthesis of theories from diverse disciplines to enhance the perspective of a health issue.
 - iii). Synthesis of theories from diverse disciplines to explain human responses to health.
 - iv). Participation in development and/or accreditation of a new or existing program in academic and/or non-academic settings.
- c). **Scholarship of application** – Application of disciplinary expertise with results that can be shared with and/or evaluated by peers. Examples are:
- i). Participation in and/or development of innovative programs that identify empowering strategies in the delivery of health care.
 - ii). Identification of a practice problem not responsive to theory based on traditional solutions and designing alternate approaches to the problem.
 - iii). Non-academic work experience that demonstrates successful management of projects, programs, and/or practices through the use of applied theory.
 - iv). Assessment of outcomes in practice and application of lessons learned from these assessments in activities that contribute to the enhancement of state-of-the-art health care practices.
- d). **Scholarship of teaching and learning** – Systematic study of teaching and learning processes. Examples are:
- i). A systematic evaluation of a new approach or new strategies followed by sharing the findings with the health and/or academic communities.
 - ii). Teaching other scholars about the scholarship of teaching.
 - iii). Teaching which results in dissemination of new knowledge, clarification of existing knowledge, or creative application of knowledge, which pertain to the health sciences.

2. Methods of evaluation and sources of evidence - Scholarship in the School of Health Sciences will be evaluated on the overall research agenda and goals agreed upon by the faculty member and School Director in the Annual Faculty Evaluation. Specific criteria are given for reappointment, tenure and promotion as outlined in this document. In all cases, externally peer reviewed outcomes are most highly valued in all four scholarship areas. Items such as degree of difficulty, potential impact, and relevance to the discipline, and value to the mission of the school, college, and university should be described as applicable by candidate.

The following are examples of scholarship. This list is not exhaustive.

- An article published in a peer-reviewed journal
- A first edition book that is not self-published and the candidate is sole, or senior author
- Chapter in an academic textbook
- Development of educational multimedia presentations (i.e. podcasts, e- guides) that are available for worldwide dissemination
- An invited address at a state, national or international conference
- A keynote address at a regional, state, national, international conference
- Successful in the receipt of external research grant
- Undergraduate research project presented at peer reviewed conference
- An edited book with contributions from other scholars and the candidate is the sole, senior, or co-editor
- An accepted or funded external grant proposal of a minimum of \$2500.00
- Engages students in a service learning project that involves an opportunity to process and reflect on experiences resulting in an externally reviewed report
- Editor of peer reviewed journal
- Presentation (oral or poster) at regional, state, regional, national, or international conference where abstracts were peer reviewed.
- Conducts a peer reviewed study for a local organization or government agency related to the discipline and has documentation of findings and disseminated.
- Conducts a peer reviewed study to solve a community problem related to the discipline and has documentation that findings were peer reviewed and disseminated.
- Development of an educational web page which is disseminated and peer reviewed
- Obtains a successful internal grant proposal which excludes proposals requesting travel expenses only
- Book review published in peer reviewed professional journal

3. General comments –

- a). Grant proposals and scholarship will be documented in this section and all faculty are expected to provide information at the time of the AFE.
- b). Professional development activities in the area of scholarship are also positively valued they should be described in the self-evaluation statement and documented as warranted in the appropriate dossier appendix.
- c). These guidelines are not exhaustive, nor do they focus on “borderline” cases. The activities listed are intended to be typical examples of scholarship in this school. It is recognized that infrequently a candidate may present other activities that do not fit well with these categories yet are still legitimately scholarship.

C. Service (4.04C3 & 4.05D)

1. Types of service

- a). **Institutional service:** Faculty members’ contributions to institutional affairs will be consistent with the needs and resources of the School. Activities that support the university’s mission are appropriate and valued. Institutional service shall be evident at the school, college, and institutional level.
- b). **Community engagement:** Provides talk on a current disciplinary topic to a

- local radio or television station, service organization, business organization, or nonacademic professional organization, public school, or community college.
- c). **Special expertise:** Unusual time commitments, or exceptional leadership.
 - d). **Advising:** Faculty members must quantify their advising workload, providing examples of student advising and mentoring. Evidence of advisement on thesis, dissertations, or research projects should be limited to titles and brief descriptions of these activities.
 - e). **Professional service:** This may include service to professional organizations.
 - f). **Administration:** This may include serving as Program Director.
2. **Methods of evaluation and sources of evidence** – The faculty member’s listing of service/engagement activities will be examined and evaluated with regard to time and energy requirements, level of expertise involved, available quantitative/qualitative data and other indicators of quality of service, including documentation included in the dossier appendices.
 3. **General comments** – Professional development activities in the area of service are also positively valued and should be described and documented as appropriate for the specific review event and they should be described in the self-evaluation statement and documented as warranted in the appropriate dossier appendix.

D. Collegiality

1. The School of Health Sciences recognizes the importance of collegiality and places great value on the ability of each faculty member to contribute to a positive environment in which all persons are treated with respect, civility, and dignity. A collegial faculty works smoothly toward common departmental goals and toward resolution of issues and concerns that routinely arise in academia. Collegiality extends to interactions between faculty members, faculty and staff, faculty and students, and faculty and administrators.

Evidence of collegiality will include:

- a) Collaborative and active participation in committees, workgroups, and other mechanisms used to further the objectives of the school
- b) Demonstrates creative problem solving
- c) Adapts well to change
- d) Uses good judgment in dealing with others.
- e) Follows through on tasks and deadlines to further departmental objectives
- f) Works to maintain positive relationships within the department, with the college, university, and the community
- g) Communicates in a clear, respectful, positive, and non-judgmental manner with all constituents of the department, including other faculty and staff.
- h) Shows respect, courtesy, and concern for colleagues and students.
- i) Accessible to colleagues, staff, and students through office hours and maintaining a visible presence on campus

(adapted in part from Hunter Library's "*Evaluative characteristics for accomplishments*")

2. Methods of evaluation

Based on the evidence above, collegiality will be self evaluated via the candidate's AFE, TPR reviews, and separate documents (should they be needed) attesting to strengths and weaknesses regarding this area. The school director will meet at least twice per academic year with faculty for general reviews, which will include discussion/evaluation of collegiality.

3. General Comments

The above list is meant to provide examples of collegiality and is not exhaustive. This area will be addressed with faculty in the reappointment, tenure and promotion as well as the annual faculty evaluation processes.

III. Specific Procedures for Review Events

A. Annual Faculty Evaluation (4.05)

1. **Overview** - All instructional faculty, regardless of status or participation in other review processes, are evaluated annually. This performance evaluation serves as an active, ongoing monitoring of faculty effectiveness.
2. **Composition of review committee** – AFE documents are reviewed by the School Director annually.
3. **Procedures and preparation of documentation**
 - a). **All full-time tenured and tenure-track faculty** members must prepare an AFE document that includes (tenure-track faculty can use their TPR document):
 - i) Teaching
 - a) a self-evaluation addressing the seven teaching dimensions of teaching (as outlined in Section II.A.1. above), a statement of teaching philosophy, a description of goals, methods, and strategies used; and selected teaching materials for courses taught during the period of review
 - b) direct observation of classroom teaching (required for non-tenured faculty; optional for tenured faculty): Direct peer observation of classroom or online teaching shall be accomplished at least once each semester. Observation will be used to verify or qualify evidence from other sources of data. Observers will complete the school evaluation form for peer review of teaching.
 - c) Student Assessment of Instruction of all courses and sections for fulltime tenured and tenure track faculty.
 - ii). Scholarship and Creative Activity – List of scholarship and creative activities completed during academic year
 - iii). Service – List of service activities completed during academic year.
 - iv). Collegiality - Will be self evaluated via the candidate's AFE, TPR reviews, and separate documents (should they be needed) attesting to strengths and weaknesses regarding this area.

- v). Faculty member should describe progress on goals listed on previous year's AFE. Goals for the next academic year are negotiated between faculty member and School Director. These goals represent a pathway and progression to the next reappointment, tenure, promotion or post-tenure review goal of faculty member.
- b). **Specific guidelines for preparation of the AFE document** - This AFE document shall be prepared in accordance with the most recent criteria published by the Office of the Provost. Tenure track faculty may use their TPR document instead of creating a separate AFE document with the addition of new activities conducted since its last submission.
- c). **Evaluation of part-time/fulltime fixed-term, non tenure-track** faculty will be evaluated by the program director and that documentation will be reviewed by the school director.
 - i). Each full-time fixed-term faculty member in the school will be evaluated on the criteria pertaining to Teaching, and either Scholarship, or Service as listed in section IV.
 - ii). All part-time faculty and graduate teaching assistants will be evaluated for their effectiveness as teachers.
 - iii). All fixed-term faculty must be evaluated by direct peer observation of classroom or online teaching at least once per semester as well as for all who teach or assist in the classroom, clinical/internship setting, or laboratory.

B. Reappointment, Tenure, and Promotion (4.06 & 4.07)

1. **Overview** - The Office of the Provost will generate an annual list of faculty eligible for tenure and reappointment.

2. Composition of review committee

The School of Health Sciences Collegial Review Committee will be made up of the school director and at least three tenured faculty members, in accordance with university policy as stated in 4.02.02 Section VI Composition of Tenure and Promotion Advisory Committee, of the *Faculty Handbook*.

- i. The school director is the chair of the committee and does not vote. The school director will submit his/her recommendation regarding the candidate to the committee.
- ii. When the school director is the person being considered by the committee, the school director shall excuse him/herself, and the committee shall elect a pro-tem chair (voting) from its membership. The pro-tem chair submits the committee's recommendations directly to the dean. The school director (or any other member of the committee being considered) absents him/herself during the deliberations.

3. Procedures and preparation of documentation

The candidate list for each college is prepared by the Office of the Provost and distributed to the deans for review. The list is finalized by the Office of the Provost in conjunction with the Dean's office. Detailed instructions for preparing the dossier are issued annually from the Office of the Provost including the TPR schedule for when documents are due and decisions are made at the various review levels.

C. Post-Tenure Review (4.08)

1. **Overview** - These guidelines are based upon section 4.08 of the Faculty Handbook. Post-Tenure Review (PTR) is required of all tenured faculty with 50% or more responsibilities involving teaching, scholarship, and/or service. This review is required of all tenured faculty no later than the fifth academic year following the most recent review event.
2. **Composition of review committee** - When tenured faculty become eligible for consideration, the school CRD Committee will also serve as the Post Tenure Review (PTR) Committee. If there are not three tenured faculty from the school available to serve on the PTR Committee, the matter must be referred to the Provost. The Provost will consult with tenured faculty of the school and the dean of the college will select tenured faculty from similar departments in the university to constitute a committee of three tenured faculty for the school review. The school director is not eligible for service as a member of the PTR Committee. Tenured faculty undergoing review will be excluded from service on the PTR committee for that year of their review.
3. **Procedures and preparation of documentation**- The review will be based on the following elements: the four most recent AFE statements, current curriculum vitae, the four most recent Faculty Activity Reports, a one to two page statement of professional goals and interests, and all course evaluations (SAI Data Report) each year for the last three years.
 - a). Faculty for whom PTR is a requirement will be reviewed in the fifth academic year following:
 - i). Award of tenure or promotion, or
 - ii). Prior post-tenure review, or
 - iii). Return to faculty status following administrative leave **and continuing the PTR clock interrupted by administrative assignment.**
 - iv). The PTR committee will submit a written report of its findings to the school director.
 - v). The school director will provide the faculty member with a copy of the written report.
 - vi). Within two weeks of receiving the report, the faculty member will schedule a meeting with the school director to discuss the results. The faculty member may submit a written response at this time.

Criteria for Annual Faculty Evaluation, Reappointment, Tenure, Promotion, and Post Tenure Review

IV. The criteria for meeting expectations in the School of Health Sciences –

A. Annual Faculty Evaluation (4.05)

1. **Teaching** - In order to meet expectations in teaching, the faculty member should receive satisfactory overall ratings on teaching materials according to their peer reviews and they should earn a mean score of at least 3.0 on each of the 5 “factor scores” (Organization, Enthusiasm, Rapport, Feedback, and Learning as seen on Summary of SAI Data Report) on at least 70% of the courses taught.
2. **Scholarship** - Performance by fulltime faculty should be cumulative and expanding for tenure and promotion, based on goals set in AFE. **Special note:** Faculty with fixed term appointments are to be evaluated on the criteria pertaining to Teaching, and either Scholarship, or Service as determined by the AFE goals.
3. **Service** – The faculty member is expected to participate in service at all levels (department, college/school, university, external), though this pattern may emerge gradually over the span of the probationary period. During the initial year, there should be some departmental service and gradual building of an advisee load. By the third year there should be at least some service activity at each internal level cumulatively.
4. **Collegiality** – Self evaluation as described in section II D above.

B. Reappointment (4.06)

1. **Teaching** - In order to meet expectations in teaching, the faculty member should receive satisfactory overall ratings on teaching materials according to their peer reviews and they should earn a mean score of at least 3.0 on each of the 5 “factor scores” (Organization, Enthusiasm, Rapport, Feedback, and Learning as seen on Summary of SAI Data Report) of the SAI on at least 70% of the courses taught.
2. **Scholarship** –To be considered for reappointment, candidates must have met goals set in their AFE each year or provide an explanation as necessary. After the candidate has completed the third year candidate should have submitted at least two publications for peer review. **Special note: For the initial reappointment decision, there will be no expectation for the completion of scholarly activity, only the indication that a program of scholarship/research is being developed.**
3. **Service** - The faculty member is expected to participate in service at all levels (student advising, department, college/school, university, external), though this pattern may emerge gradually over the span of the probationary period. During the initial year, there should be some departmental service and gradual building of an advisee load. By the third year there should be at least some service activity at each internal level, cumulatively. Evaluation of student advising should include accessibility, knowledge of programs,

policies, and procedures, and ability to guide students to meet their academic goals. A sample student advising evaluation is included in Appendix A.

4. **Collegiality** – Self evaluation as described in section II D above.

C. Tenure (4.07)

1. **Teaching** -In order to meet expectations in teaching, the candidate should, for up to three years prior to the review: receive satisfactory overall rating on teaching materials according to the consensus of the peer reviews; candidate's self-assessment on each of the 7 dimensions should be satisfactory; candidate should earn a mean score of at least 3.0 on each of the 5 "factor scores" (Organization, Enthusiasm, Rapport, Feedback, and Learning as seen on Summary of SAI Data Report) on at least 75% of the courses taught. The Annual Faculty Evaluations for the three years prior to tenure should reflect meets or exceeds expectation evaluation of teaching overall.
2. **Scholarship** - To be considered for tenure candidates must have met goals set in their AFE each year or provide an explanation as necessary. In addition, the candidate must have a minimum of six activities of scholarship, including at least three successful publications (e.g. peer reviewed articles, text books or book chapters) which the candidate must serve as sole, first or second author. In addition, the publications must be externally peer reviewed. The number of publications in part, depends upon the strength of the other scholarship activities.

The school recognizes the four types of scholarship consistent with Boyer's model including scholarship of discovery, integration, application and teaching /learning. When submitting evidence that is not in a traditional format (e.g. article, books, professional presentations) candidates are encouraged to include a rationale identifying relationship to Boyer's model, and relevance of the scholarship to the discipline, school and/or university. External peer review of scholarship is required. Inclusion of other indicators is not only allowable but encouraged.

3. **Service** – The faculty member is expected to participate in service at all levels (department, college/school, university, external), though this pattern may emerge gradually over the span of the probationary period. By the time one is up for tenure, there should be at least some service activity at each internal level over the preceding two years, cumulatively. In order to demonstrate competent student advising, faculty may submit correspondence from students, alumni, or others, advisement records, and/or evaluations by current students and graduates on the quality of advisement.
4. **Collegiality** – Self evaluation as described in section II D above.

D. Promotion to Associate Professor (4.07)

1. **Teaching** – In order to meet expectations in teaching, the faculty member should, for up to three years prior to the review: receive satisfactory overall rating on teaching materials according to the consensus of the peer reviews;

candidate's self-assessment on each of the 7 dimensions should be satisfactory; candidate should earn a mean score of at least 3.0 on each of the 5 "factor scores" (Organization, Enthusiasm, Rapport, Feedback, and Learning as seen on Summary of SAI Data Report) on at least 75% of the courses taught; and the Annual Faculty Evaluations for the three years prior to tenure should reflect meets expectation or exceeds expectation evaluation of teaching overall representing a high level of achievement.

2. **Scholarship-** To be considered for promotion to Associate Professor, candidates must have met goals set in their AFE each year or provide an acceptable explanation. In addition, the successful candidate must have a minimum of six activities of scholarship, including at least three successful publications (e.g. peer reviewed articles, text books or book chapters) which the candidate must serve as sole, first or second author. The publications must be externally peer reviewed. The number of publications, in part, depends upon the strength of the other scholarship activities.
3. **Service** – The faculty member is expected to participate in service at all levels (department, college/school, university, external), though this pattern may emerge gradually over the span of the probationary period. By the time one is up for promotion to Associate Professor, there should be at least some service activity at each internal level over the preceding two years, cumulatively which would be representative of a high level of achievement. In order to demonstrate competent student advising, faculty may submit correspondence from students, alumni, or others, advisement records, and/or evaluations by current students and graduates on the quality of advisement, (see appendix A).
4. **Collegiality** – Self evaluation as described in section II D above.

E. Promotion to Full Professor (4.07)

1. The candidate for promotion to Full Professor must achieve superior performance (exceed expectations) in all four areas consistently for the three years prior to review.
2. **Teaching** -In order to exceed expectations in teaching, the faculty member, for up to three years prior to the review must be rated as having met or exceeded expectations for the following: rating on teaching materials according to the consensus of the peer reviews; candidate's self-assessment on each of the 7 dimensions should be satisfactory; candidate should earn a mean score of at least 3.0 on each of the 5 "factor scores" (Organization, Enthusiasm, Rapport, Feedback, and Learning as seen on Summary of SAI Data Report) on at least 80% of the courses taught;. The Annual Faculty Evaluations for the three years prior to tenure should reflect positive evaluation of teaching overall and the candidate should be able to illustrate a sustained record of exemplary teaching and instruction. In addition, the successful candidate will demonstrate leadership in mentoring colleagues, particularly junior faculty, in their own teaching and/or research.
3. **Scholarship** - To be considered for promotion to full professor, the successful candidate will have a record of exceeds expectations at the associate level and

has a sustained effort for personal contributions to the scholarship in which one has engaged. In addition, the candidate must have a minimum of ten activities of scholarship, including at least six successful publications (e.g. peer reviewed articles, text books or book chapters) which the candidate must serve as sole, first or second author. In addition, the publications must be externally peer reviewed.

Scholarship should be consistent with Boyer's model including scholarship of discovery, integration, application and teaching /learning. Evidence submitted that is not in a traditional format (e.g. article, books, professional presentations) by candidates are encouraged to include a rationale identifying relationship to Boyer's model, and relevance of the scholarship to the discipline, school and/or university. External peer review of scholarship is required.

4. **Service** – The faculty member is expected to participate in service at different levels within the university, (department, college/school, university), and externally via community engagement, special expertise, and professional service. These activities will be examined and evaluated with regard to time and energy requirements, level of expertise involved, available quantitative/qualitative data and other indicators of quality of service. Also, faculty members may quantify their advising workload, providing examples of student advising and mentoring. Evidence of advisement on thesis, dissertations, or research projects should be limited to titles and brief descriptions of these activities. The successful candidate will have a sustained record of exceeds expectations to the service in which one has engaged. In order to demonstrate competent student advising, faculty may submit correspondence from students, alumni, or others, advisement records, and/or evaluations by current students and graduates on the quality of advisement.
5. **Collegiality** - Self evaluation as described in section II D above.

F. Post-Tenure Review (4.06)

The elected departmental CRD Committee shall also serve as the PTR Committee. They will conduct a peer review of faculty professional activities. Documents that may be submitted include the following: annual faculty evaluations for the previous four years, annual faculty activity reports for the previous four years, a current CV, and a portfolio of the faculty member's best works. Faculty for whom PTR is a requirement must undergo a review no later than the fifth academic year following the most recent of any of the following: award of tenure or promotion, prior post-tenure review or return to faculty status following administration leave. A time schedule will be set up for all faculty members who have not undergone a review within the last five years.

In accordance with the university policy stated in Section 4.06 Post Tenure Review Policy Procedures in the *Faculty Handbook*. Peer reviewers shall present

their written evaluations to the school director. The director shall provide a copy of this evaluation to the faculty member and shall meet with the faculty member to discuss the review. The school director shall then append his/her evaluation relative to the mission of the school.

1. **Teaching** – The above criteria for effectiveness (IIA.) as a teacher shall be reviewed by the School Director and shall be rated as either exceeds, meets, or does not meet expectations.
2. **Scholarship** – The above criteria for effectiveness (IIB.) in the area of scholarship shall be reviewed by the School Director and rated as either exceeds, meets, or does not meet expectations.
3. **Service** – Expectations: The above criteria for effectiveness (IIC.) in the area of service shall be reviewed by the School Director and rated as either exceeds, meets, or does not meet expectations.
4. **General comments** – The faculty member's performance for post tenure review will be judged satisfactory if he or she has demonstrated satisfactory performance in all categories in the school's AFE in each of the previous four years and has met goals set in their AFE.
 - a). The faculty member's performance for post tenure review will be judged unsatisfactory if either of the following two results are recorded in any of the four AFE's submitted to the PTR Committee for review:
 - i). The candidate received a rating of unsatisfactory in any category on one or more of the four AFE's submitted for review, AND
 - ii). The candidate did not demonstrate, in the year following any unsatisfactory rating, sufficient improvement to receive a satisfactory rating in the same category or categories previously rated unsatisfactory.
 - iii). OR, the candidate receives a rating of unsatisfactory in any category on the AFE immediately preceding the year of post tenure review.
 - b). If the PTR Committee judges a faculty member's performance to be unsatisfactory, the committee will provide suggestions for improvement in the area(s) judged to be unsatisfactory.
 - c). Within one month following the review, the faculty member and school director will develop a three-year plan for improvement, subject to approval by the dean. The plan will clearly outline the criteria for acceptable performance and the consequences for not achieving satisfactory performance by the end of the three-year period. These consequences may affect pay increases, professional rank, and/or employment status.
 - d). Due process and the right of appeal shall be guaranteed as defined in the "Tenure Policies and Regulations of Western Carolina University," located in the Western Carolina University Handbook.

Approved by:

School Director:

Phillip B. Kuyler

Date: 7/13/09

Dean:

Andrew D. Day

Date: 7/13/09

Provost:

K. R. Cox

Date: 7/20/09

Appendix 4.6 FTE for Recreational Therapy Program Faculty

Currently there are three full-time faculty; two tenure-track Associate Professors and one fixed-term, non-tenure-track Assistant Professor.

	2006-2007	2007-2008	2008-2009
FTE	2 One tenure-track Associate Professor One fixed-term, non-tenure-track Instructor	2 One tenure-track Associate Professor One fixed-term, non-tenure-track Instructor	3 Two tenure-track Associate Professors One fixed-term, non-tenure-track Assistant Professor

Appendix 4.7 Student Credit Hour (SCH) Production for Previous Three Years

Semester	Number of Sections	Enrollment	SCH
Fall 2006	9	145	413*
Spring 2007	8	149	471*
Fall 2007	8	139	397*
Spring 2008	10	168	562*
Fall 2008	12	176	516
Spring 2009	13	206	662
Fall 2009	12	257	745
Totals	72	1,240	3,766

*Note: During Fall 2006 to Spring 2008, the fixed-term, non-tenured RT Instructor taught two courses in the Department of HPER, PRM 270 which are not counted in the RT SCH Production above.

Appendix 4.8 Recreational Therapy Course Load and Enrollment by Instructor for the Previous Three Years

Peg Connolly (Fall 2005 to present)				
Semester	Course Load	Number of Sections	Enrollment	Generated SCH
Fall 2006	23	7	96	266
Spring 2007	21	5	83	273
Fall 2007	22	6	95	265
Spring 2008	22	6	76	286
Fall 2008	20	6	48	132
Spring 2009	19	5	76	276
Fall 2009	10	4	66	174
Totals	137	39	540	1,672

Paula A. Demonet (Fall 2006-Spring 2007)				
Semester	Course Load	Number of Sections	Enrollment	Generated SCH
Fall 2006	6	2	49	147
Spring 2007	9	3	66	198
Totals	15	5	109	345

Jennifer L. Hinton (Fall 2008 to present)				
Semester	Course Load	Number of Sections	Enrollment	Generated SCH
Fall 2008	9	3	56	168
Spring 2009	10	4	67	199
Fall 2009	10	4	56	166
Totals	29	11	179	533

Glenn A. Kastrinos (Fall 2008 to present)				
Semester	Course Load	Number of Sections	Enrollment	Generated SCH
Fall 2008	9	3	72	216
Spring 2009	10	4	63	187
Fall 2009	12	4	135	405
Totals	31	11	270	808

Heather A. Reel (Fall 2007 to Spring 2008)				
Semester	Course Load	Number of Sections	Enrollment	Generated SCH
Fall 2007	6	2	44	132
Spring 2008	12	4	92	276

Recreational Therapy Course Load, Enrollment and SHC Production per Faculty Member: All Faculty					
Faculty	Semester	Course Load	Number of Sections	Enrollment	Generated SCH
Connolly, P.	Fall 2006	23	7	96	266
Demonet, P.	Fall 2006	6	2	49	147
Connolly, P.	Spring 2007	21	5	83	273
Demonet, P.	Spring 2007	9	3	66	198
Connolly, P.	Fall 2007	22	6	95	265
Reel, H.	Fall 2007	6	2	44	132
Connolly, P.	Spring 2008	22	6	76	286
Reel, H.	Spring 2008	12	4	92	276
Connolly, P.	Fall 2008	20	6	48	132
Hinton, J.	Fall 2008	9	3	56	168
Kastrinos, G.	Fall 2008	9	3	72	216
Connolly, P.	Spring 2009	19	5	76	276
Hinton, J.	Spring 2009	10	4	67	199
Kastrinos, G.	Spring 2009	10	4	63	187
Connolly, P.	Fall 2009	10	4	66	174
Hinton, J.	Fall 2009	10	4	56	166
Kastrinos, G.	Fall 2009	12	4	135	405
Totals		230	72	1,240	3,766

Appendix 5. Standard 5

Appendix 5.1 Number of Applicants and Admissions to the Recreational Therapy Program for the Previous Five Years

RTH Applicants and Admitted Majors	Number of Students by Academic Year									
	Fall 2004	Spring 2005	Fall 2005	Spring 2006	Fall 2006	Spring 2007	Fall 2007	Spring 2008	Fall 2008	Fall 2009
	# of Applicants									
Admitted	18	3	16	1	8	3	11	1	11	21
Rejected	2	0	2	0	1	0	0	1	1	0
Total	20	3	18	1	9	3	11	2	12	21

Appendix 5.2 Academic Qualifications of Recreational Therapy Students Admitted to the Program for the Previous Five Years

Semester	# of Admits	Average HS Rank	Average HS GPA	Average SAT Math	Average SAT Verbal	Average Total SAT	Average ACT
Fall 2004	18	72.43	3.44	530.83	525.00	1055.83	43.55
Spring 2005	3	63.00	3.60	463.33	456.67	920.00	NA
Fall 2005	16	62.08	3.17	498.18	487.27	985.45	85.67
Spring 2006	1	NA	NA	NA	NA	NA	99.00
Fall 2006	8	62.25	3.33	460.00	465.00	925.00	89.00
Spring 2007	3	64.50	2.19	530.00	610.00	1140.00	99.00
Fall 2007	11	58.91	3.32	504.00	469.00	973.00	84.91
Spring 2008	1	NA	0	NA	NA	NA	99.00
Fall 2008	11	65.00	3.43	531.25	488.75	1020.00	63.64
Fall 2009	21	57.47	3.25	503.68	484.74	988.42	87.71

Appendix 5.3 Number Of Women, Minority, And International Students

RTH Admitted Majors Descriptors		Number of Students by Semester										
		Fall 2004	Spring 2005	Fall 2005	Spring 2006	Fall 2006	Spring 2007	Fall 2007	Spring 2008	Fall 2008	Spring 2009	Fall 2009
		Number of Students										
Citizenship	Resident Alien	1	1	0	0	0	0	1	1	1	1	1
	U.S. Citizen	49	57	61	64	58	63	73	69	73	79	90
Gender	Female	42	50	50	54	46	51	62	58	57	62	71
	Male	8	8	11	10	12	12	12	12	17	18	20
Level	Freshman/Sophomore	27	28	28	26	21	24	30	25	34	29	41
	Junior/Senior	23	30	33	38	37	39	44	45	40	51	50
Ethnicity	Amer. Indian or Alaska	0	0	0	0	0	0	0	0	1	1	0
	Asian/Pacific Islander	0	0	0	0	0	0	0	0	0	0	0
	Black (non-Hispanic)	1	1	1	3	5	5	7	7	8	9	0
	Hispanic	0	0	1	0	0	0	0	0	0	0	0
	Other	1	1	0	0	0	3	5	3	5	5	0
	White	48	56	59	61	53	55	62	60	60	65	0
	Not Reported	0	0	0	0	0	0	0	0	0	0	91
Overall Totals		50	58	61	64	58	63	74	70	74	80	91

Appendix 5.4 Number of Recreational Therapy Students Graduated Each Year for the Previous Five Years

Year	# of Graduates	Average HS Rank	Average HS GPA	Average SAT Math	Average SAT Verbal	Average Total SAT	Average ACT	Time to Degree
2004	7	NA	NA	NA	NA	NA	NA	4.36
2005	7	62.8	3.38	484	488	972	71.33	3.21
2006	14	70	3.47	503.33	484.17	987.5	41	3.89
2007	12	60.58	3.31	496.67	474.17	970.83	65.33	3.75
2008	19	59.27	2.62	470	495.71	965.71	77.89	3.95
2009	21	64.55	3.25	517.06	511.18	1028.24	95.05	4.62

Appendix 5.5 Recreational Therapy Entry Requirements for Admission to the Program

Students may apply for admission to the major at anytime after becoming a student at WCU. Admission to the Bachelor of Science degree requires completion of the application for new majors. The recreational therapy admission application includes development of a strategic plan for undergraduate studies in recreational therapy, submission of a reflective essay on why the applicant is choosing to study recreational therapy, and completion of the recreational therapy pre-admission knowledge assessment. Application to the program does not assure acceptance. Students admitted to the program must earn a grade of C or better in each RTH course in the major and must maintain an overall GPA of 2.50 to remain in the program.

Appendix 5.6 Enrollment in Recreational Therapy Internships and Independent Studies for the Past Three Years

Semester	RTH 484 Internship	RTH 485 Internship	RTH 481 Independent Study	Totals
<i>Student Enrollments</i>				
Fall 2006	2	2	2	6
Spring 2007	4	4	0	8
Summer 2007	8	8	0	16
Fall 2007	2	2	0	4
Spring 2008	10	10	1	21
Summer 2008	8	8	0	16
Fall 2008	2	2	0	4
Spring 2009	11	11	1	23
Summer 2009	8	8	0	16
Totals	55	55	4	114

Appendix 5.7 Student Attendance at Conferences and Workshops for the Past Three Years

Semester	Conference/Workshop	Student Attendees
Fall 2006	NCRTA Conference, Asheville, NC	31
Spring 2007	NCRTA Student and Professional Issues Conference, Winston-Salem, NC	25
	WCU Recreational Therapy Assoc. Aquatic Therapy Workshop	12
Fall 2007	None	0
Spring 2008	Delta Society Pet Partners' Training for Pet Assisted Therapy, WCU	24
Fall 2008	NCRTA Conference, Greensboro, NC	5
	Universal Ropes/Challenge Course Workshop, WPCC, Morganton, NC,	10
	WCU Recreational Therapy Assoc. Dance Therapy Workshop, WCU	17
	WCU Recreational Therapy Assoc. Aquatic Therapy Workshop	15
Spring 2009	NCRTA Student and Professional Issues Conference, Durham, NC	19
	QEP Collaboration Workshop on Adapted Sports for People with Spinal Cord Injuries and other Physical Disabilities, WCU	30
Fall 2009	NCRTA Conference, Atlantic Beach, NC	4
	WCU Recreational Therapy Assoc. Aquatic Therapy Workshop	15
Totals		207

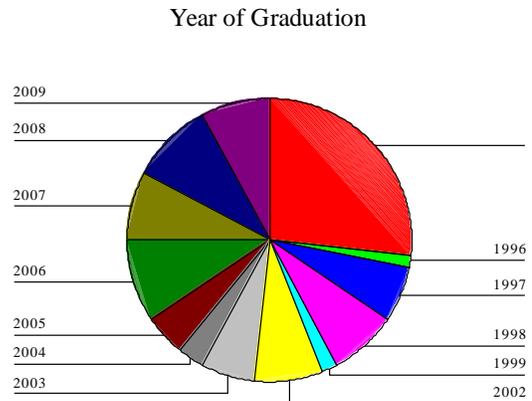
Appendix 5.8 Status of Employment or Graduate Studies for RT Alumni

Employment Issue	Percent of Alumni
Employed	81.3%
Employed Full-time in RT	42.2%
Employed Full-time but Only Part-time in RT	1.6%
Employed Only Part-time in RT	4.7%
Employed but not in RT	32.8%
Worked in RT After Graduation from WCU	66.0%
Applied for Professional or Graduate School	32.2%
Currently Enrolled in Graduate Program	55.6%
Graduated from a Graduate Program	11.1%
Nationally Certified – Certified Therapeutic Recreation Specialist	65.6%
Licensed in NC – Licensed Recreational Therapist	46.9%

Appendix 5.9 2009 Survey of Recreational Therapy Alumni

**WCU RT Alumni Survey Data – 11/19/09
64 Responses or 56% Response Rate**

		Year of Graduation			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		17	26.6	26.6	26.6
	1996	1	1.6	1.6	28.1
	1997	4	6.3	6.3	34.4
	1998	5	7.8	7.8	42.2
	1999	1	1.6	1.6	43.8
	2002	5	7.8	7.8	51.6
	2003	4	6.3	6.3	57.8
	2004	2	3.1	3.1	60.9
	2005	3	4.7	4.7	65.6
	2006	6	9.4	9.4	75.0
	2007	5	7.8	7.8	82.8
	2008	6	9.4	9.4	92.2
	2009	5	7.8	7.8	100.0
	Total	64	100.0	100.0	



Employment Status of Recreational Therapy Alumni

	Frequency	Percent	Valid Percent	Cumulative Percent
Employed full-time in RT (at least 32 hrs./wk.)	27	42.2	42.2	42.2
Employed full-time at my agency, but only part-time in RT	1	1.6	1.6	43.8
Employed only part-time in RT (less than 32 hrs./wk.)	3	4.7	4.7	48.4
Employed but do not work in RT	21	32.8	32.8	81.3
Not employed but I am looking for a position in RT	6	9.4	9.4	90.6
Not employed and not looking for employment	6	9.4	9.4	100.0
Total	64	100.0	100.0	

Employment Setting

	Frequency	Percent	Valid Percent	Cumulative Percent
hospital	3	4.7	21.4	21.4
outpatient/day treatment	1	1.6	7.1	28.6
skilled nursing facility	2	3.1	14.3	42.9
residential/transitional/assisted living	1	1.6	7.1	50.0
school	1	1.6	7.1	57.1
disability specific support organization	1	1.6	7.1	64.3
other, please explain	5	7.8	35.7	100.0
Total	14	21.9	100.0	
Missing	50	78.1		
Total	64	100.0		

other, please explain
Vocational Rehab in the private sector
Graduate Student
Hospitality
Not currently employed in human services position, but past employment was community based human services
Student

Current position in RT

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	therapist	4	6.3	44.4	44.4
	consultant	1	1.6	11.1	55.6
	other, please explain	4	6.3	44.4	100.0
	Total	9	14.1	100.0	
Missing	Sy stem	55	85.9		
Total		64	100.0		

other, please explain
CTRS looking for RT job
Not currently employed in RT, but past employment was therapist and educator
Working as PT, not RT
Case management

Worked in RT after Graduation

		Frequency	Percent	Valid Percent	Cumulative Percent
Yes		35	54.7	66.0	66.0
No		18	28.1	34.0	100.0
Total		53	82.8	100.0	
Missing		11	17.2		
Total		64	100.0		

Sought full-time employment after graduation

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	53	82.8	82.8	82.8
	No	11	17.2	17.2	100.0
	Total	64	100.0	100.0	

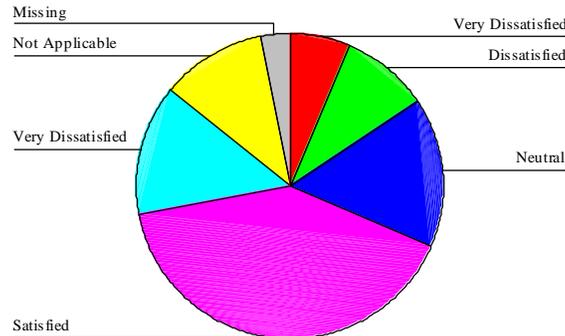
Successful in gaining full-time employment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	41	64.1	80.4	80.4
	No	10	15.6	19.6	100.0
	Total	51	79.7	100.0	
Missing	System	13	20.3		
Total		64	100.0		

Satisfied with your first place of employment after graduation

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Dissatisfied	4	6.3	6.5	6.5
	Dissatisfied	6	9.4	9.7	16.1
	Neutral	10	15.6	16.1	32.3
	Satisfied	26	40.6	41.9	74.2
	Very Dissatisfied	9	14.1	14.5	88.7
	Not Applicable	7	10.9	11.3	100.0
	Total	62	96.9	100.0	
Missing	System	2	3.1		
Total		64	100.0		

satisfied with your first place of employment after graduat



Satisfied with your current place of employment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Dissatisfied	3	4.7	4.8	4.8
	Dissatisfied	3	4.7	4.8	9.5
	Neutral	7	10.9	11.1	20.6
	Satisfied	18	28.1	28.6	49.2
	Very Satisfied	23	35.9	36.5	85.7
	Not Applicable	9	14.1	14.3	100.0
	Total	63	98.4	100.0	
Missing	System	1	1.6		
Total		64	100.0		

Applied graduate or professional school

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	21	32.8	32.8	32.8
	No	43	67.2	67.2	100.0
	Total	64	100.0	100.0	

If yes, months between graduation and graduate school

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	12 months or fewer	7	10.9	41.2	41.2
	13 to 24 months	1	1.6	5.9	47.1
	25 to 36 months	2	3.1	11.8	58.8
	More than 36 months	7	10.9	41.2	100.0
	Total	17	26.6	100.0	
Missing	System	47	73.4		
Total		64	100.0		

Major field of highest post-baccalaureate degree enrollment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Recreational Therapy	2	3.1	11.1	11.1
	Education	3	4.7	16.7	27.8
	Occupational Therapy	2	3.1	11.1	38.9
	Physical Therapy	5	7.8	27.8	66.7
	Other Health Profession, please describe	4	6.3	22.2	88.9
	Other Major Field, please describe	2	3.1	11.1	100.0
	Total	18	28.1	100.0	
Missing	System	46	71.9		
Total		64	100.0		

Status of your graduate coursework

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Enrolled in courses now	10	15.6	55.6	55.6
	Completed	2	3.1	11.1	66.7
	Not completed	2	3.1	11.1	77.8
	Haven't started	4	6.3	22.2	100.0
	Total	18	28.1	100.0	
Missing	System	46	71.9		
Total		64	100.0		

Graduate Degree

Please List the Degree	List Major Field of Study	List University of Degree
Master of physical therapy	Physical Therapy	WCU
Master of physical therapy	Physical Therapy	WCU

WCU RT Program Prepared Student in the RT Job Skill Areas

Statistic	Professional role and responsibilities as an RT	Client Assessment	Planning RT Interventions and Programs	Implementing RT Interventions and Programs	Evaluating RT Outcomes from Interventions and Programs	Documenting RT Intervention Services	Organizing RT Programs	Managing RT Services	Public Awareness and Advocacy for RT
Mean	4.54	4.19	4.39	4.36	4.15	4.36	4.29	4.07	4.28
Variance	0.40	0.84	0.59	0.75	0.86	0.78	0.55	0.87	0.71
SD	0.63	0.92	0.77	0.87	0.93	0.89	0.74	0.93	0.85
Total	57	59	59	59	59	59	59	58	60

CTRS (Certified Therapeutic Recreation Specialist)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	42	65.6	100.0	100.0
Missing	System	22	34.4		
Total		64	100.0		

LRT (Licensed Recreational Therapist)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	30	46.9	100.0	100.0
Missing	System	34	53.1		
Total		64	100.0		

Other professional credentials held:
CCLS- child life
CTRS in the past
CPE-I, QP
CCLS
BCIA-C
Licensed PT
CPC
Qualified Mental Health Professional (Adult and Child)
RN
LMBT
RN

Number of attempts to pass the NCTRC CTRS Examination.

Attempts	Frequency	Percent	Valid Percent	Cumulative Percent
one time	44	68.8	72.1	72.1
two times	2	3.1	3.3	75.4
I have not yet passed the NCTRC Exam	3	4.7	4.9	80.3
I have not attempted the Exam, but I plan to in the future	4	6.3	6.6	86.9
I have not attempted the NCTRC Exam and do not plan to	8	12.5	13.1	100.0
Total	61	95.3	100.0	
Missing	3	4.7		

Total	64	100.0		
-------	----	-------	--	--

RT Courses Beneficial in Preparing for the National Certification Exam

Statistic	Foundations of RT (RTH 200)	Processes and Techniques of RT (RTH 352)	RT for People with Physical Disabilities (RTH 350)	RT for Older Adults (RTH 360)	RT Client Assessment (RTH 351)
Mean	4.25	4.50	4.48	4.43	4.51
Variance	0.93	0.44	0.30	0.37	0.53
SD	0.97	0.66	0.55	0.60	0.73
Total	55	56	48	53	37

RT Courses Beneficial in Preparing for the National Certification Exam

Statistic	Advanced Methods of RT (RTH 450)	Administration of RT (RTH 417)	Adventure-Based RT (RTH 417)	Pre-Intern Seminar (RTH 395)	RT Clinical internship (RTH 484 and 485)
Mean	4.20	4.27	3.83	4.13	4.70
Variance	1.07	0.62	1.28	1.08	0.25
SD	1.03	0.78	1.13	1.04	0.50
Total	56	49	52	55	54

Required non-RT Courses Beneficial in Preparing for the National Certification Exam

Statistic	Anatomy and Physiology (BIOL 291 and 292)	Survey of Human Development (COUN 325)	Individual and Group Counseling (COUN 430)	First Aid and Safety (HEAL 250)	Medical Terminology (HSCC 220)
Mean	4.20	4.20	4.33	3.98	4.39
Variance	0.74	0.62	0.59	1.04	0.68
SD	0.86	0.79	0.77	1.02	0.82
Total	56	54	51	56	56

Required non-RT Courses Beneficial in Preparing for the National Certification Exam

Statistic	Pharmacology (HSCC 370)	Kinesiology (PE 423)	Leadership and Group Dynamics (PRM 270)	General Psychology (PSY 150)	Abnormal Psychology (PSY 470)
Mean	3.78	3.77	4.00	4.33	4.50
Variance	1.16	1.13	1.15	0.57	0.55
SD	1.08	1.06	1.07	0.75	0.74
Total	54	56	55	54	56

The WCU RT Program Encourages...

Statistic	active engagement in the profession	professional conduct	ethical practice	critical-thinking	problem-solving	lifelong learning
Mean	4.56	4.57	4.62	4.49	4.54	4.48
Variance	0.28	0.38	0.44	0.59	0.39	0.49
SD	0.53	0.62	0.66	0.77	0.62	0.70
Total	61	61	61	61	61	61

The WCU RT Program Encourages ...

Statistic	continuing education beyond the undergraduate degree	scholarly activity (research & presentation)	assuming leadership roles	collaboration with colleagues & peers	multi-disciplinary collaboration
Mean	3.98	4.08	4.46	4.57	4.25
Variance	0.95	0.94	0.39	0.42	0.66
SD	0.97	0.97	0.62	0.64	0.81

Total	61	61	61	61	61
-------	----	----	----	----	----

The WCU RT Program ...

Statistic	Emphasizes the importance of professional communication	Adequately prepares students for a career in RT	Is a program I would recommend to students interested in a career in RT	Is a program that I would attend again if I had the opportunity to repeat my undergraduate experience
Mean	4.46	4.30	4.55	4.03
Variance	0.42	0.76	0.66	1.63
SD	0.65	0.87	0.81	1.28
Total	61	60	60	60

Overall satisfaction with the education received from the WCU RT Program

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Dissatisfied	1	1.6	1.6	1.6
	Dissatisfied	3	4.7	4.9	6.6
	Neutral	2	3.1	3.3	9.8
	Satisfied	26	40.6	42.6	52.5
	Very Satisfied	29	45.3	47.5	100.0
	Total	61	95.3	100.0	
Missing	System	3	4.7		
Total		64	100.0		

Current salary range:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than \$20,000	12	18.8	21.4	21.4
	\$20,000 to \$29,999	12	18.8	21.4	42.9
	\$30,000 to \$39,999	20	31.3	35.7	78.6
	\$40,000 to \$49,999	7	10.9	12.5	91.1
	\$50,000 to \$59,999	3	4.7	5.4	96.4
	\$60,000 to \$69,999	2	3.1	3.6	100.0
	Total	56	87.5	100.0	
Missing	System	8	12.5		
Total		64	100.0		

Identify Two or Three Strengths of the WCU RT Program

Identify Two or Three Strengths of the WCU RT Program

Small class size outdoor recreation programming

- 1) RT focus in coursework as opposed to many schools that have a more recreation based approach
- 2) Professional preparation...i.e. establishes clear expectations in regards to licensure, certifications, and professionalism within the field
- 3) Strong support system and positive encouragement to obtain the ideal placement for internships

Hands on techniques and applications were instrumental in going into the field Professional Morales and Ethics that our professors demonstrated for the field and encouraged us to incorporate in our careers

Program faculty and the content of required courses.

The advanced methods class was my very favorite! I learned so much in this class. Also, WCU RT is proud of its accomplishments and being alum of RT makes me proud as well.

Dr. Jane Young
-PEG CONNOLLY -Manner in which teachers make themselves available for assistance outside of class for homework assignments
-Implementation of the activities. -Plan writing (taught by Jennifer Hinton) and Abnormal Psych where the two most useful classes I took. I use knowledge and skills from both these classes everyday.
--Qualified professors who are completely vested in the students & the program --medical/treatment based RT vs. TR program --the natural resources @ WCU used in the RT program --more specialized classes & multi disciplinary classes requited (medical/counseling, etc.)
1. Course content is vital and applicable once a student graduates. (I can't tell you how many times I've shared with colleagues, "I learned this in school..") 2. WCU RT program prepares students for a clinical job. Being an RT professional and supervising students from other facilities so many are not prepared with any clinical based knowledge but Western students are. 3. WCU RT program really communicates the true purpose of RT...that it's not activities but treatment! From my observation and experience that spurs me and others to pursue additional evidenced based treatment interventions for our patients.
Medical classes required, professional integrity, clinical emphasis
Has very knowledgeable instructors, Learn a lot about documentation, forces you to become independent and a leader
Development of professionalism- public speaking. Well rounded curriculum dealing with physical, psychological, developmental, intellectual aspects of life. (mind-body-spirit)
Evidence-based practice strongly encouraged; interactive curriculum; and great chance to build peer networks
Encouraging teachers, wanted us to behave as professionals, showed the importance of evidence based practice.
Educators and professors within the program are extremely knowledgeable of the field of RT and the populations to be served; Education is enhanced through 1:1 and group learning as well as lecture and hands on opportunities
Professors that have great worldly and RT knowledge; student and professor relationships are strong and continue to be a network post graduate; The professors are invested in providing the best quality education for their students.
The nature of the RT programming itself promotes a lot of self growth and I benefited from that as well as using that growth to emphasize and apply interventions in programs and with individuals. I enjoyed the thorough coverage of psychology and it looks like there is now more physical disability taught. I ended up with the populations of physical disability and did well to catch up to speed quickly once in the profession, but have always used the counseling and psych knowledge entwined with appropriate activity the most. I personally loved the adventure based classes and didn't get to get into one of them because it was so popular, but learned much about myself and coursework in those classes.
Emphasis on taking information learned and applying it to field, emphasis on self discovery as it pertains to Improving self as therapist and as human being
Knowledge and experience of the faculty. Combination of information plus service learning opportunities.
Its professors' enthusiasm and the service learning!
Peg is great!
Dr. Peg Connolly is a wonderful professor Very hands on course load
1. Visionary - Leading by example 2. Solid Foundation 3. Standard Setting
1. Goes above and beyond the required curriculum 2. Great beginning
When I went through the program it had a very strong Clinical base.
The Client Assessment class was one of the most beneficial classes I took when studying to be an RT. Professors encourage students to be critical thinkers and to work through different issues.
Small classes Dedication and diverse professional experience of professors Adaptation to the needs of the future
Small class size. Excellent professors. Comprehensive curriculum in RT. Opportunities for professional certification in specialties.
The teachers in the program are very knowledgeable about the courses that were taught.

Very strong professor, Peg Connolly, who is very passionate about RT
Specialized courses such as aging and older adults and disabilities...other undergrad RT programs do not have these from what I've learned talking to my peers in grad school
Its current leadership is its strength but also clinical education and research focus
Three strengths are the medical background courses have been very helpful, the foundations program and the diversity of the students involved in the program
Ed Kesgen!, much more thorough than other programs
Dr. Jane young
Very organized (flow of classes build on each other)
Due to the location of Western, there is an amazing opportunity to look at Adventured-Based activities. The foundation class was wonderful. I felt this class helped me the most with the NCTRC exam.
Field Knowledge, and also Recreation Therapy Job readiness skills
Information taught Approachable teacher/advisor
Nationally recognized department head. Multitude of courses offered. Overall considered to be an easy major.
I feel it taught me the skills I needed to be a good professional. It was good experience in the classroom and at our outside learning experiences we had.
Professors from 2000-2004, teaching styles, internship opportunities
Ed and Jane were great instructors who were sincerely excited about the profession.
Strong emphasis on professionalism and outcomes, Encouragement with professional development through hands-on learning experiences
The program allows individuals to get experience through an internship. The professors are knowledgeable in the area and encourage the students to work hard and become professionals.
Older Adults class Community Opportunities
Great program, Felt well prepared clinically.
The professors make learning interesting and are very helpful. Most of the courses are needed for the profession, and you never feel like you are just taking a course because you have to.

Two or Three Suggestions to Further Strengthen the WCU RT Program

Two or Three Suggestions to Further Strengthen the WCU RT Program
More emphasis on anatomy/physiology/disability
1) I would have preferred additional coursework in program planning and group planning. 2) More information on the specific roles of RT within a variety of treatment settings to assist students in deciding on a career focus
Community based integration with the students to help build a relationship that strengthens the knowledge of RT in the professional scheme of things. Encourage students to maintain a professional appearance and mannerism when in the role as an RT Student who is in the field or attending a conference
Practice in actual intervention execution on patients.
Offer classes in working with youth. Discuss other areas of RT, such as its sister Child Life.
Get rid of Ed Kesgen and A. Jacobs
-When students make suggestions on less homework, the suggestion should be heard and honored
-If there is a more practical anat/phys class that would be helpful. I have never used any of the information from that class and it was very stressful. I have worked in many settings (including a hospital) and the class did not prove useful in any of these settings. I think a general overview and how this practically applies to the job itself would be much more usual. To this day, I've never needed to recall the function of the mitochondria system in my profession.
(I don't know if this is happening now or not)... --More focus on marketing & presentation, developing websites, print media, etc. --focus on fundraising/grant writing/budgeting
1. Additional practicum experiences not with the older adult population. (perhaps acute, psych, peds, etc) 2. More hands on with documentation (patient notes), either in class or in practicums.
Collaborate with B-K/Child Development program for those interested in dual certification in RT/Child Life.
Teach more on specific interventions and what they are used for many different settings. Create contracts with

internship sites and pre-select them for the students. Students should not be spending their senior year praying to get an internship or not. It should be a done deal if it is required in the education program, however the interview process must be a requirement.
Re-introducing tai chi into curriculum and other "alternative" or "complimentary" ideas. Evidence based practice/research.
Continue establishing relationships with community programs to enhance learning opportunities for students; encourage membership in professional organizations pertaining to RT on both the state and national levels
More service learning/longer internships
More practicums and field work; more realistic goal setting and assessment tools for the quickly changing medical world (psychiatry acute units avg. stay is 3 -5 days)
I took a small group communications course out of the communications major that was the most important class to me regarding working with small groups. This class could take the place of one or both of the counseling courses as far as I'm concerned. It was a difficult class but a very fun and very interactive class in small groups almost every day. I fell back on the knowledge from this class in every RT group and in interactions with networking in the community and in interactions with my co workers. Since networking and marketing is so important and while marketing skills that I learned in the RT class was also needed and important; the ability to talk to people was the bottom line. This class also helped me emotionally to see when my failed communication was not something I could do anything about and when I should try to find another door for my goals, either for my client/patient or for myself.
Additional professors; more specific protocols for practice; and a course focused on preparation for the NCTRC exam
Continue to offer classes that encourage self exploration
More emphasis on learning and leading interventions for various populations. That's the only one I can think of! I think it's a great program.
During my internship I had little practice with assessments and confidence as a professional was low.
Improve Dr. Connolly's support system of fellow professors Uniform teaching styles to support evidence based practice
I'm proud to be a graduate of the WCU program. However, it isn't the first school of higher education to offer a bachelors degree specifically in Recreational Therapy. That honor belongs to Sacramento State College, which offered a bachelors degree (B.A.) specifically in Recreational Therapy in 1953. The late Recreational Therapy pioneer, Dr. Gerald O'Morrow, graduated from this program in 1957. WCU is the first "university" to offer a "B.S."... semantics at the expense of 43 years of our collective professional history... Despite bringing this concern to Dr. Kesgen's attention twelve years ago, he continued to use this as a marketing tool. That doesn't even begin to address the St. Louis School for Reconstruction Aides changing its name to the St. Louis School of Recreational and Occupational Therapy in 1919, or 1934, depending on where you look... http://beckerexhibits.wustl.edu/mowihsp/health/OTstl.htm But that was when Recreational Therapy was one of the three branches of Occupational Therapy... more lost history...
I think that a wrap up course would great addition. I did not recall many of the things from People with Disabilities once it was time for graduation. ECU has the students make a Binder full of Intervention and goals before they graduate. I feel that something like that would also be an excellent addition to our "bag of tricks"
The pharmacology and kinesiology class could be geared more towards the RT program.
Bring in more professors when possible Involve RT students in more service learning projects with agencies that already integrate RT into their programs. Do a shadowing program (require students to get so many hours at so many facilities)
Emphasis on treatment interventions-when to use and with what populations. Opportunities to work clients in various settings such as physical rehab or psych. Work with a variety of client populations physical disabilities, MR/DD, Autism etc.
Offer Masters/Ph.D program
More clinical observations or volunteer work (I know that is hard in your area)
The best thing for the program, was the retirement of Ed Kesgen, and Annette Jacobs/Kesgen
1. When I was at Western, the RT program had a psych focus. I wanted to work in physical rehab and felt slighted with the program that there was not more information on physical rehab. So, I would recommend looking at all opportunities/settings for recreation therapists to work in. 2. Documentation is key. I only had one class on documentation - it was not enough. I am thankful that my intern supervisor had strong documentation skills and spent quite a bit of time with me on documentation. 3. While we look at many different facets of recreation therapy, administration rarely brought in speakers or had workshops you could sign up for. I would have loved some additional experience in horticulture therapy, aquatic therapy, etc. I was lucky enough to work at Pitt County Memorial Hospital while Donna Mooneyham ran their aquatic therapy program. She taught not only recreation therapists, but also PTs and OTs. It would have been such a benefit to have had a two or three day workshop with her.
A class to prep for the final exam and also more contact hours

More time to find internship placements
Allow students to work with people sooner in the semester to see if this is what they really want to do.
More hands on experience. More experience with planning and implementing interventions with various populations.
Discontinue this program as a major at WCU. Jobs in this field are not recognized or respected within the health care community. Students are sold on a career path that is extremely limited. Instead offer RT as a minor within the Parks & Rec major.
Make it a requirement to be a member of WCU RTA and the state NCRTA.
False impression of what it is like in the real world.
More classes like the older adults class which allows you to learn and practice at the same time.
Do more community based works through the program to get more experience before the internship.
More psych classes More psych experience
Include more knowledge on diversional aspects.

Additional Comments from Alumni

Additional Comments
Best Advocate for your career is yourself. Reach out to show others how RT can make a difference in people's lives. Think clinical not entertainment.
Be dedicated and know that what you are studying will one day impact a patient.
Be prepared for a difficult time find jobs.
Teach students what they will be doing in the field.
-PAY ATTENTION IN CLASS!
-Be prepared to take the skills learned in this program and have an open mind on how those skills transfer to the field itself (what area best suits you), and how those skills transfer to other related fields. My better paying jobs (salary ranges - \$42,000 - \$52,000) have not been related to RT at first glance, but a lot of those skills transfer nicely. (Currently, I'm employed 3/4 time so I can stop and smell the roses once in a while; note the reason for the salary range marked below.) -Be aggressive in doing what you can to market yourself well in this current economy; human services tends to take a massive hit when the state and feds need to save money; you have to be your best advocate to land a job. -Be willing to take a low paying job for at least 1 - 2 years as long as it's in a setting that you will learn from and will promote future career moves. To pad the resume, paraprofessional work may need to be done right out of college.
Use your time @ WCU wisely... learn all you can!! Learn something new everyday!! Make connections & network with others in the field of RT & in other fields & keep those connections after graduating. Stay active in RT. Promote RT with everyone you know (& don't know).
Be knowledgeable about the specific interventions and what they are used for. Know your documentation upside down and backwards. Have the ability to speak to a patient/client as a person not just as a patient/client.
Work in a similar field doing something you love just to get experience with problem solving and getting along with co-workers.
That there are not a whole lot of job opportunities out there and you have to be persistent and patient.
Be very open and eager to gain knowledge about all populations and utilize the opportunities and the resources you have while you're in the program including the staff.
Gaining as much clinical experience as possible. Have "patients" come into class and have groups evaluate and treat that patient.
Learn all you can and take assignments seriously, they only help you later on. Keep all work for future references.
Network. Go to any conferences and workshops that you can and meet practicing recreation therapists. Most want to see new grads succeed and are willing to help out. Join local associations as well.
It is essential to become involved in programs on campus and off in order to enhance learning and experience- BECOME INVOLVED!
The RT profession was gratifying both to me personally and with the work with patients/clients. To see that spark of understanding and inner calm that occurs with the multi-sensory interventions of therapy and activity and group interactions and peer support still makes me tear up when I remember. For myself, I might have survived in the profession with these suggestions. 1) Don't give so much of yourself that you forget yourself. Love the work and

acquire all the new knowledge that you can and market yourself everyday in creative and not aggressive ways. If, after time; there is an impossible situation, be it money, relationships, community resources; don't wait too long (several years) to move on. If you have made a big move as I did it might be a good idea not to jump into buying a house and settling down too quickly until you know how things are going to work out. 2) We come out of school with debt and most of the RT work gratification is the work and not the money. Pay attention to the financial side of the job and if it looks like there will be promotions or enough pay to make a long move. Find ways to ask in the interview what the steps for promotion are and how much team interaction and team support there will be in working with the client. You can't do everything yourself. If those answers don't satisfy you and if you don't have outside financial support, such as a spouse or parents to help out; then it might be a good idea to stay closer to family or friends (within a few hours drive) for emotional and resource support in small ways. Even live in somebody's basement until you can get on your feet and see how the school loan debt is going to affect you. 3) Don't expect dramatic changes while you are still working with the client/patient. What would sometimes be immediate was the change in the look in the eyes, a spark of understanding and willingness to talk about the future. The progress may not happen all at once or at all. The work that you do may continue to affect the client for years down the road and you may not know all the good that you have done. 4) Refresh your memory of what you already know. Read, discuss, and learn. 5) I see large clinical settings that have separate employees doing the initial assessments. I personally could not work effectively in such a setting. The assessment was for me, the most important part of the therapeutic bond.

When the going gets rough, keep going. At times you'll feel like your work load is too much, but you just have to keep going and find ways to better manage your time. It's hard work but very rewarding in the end.

Become involved in the student organization as well as professional organizations. Networking is always beneficial to your career.

They are looking more now on education as far as did you have a class dealing with substance abuse or developmental disabilities. Maybe bringing someone in from each field and let them present on their field every class.

Students need to know that RT's will never command the respect that PT's, OT's, SLP. Because of those are the one's Third party payors give more money.

Keep in contact with agency you did internship with if you liked the location. Also look at agencies which may need a Recreational Therapist but not necessary the title is there.

My biggest problem during my internship/ first job was interventions, I knew what the problems were, I knew the goals needed, but how to help them reach those goals with the resources I had was a struggle.

The best advice I could give a student interested in RT as a major is to find something else. RT is not, nor will it ever be, recognized as a health care profession by nurses, doctors, and others in the medical field.

More hands on experience, trips to hospitals/nursing homes/community based/etc... so much stuff that cannot be taught in a classroom

Unfortunately I have no advice. I do not work as a RT, I currently work as a RN.

It's a good idea to be involved in the program in whichever way possible. It helps to build relationships and contacts, whether through conferences, clubs or workshops.

Reality of RT as a profession and what it looks like in the future.

RT is a great field, but you may be limited to areas that you can find employment. There are jobs that you can get outside of RT in human services, but I have found it hard to find jobs in RT in NC.

Appendix 5.10 Survey of Clinical Supervisors of WCU RT Internships

Survey of WCU Clinical Supervisors, November 2009, Response Rate = 69%
Total number of WCU interns supervised

Statistics

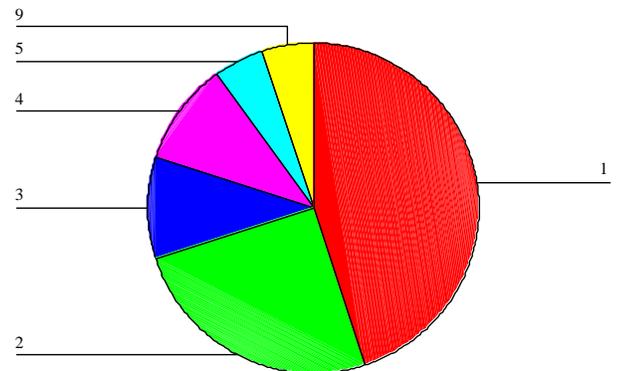
Total number of WCU interns supervised

N	Valid	20
	Missing	0
Mean		2.35
Median		2.00
Mode		1
Std. Deviation		1.981

Total number of WCU interns supervised

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	9	45.0	45.0	45.0
	2	5	25.0	25.0	70.0
	3	2	10.0	10.0	80.0
	4	2	10.0	10.0	90.0
	5	1	5.0	5.0	95.0
	9	1	5.0	5.0	100.0
	Total	20	100.0	100.0	

Total number of WCU interns supervised

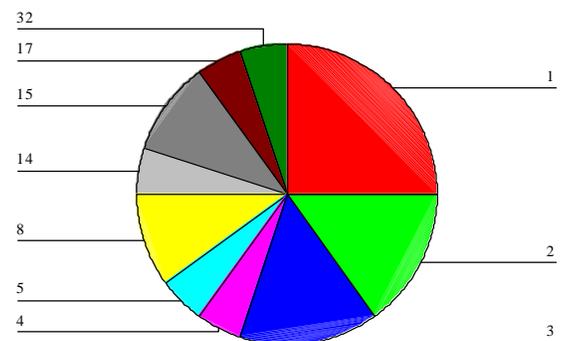


Interns from other universities supervised

Interns from other universities supervised

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	5	25.0	25.0	25.0
	2	3	15.0	15.0	40.0
	3	3	15.0	15.0	55.0
	4	1	5.0	5.0	60.0
	5	1	5.0	5.0	65.0
	8	2	10.0	10.0	75.0
	14	1	5.0	5.0	80.0
	15	2	10.0	10.0	90.0
	17	1	5.0	5.0	95.0
	32	1	5.0	5.0	100.0
	Total	20	100.0	100.0	

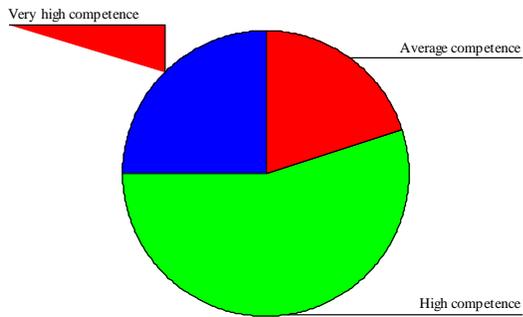
Interns from other universities supervised



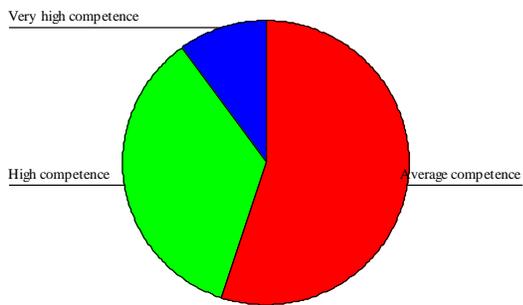
WCU Interns Prepared in Role and Responsibilities of an RT

Statistic	Role and Responsibilities of an RT	Client Assessment	Planning RT Intervention and Programs	Implementing RT Interventions and Programs	Evaluating RT Outcomes	Documenting RT Intervention Services	Organizing RT Programs	Managing RT Services	Public Awareness and Advocacy
Mean	4.05	3.55	3.45	3.60	3.50	3.45	3.50	3.40	3.70
Variance	0.47	0.47	0.37	0.78	0.37	0.68	0.79	0.46	0.85
SD	0.69	0.69	0.60	0.88	0.61	0.83	0.89	0.68	0.92
Responses	20	20	20	20	20	20	20	20	20

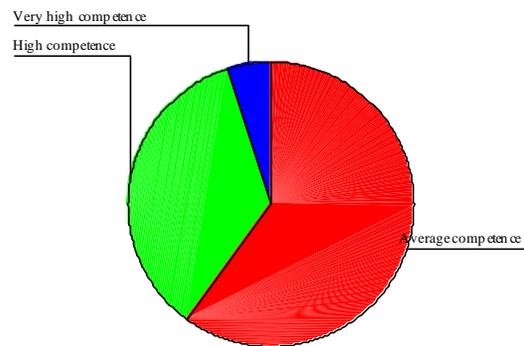
Prepared in Role and Responsibilities of an RT



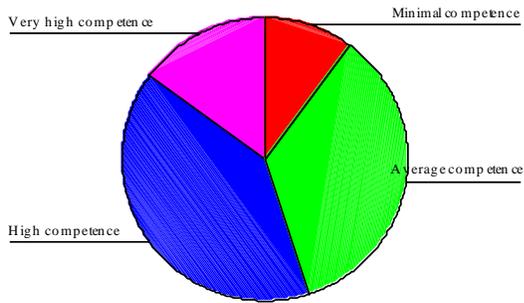
Prepared in Client Assessment



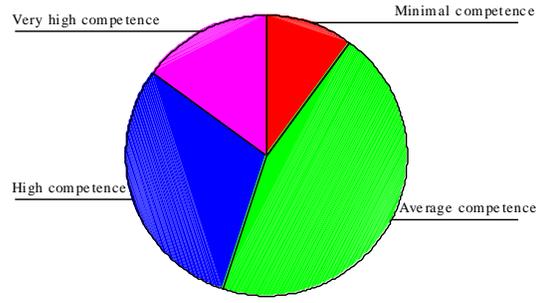
Prepared in Planning RT Interventions and Programs



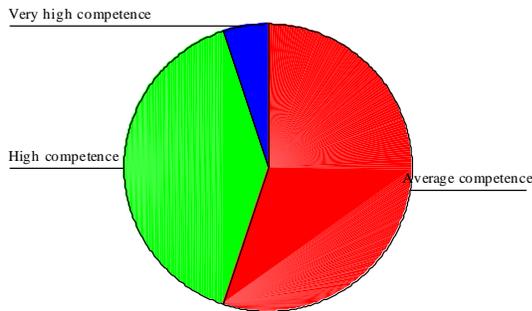
Prepared: Implementing RT Interventions and Program



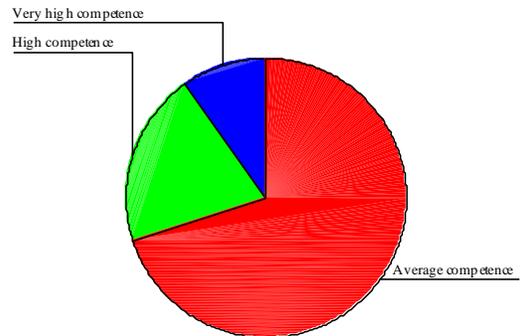
Prepared in Organizing RT Programs



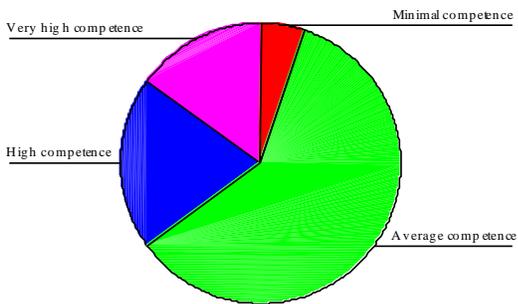
WCU Interns Prepared in Evaluating RT Outcomes



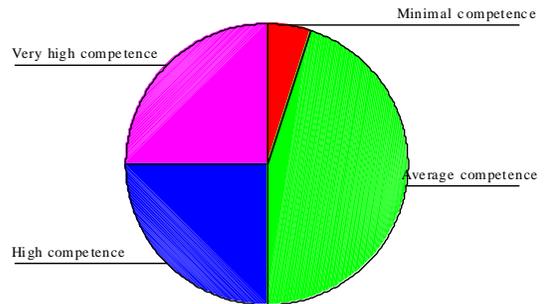
Prepared in Managing RT Services



Prepared in Documenting RT Intervention Services



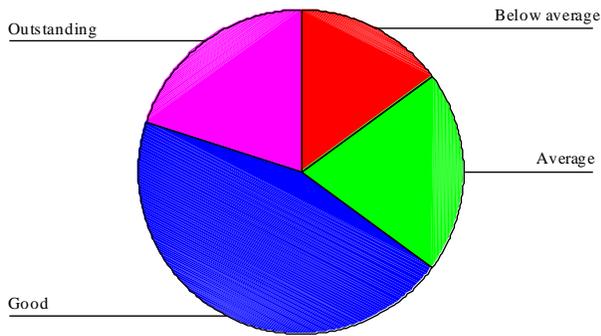
Prepared: Public Awareness/Advocacy for RT



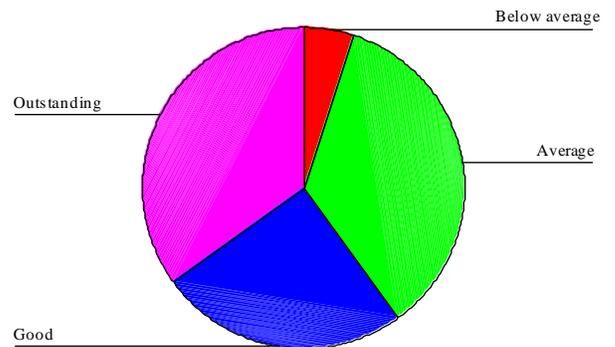
Clinical performance in Judgment, Adaptability, Attention to Detail, Initiative, and Professional/Technical Knowledge

Statistic	Judgment	Adaptability	Attention to detail	Initiative	Teamwork	Professional and technical knowledge
Mean	3.70	3.95	3.90	4.15	4.25	3.80
Variance	0.96	0.79	0.94	0.87	0.83	0.48
SD	0.98	0.89	0.97	0.93	0.91	0.70
Responses	20	20	20	20	20	20

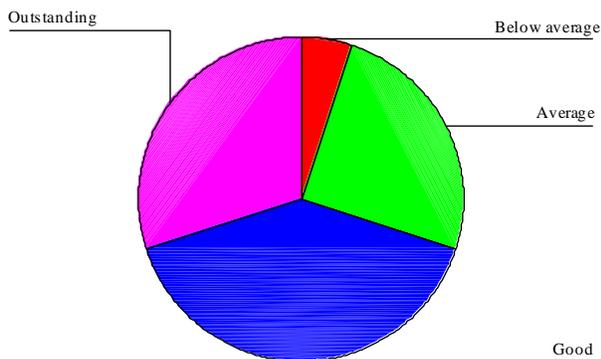
Clinical performance in Judgment



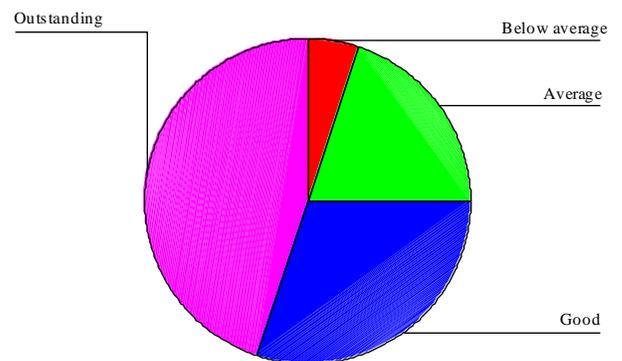
Clinical performance in Attention to detail



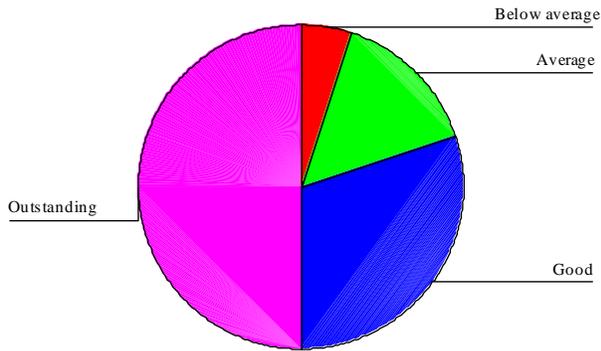
Clinical performance in Adaptability



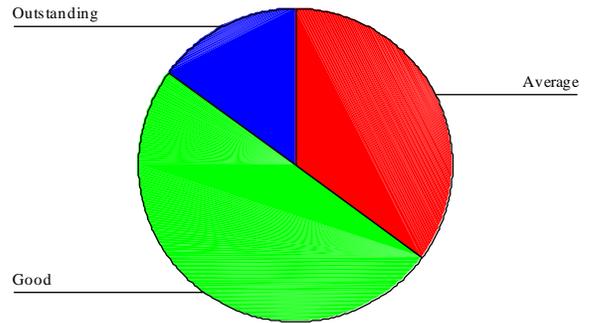
Clinical performance in Initiative



Clinical performance in Teamwork



Clinical performance Professional and technical knowledge



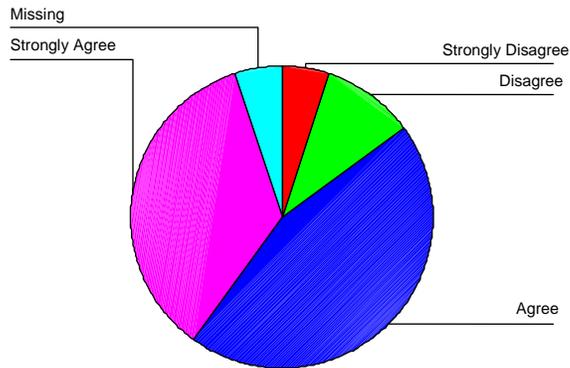
Overall preparedness of WCU Interns: Are students well prepared?

Overall preparedness of WCU Interns

Statistics

Overall preparedness of WCU Interns: Are students well prepared?

N	Valid	19
	Missing	1
Mean		3.16
Median		3.00
Mode		3
Std. Deviation		.834



Overall preparedness of WCU Interns: Are students well prepared?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	1	5.0	5.3	5.3
	Disagree	2	10.0	10.5	15.8
	Agree	9	45.0	47.4	63.2
	Strongly Agree	7	35.0	36.8	100.0
	Total	19	95.0	100.0	
Missing	System	1	5.0		
Total		20	100.0		

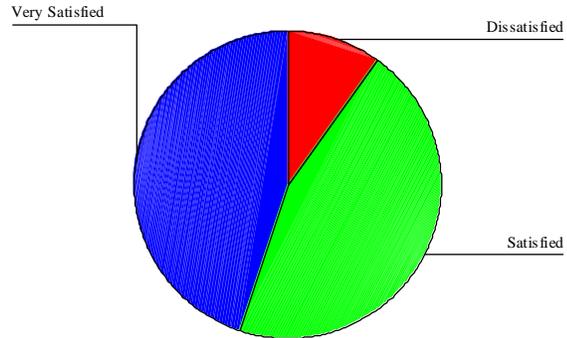
Overall satisfaction with WCU Interns

Overall satisfaction with WCU Interns

Statistics

Overall satisfaction with WCU Interns

N	Valid	20
	Missing	0
Mean		3.35
Median		3.00
Mode		3 ^a
Std. Deviation		.671



Overall satisfaction with WCU Interns

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Dissatisfied	2	10.0	10.0	10.0
	Satisfied	9	45.0	45.0	55.0
	Very Satisfied	9	45.0	45.0	100.0
	Total	20	100.0	100.0	

Agency Setting

Agency Setting

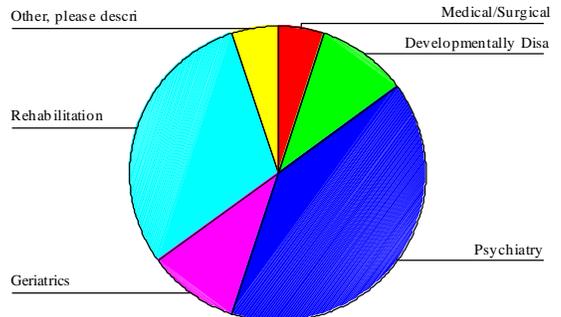
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	hospital	6	30.0	30.0	30.0
	SNF	2	10.0	10.0	40.0
	rehab program	4	20.0	20.0	60.0
	community rec program	1	5.0	5.0	65.0
	school system	1	5.0	5.0	70.0
	military	1	5.0	5.0	75.0
	addictions/substance abuse	2	10.0	10.0	85.0
	residential or day treatment	2	10.0	10.0	95.0
	MRDD	1	5.0	5.0	100.0
	Total	20	100.0	100.0	

Populations served at agency

populations served at agency

populations served at agency

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Medical/Surgical	1	5.0	5.0	5.0
	Developmentally Disabilities	2	10.0	10.0	15.0
	Psychiatry	8	40.0	40.0	55.0
	Geriatrics	2	10.0	10.0	65.0
	Rehabilitation	6	30.0	30.0	95.0
	Other, please describe	1	5.0	5.0	100.0
	Total	20	100.0	100.0	



Supervisor years of experience in RT

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2 to 5 years	4	20.0	20.0	20.0
	6 to 10 years	3	15.0	15.0	35.0
	11 to 20 years	11	55.0	55.0	90.0
	over 20 years	2	10.0	10.0	100.0
	Total	20	100.0	100.0	

Supervisor gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Female	18	90.0	90.0	90.0
	Male	2	10.0	10.0	100.0
	Total	20	100.0	100.0	

Compared to interns from other universities, what are two or three strengths of WCU Interns?
Implementing interventions and programs Organizing Programs Attention to Detail
Students were equal in their competency. Strengths of Western students are that they are more clinically oriented than diversional and education is very thorough.
The intern had a high level of RT knowledge and skills. She understood the assessment process and had excellent hands on skills.
Practical experience prior to internship, Diverse programmatic knowledge, Confidence in ability to learn/acquire skills
I have felt the WCU interns had a good foundation before they came to our facility and I have also felt they had good documentation skills and seemed to have the hunger to learn.
Knowledgeable about the RT profession and the reasons RT is beneficial to a variety of populations. Knowledgeable of the role and responsibilities of RT. WCU demonstrate a vast amount of book and paper knowledge.
Intern was aware of newer techniques & interventions. Intern was very concerned about pt specific goals & interventions. Intern showed tremendous empathy towards all clients and found ways to identify.
flexibility, enthusiasm, passion for the cause of recreational therapy

WCU interns are professional, prepared and not intimidated to work in a clinical setting. I have found the WCU interns have a solid RT foundation, practical knowledge of assessment and RT programming.
WCU internship supervisors from the university are very helpful and understanding. They communicate with me and the interns and keep both of us abreast of what is needed to have a successful internship. The interns possess knowledge of many different interventions and are excited about bringing new activities to the program.
Course work, excellent in preparing intern Organization, the process for not only the student but for the supervisor of applying for internship to the completion, excellent
Understanding or RT vs. TR. Ability to Document General understanding of Recreation Therapy
Compared to interns I have previously supervised, WCU interns demonstrated strong documentation skills and extensive clinical knowledge.
Dedicated, on time, conscientious, self starters, come in fully prepared to work.
1. Came to clinical internship with experience from community service learning projects which prepared student to work hands on with individuals of varying population groups. 2. Displayed an enthusiasm for the job as a student intern which reflects their attitude towards the field of recreational therapy.
Level of comfort working with people with disabilities and compassion for them. One completed very thorough accurate assessments.
Knowledge of assessments, knowledge of R.T. roles and interventions, initiative in leading groups.

Compared to interns from other universities, what are two or three strengths of WCU Interns?
None - I've only had one other to compare with and can't think of anything that stands out in my mind.
Because there is such a focus on the clinical aspect, students do not seem to be aware on the diversional side. They have been unaware of organizations such as NCPRS - TR division. This is unfortunate because although we want that clinical perspective, the fact is that we are also responsible for the diversional aspects as well.
The intern struggled w/ interpersonal skills; had difficulty getting along w/ co-workers. The intern had difficulty taking direction from supervisory staff; didn't want to take "no" for an answer even when presented with policy or safety concerns. Intern seemed to think his/her knowledge and skills were superior to everyone else's. NOTE- I believe these issues were specific to this person and not a reflection on the university.
Lower confidence in applying knowledge/skills, Decreased comfort in working in a treatment team, Less open to supervision/suggestion
With the interns I have had from WCU I have noticed that they lack the "professional" dress/appearance that I prefer in our facility. This may of course be the individuals that we have and I feel that many of the interns from many different schools do not really know what professional dress/business casual entails.
WCU students seem to have a lack of knowledge of interventions that can be facilitated in various populations. WCU students lack the knowledge in adapting interventions to a variety of populations. WCU students struggle with documentation as if they have never practiced writing progress notes on a patient's progress in treatment, towards a treatment goal/objective.
Personal Organization (personal documents, assignments, and time management). Time management of programming, completing assessments, charting, and leaving on time. (with both of these "weaknesses" the student made tremendous improvements. The incoming baseline however was lower than other students)
lack of knowledge of RT interventions/implementations, decrease experience with writing protocols and progress notes, lack of creativity

Not a lot of clinical volunteer hours
Our assessment and documentation process is different from what they learn in school. It takes them several weeks to be able to complete a good narrative.
One weakness I found was experience which can only be obtained by actual hands on practice. All programs need to have more information closer to the internship on the different populations and their disabilities.
I have seen no glaring weaknesses
Compared to interns I have previously supervised, WCU interns were not initially as comfortable implementing activities for group or devising ideas for group.
I really haven't seen any weaknesses, all could use practice goal writing - even I could. Just your typical weaknesses - being green - new to the field and not knowing what to do but when they learn they are awesome and are full force.
1. Student needs more experience in writing outcome based documentation and maybe this can be incorporated into the classroom setting so they are somewhat comfortable with this when they reach the clinical internship. 2. Student needs more knowledge of what types of information recreational therapy needs to look at and place into their initial assessment and how to begin talking to a client/patient to begin the assessment process.
One had no initiative and waited until the very last minute to do anything. One lacked good strong leadership skills.
The student that I worked with from WCU had a difficult time incorporating feedback into her daily practice. We addressed one particular issue multiple times and the situation was never resolved.

Additional Comments
I feel the WCU interns were well prepared from an academic perspective. Of course, there are always some personal issues that you have to deal with selective students. I felt I got a lot of support from the WCU advisors of the students when needed. I would give priority to WCU students when selecting interns because I know the quality and support I get from WCU.
We really appreciate the students coming to our organization and feel honored to have the opportunity to work with them.
My interactions with University professors has always been very good. It seems WCU has an excellent program.
I have enjoyed supervising WCU students and have enjoyed the relationship with the program - I feel overall, that students are well prepared, but in averaging the experiences, my response were weighted quite heavily due to a student we had that was not well prepared personally which reflected on his performance and overall preparation.
I feel NHC Greenville has a great RT internship program. We look forward to WCU students coming to learn with us.
As a WCU alumni, I must say that I have enjoyed having interns at our facility from WCU overall. We have actually hired some interns at our facility and could not be more pleased with the dedicated and honorable staff that now are a part of our team. However, it is clear that the RT program at WCU is highly motivated in teaching students the "why" of RT but I do not feel like the "what" of RT is really grasped during classes. I would like to see students coming with their "bag of tricks" more often and loaded with new ideas and implementations. Documentation and practice is also so important and has been another area that needs improvement through classes. GO CATAMOUNTS!!!!!!!!!!!!!!!!!!!!!!
I thoroughly enjoy WCU interns as they assist my department and keep it fresh with new thoughts and creativity.

Please consider that my responses were based on one student only. My responses more likely reflect the individual student's motivational deficits, not necessarily concerns with WCU's program.

SOAR offers an Adventure Based program serving youth diagnosed with Learning differences and AD/HD.

I like the WCU interns so much that I hired one. Samantha Reaves Lane is now employed by my agency as a Rec Therapist in our Alzheimer's/Dementia Unit. I also tried to hire Whitney Byrd, but due to her going back to school, was unable to and she now lives in Brookings, South Dakota. We were going to offer Jennifer Spence a position, but she moved to Topeka, Kansas. So we were unable to. We LOVE WCU interns!

I thoroughly enjoy my role as a clinical internship supervisor as I take the attitude that I can always learn from others. The relationship between me and the student is one which provides a great learning opportunity for me and keeps me up to date on what students are learning in the classroom.

I think the WCU students compared to other interns come prepared with interventions and how to apply them to the patient population. They are professional and understand assessments, observation, and data collection.

In my opinion, most of the issues that I had with the student I supervised from WCU were related more to her readiness to be in a professional setting and her personality/behaviors than her educational preparation.

Appendix 5.11 Undergraduate Student Evaluation of the RT Educational Program

**2009 Student Evaluation of the WCU RT Degree Program: Data Analysis
63 Responses or 71% Return**

Months as an RT Major

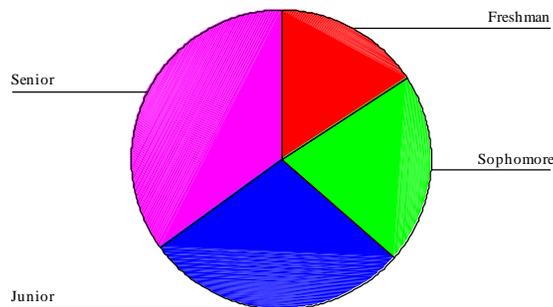
Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
MO_IN_RT	50	1	42	12.14	9.315
Valid N (listwise)	50				

Academic Class

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Freshman	10	15.9	15.9	15.9
	Sophomore	13	20.6	20.6	36.5
	Junior	18	28.6	28.6	65.1
	Senior	22	34.9	34.9	100.0
	Total	63	100.0	100.0	

Academic Class



Criteria for admission to WCU RT B.S. are fair

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	63	100.0	100.0	100.0

Accreditation status of the WCU RT program made clear to you at admission

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	62	98.4	98.4	98.4
	No. If no, please explain:	1	1.6	1.6	100.0
	Total	63	100.0	100.0	

Rules and policies of the RT program clearly explained

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	61	96.8	96.8	96.8
	No. If no, please explain:	2	3.2	3.2	100.0
	Total	63	100.0	100.0	

No. If no, please explain:

I never was told anything about the rules and policies

Rules and policies fairly and objectively followed by the RT program

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	60	95.2	96.8	96.8
	No. If no, please explain:	2	3.2	3.2	100.0
	Total	62	98.4	100.0	
Missing	System	1	1.6		
Total		63	100.0		

No. If no, please explain:

I don't know the rules and policies so I do not know

Aware of the WCU's College of HHS student grievance procedure

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	43	68.3	69.4	69.4
	No. If no, please explain:	19	30.2	30.6	100.0
	Total	62	98.4	100.0	
Missing	System	1	1.6		
Total		63	100.0		

No. If no, please explain:

What is it?

have not heard of it

I have never heard that mentioned

Never heard of it.

Never heard of it

never heard of it

I haven't been told

It was never brought to my attention and was never explained to me.

I have not heard about it

Other required non-major courses

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	52	82.5	83.9	83.9
	No	10	15.9	16.1	100.0
	Total	62	98.4	100.0	
Missing	System	1	1.6		
Total		63	100.0		

Required non-major courses appropriate

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	43	68.3	71.7	71.7
	No. If no, please explain:	17	27.0	28.3	100.0
	Total	60	95.2	100.0	
Missing	System	3	4.8		
Total		63	100.0		

No. If no, please explain:

The pharmacology class is not relevant to Rec. Therapy Majors because it is geared towards the EMT majors

Pharmacology

Pharmacology isn't that related to our field because we are a non-pharmacological based therapeutic field

Pharmacology

bio 291 bio 292

Pharmacology is not a well fit class for the major, but the class problem has been addressed.

Pharmacology

Because I feel like I need to focus on my major and not other courses that do not relate to my major.

I don't believe we need some of the information we cover in Pharmacology.

Pharmacology, its not needed that much in this field

because if non major courses are required then I am learning things that are useless for my career

I believe that Kinesiology and Pharmacology are too broad and geared towards other majors. I think the major's time could be spent in more applicable classes!

I don't think that we need to have classes with the EMC majors because of the different facts that we need compared to what they need

Courses in the RT program sequenced to help with your learning

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	62	98.4	98.4	98.4
	No. If no, which ones are not properly sequenced?	1	1.6	1.6	100.0
	Total	63	100.0	100.0	

No. If no, which ones are not properly sequenced?

Glen's disabilities class is very un-sequenced. As a senior the information he is presenting is very repetitive to our knowledge from earlier classes

Instruction in the RT major courses clear and helpful

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	57	90.5	91.9	91.9
	No. If no, please explain:	5	7.9	8.1	100.0
	Total	62	98.4	100.0	
Missing	System	1	1.6		
Total		63	100.0		

No. If no, please explain:

I have not been in the RT major that long, but I do not feel like I have learned what types of interventions are appropriate for certain disabilities. Maybe I will in later courses, but at the moment I do not feel the courses I have taken so far have helped me in that area.

For the most part I think so, there are times when I feel lost, but only in some classes

I think there is some lapse of expectations and a little lack of organization on some of the faculties part

Tests and quizzes related to the content of the RT courses

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	63	100.0	100.0	100.0

Tests and quizzes fair

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	56	88.9	90.3	90.3
	No. If no, please explain:	6	9.5	9.7	100.0
	Total	62	98.4	100.0	
Missing	System	1	1.6		
Total		63	100.0		

No. If no, please explain:

they are but I feel that the tests in certain classes could be structured better

I do not believe that we should have essay exams because a 90 question test is multiple choice

For the most part they are, but some tests are not made clear of what will be on them and the way they are administered could be better.

I think the objective tests are great indicators of our knowledge. However, written essay tests are vague

Students receive similar RT clinical and/or practical activities

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	59	93.7	95.2	95.2
	No. If no, please explain:	3	4.8	4.8	100.0
	Total	62	98.4	100.0	
Missing	System	1	1.6		
Total		63	100.0		

No. If no, please explain:

Some students choose not to participate. Can be solved by requiring participation.
 some are offered more then others
 If students put in the effort they get much more clinical involvement than others

Know your supervisor when doing your RT clinical/practical activities

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	57	90.5	93.4	93.4
	No. If no, please explain:	4	6.3	6.6	100.0
	Total	61	96.8	100.0	
Missing	System	2	3.2		
Total		63	100.0		

No. If no, please explain:

I haven't done any of these activities yet.
 don't have one yet

Clinical/practical assignments are primarily educational

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	60	95.2	98.4	98.4
	No. If no, please explain:	1	1.6	1.6	100.0
	Total	61	96.8	100.0	
Missing	System	2	3.2		
Total		63	100.0		

No. If no, please explain:

I think they are also experience based

Strongest part(s) of the WCU RT Degree Program

Text Response

The teachers, they want you to succeed and they do their best to make you succeed. I love being an RT major my teachers no me on a first name basis, I get to do awesome things with our community, and I get to help improve people's quality of life.

The teachers that we have are very good at explaining the material. Also we get a lot of opportunity to go places to see hands on experiences.

Peg Connolly makes the RT program what it is. She is amazing in all aspects of her role as a professor. Peg has everything laid out for the students from day one of the semester and the students never have to wonder where they stand with their grades and they never have to wonder what is expected of them on tests or in papers/projects. Jennifer Hinton is also a great professor and has adopted many of Peg's great organizing ways. She explains everything clearly and her student's never have to wonder what is expected of them.
Awesome professors!!
Being able to have one on one time with my RT professor.
I believe the professors and the opportunities that the professors create are very strong. The professors seem to make class interesting
The hands on work we do in class with service learning projects, because it gives students very good experience.
hands-on activities and the clinical internship
Hands-on involvement with various organizations in service-learning settings; the RT faculty (those that I have met thus far) are accessible, friendly, knowledgeable, and understanding
it is very hands on and I like that about this program
The professors are wonderful and very helpful. They go the extra mile to help you in any way possible. They are very competent in RT and do a great job sharing their experiences with the students. They put the assignments in ways that all the students can understand.
Engaging in the community and helping the community.
* Supportive Professors * Strong Service Learning Projects * Close-nit classmates
The WCU RT Degree Program has many opportunities to allow people to get involved. There are workshops, field trips, and an organization on campus that helps bring people together who share the same passion. The courses seem helpful and provide students with information that will help them in the future when doing internships and when settling into their careers.
The WCU RT curriculum allows students to observe multiple populations so they will be ready for any RT job setting.
The professors are awesome and will do anything to help you.
We are all close and the teachers are there to help us all the time. I feel we are all a big family and everyone is respectful in this degree program.
The professors are very knowledgeable and experienced. We have great professors who have worked in many and different settings across the country and even out of the country. I feel like they give us the appropriate and necessary materials and information to be knowledgeable when we go into our internships.
We have a lot of opportunities to volunteer or do service learning which really gives us good experience for the future. All of the RT faculty are extremely helpful and knowledgeable.
The services we get to provide at community organizations in the college town. Also, I like how the tests are going to help prepare us for the exam to get license in North Carolina.
How to write a good document on the client.
Practical application of skills within the Older Adults class.
0 The hands on Practice 0 the real life examples 0 Our tests are structured after our certification exam 0 Outside opportunities to work in the community 0 opportunities for extra certifications 0 Lots of continuing ed. 0 We are required to become familiar with our Nationals websites and affiliates
The experiences provided to us as students to learn and grow as future RTs. Also, the faculty are great and encourage us regularly.
I think the communication is good, we are told everything we need to know on exams with plenty of

detail.
Service learning opportunities. And learning from one of the pioneers of the profession.
The way we are educated is really effective.
The great interaction between Students and the professors.
Lots of educational hands-on opportunities
Peg is the strongest part of WCU RT Program, she is on the ball and always on top of things. She is hard and demanding of what we do but from the very beginning you know what she wants. She is always available and gets right back with you if you have a problem or concern. She is what makes the program a success. Jennifer has improved greatly from the past 2 semesters, not giving us homework that's due during finals or giving us tons of stuff and not being able to keep up with grading. All of that has improved greatly and she is now a very strong part of it.
Getting hands on experience
I feel the strongest parts of RT at WCU are our older adults and ADV Methods class. We learn allot about different therapies and we practice interventions and that helps us learn for the future.
There are many hands on opportunities that benefit us in many ways: applying our education, getting us ready for internship, and such.
It gives you a true feel for the jobs you may one day have
Given lots of hands on experience. Advisors are always there when needed.
Getting involved with the community and having the ability to give the students clinical time outside of and during class.
All of the professors are very helpful and willing to do what they can to help us. They know us very well by the time we are ready to graduate.
I feel the staff is the strongest part of the program.
all points, I think its a great program
I feel that the strongest part would be the activities that are available outside of the classroom that you can do that are associated with RT.
All professors of our major, accepts us as their own; therefore, RTH not only provides an educational environment, but it is a family also!!!
I feel that we have some of the most dedicated professors who really are there to help us become the best therapists we can.
I haven't taken any classes in the program yet, but I feel like all the teachers are very experienced in the field and want to help everyone achieve.
I really enjoy the relationships I have with my professors in the RT program. The classes are very helpful.
Definitely the courses offered and having Peg Connolly as both the program director and professor.
The faculty and how they are different in there techniques
the fun and excitement
how great the advisors are
The strongest part of the RT Degree Program is the hands on activities that are expected to be completed for the program.
The service learning experience we get is invaluable!
The strongest aspect of the RT program is the professors. They are very well educated in this field, and they are great at teaching students the information that is needed to succeed.
It has enough out of class time to get you ready for your internship then to the real world.

I just decided on choosing this major so I'm not sure.
The people over the RT program are very polite and helpful. In the experiences I have learned how very simple activities can relate to RT.
I love the hands on portion of the program actually working with pt. in the RTH 360 class. I also enjoyed the PRM 270 class it open my eyes to another aspect of therapy as well through leadership activities.

Weakest part(s) of the WCU RT Degree Program

Text Response
I think the weakest part is there aren't enough of us, this is a wonderful field, I feel that to many people don't know what we are. I think that we need to promote recreational therapy more so that more people can experience this great field.
Advisors not wanting to help you.
The weakest part of the RT program is that there are few examples of Recreational Therapists that they can show us. We would all love to have more Rec. Therapist's come in and talk to us about their everyday job.
n/a
I do not know
Not all of the professors provide standardized test, which is the format of our national accreditation exam.
So far I haven't seen any
I feel like the weakest part is the anatomy class because the teachers who teach it do not it explain it that great
I feel the RT program needs more adaptive equipment so we can receive better hands on experience in the classroom.
Getting people aware of what they are doing
* School wide notification/support * Professors of Non- Major classes being unaware of our professions purpose
Some of the classes I have taken so far have given me lots of information, but I do not feel like I have learned what to do as a Recreational Therapist. I understand the different disabilities, but I still do not know or understand what types of interventions would be appropriate or different activities that would be helpful. I would like to learn more about interventions and activities that can be done along with the disabilities rather than just learning about the disabilities alone. I am a kinetic and visual learner so I need to be able to see the disabilities, see what activities and interventions are being done, and then do the activities and interventions.
I can't think of any weaknesses.
Not enough one on one work or hands on opportunities with residents
None!
There are some different views on certain and few topics/issues in the field amongst our professors. This doesn't present as a problem or issue to the students it sometimes becomes confusing, but presents different views to us.
RTA meetings should be scheduled at a better time.
They are not many weaknesses that I can think of except that I feel like the students pretty much lead themselves. I would like a little more guidance when giving the services.
Technical Guidelines
Not enough application for other courses
0 Our lack of resources to get experience in all fields of practice. 0 Our programs lack of funding.

I feel that the major is not advertised enough on campus and entering students aren't made aware of the importance of joining RTA.
Sometimes the opportunities we are given to go and do our RT work can be given to us with short notice, however this doesn't happen all the time.
In a few classes some of the tests are not objective tests like the certification exam.
Size, but it will grow in time.
All of the tests are fair, but I think they should all be standardized to help better prepare us for the certification exam.
Not enough teachers
Lack of materials for our interventions
Tests that do not benefit/get us ready for taking our certification exam.
I feel it is a bit disorganized
N/A
Trying to work with everyone's schedule when it comes to getting the clinical hours done.
I just feel there are some classes we have to take that we don't need. Some of the information covered in these classes is way too advanced for what we actually are going to be doing.
None
n/a
I feel that the weakest part would be the tests. I kind of feel like there is so much information to cover in one test.
I think it would help out the program if the set up of testing was the same in all our RT classes and objective testing was used.
I do not know yet.
I don't think there are any.
its not as hands on as I would like it to be
I don't
Some of the extra classes that are not used.
I just decided on choosing this major so I'm not sure.
NA
I wish that the assessment course was broken into two parts I feel as though I partially retained information about all the necessary assessment we need to know as RT's.

Recommend this RT program as a major to a friend

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	57	90.5	95.0	95.0
	No	3	4.8	5.0	100.0
	Total	60	95.2	100.0	
Missing	System	3	4.8		
Total		63	100.0		

Prefer to transfer to another academic program

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	7	11.1	11.5	11.5
	No	54	85.7	88.5	100.0
	Total	61	96.8	100.0	
Missing	System	2	3.2		
Total		63	100.0		

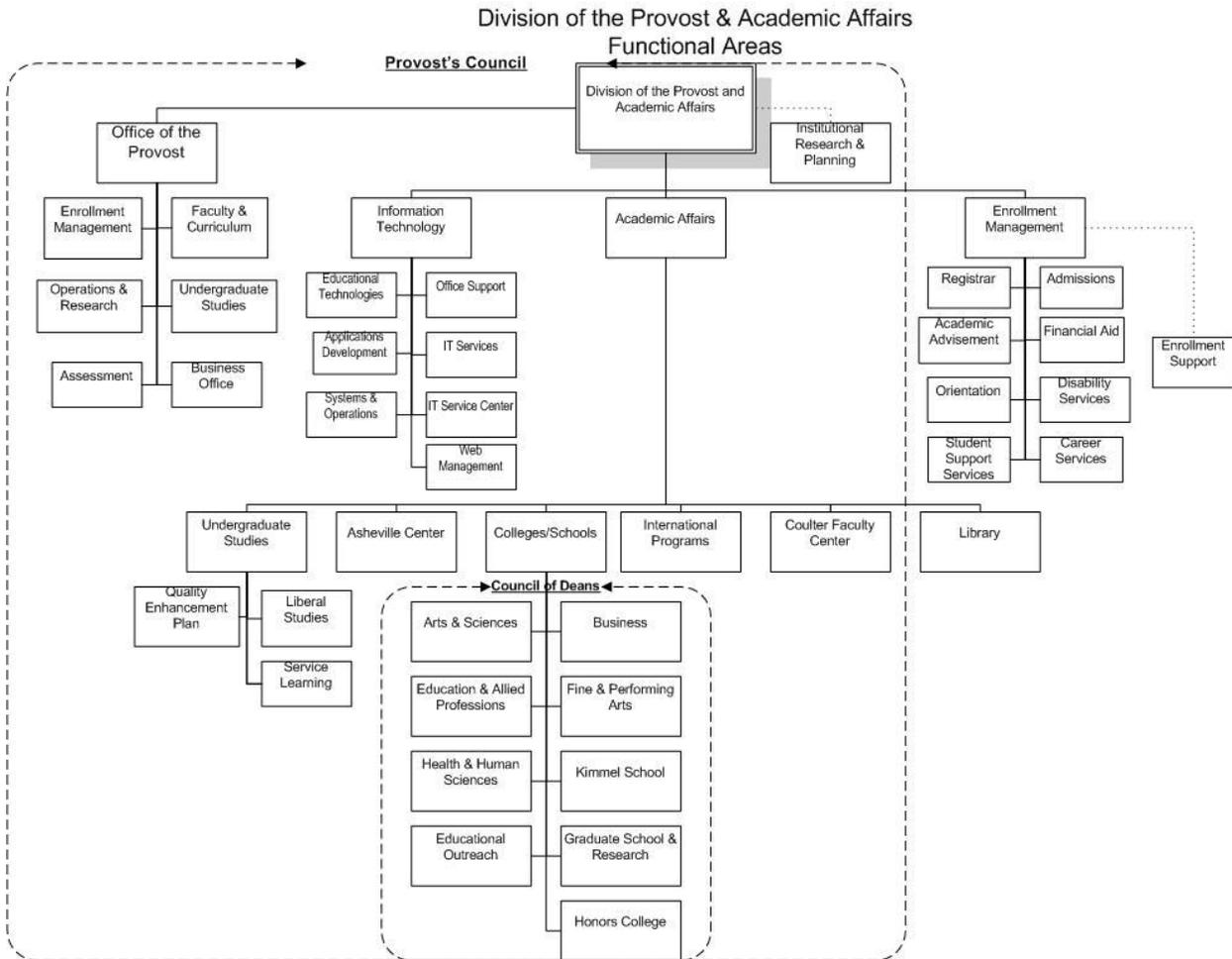
Additional Comments

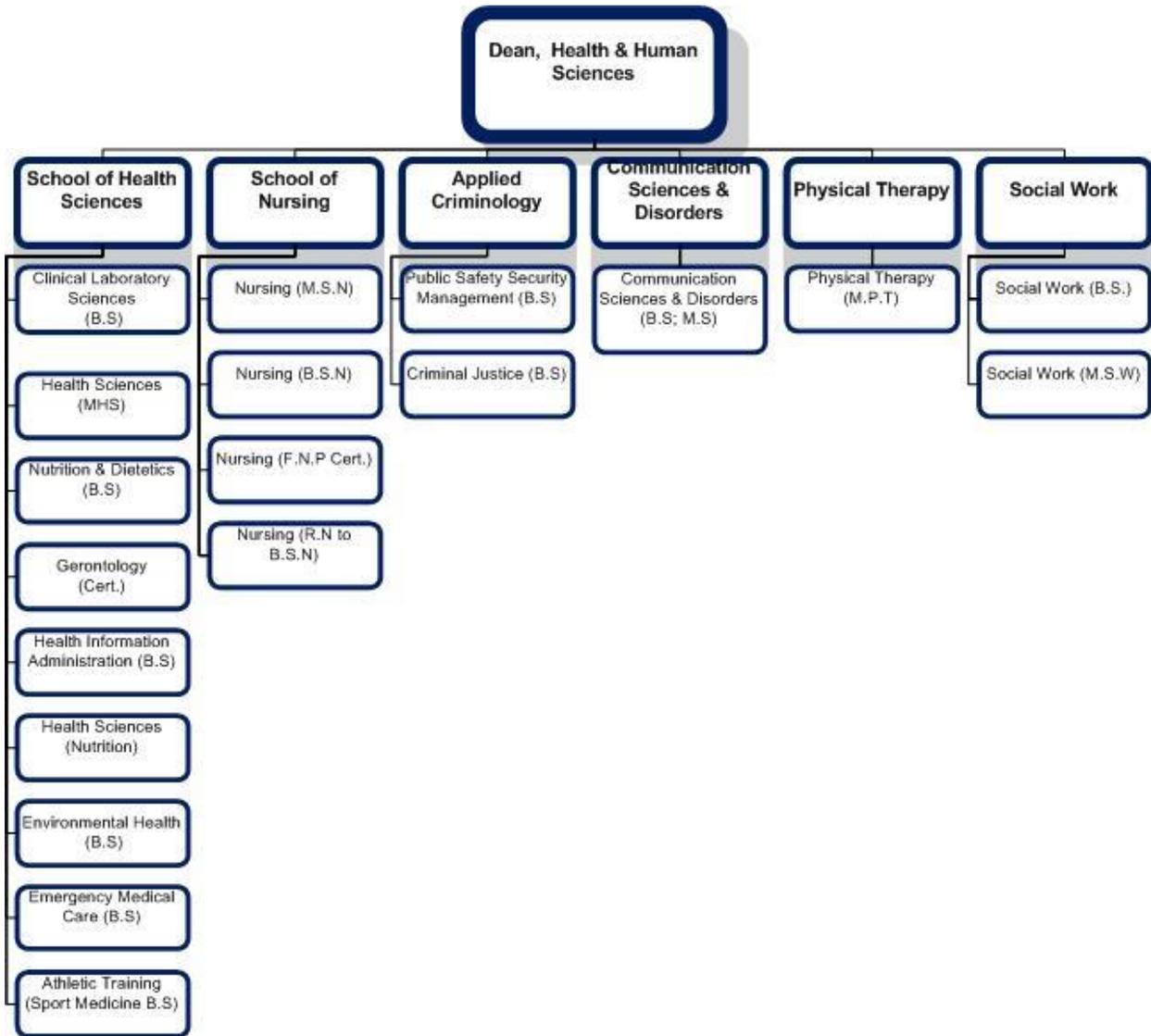
Text Response
As much as I love being with and helping people, I do not feel like I have learned enough in this major yet to say that I am excited and thrilled to continue. I really would like to see more hands-on activities so that I feel like I am learning and understanding, not just learning and comprehending.
WCU RT has turned me into a professional.
I love this program!
I love the program. I am extremely happy with it and am glad I switched into it.
I really enjoy this major and cannot wait to learn more
I love the RT program! But would love to have more specific field studies available
Love the program so far. its what I've always wanted
I think our program is run very well and will grow and evolve with time.
I believe we have one of the best RT degrees that are offered to students without going out of state and killing ourselves.

Appendix 5.12 NCTRC Certification Exam Scores

	2005		2006		2007		2008	
	National	WCU	National	WCU	National	WCU	National	WCU
Number	3,183	25	3,145	21	3,343	29	2,642	22
Mean Score	66.74	71.48	66.46	65.19	66.56	67.52	66.58	66.27
Percent Pass	73.6	84.0	73.4	71.4	72.7	72.4	73.1	72.7
Percent Fail	26.4	16.0	26.6	28.6	27.3	27.6	26.9	27.3

Appendix 6. Standard 6: Organizational Charts





Appendix 7. Standard 7

Appendix 7.1 Equipment, travel, technology, and operating budgets for previous three years

The School of Health Sciences (SHS) administers seven undergraduate and one graduate program. The School manages most equipment and technology purchases. Travel funds are also allocated from the School, and, as of fall 2009, the travel policy allows for up to \$500.00 support for continuing faculty education for tenured and tenure-track faculty, and up to \$300.00 support for continuing faculty education for fixed-term faculty. Additional funds from the SHS travel budget are available to support faculty travel for professional development when conducting professional presentations at a rate of \$1200 for tenured and tenure-track faculty and \$500 for fixed-term faculty. These professional presentation funds are available by application of faculty to the SHS Travel Fund Committee and vary in amount based on the nature of the professional presentation, according to the following formula:

- Peer-Reviewed or Invited Platform Presentation* at a National Meeting (maximum award \$1000)
- Peer-Reviewed or Invited Platform Presentation* at a Regional Meeting (maximum award \$750)
- Peer-Reviewed or Invited Platform Presentation* at a State Meeting (maximum award \$500)
- Peer-Reviewed Poster Presentation[†] at a National or Regional Meeting (maximum award \$500)
- Peer-Reviewed Poster Presentation[†] at a State Meeting (maximum award \$250)
- Travel to support key operations of the SHS (e.g., accreditation) (maximum award \$500)

In addition to travel funding from the SHS, other travel funds are available for WCU faculty through the Chancellor's Travel Fund, Microgrants, and other periodic programs. Below is the specific travel funds awarded to Program Faculty from fall 2005 to fall 2009:

<i>Year</i>	<i>Staff Member</i>	<i>Date</i>	<i>Purpose</i>	<i>Location</i>	<i>Funds</i>
2009 to 2010	Connolly, P.	10/09	Platform presentation and attend 2009 NCRTA Conf.	Atlantic Beach, NC	\$ 206.33
	Hinton, J.	10/09	Platform presentations and attend 2009 NCRTA Conf.	Atlantic Beach	503.33
	Kastrinos, G.	10/09	Platform presentations and attend 2009 NCRTA Conf.	Atlantic Beach	350.00
<i>Sub-Total</i>					\$1,059.66
2008-09	Connolly, P.	03/09	Platform presentation and attend ATRA Mid-year	Landsdowne, VA	934.98*
	Hinton, J.	03/09	Attend ATRA Mid-year and complete HeartMath Training	Landsdowne, VA	790.45
	Hinton, J.	02/09	Platform presentation and attend SPRE Educators' Institute	Salt Lake City, UT	742.11
	Connolly, P.	11/08	Biofeedback Lab Work/ECU	Greenville, NC	272.00
<i>Sub-Total</i>					\$2,739.54
2007-08	Connolly, P.	3/08	Attend NCBRTL Educators' Meeting	Mt. Olive, NC	185.00
<i>Sub-Total</i>					\$185.00
2006-07	Connolly, P.	3/07	Platform presentation and attend ATRA Mid-year Professional Issues Forum	Washington, DC	1,176.83*
<i>Sub-Total</i>					\$1,176.83
2005-06	Connolly, P.	10/05	Platform presentations and attend ATRA Annual Conference	Salt Lake City, UT	1,058.08*
<i>Sub-Total</i>					\$1,058.08
<i>Total Faculty Travel Support 2005 to 2009</i>					\$6,219.11

*Major portion of travel funds awarded from the Chancellor's Travel Fund

Equipment and supplies definition: educational equipment, copier and computer maintenance agreements and repairs to same are covered by the SHS and include a lazer printer specifically for the recreational therapy program which is housed in 186 Belk, separate from resources available to the rest of the School. The recreational therapy program also recently acquired a 30” color television with VCR. In addition to this equipment, the program has personal resources in use which include one , with ink-jet printer/scanner and a DVD player. Equipment and supplies in general relate to RTH course equipment and supplies. Since 2006, the Program has acquired equipment and supplies related primarily to client assessment resources, biofeedback, and adventure-based therapy and intervention equipment. Below is an inventory of Program equipment:

RT Inventory of Equipment

Equipment Description	Quantity	Date Purchased
Adventure-based Therapy and Intervention Equipment:		2008
Portable trolleys	2	
Training Wheels: “body Parts Debrief” and “Feeling Flashcards”	1 ea	
Bags of bean bags (12 bean bags in each)	2	
Flat cones	12	
Parachutes: 12’ and 6’	2	
Spider web/portable	1	
Foam balls/6"	6	
Cleanable balls/various sizes	6	
Maracas	5	
Blow-up balls/various sizes	4	
Community puzzles (24 piece puzzles per box)	4	
Science and our food supply containing book and VHS tape	1	
Ring Retrieval activity: pipe, golf ball, bolt, PVC in block, funnel, green string, metal ring, and large green clothe, (w/instructions)	1	
Fitness dice	2	
Write and wipe dice	4	
Shaped mats (12 each): arrows, curved arrows, circles, stars, hands, feet,	72	
Shaped mats: squares	6	
Client Assessment Tools:		2007-2009
Leisurescope (adult and teen)	1	
Home and Community Social Behavior Scales	1	
School Social Behavior Scale	1	
Leisure Assessment Inventory	1	
Leisure Competence Measure (LCM)	1	
Leisure Activity Filing System	1	
Measurable Assessment in Recreation for Resident-Centered Care (MARRCC) CD ROM and Manual	1	
Wheelchair	1	2009
emWave® PC Software Upgrade Kit: Biofeedback software. Upgrade software for Freeze Framer. (Connolly)	1	2009
Health Professional emWave PC Package: Biofeedback software, real-time heart rate variability monitor to assess client stress and teach clients stress management. (Hinton)		
emWave® Finger Sensor: Finger sensor. (Hinton)	1	2009
emWave Personal Stress Reliever®: Portable biofeedback device measures	1	2009

heart rate variability.(Hinton)		
TTL T2120 GSR/Temp2 Kit, Biofeedback measurement. Measures changes in skin pore size and sweat gland activity (Galvanic Skin Response) or peripheral temperature.	1	2009
Nintendo Wii System with 4 controllers, 2 game packages, charge station for wireless game controller: used with RTH 360 service learning at Mountain Trace Nursing Home	1	2008
emWave Personal Stress Reliever®: Portable biofeedback device measures heart rate variability.(Connolly)	1	2006
Health Professional emWave PC Package: Biofeedback software, real-time heart rate variability monitor to assess client stress and teach clients stress management. (Connolly)	1	2006
Supplies		Quantity
Client Assessments		
FACTR-R Assessment Scoring Sheets		25
Cooperation and Trust Scale (CAT) Scoring Sheets		25
FOX Developmental		
<u>Home and Community Social Behavior Scales - Reporting Forms</u>		25
<u>School Social Behavior Scales - Reporting Forms</u>		25
<u>STILAP 1990 (State Technical Institute's Leisure Assessment Process) Manual and Score Sheets</u>		25
<u>Cooperation and Trust Scale (CAT) Manual and Score Sheets</u>		25
<u>Measurement of Social Empowerment and Trust (SET) Manual and Score Sheets</u>		25
<u>Comprehensive Evaluation in Recreational Therapy (CERT-Physical Disabilities) Manual and Score Sheets</u>		25
<u>Comprehensive Evaluation in Recreational Therapy-Revised (CERT-PSYCH-R) Manual and Score Sheets</u>		25
<u>Free Time Boredom Measure Manual and 25 Score Sheets</u>		25
<u>Functional Assessment of Characteristics for Therapeutic Recreation-Revised (FACTR-R) Manual and Score Sheets</u>		25
<u>Recreation Early Development Screening Tool (REDS) Manual and Score Sheets</u>		25
<u>General Recreation Screening Tool (GRST) Manual and Score Sheets</u>		25
<u>FOX - Activity Therapy Skills Baseline Manual and Score Sheets</u>		25
General Supplies		
Tennis balls		24
Chalk		4 boxes
Wiffle balls		6
Bandanas		24

Technology definition: purchase of new computers, printers, and video equipment, peripherals, and general software licenses. The policy for computer refresh is to replace faculty computers every three years based on review by the Dean's office. One faculty computer was placed in service in fall 2007 and is being replaced this year. The two other faculty computers were placed in service in Fall 2008 and will follow the policy for computer refresh at a later date.

Operating Budget: The SHS currently has a budget planning process in place which was first initiated in fall 2008. Prior to that time, a lump sum of funding was assigned to each program based on history and judgment of the SHS. The Recreational Therapy Program was moved to the SHS in fall 2007, having

previously been housed within the Department of Health, Physical Education and Recreation within the College of Education and Applied Professions. Prior to fall 2007, the Program was allotted a lump sum of \$250.00 per year for funding equipment and supplies. In fall 2007, the allotted sum was raised to \$500.00. Once a budget planning process was initiated for SHS programs, the equipment and supply needs of the Program were identified more accurately and the operating budget is more clearly defined and more appropriate to the needs of a program providing education to over 90 student majors.

Category	2007-08	2008-09	2009-10
Equipment, supplies, and printing*	1,075.00	1,370.42	2,600.00 ¹
Clinical Travel Expenses	1,139.32	0 ²	1,041.80
Travel	185.00	2,739.54	1,059.66
QEP Funded Projects	1,739.25 ³	1,463.20 ⁴	0
Total	\$3,953.57	\$5,573.16	\$4,701.46

¹Note: printing was added to SHS budgets in fall 2009.

²Due to budget constraints in spring and summer 2009, clinical travel was suspended and telephone supervisions were put in the place of site visit travel.

³QEP funded a Delta Society Pet Partners Training Workshop in April 2008.

⁴QEP funded two RT projects in spring 2009, an Interdisciplinary Adaptive Sports Training Workshop for RT, PT, Athletic Training, and Engineering Technology majors in March 2009, and student travel support to attend the February 2009 NCRTA Student and Professional Issues Conference

Appendix 7.2 Major facilities and equipment

Moore and Belk Buildings – School of Health Sciences and College of Health and Human Sciences

- Classrooms all with teaching stations, including PC, monitor, VHS, DVD, ELMO (in some classrooms), projector, and network and Internet access.
- Other campus resources available through scheduling: Reid swimming pool, fitness and outdoor areas.

Beyond Moore Building

- Electronic classrooms, all with PCs, teaching stations, printer, scanner

Appendix 7.3 Major hardware and software

Hardware

- Computers for each full-time faculty member on a three-year refresh cycle
- One networked laser printers for RT faculty (2 more at Moore Building) use supported by SHS
- Program hardware includes: 30” color television with VCR. In addition to this equipment, the program has personal resources in use which include one , with ink-jet printer/scanner and a DVD player

- **TTL T2120** GSR/Temp2 Kit, Biofeedback measurement. Measures minute changes in skin pore size and sweat gland activity (Galvanic Skin Response) or peripheral temperature as they relate to tension.

Software

- Microsoft Office Suite:
Word, Excel, PowerPoint, Access, Publisher, Front Page, Outlook
- Adobe Acrobat
- WebCat (WCU's brand for Blackboard WebCT Vista 4)
- Virus Protection, Symantec
- Respondus Test Construction Software (available to individual faculty on request from WCU IT)
- SPSS (available to faculty on request from Coulter Faculty Center)
- Quatrics Survey Software (available to faculty on request from Coulter Faculty Center and upon completion of training course on Human Subjects Rights)
- HeartMath Heart Rate Variability/Biofeedback Software (Connolly and Hinton)

Appendix 7.4 Major library resources, databases, and journals

Library Services and Resources Available to WCU Recreational Therapy Students

- **General Library Services and Resources Overview**
 - Staff of research and information professionals helping students and faculty meet their information needs.
 - Dedicated healthcare subject area specialist (liaison) librarian.
 - Library open till midnight each school night with 24/7 research support available online.
 - Assistance available in person, online, and via telephone (with a toll free number).
 - Thousands of online databases, journals, and books immediately available 24/7 to students and faculty on and off the main university campus.
 - Detailed [research guides](#) available online 24/7.
 - Classroom-based information finding and information literacy instruction for students.
 - Literature review and other research assistance for faculty.
- **Specific Resources**
 - **Journals**
 - Primary journals of the Recreational Therapy profession available through the Western Carolina University library:
 - *American Journal of Recreation Therapy*
Library holds from volume 3 (2004) to present in print.
 - *Annual in Therapeutic Recreation*
Library holds from volume 1 (1990) through present in print.

- *Therapeutic Recreation Journal* (formerly *Therapeutic Recreation*)
Library has from volume 1 (1967) through present in print and microfilm. Online access to this journal covers 2006 to present.
 - More than 40,000 [full text online journals](#).
 - More than 1,200 print journals.
 - Limitless number of individual articles available to students through [Interlibrary Loan](#).
- **Research Databases**
- [Numerous](#) healthcare and other area-specific databases, including:
 - *CINAHL with Full Text* (Cumulative Index to Nursing and Allied Health)
Covers information from all areas of nursing and allied health. Information pertaining to these areas may be found in this database but not others (including MEDLINE).
 - Cochrane Library
 - Premier source for evidence-based medical information. Cochrane Reviews subsection offers systematic reviews full text online.
 - *MEDLINE with Full Text*
From the National Library of Medicine, provides access to the large MEDLINE biomedical database (often associated with the PubMed interface). This database indexes journal articles, conference proceedings, standards of practice, and more.
 - *PsycInfo*
From the American Psychiatric Association, offers comprehensive, international index to psychology literature: journals, dissertations, and more.
 - *SPORTDiscus with Full Text*
Indexes international sport, sport medicine, and fitness literature.
 - Individual and group searching instruction provided at student and/or instructor request.
 - Assistance provided 24/7.
- **Books, Audiovisual, etc.**
- More than [240 recreational therapy-related materials](#) (books, audiovisual, etc.) available to students immediately on-site or online through the Western Carolina University library.
 - More than [750 recreational therapy-related materials](#) (books, audiovisual, etc.) available to students within one to three days of request through the Western Carolina University/Appalachian State University/University of North Carolina at Asheville shared library system.
 - Limitless number of materials available to students through [Interlibrary Loan](#).

Appendix 7.5 Support Personnel for School of Health Sciences

Administrative

- Joy Green, 1 FTE Administrative Support Associate
- Susan Blair, 0.75 FTE Administrative Support Associate
- Work study student/one semester (since fall 2008). Typically 0.25 FTE