

BREAKING NEWS

## IT'S LIVE ATRA has Launched the New [atra-online.com](http://atra-online.com)!

**A**TRA has launched a newer, cleaner, easier-to-navigate Web site. We started the conversion on August 15, with improvements continuing throughout the next few weeks.

Be patient, as there may be glitches – as is true with any startup. All the archives likely won't transfer over to the new site immediately, but that process will continue and the archives will fully transfer.

We've got a lot to learn and relearn! And, there will be ample opportunities for your input. If you don't see something you

need or have a suggestion – just click and send!

The new site is a huge improvement for readers, and will provide lots more interactivity and online-only extras. New this year – registration for the conference can be done online!

One thing won't change, of course: [atra-online.com](http://atra-online.com) will continue to be your best source of news and information for the Therapeutic Recreation profession.

Join us at [atra-online.com](http://atra-online.com). ■



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### Welcome

The American Therapeutic Recreation Association (ATRA) is the largest, national membership organization representing the interests and need of recreational therapists. Recreational therapists are health care providers using recreational therapy interventions for improved functioning of individuals with illness or disabling conditions. ATRA was incorporated in the District of Columbia in 1984 as a non-profit, grassroots organization in response to growing concern about the dramatic changes in the health care industry. As a result of this response, ATRA has grown from a membership of 60 individuals in June 1984 to over 2,000 in 2009.

### Mission Statement

The mission of the American Therapeutic Recreation Association is to serve as a member driven association that collectively supports the recreational therapy profession.

### Annual Conference

- View the Program
- Register Online
- Print a Registration Form

October 3-6  
Minneapolis, MN

The meeting will be held at  
the Hyatt Regency

Done

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# Professionalization of Recreational Therapy Education: Committee on Accreditation of Recreational Therapy Education (CARTE)

*Thomas K. Skalko, Ph.D., LRT/CTRS; Ray West, MS, LRT/CTRS;  
Terry Kinney, Ph.D., LRT/CTRS; Peg Connolly, Ph.D., LRT/CTRS;  
Amy Baxter, LRT/CTRS; Pam Wilson, MS, LRT/CTRS; and Cari Edwards, LRT/CTRS*

## Introduction

For decades, recreational therapy (RT) has struggled with a lack of consistency in identity, professional preparation, and professional role in employment settings. This struggle reaches back to the inability of the professional organizations representing the field to come to consensus in the 1950s. Even at that time, the Hospital Recreation Section of the American Recreation Society, the Recreation Therapy Section of the American Association for Health, Physical Education, and Recreation, and the National Association of Recreational Therapists could not resolve the debate on the core purpose of the field, whether the mission of the field was the provision of recreation services or the provision of treatment services for persons with disabling conditions (Meyer, 1980).

This lack of consensus has led to a crisis in the academic preparation of qualified recreational therapy professionals. In a field where approximately 85% of Certified Therapeutic Recreation Specialists (CTRS)<sup>1</sup> work within health care related settings (Riley, 2009), the lack of consistency is alarming, especially given the ethical obligations of our profession (e.g., Beneficence, Non-Maleficence and Competence). For the purpose of clarity, recreational therapy is defined as the provision of treatment services to restore, remediate or rehabilitate in order to improve functioning and independence, as well as to reduce or eliminate the effects of illness or disability (ATRA, 1988).

In order to address the issue of consistency of professional preparation in the state of North Carolina, the North Carolina Recreational Therapy Association (NCRTA) established an ad hoc committee in 2008 to explore the issue of professional preparation in recreational therapy and to address the feasibility for the establishment of an academic accreditation program for recreational therapy professional preparation. The NCRTA Committee on Accreditation of Recreational Therapy Education (CARTE) members include: Amy Baxter, Peg Connolly, Cari Edwards, Terry Kinney, Thomas Skalko, Ray West and Pam Wilson. The goals of the committee are:

- To complete development of a model for accreditation of recreational therapy education programs;
- To complete development of accreditation policies and procedures, forms, and accreditation standards and guidelines for recreational therapy academic accreditation;
- To complete a pilot test of accreditation standards, policies and procedures and forms using a self-assessment methodology; and
- To complete an expert panel Delphi review of the draft recreational therapy accreditation program

Given the charge, the CARTE has moved forward with an accreditation program that addresses the needs of the profession, not only in North Carolina, but nationally as well. This model accreditation program could be implemented on a national basis to represent recreation therapy academic preparation programs across the country. Thus far, the CARTE has accomplished several important goals, including:

1. The development of standards for academic program accreditation consistent with the guidelines promoted by the Council on Accreditation of Allied Health Education Programs (CAAHEP). These standards are also congruent with current curriculum configurations in most existing recreational therapy programs of study. While the standards address recreational therapy professional preparation, curricula using the therapeutic recreation nomenclature can also apply for accreditation of recreational therapy professional preparation.
2. In addition to the development of standards for program accreditation, the CARTE has established policies and procedures for the implementation of the accreditation program. As with the standards, the policies and procedures meet the guidelines promoted by CAAHEP.

In order to build upon the professional consensus developed around professional practice competencies and promote consistency in curriculum development and implementation, the CARTE utilizes the content areas and knowledge, skills and abilities (KSAs) competencies from the *ATRA Guidelines for Competency Assessment and Curriculum Planning for Recreational Therapy Practice* (ATRA, 2008). These guidelines

<sup>1</sup> Certified Therapeutic Recreation Specialist (CTRS) is a registered trademark of the National Council for Therapeutic Recreation Certification.

reflect the most current consensus within the profession on competencies for the practice of recreational therapy.

In an effort to respond to the mandate for a distinct program of accreditation in recreational therapy, the system has undergone its first field test. In April 2009, the Recreational Therapy Degree program at East Carolina University volunteered to test the CARTE accreditation system. This field test was used as a means to refine the accreditation process and to provide feedback to the committee for modification. A second field test is targeted for Fall 2009 or Winter 2010.

Following these efforts, the CARTE system will undergo a Delphi analysis to generate further consensus and to move toward a final product. The approach will result in an effective model for the accreditation of recreational therapy education programs.

## Conclusion

Consistent professional preparation must be a priority for the profession if recreational therapy is to not only survive, but grow in health care settings. Safe and effective practice that consistently produces patient outcomes valued by stakeholders is essential in health care settings. Consistent competencies and consistent evidence-based practice are required in order to consistently produce valued outcomes. If recreational therapy is to exist and grow as a health care profession, then the establishment of a specific accreditation program for professional preparation is critical. Currently, recreational therapy has separate credentialing options with licensure in several states and a national certification program. It is time that the

field adopts an independent accreditation program for recreational therapy professional preparation. While an accreditation program for recreational therapy practice is not intended to resolve the discussion regarding recreational therapy and recreation for persons with disabilities that the profession has debated throughout its history, it will assure that those practicing recreational therapy will have adequate competencies to safely and effectively practice and consistently produce the valued outcomes our stakeholders expect and our professional ethics require. ■

## References

- American Therapeutic Recreation Association (1988, May/June). Therapeutic Recreation. *ATRA Newsletter*, 4(3), 1.
- ATRA Guidelines for Competency Assessment and Curriculum Planning for Recreational Therapy Practice* (2008). ATRA, Hattiesburg, MS.
- Meyer, L. (1980, May). Philosophical alternatives and the professionalization of therapeutic recreation. Report of the Philosophical Statement Task Force, National Therapeutic Recreation Society, Arlington, VA.
- Riley, B. (2009, June). *NCTRC Summary Report 2009: Status of Professional Preparation in TR*, Therapeutic Recreation Education Conference, Tulsa, OK.



## Ethics Committee – Is It Ethical?

Nancy Montgomery, CTRS; Suzette Smith, CTRS and Wayne Pollock, CTRS

**E**thics is important in Recreation Therapy, because as in other medical disciplines, ethics impacts patient care. Making good decisions impacts recovery and builds health.

ATRA's *Finding the Path* ethics book starts off its introduction by stating that "4 in 10 employees say they know of ethical or legal violations in their workplace in the past two years." We, on the Ethics Committee, plan to examine a few "real life" ethical dilemmas in the next few issues of the newsletter. We will walk you through the "Decision Making Model" outlined in *Finding the Path* to assist you in evaluating your own ethical situations.

### Situation

A CTRS collaborates with a local mental health agency (for compensation) to provide teaching and training to non-TR students on the interventions and modalities of Recreation Therapy. These students then obtain a certificate to provide therapeutic activities. When approached about the situation, the CTRS states, "If I don't do this, then social work will take this over."

### Step One: Identify the Behavior

- **What is the behavior or action or decision at questions?**  
The CTRS has become involved with teaching Recreation Therapy treatments and modalities to students who are not prepared to become certified therapists. Is this appropriate behavior for him/her? Does it damage the profession of Recreation Therapy in any way?

### Step Two: Determine Professional Relevance

- **Does this pertain to the Recreation Therapists role? Does this dilemma present itself within the working relationship?**  
Many professionals feel responsible for patients served and also for the profession. (Many hold credentials for that profession.) They are committed to the work of Recreation Therapy, including its unique modalities, implementations, and the healing in patient's lives.

The profession relies on certified professionals to teach prepared students in order to produce the highest quality of patient care.

### Step Three: Differentiate Personal and/or Professional Ideals and Values

- **What are my personal ideals, values, and standards related to this dilemma? How are my personal values**

### *influencing my professional judgment?*

While appreciating the cost issues that some facilities have hiring a CTRS, most professionals feel passionately about patients and believe they should have the highest quality of care, which comes with a certified professional.

### Step Four: Consider Legal Duties

- **Is there any law or judicial violation involved in this dilemma?**  
None / Currently no agency policy against this practice.

### Step Five: Assess Ethical Obligations

- **Is there a behavior in this dilemma that violates an ATRA Code of Ethics Principle?**  
While there are some conflicts with Principle 7: Competence, the larger conflict lies in Principle 1: Beneficence / Non-Maleficence. This principle states: "Therapeutic Recreation personnel shall treat persons in an ethical manner not only by respecting their decisions and protecting them from harm but also by actively making efforts to secure their well-being. Personnel strive to maximize possible benefits and minimize harms."

According to this principle, professionals are responsible for maximizing possible benefits and minimizing harm to patients. A situation where inadequately trained professionals are administering care is both weakening the benefits of treatment and increasing the risk of harm.

### Step Six: Determine Action

- **What course of action do I take to resolve this dilemma or issue?**
  1. Discuss with the CTRS the concerns about his/her behavior in teaching at the local clinic. Explain that the behavior may cause harm to the patients, as well as dilute the value of the field.
  2. Tell the CTRS that steps will be taken to speak with the supervisors in both facilities to discuss concerns.
  3. Tell the CTRS that a plan will be established to create a policy in his/her facility that will not allow this kind of training to continue.
  4. Tell the CTRS that a letter will be written to NCTRC informing them of this situation.
  5. Use this as a possible teaching opportunity for students and other professionals who work with the situation. ■

## ACADEMIC AFFAIRS COMMITTEE

### Accreditation's Tie to Assessment of Learner Outcomes

*Marcia Jean Carter, Re.D., CPRP, CTRS and Maridith A. Janssen, Ed.D., RTC/CTRS*

The primary charge of the Academic Affairs Committee is to support the development of practices and recommendations to improve pre-professional preparation of recreation therapy professionals through the provision of leadership, resources, and education for current and future educators during the Higher Education Institute held annually at the ATRA conference. Commencing with the 2007 Higher Education Institute in Milwaukee, professionals considered identifying and measuring outcomes in recreation therapy undergraduate preparation. The 2008 Higher Education Institute in Reno resulted in the identification of several potential learner outcomes including: ethical, cultural, and communication competence, practice using the APIE model, competence in therapeutic helping relationships, client safety, critical thinking and clinical judgment, information literacy, and the ability to adhere to professional standards of practice and external regulations. The need to reframe educational experiences to focus on learner outcomes evolved from the trend in higher education to become transparent, consistent, and accountable. Since its inception, the primary purpose of accreditation has been to protect and assure quality of the educational experience. Thus, accreditation standards outline the need for institutions and programs to present assessment plans that measure the quality of the educational experience through achievement of learner outcomes. This piece will briefly outline the nature of accreditation in higher education introducing governing bodies, identify recommendations for health professions education from recognized entities, and explain the strategies used to assess learner outcomes with recreation therapy curricula.

### Accreditation

Accreditation is a form of self-regulation overseen by non-governmental bodies that relies on peer review and judges academic unit effectiveness against a set of defined standards. The intent of the standards is to advance academic quality, demonstrate accountability to foster public confidence and investment, and encourage self-evaluation and planned improvement through assessment of quality, especially student achievement. There are two overarching forms of accreditation: Institutional accreditation and specialized or programmatic accreditation. Institutional accreditation examines the quality of postsecondary institutions as a whole and is conducted by regional accrediting bodies like SACS – Southern Association of Colleges and Schools or NCA – North Central Association of Colleges and Schools. Specialized or program accreditation focuses on a specific department or professional preparation curriculum and uses standards that address knowledge, skills and abilities considered essential to practice standards of the profession. These two forms of accreditation are interdependent. To illustrate, recreation therapy curriculum at an institution, to become accredited, must first be housed in an institution that is currently accredited by the respective regional accrediting

body. There are 3,025 regionally accredited institutions with 19,453 accredited programs (CHEA, October, 2008). Since 1986, the Council on Accreditation (COA), sponsored by the National Recreation and Park Association, has been recognized as a program accreditor by the Council for Higher Education Accreditation. Therefore programs that elect to have their therapeutic recreation option accredited by COA, must first be in a regionally accredited institution. Therapeutic recreation option standards have been in place since 1977 and will continue to be available until 2013. Commencing in 2013, COA will be a program accreditor for those professions who have elected to become Affiliates. Professional Affiliates will develop and manage Specialty Accreditation Committees (SAC). These Committees will then design learning outcome standards appropriate to their professional practice and in collaboration with COA will oversee accreditation of their particular program specialization.

The Council For Higher Education Accreditation (CHEA) is the national oversight body governing institutional and programmatic accreditation. As such, recognition by CHEA is realized as a benchmark that indicates an accreditor has satisfactorily achieved the highest standards of recognition. Consequently, the processes an accreditor must complete to be recognized by CHEA are similar to the review processes an institution or program desiring accreditation must undergo: These usually include five steps: 1) develop a self-study, 2) undergo internal peer review, 3) participate in an external peer review, 4) attend a public hearing with actions recommended, and 5) monitor and review compliance to the standards for an extended period of time, from a few to 10 years. CHEA recognizes accrediting bodies that have effectively addressed the quality of the institution or program in several areas: student achievement in relation to the institution's mission; curricula; faculty; facilities, equipment and supplies; fiscal and administrative capacity; student support services; recruiting and admissions; program measures; record of student complaints; and, compliance with Title IV and financial audits. Thus, these categories are those used by institutional and program accreditors as they design standards used during institutional and program reviews.

Concern about how much students are learning in universities and colleges dates back to the mid 1980s. This spawned an assessment movement in higher education. Pioneers in the movement included regional accreditors like SACS that adopted an institutional effectiveness standard calling on schools to provide evidence of goal attainment including goals of student learning. Program accreditors were early proponents of assessment with, for example, The Accreditation Board of Engineering and Technologies (ABET) adopting an outcomes-based approach that focused on evidence of student learning. Various health professions because of their focus on licensure also moved toward student achievement in their accreditation processes. The Task Force on Accreditation of Health Professions Education recommended

that educational programs have in place continuous self-assessment, planning, and improvement, and regular assessment of student and graduates competencies and achievements. The 2006 CHEA Recognition Policy and Procedures calls for measuring student achievement. Consequently, institutions and programs recognized by CHEA are incorporating into accreditation standards the measurement of student outcomes.

## Health Professions Education Recommendations

The Pew Health Professions Commission through a 1999 report of the Task Force on Accreditation of Health Professions Education identified the important role of accreditation in preparing new health professionals for practice yet acknowledged the challenges faced if accreditation is to assure the quality of academic programs. To create an environment and process response to changing needs of society and communities of practice, the Task Force identified four accreditation issues: the need to simplify the process, focus on improvement, link more closely with clients and consumers, and use generic benchmarks or standards. Further this report encouraged specialized and professional accreditors to adopt a consistent accreditation approach based on the following criteria: working closely with the public to prepare a responsive workforce; providing ongoing faculty development and evaluation; regularly assessing the achievements of students and graduates; having in place a continuous self-assessment, planning, and improvement process; and ensuring accountability and consumer choice to the public. Lastly, the report noted that greater linkage between regulation (licensure) and accreditation is an important issue suggesting the two processes may be linked if both are focused on the same outcomes such as competency-based performance assessment. In June, 2002, the Institute of Medicine presented a report on Health Professions Education that identified five core competencies all clinicians should possess to meet the needs of the 21st century health system: patient-center care, interdisciplinary teams, evidence-based practice, quality improvement and informatics. Further the report indicated all health professions boards should move toward requiring licensure to demonstrate professionals' abilities to deliver patient care as defined by the five competencies (listed above). CHEA has identified critical thinking – clinical judgment – as a core outcome of programmatic accreditors. Through reports such as these, general guidelines begin to shape outcomes specific to recreation therapy education. The next step is for professionals to identify specific outcomes and an assessment plan to assure that graduates have achieved the desired benchmarks.

## Strategies to Assure Achievement of Learner Outcomes

A profession defines student learning outcomes in terms of particular levels of knowledge, skills, and abilities (KSAs) that a student has attained at the end of engagement in a particular set of colle-

giate experiences. To illustrate using patient-centered care for recreation therapy and APIE, the question to be addressed is what KSAs are essential in the application of APIE during patient-centered care? The answer(s) to this question become(s) the essential learning outcomes to measure and the first step in planning to assess achievement of learner outcomes in recreation therapy. The second step in the assessment of learner outcomes is to identify valid and reliable direct and indirect measures that gather evidence of student achievement of the identified outcomes. Capstone and licensure examinations serve as direct measures of evidence while indirect measures are self-reports culminating the internship or alumni and internship supervisor comments on employability of the intern. A third step is analysis of the measurement results to identify levels of student achievement on the selected outcomes. To illustrate, results of scores on a capstone test might indicate the student has met minimal acceptable levels on knowledge of assessment yet ability to apply information to the client's treatment plan while an interdisciplinary team member during a staffing as evaluated by the internship supervisor might suggest need to incorporate additional experiences to assure a minimal competency level. Consequently, the next step is to identify improvements in, for example, curriculum content or pedagogy to enable student acquisition of the ability to articulate and apply assessment information to design of client plans. Finally, the last step to assure achievement of learner outcomes is to have in place a plan to address shortcomings and improve the effectiveness of the program's efforts to assess and enhance student learning.

A purposive sample of 22 undergraduate programs electronically surveyed from December 2007 to April 2008 shed light on the profession's readiness to embark on assessment and measuring the quality of learner outcomes. Outcomes essential to the preparation of students according to the responding programs (15 or 68%) included those found in the NCTRC job task and knowledge domains, the 2004 COA therapeutic recreation option standards, and the ATRA Guidelines for Competency Assessment and Curriculum Planning in Therapeutic Recreation. In this same study 12 or 80% of the respondents used as evidence in their assessment plans graduate pass rates reported by NCTRC and successful achievement of accreditation for the therapeutic recreation option standards by COA. General skills and abilities noted as important to a recreation therapy graduate included writing, oral communication, critical thinking and ethical competence. Several programs also cited the internship experience as an assessment mechanism along with portfolios. From this pilot project, evidence suggests initial efforts to describe quality professional preparation are underway as both learner outcomes and assessment processes articulate desired competencies and academic practices. During the Minneapolis ATRA conference, assessment processes and quality benchmarks necessary to consistency in professional preparation are to be shared by presenters representing the 2007-2008 survey respondents. An intended product of the Academic Affairs Committee is sharing of instruments like internship supervisor evaluation forms organized according to NCTRC job tasks and samples of learning outcomes incorporated in specific courses and the internship experience. ■

## Update on ATRA's Most Recent Action Alert

### Centers for Medicare and Medicaid Services Issues Final Rules: Outcome for RT Services

*Lisa Morgan, CTRS; Thomas K. Skalko, Ph.D., LRT/CTRS and Diane E. Skalko, LRT/CTRS*

On behalf of the ATRA Federal Public Policy Team (FPP) and the ATRA Board of Directors, we sincerely thank every professional who took action by sending letters to the Centers for Medicare and Medicaid Services (CMS) through the regulations website and through the Medicare benefits email address. Many Recreation Therapists also engaged other allied health professionals, co-workers, and consumers to submit comment on behalf of the Recreational Therapy profession. Please extend our sincere thanks to these individuals as well.

Our team recognizes that CMS received a sizeable number of comments from our profession based on information shared with the ATRA office. This is a great example of how each person can take 10 minutes to help make a difference for our profession and for the consumers who benefit from our services.

#### Recap of the ATRA RT Medicare Project

Over the past several years, the American Therapeutic Recreation Association has been engaged in an initiative to have the CMS acknowledge that recreational therapy services, when prescribed by a physician, is a covered service in Inpatient Rehabilitation Facilities (IRFs), Inpatient Psychiatric Facilities (IPFs) and Skilled Nursing Facilities (SNFs). On July 31, 2009, CMS issued final rules covering the Medicare Program: Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2010.

#### Outcome for RT

Following an extensive campaign to seek written clarification that recreational therapy (RT) is a covered service and to seek the inclusion of RT services as an option under the 3-hour guideline for IRFs, CMS issued final rules. In summary, *CMS did identify RT as a covered service*, when ordered by a physician as part of the overall rehabilitation plan. This is the first time they have acknowledged this in writing, thus, meaning we met our first goal of the RT Medicare Project. This is one hurdle that we can all be excited about for the profession. However, *CMS did not include RT as a service under the 3-hour guideline* as a service that could be used in place of the required physical therapy and occupational therapy, or speech-language pathology/prosthetics/orthotics therapy.

While the initiative to seek inclusion of RT in the 3-hour guideline was not successful, the written acknowledgement that RT is a covered service under Medicare for IRFs was accomplished. ATRA, however, will be exploring the interpretations by CMS and seeking clarification of feedback provided in the final rule. The final rule goes into effect for Federal Fiscal Year 2010 (October 1, 2009 - September 2010). ATRA's Federal Public Policy Team will keep you informed as actions progress.

For questions or comments, please contact **Lisa Morgan** at [lmorgan@siskinrehab.org](mailto:lmorgan@siskinrehab.org), **Dr. Thomas Skalko** at [skalkot@ecu.edu](mailto:skalkot@ecu.edu), or **Diane Skalko** at [dianeskalko@gmail.com](mailto:dianeskalko@gmail.com). ■

## Physical Disabilities and Rehabilitation Treatment Network "Calling all Members"

This treatment network is excited to announce the appointment of its two new treatment leaders, Jeanene Griffin and Karen Gray. They have stepped up and are ready to take this network to new heights! There will be a CEU session offered at this year's annual conference in Minnesota, titled "PTRP...The Transitional Experience." It will be presented by Missi Wendt, CTRS and Kristin Phieding, CTRS from the Minneapolis VA Medical Center. We are pleased to introduce you to your new co-leaders, and encourage you to contact them to complete a **Member Profile** and be included in the mailgroup and member database.



Jeanene Griffin received a Bachelors of Science degree in Therapeutic Recreation from the University of Florida. She worked two years as a Recreation Therapist for adolescents at Shepherd Center in Atlanta, GA. Since then, she has relocated back to her home town of Tampa, FL and is currently working as a Recreation Therapist in the Adaptive Sports & Fitness Program, at James A. Haley VA Hospital. Along with this position, Jeanene has also served as Polytrauma Therapist for injured active-duty service members, Events Committee Chair, and worked in the Spinal Cord Injury Center as well. She is certified through the National Council of Therapeutic Recreation Certification and also holds a specialization from the Certification of Brain Injury Specialists. She has a vision and goal for their sports program for it to expand beyond limits, thus creating "the no limit soldier" and providing services to all veterans!

Co-Leader Karen Kay Gray, MS, CTRS, LADC has worked in the therapeutic recreation field since 1980 after receiving a MS from Oklahoma State Univ. She started working in juvenile corrections, then adolescent psychology, then as units closed, inpatient adult drug and alcohol, which then combined with inpatient adult/geriatric mental health. Most recently Karen worked in long term acute care and when that unit closed transitioned to acute rehab. She has been on the Board of Directors for the Therapeutic Recreation Symposium for the Southwest for 12 years, and is the current chair, hosting its regional symposium this past April at the medical center where she is employed. There were 80 attendees from 9 different states over 3 days. Karen's passions related to the TR field include ethics, best practices, specialty certifications such as stroke and working with patients with visual impairments. She recently attended training with an amputee support group in peer visitor training and has completed 3 courses with Hadley school for the Blind. Karen is always eager to learn about new resources and what others are doing that will help her patients, and she is excited about serving this treatment network and its wonderful members!



For more information, please feel free to contact **Jeanene Griffin** at [jeanene.griffin@va.gov](mailto:jeanene.griffin@va.gov); (813) 972-2000 ext. 3822; (813) 610-6437 or **Karen Gray** at [kk.gray@yahoo.com](mailto:kk.gray@yahoo.com); (918) 838-2061. ■

*See Member Profile Form on page 8*



## ATRA Physical Disabilities Rehabilitation Treatment Network Member Profile

Full Name: \_\_\_\_\_

Organization / Employer Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Contact Address: \_\_\_\_\_

*(Please state whether home or work)* \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email \_\_\_\_\_

Brief description of the population(s) you mainly serve and daily job duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many years have you worked in the field of Therapeutic Recreation? \_\_\_\_\_

What other populations have you served? \_\_\_\_\_

What would you consider to be your "areas of strength" in the field? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What areas/needs would you like to see addressed through the ATRA Physical Disabilities Rehabilitation Treatment Network (i.e. – goals)? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently certified through NCTRC?  Yes  No

## ANNOUNCEMENT! Assessment Assistance Needed

*Ellen Broach, Ph.D, CTRS*

I am working with faculty from Special Education, Medicine, and Computer Information Systems to develop an interactive and integrated management information system that will allow parents, students, self advocates, teachers and community agencies to develop, plan and implement supports for individuals with disabilities in our area for recreation, work, and education. We will additionally include an educational component that identifies options for recreational options that are not in our community. After testing and development the system will be integrated and available for use in other communities.

Our output for the program will consist of a data base of individual's skills and needs, interests and supports for participation in specific adult programs in our community. The program will match family's/students input with the community information and lead to individualized output for IEP/transition meetings, program evaluation information, and aggregate data the community agencies can use to plan for the future. We are very excited about the potential this tool will have for the inclusion of recreational therapy in IEPs in our community!

To make a long story short, I am looking for:

- (a) assessment tools that could be integrated into the system related to recreation interests and supports/training needed; and
- (b) assessments tools that address individual barriers and supports to participation in community activity.

The assessments do not need to be those that are already online. We can integrate the tool into our program.

I would appreciate any information you may have on tools or adaptations of assessments that are available. My email address is [ebroach@usouthal.edu](mailto:ebroach@usouthal.edu). My phone number is 251-460-7131. Thanks for your help! ■

Dr. Ellen Broach, CTRS  
Associate Professor  
HPELS  
University of South Alabama  
Mobile, Alabama



## CHAPTER SPOTLIGHT: Northern Rockies Recreation Therapy Association

*Kelli Jones, CTRS*

The newest ATRA Chapter is on the move! Recreation Therapists in the states of Montana and Wyoming united and formed the Northern Rockies Recreation Therapy Association (NRRTA) in 2008. During the past 8 months, we've signed petition letters, created bylaws, designed a logo and letterhead, elected Board Members, and found over 30 CTRSs in both states...I know, we have more cattle than people out here in the wild, wild West! Today, we continue laying a solid foundation for years to come. Our membership drive is underway, we are developing a strategic plan for the next 5 years, planning our first annual workshop in Evanston, Wyoming including regional CEU's, and we are designing our very own website! It takes just a few dedicated professionals to move mountains in the Rockies, and I've enjoyed every moment of this RT adventure. To learn more about NRRTA, please visit [www.nrrta.org](http://www.nrrta.org). ■



**DEVELOPING LEADERSHIP  
FOR A PROMISING FUTURE**

**You Can Be the Difference ~  
Leadership ATRA Invites You!**

Leadership ATRA is a year-long education opportunity supported by past ATRA leadership and is offered to emerging leaders. This program is program designed for emerging leaders who have demonstrated leadership through involvement in chapter involvement, Teams Treatment Networks, and ATRA team involvement. This program is for ATRA members who have demonstrated a commitment to professional growth. It is a great next step in your continued professional development. You are welcome and invited to explore this educational and professional advancement program. ATRA LEADERSHIP brings together a mix of existing and emerging leaders with diverse backgrounds and experiences. Some topics of the curriculum include Networking & Coalition Building, Strategic Planning, and Emerging Issues. We welcome **YOU** to this exciting learning opportunity! Please free to email Nancy McFarlane, CTRS with any questions. [Nancy.McFarlane@va.gov](mailto:Nancy.McFarlane@va.gov). ■

Complete the application (*See pages 10 and 11*)  
by October 15, 2009 and return to:

**Leadership ATRA**  
626 N. Main Street • Hattiesburg, MS 39401

**LEADERSHIP  
ATRA**

**DEVELOPING LEADERSHIP FOR A PROMISING FUTURE**

Applicant's Name \_\_\_\_\_

Credentials \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Position Title \_\_\_\_\_

Position Responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

List Past and Current ATRA Involvement / Service \_\_\_\_\_

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List Past and Current Other Leadership Experience \_\_\_\_\_

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**LEADERSHIP  
ATRA**

**DEVELOPING LEADERSHIP FOR A PROMISING FUTURE**

List Your Three Top Accomplishments To The Recreation Therapy Field \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

Identify Your Top Three Strengths As A Leader \_\_\_\_\_

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List Three Professional Goals That You Have For Future Atra Involvement\_\_\_\_\_

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If selected to participate in the LEADERSHIP ATRA PROGRAM, I agree to participate in all of the teleconference and onsite sessions. I agree to participate actively in team assigned projects and communicate with my assigned LEADERSHIP ATRA mentor.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail LEADERSHIP ATRA Applications to:**

**ATRA National Office**  
Attn.: LEADERSHIP ATRA APPLICATIONS  
629 N. Main Street  
Hattiesburg, MS 39401  
Phone: 601-450-2872 • Fax: 601-582-3354

**DEADLINE TO RECEIVE APPLICATIONS IS 10/15/09 ■**



## RECREATIONAL THERAPY IN THE NEWS!

### Recreational Therapy Uses Virtual Reality to Help Vets

**R**ick Kuzella never thought he would be using virtual reality to help him with panic attacks but that is exactly what is being used to help him at the VA in Brecksville, OH. Recreational Therapist, Michelle Mosser is using virtual reality programs to assist veterans learn to cope with reality and those with stroke or brain trauma to increase their range of motion and improve hand/eye coordination. Ms. Mosser states that it can also assist veterans learn to complete everyday tasks in the community such as banking. Mr. Kuzella states it helps him learn to “deal with stuff in everyday life” and that he forgets he is doing therapy when using the virtual reality programs. Recreational therapy is making a difference!  
<http://vtreeinc.com/va.htm>



### RT in the Community

Kelli Jones, Recreational Therapist in Jackson, Wyoming has been busy this summer working with individuals using laughter yoga, and people with disabilities in the community who are coping with recovering from trauma, strokes or have developmental disabilities. Kelli is a Recreational Therapist with a private practice. She is also the new president of the latest ATRA chapter Northern Rockies Recreational Therapy Association. Kelli Jones is making a difference not only in her community with people with disabilities but in the states of Wyoming and Montana for the recreational therapists! ■

[http://www.aarp.org/publish/etc/medialib/aarp\\_media\\_library/states/wyoming.Par.60910.File.tmp/Sage\\_June\\_2009\\_Web.pdf](http://www.aarp.org/publish/etc/medialib/aarp_media_library/states/wyoming.Par.60910.File.tmp/Sage_June_2009_Web.pdf)

[http://www.planetjrh.com/general/A\\_105228.aspx](http://www.planetjrh.com/general/A_105228.aspx)

[www.highfiverec.com](http://www.highfiverec.com)

## President's Corner

*MaryAnn Keogh Hoss, Ph.D., CTRS, FACHE*

**T**hank you to all who have participated in our membership calls. Tim Passmore gave an excellent presentation on coverage which provided very valuable information. Please plan to join us on the next call. We had a great conference in Stillwater Oklahoma, hosted by TRAO and Oklahoma State University with Tim Passmore and Jerry Jordan. I'll talk about that a little later in this message.

It is with great sadness that we note the passing of 3 educators in our profession, Julie Dunn, Jean Mundy and Gonzaga da Gama. In a profession this size, the loss is tremendous. Our hearts go out to their families at this time. It also causes one to pause and contemplate the future of the profession. Are we growing/developing enough TR/RT educators to sustain the field and how do we encourage that? These are questions that must be addressed if the discipline is to be sustained.

I had the privilege of participating in the TREC 2 conference. My thanks to all of you who participated. The sessions were well prepared and presented. Accreditation was a topic discussed throughout the conference. From a standardization of competencies to be derived from a bachelors' education, accreditation seems to be a necessary step for education programs. It is important that in this process small programs, of which there are many, can not be penalized because of their size. Work groups were convened throughout the conference to discuss issues related to the presentations. Three very consistent themes arose out of the work groups. The three themes are 1) endorsement of one accrediting body for educational programs, 2) once an accreditation organization is identified the development of an official set of outcomes that will be used for accreditation purposes and, 3) the need for one organization to represent the profession.

The conference was a joint conference with the National Therapeutic Recreation Society. As a result of the work group recommendations three task forces are being created. The first task force consists of Jerry Jordan and me writing a request for information to be sent to the two accrediting organizations. These organizations are the Council on Accreditation for Recreation, Park Resources and Leisure Studies and the Commission on Accreditation of Allied Health Education Programs. The second task force will focus on outcomes and this group will be named shortly. The third task force consists of the president-elects of both organizations and will be exploring the possibility of one organization. I hope to provide an update at the annual conference regarding these task forces.

I want to invite all of you to the Annual Conference in Minneapolis on October 3-6. This is ATRA's 25th Anniversary and we are going to have some surprises for all our attendees as well as a great time. Mark your calendars! ■

A TRIBUTE TO

*Dr. Gonzaga da Gama*

**D**r. Gonzaga da Gama (1962-2009) Associate Professor and Graduate Coordinator in the Department of Hospitality, Recreation & Tourism Management (HRTM) at San José State University (SJSU).



It is a sad day for therapeutic recreation. It is with great sadness that I share with you that Dr. Gonzaga da Gama unexpectedly passed away on June 29, 2009 while travelling abroad. Gonzaga traveled to his native India often to visit his mother and his family. On his way to India this summer, Gonzaga stopped in Kenya for a 10-day safari with some of his family. He completed the safari that had been a life goal for him. While staying at a hotel in Kenya just prior to his return to India, he suffered a major heart attack and died almost immediately. Gonzaga will be greatly missed by his family, but also by his many students, friends and colleagues at San José State University (SJSU), California and across the globe. After earning his Ph. D from the University of Minnesota in 2000, he served as a faculty member for almost a decade at SJSU and touched many lives – he was a great mentor for therapeutic recreation students and was deeply committed to his role as a faculty member. There was a funeral service in Goa (India) on Monday, July 6 in his village parish. According to his mother, the church overflowed as it had never before. Then on Saturday July 18 there was a local service in California that also was packed. In both services and on every memorial blog I have read, the same thing has been said. Everyone talked about how his “belief in me actually inspired me on to things I thought I would never do...” A colleague said, “I loved to see Gonz rejoice in the blessings of others. It was a precious gift he kept giving people. His passion was (and will remain) contagious, he was not afraid to speak his mind. That inspired me a lot.”

Gonzaga was a wonderful man. He was caring, loving, kind, passionate and not afraid to speak his mind. His radiant smile was always a welcome sight to me and to all of us. He always wore that smile and would light up a room when he entered. Some of us remember Gonzaga as the guy who was at conference session after conference session, listening critically and always asking probing questions, a clear indication that he was engaged and committed to our field. Gonzaga never liked what he saw as the “division” in our field, but he never let that stand in his way of inspiring his

students to be advocates and provide the best services possible to those people whom he often described as “on the margins.” He believed in and fought for inclusion of people with disabilities and taught his students to move people with disabilities from “clienthood” to citizenship. Gonzaga da Gama was such a dear man, such a friend to so many, an inspired and inspiring teacher, a devoted and committed mentor, a consummate colleague.

Gonzaga was one of the few people whom I knew before I arrived at San José State University (SJSU) in January 2009. I was so excited that I would get to know him better and better. It is a real treat for a dean to have such a great colleagues in his college. Gonzaga and I had already had many good philosophical discussions and I looked forward to many more. I’ll not get to have them now, at least not with Gonzaga. But I promise my colleagues that we will keep his spirit alive. We will keep alive his radiance, his engaging and probing intellectualism, his commitment to students and his commitment to marginalized people.

Your colleagues will miss you Gonzaga. You have left a hole. Yet, rather than say, “a hole we cannot fill...,” because I know that you would not want that, I will say, “a hole that we will strive to fill.” At San José State University, we have established a memorial scholarship to honor Gonzaga. It will be given to a graduate student in our field who best exemplifies the ideals of inclusion, the celebration of diversity, and the creation of a socially just world that were so important to Gonzaga. If you want to be part of this memorial, please send your contribution to me at the address below, payable to San José State University – Gonzaga da Gama Scholarship.

Gonzaga, thank you your contributions to our field and thank you for making the world a better place for us all! ■

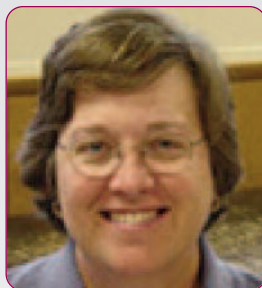
**Charlie Bullock, Ph.D.,** *Dean and Professor*  
College of Applied Sciences and Arts  
San José State University  
One Washington Square  
San José, CA 95192-0049  
(408) 924-2957

*(A very special thank you to  
Charlie Bullock, Ph.D. for writing this tribute.)*

A TRIBUTE TO

*Dr. Julia Kennon Dunn*

**D**r. Julia Kennon Dunn (1953-2009) was an Educator, an Empowerer, and an Encourager. She grew up in Florida and graduated from Lakewood High School in St. Petersburg. She earned her bachelor and master's degrees from The Florida State University specializing in therapeutic recreation. Julie studied under the mentorship of Dr. Jean Mundy and her master's thesis focused on parental guidelines for facilitating pre-school children's leisure education. Her college experience was filled with personal growth and development. As a member of Alpha Omicron Pi Sorority, Julie developed friendships that continued during her life. After serving as a recreation therapist in a community mental health setting, Julie followed her passion to become a therapeutic recreation educator. A doctoral degree from the University of Illinois at Urbana-Champaign completed her formal studies and was a beginning to her research in areas of assessment and evaluation. Dr. Dunn completed the first assessment chapter in the widely used *Therapeutic Recreation Program Design* text by Drs. C.A. Peterson and S.L. Gunn.



As an educator at Virginia Polytechnic Institute and State University, University of North Texas, and The Florida State University, Julie empowered therapeutic recreation (TR) students to become their best. Several former students shared that Julie challenged them and created opportunities for them to grow. Dana Dempsey, Director of Therapeutic Recreation, Texas Scottish Rite Hospital for Children, indicated Dr. Dunn opened doors for me to give my first public presentation and to hold my first part time job in TR which became the place where I was invited to intern. Dana said, "Julie was the one who instilled in me the belief that as a professional I have a responsibility to support my profession."

Julie was involved in her professional organizations as a director at large of the American Therapeutic Recreation Association (ATRA) in its formative years. She was recognized by ATRA in 1990 and 1991 with commendations. Ray West shared that Julie served as board liaison for the Philosophy and Definition and Research Committees. Much was accomplished, thanks to her diligent work. She also served on the ATRA Panel of Experts in 1994. Dr. Dunn contributed chapters to two ATRA publications focusing

on her work related to research and quality management in TR.

Dr. Dunn presented at over 150 national, regional, and state professional conferences sharing her expertise in leisure education, assessment, research, and program evaluation. Her professional publications include articles in the *Therapeutic Recreation Journal*, *Research Into Action*, and *Expanding Horizons in Therapeutic Recreation*. Additionally, Dr. Dunn provided leadership to the National

Council for Therapeutic Recreation Certification serving on its board of directors, item writing committee, and paraprofessional committee. Julie chaired a highly successful Therapeutic Recreation Symposium for the Southwest in 1990 bringing in nationally recognized speakers and encouraging student participation at all levels.

In 1993, Julie became the ultimate educator, empowerer, and encourager to William, her son. Julie was active along with William in Cub and Boy Scouts, Mu Alpha Theta, and the Band Boosters. William opened new avenues for teaching and learning for Julie and she embraced each one with joy.

While in hospice, Julie continued to be an educator, empowerer, and encourager. Her spirit, love, and goodness are her legacy. The therapeutic recreation profession and many professionals are better because Dr. Julia Kennon Dunn was and is part of us.

The therapeutic recreation community gives thanks for Julie and for her many contributions as an exceptional educator, empowerer, and encourager. The therapeutic recreation professional community holds in our hearts Julie's beloved son, William, her mother and father, Julia and William Dunn, and her sister and brother-in-law, Ellen and Dave Scott.

As therapeutic recreation professionals we will continue our work as educators, empowerers, and encouragers as Julie did so well. ■

*(A special thank you to Jean Keller for writing this tribute and to Dr. Peg Connolly, Dr. Nancy Navar, Dr. Cheryl Beeler, Dana Dempsey and Ray West for their contributions and memories.)*

A TRIBUTE TO

*Dr. Jean Mundy*

Although not well known to many recreation therapists it is important that we pay tribute to Dr. Jean Mundy who passed away on Friday, July 3rd. Jean was one of the early pioneers in the development of Leisure Education.



Jean started her career at Florida State University in 1965 as an Assistant Professor and at that time held a joint appointment in the Department of Health, Physical Education and Recreation and the Department of Special Education. In this position, Jean did undergraduate teaching in both departments and began developing the Therapeutic Recreation curriculum at FSU. Jean was very involved in administering federal and state training grants with the Bureau of Education for the Handicapped and the Florida Health and Rehabilitative Services. As a principal investigator, Jean was successful in writing grants to garner more than \$1.6 million for FSU.

Jean was one of the first faculty members to conceptualize the leisure education process and publish the first book on the topic, *Leisure Education: Theory and Practice* (1979). Therapeutic Recreation as a profession was quick to utilize her ideas and content. TR personnel made appropriate adaptations of this material for use in clinical settings. Community Special Recreation personnel also incor-

porated these ideas especially with individuals with developmental disabilities. Her second book, *Leisure Education: A New Paradigm for a New Age*, was published in 1998. Dr. Peg Connolly, early in her career had the privilege of working with Dr. Mundy and, when asked what she remembered about Dr.

Mundy, stated "What I remember most about Jean was her incredible intelligence and her total reverence of leisure. She really practiced what she preached and lived life to the fullest."

In 1998 Jean was recognized for her outstanding publications in leisure education and received the National Literary Award given by the National Recreation and Park Association. Jean was recognized as a "Legend" in the field of parks and recreation by the American Academy for Park and Recreation Administrators in 2003.

We salute Jean for her contributions to the therapeutic recreation profession through her belief and love of leisure education and her development of leaders through the Florida State University therapeutic recreation program. ■

*(A very special thank you to Dr. Cheryl Beeler, Dr. Peg Connolly and Dr. Carol Peterson for their contributions to this tribute.)*

# AMERICAN THERAPEUTIC RECREATION ASSOCIATION



## 2009 ATRA Annual Conference MINNEAPOLIS ♦ MN October 3-6, 2009

Prepare to be inspired and energized! This fall, join hundreds of Recreation Therapists from across the U.S. and Canada as we gather in Minneapolis, Minnesota, for the ATRA Annual Conference – one of the best attended recreation therapy conferences in the United States. You'll have the opportunity to meet with other professionals, educators and students. Learn new information to integrate into your daily practice and be inspired by top-notch keynote speakers. Visit [www.atra-online.com](http://www.atra-online.com) for complete registration details.

**Earn up to 2.9 CEUs • Register by August 31st and Save \$25!**

**Full Conference Agenda and Registration Information: [www.atra-online.com](http://www.atra-online.com)**

**NCTRC does not preapprove any continuing education. NCTRC has not reviewed or approved the content of these materials, and does not endorse or sponsor any of the activities of ATRA.**



### SCHEDULE AT A GLANCE

#### SATURDAY, OCTOBER 3, 2009

##### Pre-Conference Intensives:

- 8:30 am Full Day:\* Dementia Practice Guidelines / Reiki / VA Institute
- Half Day: Evidence Based / Education, Economics / Heart Math, Wheelchair Taichi
- 5-7 pm Opening General Session
- 7 pm Exhibitor Social

#### SUNDAY, OCTOBER 4, 2009

- 7:15-8:15 am Public Policy Breakfast
- 8:30-10 am Membership Meeting
- 11:30 am-12 pm Team Meetings / Annual in TR Editors Meeting
- 12:15-1:45 pm Treatment Network Meetings
- 12 pm Student Lunch
- 2-5:30 pm Concurrent Educational Sessions
- 7 pm Optional Add-on: MS River Cruise

#### MONDAY, OCTOBER 5, 2009

- 8:30 am-12 pm Concurrent Educational Sessions
- 12-2 pm Working Lunch: Issues and Trends
- 2-5:30 pm Concurrent Educational Sessions
- 5 pm Red Hat Social
- 5:30-6:30 pm NCTRC Certificiant Meeting
- 6:30 pm Optional Add-on: Mall of America

#### TUESDAY, OCTOBER 6, 2009

- 8:30 am-12 pm Concurrent Educational Sessions
- 12-2 pm Lunch and Presidential Address: The Next 25 Years
- 2-5:30 pm Concurrent Educational Sessions
- 5:30 pm Host Committee Invites those who are staying over for Pizza!



## Pre-Conference Opportunity ATRA's 2009 Annual Conference in Minneapolis

Lisa Morgan, CTRS

**A**TRA would like to welcome Guest Speaker Dr. Zibin Guo to our 2009 Annual Conference in Minneapolis, Minnesota Oct. 3-6, 2009. Dr. Guo and Lisa Morgan, CTRS will present a four hour Pre-Conference Session on "Dancing in the Chair-Wheelchair Tai Chi" on Saturday, October 3 from 1 p.m.-5 p.m.

We are so very fortunate to have Dr. Guo at this conference. Dr. Guo, a medical anthropologist and Department Head at the University of Tennessee Chattanooga (UTC), is a highly regarded applied Tai Ji (Chi) master for his contribution of developing and promoting the form of wheelchair Tai Ji around the world.

Dr. Guo was invited by the officials of the Beijing 2008 Paralympic Committee and the China Disabled Persons' Federation to design, teach, and implement a performance and demonstration of Wheelchair Tai Ji for the Opening Ceremonies for the 2008 Paralympic Games with a group of 50

individuals who use wheelchairs.

During this pre-conference session, information will be shared on the extensive research that Dr. Guo has done to show the benefits of the therapeutic effects of wheelchair Tai Ji for someone with a significant physical disability. Dr. Guo is passionate to help recreation therapists with training and tools that can be used to better improve outcomes for our patients. He has an understanding of the role of a Recreational Therapist as he worked in this area earlier in his career.

This is an opportunity that you do not want to miss! Come learn more about Seated/Wheelchair Tai Ji and its potential of becoming one of the most effective, accessible, simple and economic mind and body exercises for people with ambulatory limitations. For questions regarding this session, please contact Lisa Morgan at [lmorgan@siskinrehab.org](mailto:lmorgan@siskinrehab.org). ■

## ATRA UPDATES

### Resources

#### Books

**T**he third edition of *Barrier-free travel: A nuts and bolts guide for wheelers and slow walkers* was recently published. It has been called the "definitive guide to accessible travel." It includes important details about accessible air travel, traveling with oxygen, accessible ground transportation, choosing a travel agent, on-line booking, accessible recreation and even budget travel. It's available at bookstores, through the publisher, Demos Publishing (800-532-8663) or on-line at [www.BarrierFreeTravel.net](http://www.BarrierFreeTravel.net).

#### Videos

The entire collection of 23 videos produced by the Recreation Video (RTV) Project is now available via streaming technology. This will enable the videos to be viewed by students in their classrooms and on their home computer or by recreation therapists at their agency or at home. Dr. David Austin, professor emeritus in the Department of Recreation, Park and Tourism Studies was the principal investigator of this project supported by a grant from the U.S. Department of Education. The videos cover a wide range of topics including therapeutic communication, professional ethics, clinical supervision, etc. To view any of the 23 videos use the link <http://scholarworks.it.edu/dspace/handle/2022/3378>. ■

### New Marketing Items Now Available from ATRA

#### Celebrate Recreational Therapy in Your Facility Anytime!

**A**TRA has purchased a limited quantity of items that members have requested to be used to celebrate and market Recreational Therapy in their agencies and to outside groups. Don't limit celebrations to July – anytime is a great time to highlight your services! Items are available for immediate shipment. **See Order Form on page 18.** ■



ATRA MARKETING ITEMS



**American Therapeutic Recreation Association**  
629 N. Main Street | Hattiesburg, MS 39401

**Order Form for Promotional Items**

Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Is this your  home or  work address? Daytime Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

*Product Details & Costs:*

	Qty Ordered	Price
<b>CLICK PENS: \$1.00 each or \$10.00 per dozen</b> Black ink ball-point clickable pen; reads Recreation Therapy: Restoring Function, Recreating Lives	_____	\$ _____
<b>POSTABLE NOTES: \$1.50 each or \$15.00 per dozen</b> 50 sheet self-adhesive notepad; features full color clipart on an off-white background with white reverse; reads Recreational Therapy... Restoring Function, Recreating Lives	_____	\$ _____
<b>LANYARD: \$6.00 each</b> 33" black lanyard with white text and plastic clip; reads Recreational Therapy * Restoring Function * Recreating Lives; features the ATRA logo (\$6.00 each) Perfect for staff members!	_____	\$ _____
<b>SHOPPING BAG: \$5.00 each</b> 12" wide X 12.5" tall X 8" deep; two 20" straps; includes hard-bottomed insert; reads Recreational Therapy Recycles Your Health	_____	\$ _____

	<b>Sub-Total</b>	\$ _____
Shipping --	Up to \$100 in merchandise: \$10.00	\$ _____
	Over \$100 in merchandise: \$12.00	\$ _____
Sales Tax 7% (MS residents only).....		\$ _____
	<b>TOTAL</b>	\$ _____

**Method of payment:**

- Check or money order enclosed (US dollars payable to ATRA)
- Purchase order # \_\_\_\_\_ (A copy of P.O. must accompany this form)
- Credit Card  Visa  Master Card  Discover

For credit card purchase: I authorize payment for the items listed:

Signature \_\_\_\_\_  
 Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Name on card \_\_\_\_\_ V # (last 3 digits by signature) \_\_\_\_\_

**FAX to 601-582-3354**  
**Mail to: ATRA, 629 N. Main Street, Hattiesburg, MS 39401**  
**Questions, Call: 601-450-ATRA (2872)**

## Join ATRA Leadership for the monthly ATRA Membership Calls/Webinars

Stay posted on ATRA News and learn from the presentations on current topics featured on the monthly ATRA Membership Calls/Webinars. The format is teleconference and webinar which allow you to join by phone and also electronically to view the presentations on your computer. If unable to join electronically, the handouts may be printed to view during the call.

Watch for the email announcements from ATRA describing details of the calls and follow the instructions in the announcements to register for the calls. After you register you will receive the toll-free dial-in number and your personal password to join the call and link to join electronically. The calls are interactive and allow for questions to be asked by the participants. Each participant is asked to complete an electronic evaluation following the call. This information is used by the ATRA Board to plan calls for the future which will provide information based on the needs of the ATRA Members.

The Membership Calls are scheduled for the last Thursday of each month at 1:00 p.m. Eastern and are open to all ATRA Members. Please join us! ■

## ATRA Webinar Schedule

Need CEUs? Check out the ATRA Webinar Schedule for 2009!

This is a great way to earn CEUs without leaving your facility! For a complete schedule of speakers, details and pricing, click here:

[http://atra-online.com/cms/images//2009\\_teleconference\\_0209.pdf](http://atra-online.com/cms/images//2009_teleconference_0209.pdf)

### SERIES D: TBI/Polytrauma

(September – October)

- D2: **The Role of RT in Polytrauma...From Acute Care to the Community** (9/16/09)
- D3: **Community Reintegration A-Z: Adaptive Recreation & Life SkillZ** (10/7/09)

### SERIES E: Professional Issues

(October – December)

- E1: **How to Talk to Your Administrator** (10/28/09)  
ATRA Members Non Members
- E2: **Code of Ethics Update** (11/5/09)  
ATRA Members Non Members
- E3: **Civic Engagement Through Involvement in Professional Organizations** (12/3/09) ■

## ATRA Calendar and Important Links

- October 2-5 **ATRA Annual Conference | Minneapolis, MN**  
The meeting will be held at the Hyatt Regency Minneapolis. Rooms must be reserved before September 9. The room rate is \$129 (Single/Double) and the number to call for reservations is 612-370-1234.
- October 15 **Deadline for Leadership ATRA**  
(See pages 10 and 11 for Application) ■



## BOARD OF DIRECTORS

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## Presenting the Newly Revised ATRA Code of Ethics

Many thanks to the ATRA Ethics Team – Nancy Montgomery, CTRS; Wayne Pollock, CTRS and Suzette Smith, CTRS for their work on recommending major revisions to the ATRA Code of Ethics.

The Team had previously enlisted and received feedback from two distinguished external evaluators: Dr. Lawrence Hultgren from Virginia Wesleyan College and Dr. Adrian Popa from Gonzaga University. Both external evaluators have backgrounds in organizational leadership and /or ethics.

After reviewing and deliberating the information provided by

the external evaluators, the Team felt that the evaluators provided them with an excellent foundation from which to propose updates to our Association's Code. The external evaluators' recommendations, along with the Team's professional expertise yielded 3 major recommendations to the ATRA Board of Directors. The Board reviewed the recommendations, incorporated many revisions, and approved a newly revised ATRA Code of Ethics. The work of the Ethics Team is greatly appreciated by the Board and it is felt that the new Code provides a solid ethical foundation for the profession. ■

### ATRA CODE OF ETHICS

REVISED JULY 2009

The American Therapeutic Recreation Association's Code of Ethics is to be used as a guide for promoting and maintaining the highest standards of ethical behavior. The Code applies to all Recreational Therapy personnel. The term Recreational Therapy personnel includes Certified Therapeutic Recreation Specialists (CTRS), recreational therapy assistants and recreational therapy students. Acceptance of membership in the American Therapeutic Recreation Association commits a member to adherence to these principles.

#### PRINCIPLE 1: BENEFICENCE

Recreational Therapy personnel shall treat persons served in an ethical manner by actively making efforts to provide for their well-being by maximizing possible benefits and relieving, lessening, or minimizing possible harm.

#### PRINCIPLE 2: NON-MALEFICENCE

Recreational Therapy personnel have an obligation to use their knowledge, skills, abilities, and judgment to help persons while respecting their decisions and protecting them from harm.

#### PRINCIPLE 3: AUTONOMY

Recreational Therapy personnel have a duty to preserve and protect the right of each individual to make his/her own choices. Each individual is to be given the opportunity to determine his/her own course of action in accordance with a plan freely chosen. In the case of individuals who are unable to exercise autonomy with regard to their care, recreational therapy personnel have the duty to respect the decisions of their qualified legal representative.

#### PRINCIPLE 4: JUSTICE

Recreational Therapy personnel are responsible for ensuring that individuals are served fairly and that there is equity in the distribution of services. Individuals should receive services without regard to race, color, creed, gender, sexual orientation, age, disability/disease, social and financial status.

#### PRINCIPLE 5: FIDELITY

Recreational Therapy personnel have an obligation, first and foremost, to be loyal, faithful, and meet commitments made to persons receiving services. In addition, Recreational Therapy

personnel have a secondary obligation to colleagues, agencies, and the profession.

#### PRINCIPLE 6: VERACITY

Recreational Therapy personnel shall be truthful and honest. Deception, by being dishonest or omitting what is true, should always be avoided.

#### PRINCIPLE 7: INFORMED CONSENT

Recreational Therapy personnel should provide services characterized by mutual respect and shared decision making. These personnel are responsible for providing each individual receiving service with information regarding the services, benefits, outcomes, length of treatment, expected activities, risk and limitations, including the professional's training and credentials. Informed consent is obtained when information needed to make a reasoned decision is provided by the professional to competent persons seeking services who then decide whether or not to accept the treatment.

#### PRINCIPLE 8: CONFIDENTIALITY & PRIVACY

Recreational Therapy personnel have a duty to disclose all relevant information to persons seeking services: they also have a corresponding duty not to disclose private information to third parties. If a situation arises that requires disclosure of confidential information about an individual (i.e.: to protect the individual's welfare or the interest of others) the professional has the responsibility to inform the individual served of the circumstances.

#### PRINCIPLE 9: COMPETENCE

Recreational Therapy personnel have the responsibility to maintain and improve their knowledge related to the profession and demonstrate current, competent practice to persons served. In addition, personnel have an obligation to maintain their credential.

#### PRINCIPLE 10: COMPLIANCE WITH LAWS AND REGULATIONS

Recreational Therapy personnel are responsible for complying with local, state and federal laws, regulations and ATRA policies governing the profession of Recreational Therapy.

**Your Info**

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 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
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**CEU Info**

“CEUs Through the Newsletter” is one of your membership benefits, and is **available to ATRA members ONLY**. To earn CEUs, complete the newsletter test and evaluation, and sign the verification statement below. Mail this page to ATRA with your CEU payment of \$10 (this fee is per newsletter test). If you achieve a passing score of 70%, you will receive .1 CEU (1 contact hour). Please allow 6-8 weeks for processing and receiving your official transcript. If you require expedited processing, please contact the ATRA Office at 601.450.ATRA.

You may submit your test through **August 15, 2010** to earn CEUs. ATRA is an Authorized Provider of CEUs through the International Association of Continuing Education and Training.

**Learning Outcomes:** Following the reading of the newsletter the participants will be able to:

1. Identify which state is developing an accreditation program for RT in their state.
2. Identify the newest chapter of ATRA and the states involved.
3. List 2 outcomes of the TREC2 conference.
4. Identify 1 change made by CHEA.

**Verification Statement:**

I verify that I completed the test questions submitted for the Volume 25, #3 Newsletter, without assistance from another individual (the use of educational assistance to accommodate individuals with special needs is not included in this statement). I understand that this verification statement of independent work adheres to the professional code of ethics developed by ATRA.

Signature \_\_\_\_\_  
 Date \_\_\_\_\_

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**Post-Test** (*Select the best answer.*)

1. **Which state is in the process of establishing an academic accreditation program for recreational therapy professional preparation?**
  - a. South Carolina
  - b. California
  - c. North Carolina
  - d. New York
2. **The developed standards are consistent with the standards recommended by which accrediting body?**
  - a. Council on Accreditation of Allied Health Education Programs (CAAHEP)
  - b. Council on Accreditation sponsored by the National Recreation and Park Association
  - c. Council on Accreditation of Recreation Therapy Programs (CARTP)
  - d. Council on Accreditation of Healthcare Education Programs (CAHCEP)
3. **Which University’s Recreation Therapy Program volunteered to test the accreditation program?**
  - a. University of North Carolina – Chapel Hill
  - b. East Carolina University
  - c. North Carolina State University
  - d. Western Carolina University
4. **Which two states united and formed the newest ATRA Chapter, Northern Rockies Recreation Therapy Association (NRRTA)?**
  - a. Montana and Wyoming
  - b. North Dakota and South Dakota
  - c. Montana and South Dakota
  - d. North Dakota and Montana
5. **A large focus of the Therapeutic Recreation Education Conference 2 (TREC2) was on what professional concern?**
  - a. Licensure
  - b. Accreditation
  - c. Ethics
  - d. Standards of practice
6. **Three taskforces were some of the outcomes of the TREC2 conference. Which of the following is a focus of one of the taskforces?**
  - a. Licensure of the profession
  - b. Clearer definition of the field
  - c. Educator/practitioner outcomes research
  - d. The need for one organization to represent the profession.
7. **The Council for Higher Education Accreditation is incorporating into accreditation standards the measurement of**
  - a. Client outcomes
  - b. Instructor knowledge and skills
  - c. Student outcomes
  - d. Student knowledge and skills prior to enrolling in their first major course

8. **Dr. Zibin Guo and Lisa Morgan, CTRS will be presenting a four hour pre-conference session at the ATRA Annual Conference in Minneapolis, MN on what topic?**
  - a. Wheelchair dancing
  - b. Wheelchair Tai Chi
  - c. Wheelchair yoga
  - d. Wheelchair rhythmic dancing
9. **What professional might be considered the “mother” of leisure education?**
  - a. Dr. Carol Peterson
  - b. Dr. Norma Stumbo
  - c. Dr. Jean Mundy
  - d. Dr. Julie Dunn
10. **Dr. Julie Dunn was known for her research and writings in the area of**
  - a. Assessment and evaluation
  - b. Client outcomes
  - c. Practitioner research
  - d. Humor and its relation to stress management



**EVALUATION**

**I found the newsletter material to be:**

1. Very relevant to my professional practice.
2. Somewhat relevant to my practice.
3. Not relevant to my professional practice.

**The most useful topic that this test addressed was:**

1. Diagnostic/population issues.
2. Treatment/intervention issues.
3. Administrative/public policy issues.

**I found this issue of the ATRA newsletter to be:**

1. Very informative and useful.
2. Somewhat informative and useful.
3. Not informative or useful.





**American Therapeutic Recreation Association**

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Hattiesburg, Mississippi 39401  
Phone: 601.450.ATRA (2872)  
Fax: 601.582.3354  
www.atra-online.com

**Professional \$125.00**

Open to individuals who are certified as CTRS by the National Council for Therapeutic Recreation Certification. Please send a copy of your credential ID card or certificate.

**Associate \$100.00**

Open to individuals who currently meet the definition of therapeutic recreation assistant based on ATRA's Standards of Practice for Therapeutic Recreation Assistants.

**Supporting \$100.00**

Open to any individual who is interested in promoting the Therapeutic Recreation profession.

**Student \$65.00**

Open to any individual currently enrolled in a Therapeutic Recreation education program. Please list College or University.

**Provisional Professional \$65.00**

Open to any past student member of ATRA for the first year following their graduation. This is a one-year non-renewable membership.

**Professional Emeritus \$65.00**

Open to individuals who are retired from the practice of therapeutic recreation and holds or previously held the Certified Therapeutic Recreation Specialist (CTRS) credential from the National Council for Therapeutic Recreation Certification.

**Organizational \$325.00**

Open to any organization interested in supporting the Therapeutic Recreation profession.

The American Therapeutic Recreation Association was founded in 1984 to advance the profession of therapeutic recreation. ATRA is a non-profit, professional organization with priority focus on promoting the needs of recreational therapy professionals in healthcare and human service settings. ATRA recognizes the increased accountability demands and dramatic changes and challenges facing healthcare and human services today. The purpose of ATRA is to advance the field of therapeutic recreation as an effective and efficient component of healthcare. Membership benefits include: a membership packet, online Employment Update, newsletters six times a year, discounts on liability insurance, Annual in Therapeutic Recreation (online for members; hard copies sold at a discount), annual awards, professional and governmental updates, discounts on continuing education, student conference scholarships, educational offerings and more. Dues are not deductible as a charitable contribution for federal tax purposes, but may be deductible as a business expense. The portion of your dues spent on lobbying (7% in 2007) are not deductible.

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