

Therapeutic Recreation Education in Canada:
A Review of the Current Curriculum

Jennifer Ridgway, BRLS

Submitted in partial fulfillment of the requirements for the degree of
Masters of Arts in Applied Health Science
(Leisure Studies)

Under the supervision of Suzie Lane, Ed.D

Faculty of Applied Health Science, Brock University
St. Catharines, Ontario

THERAPEUTIC RECREATION EDUCATION IN CANADA

TABLE OF CONTENTS

CHAPTER ONE	INTRODUCTION	1
	Purpose	5
	Importance of Study	5
	Definition of Terms	6
CHAPTER TWO	REVIEW OF LITERATURE	8
	Development of a Profession	8
	TR Core Competencies	12
	Table 1, Thesis Proposal-Aligned Core Competencies	13
	Influences on TR curriculum in the United States and Canada	14
	Comparison to the United States	15
	NCTRC Eligibility Criteria	18
	Accreditation of TR Programs	19
	Comparison of Other Regulated Health Professions to TR	21
CHAPTER THREE	METHODS	25
	Research Approach	25
	Research Design	25
	Participants	26
	Survey Development	27
	Methods for Choosing Core Competencies for the Study	27
	Data Collection	29
	Data Analysis	31
	Reflexivity/Researcher Role	32
	Methods Conclusion	34
CHAPTER FOUR	RESULTS	35
	Summary of Participants	35
	Program Information	35
	Competencies-Profession	40
	Application of Competencies	45
	Concluding Remarks	47
CHAPTER FIVE	DISCUSSION	48
	Program Information	48
	Competencies-Profession	57
	Application of Competencies	63
	Limitations	65
	Future Research Suggestions	66
	Conclusion	67

THERAPEUTIC RECREATION EDUCATION IN CANADA

References	69
Appendices	73
A The Health Professions Regulatory Advisory Council	73
B Letter of Invitation	78
C Informed Consent Form	79
D Survey Questions	81
E Syllabus Review Table	84

THERAPEUTIC RECREATION EDUCATION IN CANADA

LIST OF TABLES

Table 1	Comparison of Provincial, National and International TR Governing Bodies vs. Thesis Proposal-Aligned Core Competencies	13
Table 2	Comparison of Department Names under Which TR Courses are Offered	36
Table 3	Comparison of Diploma or Degree Levels of TR Programs Offered	37
Table 4	Comparison of TR Course Titles Offered	38
Table 5	Comparison of Diploma or Degree Titles Offered	39
Table 6	Issues Considered When Developing TR Curriculum	39
Table 7	Defining an Entry-Level TR Professional	40
Table 8	Comparison of Core Competencies Taught Under Same Course Title	45
Table 9	Comparison of Provincial Standards of Practice	58
Table 10	Syllabus Review Table	84

THERAPEUTIC RECREATION EDUCATION IN CANADA

LIST OF CHARTS

Chart 1	TR Courses Offered vs. Required	37
Chart 2	TR Program Alignment: Professional Standards of Practice	42
Chart 3	TR Program Overview: Total # of Internship/Practicum Hours	46

THERAPEUTIC RECREATION EDUCATION IN CANADA

Abstract

This descriptive study sought to identify the similarities and differences between the various educational institutions offering therapeutic recreation curriculum across Canada. The study utilized mixed methods, including open and closed-ended questions on a survey and document analysis. The research participants were from 14 educational institutions located across the nation. Results from this study identify similarities and differences in the curriculum used to prepare students pursuing a career in the TR field. Core competencies and standards of practice for the field of therapeutic recreation were defined and discussed. Accreditation and the accrediting bodies in the field of TR are reviewed because of their significant impact on curriculum. Implications regarding certification and regulation pertaining to the education for therapeutic recreation practitioners were discussed along with suggestions for future research.

Therapeutic Recreation Education in Canada:

A Review of the Current Curriculum

Chapter One: Introduction

Therapeutic recreation (TR) is a relatively young profession in comparison to nursing, social work, and occupational therapy. According to Carter, Van Andel, and Robb (2003), “Therapeutic Recreation refers to the specialized application of recreation and experiential activities or interventions that assist in maintaining or improving the health status, functional capabilities, and ultimately the quality of life of people with special needs” (p. 9). In the literature review, an examination of three theories regarding how a vocation goes through the development process to become a profession will be discussed and compared to the field of TR. The three theories developed by Greenwood (1957), Wilensky (1964), and Sessoms (1991) mention a body of knowledge that is required for safe and effective practice. In this way, the curriculum is embedded in professionalism as it dictates what entry-level individuals should learn prior to entering a field and beginning practice. This study examined the TR curriculum across Canada.

Research by Autry, Stephen, and Sklar (2010), stated they “believe education and specifically professional preparation is of paramount importance to the therapeutic recreation profession” (p. 162). Marchildon (2006) explained that, in Canada, “A therapeutic recreation specialist may hold a certificate, diploma or degree in any number of fields and may have completed only one course in TR” (p. 3). There is a need to explore what is being taught to TR students in Canada in order to ensure that professional standards are met, which would protect clients from receiving inferior services from individuals claiming to be therapeutic recreation specialists (TRS). As stated by Thomas and Ostiguy (1998), “Little work has been done on

examining the education preparation for TR specialists in Canada” (p. 31). Although this statement was made 13 years ago, it remains true today as demonstrated by the minimal research available.

In Canada, many of the provincial therapeutic recreation associations have been exploring various options to promote themselves in the most professional manner possible. According to the Canadian Therapeutic Recreation Association (CTRA) website, “Certification has been a TR topic of conversation for several years. Many people in the profession feel it is an integral stepping stone for the profession in order to protect consumers, the public and to advance towards regulation/licensure” (p. 1). The clear education expectations imposed by the National Council for Therapeutic Recreation Certification (NCTRC) helped educators in the United States determine course content because all individuals who would like to practice as therapeutic recreation practitioners must have the Certified Therapeutic Recreation Specialist (CTRS) credential in order to meet the minimum employment requirements. An individual is awarded the CTRS credential after successful completion of an exam developed by the NCTRC. After many years of discussion “In May 2009 the CTRA and the NCTRC agreed to a partnership where the NCTRC certification credential-CTRS (Certified Therapeutic Recreation Specialist)- would be the recognized certification credential in Canada” (p. 1). In the province of Nova Scotia, one must be a CTRS in good standing before applying for a position as a therapeutic recreation practitioner. British Columbia and Newfoundland are following Nova Scotia’s lead by listing the CTRS credential as a required qualification. In Ontario, usually in a hospital setting, which is where the job title “recreation therapist” is most often used, the statement “CTRS preferred” has been appearing on job postings. Without a clear nationwide expectation or unified direction, many provinces have developed local standards of practices that compound the

inconsistencies across the country. Certification is relevant to TR education in Canada because if the entry requirement to practice involves becoming certified then education institutions will be encouraged to tailor their curriculum to enable students to be able to meet that mandate.

Many professional disciplines began with a certification process prior to applying to become regulated. Completing the regulation process is no small accomplishment. In order for a health profession to be regulated in Canada, it must first be approved by the provincial regulatory body. In Ontario, it must go through a process established by the Health Professions Regulatory Advisory Council (HPRAC). The therapeutic recreation governing body in Ontario is Therapeutic Recreation Ontario (TRO). TRO has presented an application to HPRAC that is scheduled for review in 2013. TRO proposes that an individual may apply to become a regulated therapeutic recreation practitioner in Ontario by one of two methods. The first method is by being awarded the Registered Member of Therapeutic Recreation Ontario (R/TRO) credential; the second is by being awarded the CTRS credential. According to the TRO website, in order to use the R/TRO designation, an individual must go through an application process that involves demonstrating TR experience, formal education, professional affiliation, and professional contributions. Each component includes a minimum and maximum point allotment in each section, and successful candidates must acquire the minimum number of points in all categories as well as a satisfactory overall score of at least 200 points. Both the R/TRO and CTRS credentials must be maintained by paying annual dues. Currently, the CTRS credential includes a professional continuing education policy. TRO members have been notified to collect professional contribution credits (PCCs) because a process for monitoring professional development will soon be implemented.

The HPRAC follows the Regulated Health Professions Act (RHPA) of 1991 to determine if a health profession may be considered for regulation. The HPRAC uses a highly structured method to separate criteria into two categories: primary and secondary. In the primary criterion process, the profession must demonstrate, through evidence, that there is a risk of harm to the public if non-regulated individuals are permitted to provide services. Only when the profession has satisfied the primary criterion may it proceed to the secondary criterion. The secondary criterion examines whether regulation under the Regulated Health Professionals Act is the most appropriate way of protecting the public. The primary criterion, which includes 10 questions, is one component. The secondary criterion includes seven components that are divided into multiple questions. The purpose of this study is to provide the research data required to assist in addressing one of the secondary criteria, which is titled Educational Requirements for Entry to Practice. This criterion encompasses six questions that can be found, along with the other HPRAC criteria, in Appendix A. There is a need to understand what Canadian TR students are being taught in order to prepare them to practice in the field.

Currently, there are no accredited TR education programs in Canada. Accreditation applies to institutions or programs whereas; certification, registration, and licensure apply to individuals. In the United States, the curricula of the majority of TR programs go through an accreditation process that is overseen by one of two professional organizations: the Committee of Accreditation of Recreation Therapy Education (CARTE), which is associated with the Commission on Accreditation of Allied Health Education programs (CAAHEP), or the Council on Accreditation of Parks, Recreation, Tourism and Related Professions (COAPRT). Both accreditation bodies will be discussed further in chapter two.

Purpose

The purpose of this study was to examine current TR curriculum in Canada. Accreditation and the accrediting bodies in the field of TR were discussed because of the important influence they have on curriculum. Van Puymbroeck, Austin, and McCormick (2010) suggested, “curriculum is the primary vehicle for assuring quality professional preparation for those who enter the therapeutic recreation profession” (p. 214). Canadian therapeutic recreation practitioners have been striving toward improving professionalism for the past few decades. Variations in curricula and inconsistencies in job titles, qualifications, standards for employment, differing educational requirements, and a lack of cohesiveness surrounding entry level core competencies to enter practice are barriers. Marchildon (2006) argued “more information about educational preparation programs is needed to assist the growth and development of the therapeutic recreation profession in Canada” (p. 8).

This information is of great importance because “what occurs within therapeutic recreation in the 21st century will largely be determined by the type of curriculum provided by those studying in our universities” (Van Puymbroeck et al., 2010, p. 214). The aim of the study was to uncover the similarities and differences in curricula being taught throughout Canada.

Importance of this Study

This study provided evidence of core competencies that educational institutions in Canada are teaching entry-level therapeutic recreation professionals. The information obtained from this study will be reported to TRO and used to answer a specific criteria question for the Health Professionals Regulatory Advisory Council in order for the field of therapeutic recreation to be considered for regulation.

Definition of Terms

For the purpose of this study, the following definitions were used:

Therapeutic recreation. Therapeutic recreation is a process that utilizes functional intervention, education, and recreation participation to enable persons with physical, cognitive, emotional or social limitations (or a combination of all four) to acquire and maintain the skills, knowledge, and behaviours that will allow them to enjoy their leisure optimally, function independently with the least amount of assistance, and participate as fully as possible in society. Therapeutic recreation intervention is provided by trained professionals in clinical or community settings or both (Therapeutic Recreation Ontario, Standards of Practice for Therapeutic Recreation, 2004, p. 2).

Competencies. Competencies may be defined as the practical application of knowledge into purposeful action. (Therapeutic Recreation Ontario, Standards of Practice for Therapeutic Recreation, 2004, p. 21.).

Core competencies. Core competencies refer specifically to “a group or compilation of skills or procedures requiring the ability of an individual to successfully or competently perform the requisite action” (Axley, 2008, p. 216).

Knowledge. Knowledge is the comprehension and understanding necessary to successfully deliver therapeutic recreation services (Therapeutic Recreation Ontario, Standards of Practice for Therapeutic Recreation, 2004, p. 22).

Professionalism. “Clearly, professionalism is an ideal that encompasses widely held expectations of, and objective standards for evaluating, any field that calls itself a profession” (Wood, 2004, p. 249).

Accreditation. Accreditation “is a status granted to an institution, program, or other

entity that meets stated criteria of quality” (National Recreation and Park Association Website, 2012, p. 1).

Chapter 2: Review of Literature

This chapter reports a review of literature relevant to the nature of this study. Three theories were examined regarding the development of a profession and they will be discussed and compared to the professional development of TR. The following topics will also be discussed; the accreditation of TR programs, core competencies, a comparison of the field of TR in Canada and in the United States, the history of the field in both countries and a comparison of two regulated health professions to TR.

Development of a Profession

The work of Greenwood (1957), Wilensky (1964), and Sessoms (1991) will be discussed and compared to the professional development of therapeutic recreation to provide context to what has been accomplished in the field and to identify the steps required to establish professionalism. In 1957, Greenwood described the following five components as the attributes of a profession: (a) a systematic body of knowledge; (b) professional authority and credibility; (c) regulation and control of members; (d) a professional code of ethics; and (e) a culture of values, norms, and symbols. These attributes closely resemble Wilensky's (1964) development of a professional model, which he created to examine social welfare occupations. Wilensky's model also described the five key steps he believed were required for a field to be considered a profession.

Wilensky (1964) stated:

In the minds of both the lay public and professional group themselves the criteria of distinction seem to be two: (1) the job of the professional is *technical*—based on systematic knowledge or doctrine acquired only through long prescribed training. (2) The professional man adheres to a set of *professional norms*. (p. 138)

He examined the steps that 18 occupations had taken to achieve professionalization. He considered the support generated and the political and social pressures that took place along the path. From the results, he outlined a five-step process that an occupation typically follows in order to be considered a profession. The five-step process includes systematic theory, authority, community sanction, code of ethics, and professional events. This model is used to compare emerging professions against “true” professions that have been established for many years, such as medicine and law.

Wilensky (1964) further stated:

But the success of the claim to professional status is governed also by the degree to which the practitioners conform to a set of moral norms that characterize the established profession. These norms dictate not only that the practitioner do technically competent, high-quality work, but that he adhere to a service ideal—devotion to the client’s interests more than personal or commercial profit should guide decisions when the two are in conflict. (p. 140)

Carter (1998) indicated how the TR professional meets the five steps in Wilensky’s model of professional development:

Step One: Systematic Theory. “A professional body of knowledge is developed through research and publications” (Carter, 1998, n.p.). Over the years, many professional journals have been established to share knowledge, including the *Recreation in Treatment Centers*, published in 1954; the *Recreation for the Ill and Handicapped*, published in 1957; the *Therapeutic Recreation Journal*, published in 1967; and *The Annual in Therapeutic Recreation*, published in 1990. These journals are just one method of the organized information sharing taking place in the field. Many textbooks specific to TR practice have been published as well.

Step Two: Authority. “A profession’s authority evolves from the body of knowledge developed by theories and scientific investigation” (Carter, 1998, n.p.). Therapeutic recreation has developed bachelor’s degree, master’s degree, and doctoral programs. Standards of practice outline competencies that professionals are expected to perform. As Carter (1998) stated, “The documents represent effort by the profession to establish their authority over specific service areas” (n.p.). Standards of practice have been developed provincially, nationally, and internationally in order to outline the scope of practice for a profession.

Step Three: Community Sanction: “Professionals strive to gain public recognition for services defined in practice standards” (Carter, 1998, n.p.). This can be accomplished by registering with the provincial professional body and complying with standards of practice as well as through certification by taking the established exam and earning the CTRS credential.

Step Four: Code of Ethics: “Through a code of ethics a profession’s commitment to its service mission becomes a matter of public record” (Carter, 1998, n.p.). When joining an association, one should agree with the mission statement, and therefore uphold and promote the philosophy of the service mission. The association should be a self-regulating working group that defines ethics, standards of practice, and titles and dictates the body of knowledge required to practice effectively.

Step Five: Professional Events: “The series of events in professionalization begins with individuals providing needed services” (Carter, 1998, n.p.). This viewpoint definitely pertains to TR because individuals were practicing quite some time before formal training was available. The needs first recognized in military hospitals and settlement houses in the early 1900s have provided confirmation of the benefits of TR services. Since then, education opportunities have

been created from the diploma to the doctorate levels. Professional bodies, standards of practice, a code of ethics, and credentialing have been created based on the location of the practitioner.

When reviewing the comparison Carter (1998) made between TR and Wilensky's (1964) five-step process, the field performs well meeting four out of the five steps. Step Three: Community Sanction is not yet accomplished for the field of TR across Canada, as it is not mandatory for professionals in all provinces to become certified through an exam process prior to entering into practice. There is always room for more research and improved consistency; however, the profession has made great strides over the past few decades. Many TR professionals are pursuing credentialing and regulation, and a few have obtained licensure. It would seem that, from Wilensky's perspective, credentialing is the next natural step in professional development.

Sessoms (1991) described four areas as being necessary for an occupation to become a profession: (a) a social mandate, (b) acceptance that the practitioner requires specialized training and knowledge is made by both the service provider and the recipient, (c) formal professional organizations must be established that are held responsible for the control and destiny of the profession, and (d) a formal preparation program must be available to provide knowledge to those who wish to practice. Sessoms' four areas for an occupation to become a profession are similar to both Wilensky's (1964) five-step development of a profession model and Greenwood's (1957) five attributes of a profession. In this study we focused on the knowledge component, which all three authors mentioned as being a necessary "area," "step," or "attribute" in order to be considered a profession. Currently, university and college TR programs in Canada do not follow standardized curricula which may increase the risk of some components not being taught.

The work of Greenwood (1957), Sessoms (1991), Wilensky (1964), and Carter (1998)

focused on the importance of consistency in education for the development of a profession. TR in Canada must first agree to a consistent standards of practice to which curriculum is aligned in order to advance the field of TR on its journey to establish itself as a profession.

TR Core Competencies

The word *competency* is used a great deal when discussing professionalism. According to Axley (2008), “the concept of competency is believed to have originated in the legal profession and in the area of industrial psychology” (p. 215). Axley (2008) stated, “‘core competencies’ refer specifically to a group or compilation of skills or procedures requiring the ability of an individual to successfully or competently perform the requisite action” (p. 215). TR practice in Canada must clearly define the core competencies required to enter into practice before a curriculum can ensure it meets a minimum standard.

Table 1 which follows, provides a comparison of the NCTRC’s 14 job task domains (according to their job analysis report) and the TRO’s nine standards of practice (published by the TRO) to the 11 standards of practice that are published by the Canadian Therapeutic Recreation Association (CTRA). An examination of these three documents indicates that there are more similarities than differences in what each organization states is necessary for TR practitioners to practice. This researcher asked six TR professionals to analyze the core competencies described by the NCTRC, TRO, and CTRA, resulting in the 15 core competencies being selected for use in this study. The core competencies were used as a guide to determine if similar competencies are being taught to Canadian TR students. A more detailed description of how Table 1 was utilized will be discussed later in the methods section along with the process of determining the 15 core competencies used in the study.

Table 1

Comparison of Provincial, National, and International TR Governing Bodies vs. Thesis Proposal-Aligned Core Competencies

- **bold text indicates alignment among governing bodies and thesis proposal**

	NCTRC Job Tasks	TRO Standards of Practice	CTRA Standards of Practice	Thesis Proposal-Aligned Core Competencies
1	Professional Roles and Responsibilities	TR* Assessment	Assessment	Assessment
2	Assessment	TR Intervention Plan	Intervention Plan Development	Intervention Plan
3	Planning Interventions and/or Programs	TR Program Development	Intervention Plan Implementation	Implementation
4	Implementation, Interventions, and/or Programs	TR Program Delivery	Documentation	Evaluation
5	Evaluation Outcomes of the Interventions/Programs	TR Documentation	Evaluation	Documentation
6	Documenting Intervention Services	TR Evaluation	Interdisciplinary Collaboration	Interdisciplinary Work
7	Working with Treatment and/or Service Teams	TR Research	Professional Development	TR Program Development
8	Organizing Programs	TR Professional Development	Research	Professional Development
9	Managing TR/RT Services	TR and Community Practice	Ethics	Research
10	Public Awareness and Advocacy		Sensitivity to Diversity	Public Awareness and Advocacy
11	Foundational Knowledge		Risk Management	Foundational Knowledge
12	Organization of TR/RT Services			Risk Management
13	Advancement of the Profession			Sensitivity to Diversity
14	Practice of TR/RT			Ethics
15				Community

Influences on TR Curriculum in the United States and Canada

The field of therapeutic recreation was first acknowledged “as a specialty area in professional preparation during a national conference on the College Training of Recreation Leaders in 1937 at the University of Minnesota” (Stumbo, Carter, & Kim, 2004a, p. 33). Compton (2010) provided a brief history of the development of the TR profession in the United States, stating that it emerged from volunteer roots nested in World War II. In the 1960s, several educational institutions began to offer courses that responded to an era of institutionalization and that acknowledged the importance of patient engagement during idle hours. Compton (2010) explained that, in the 1970s, recreation departments formed, and formal education began focusing on the needs of individuals with disabilities. The National Recreation and Park Association, the federal government (with regard to the Civil Rights Act of 1964), and grants through the Bureau of Education for the Handicapped helped launch formal higher education programs in TR (Compton, 2010). In the 1980s and 1990s, credentialing was a major focus of the TR field in the United States. Compton (2010) argued “in our short history we have attempted to create a learning climate that embraces a dimension of life (recreation, play, and leisure) considered central to all members of society, yet essential to those who have been marginalized, hospitalized or otherwise excluded” (p. 158). Even though the history of TR differs between Canada and the United States, the shared goal of providing client-focused care for those facing barriers to engaging in recreation, play, and leisure is the same.

Canada did not recognize therapeutic recreation as a field until the latter part of the 20th century. Marchildon (2006) reported “in the early 1900s, it was not uncommon to find persons with backgrounds in social work, education, and physical activity working in the recreation field” (p. 5). Canadian colleges and universities began to offer courses in TR in the late 1970s

and early 1980s. In Canada, professionals in the field currently hold different educational backgrounds, professional memberships (provincial, national, or international), and even job titles. TR professionals may be identified as recreation therapists, recreationists, recreation programmers, or even wellness partners. The inconsistencies in titles may confuse the general public, not to mention individuals working in the field. The inconsistencies reside not only in job titles but also in educational requirements for a variety of positions as well as job responsibilities. The literature explains that the United States was in the same predicament a few decades ago that Canada finds itself in now. Sessoms (1991) stated, “There were arguments about who should be certified, which positions and criteria for certification should be used” (p. 22). The question remained: Who may be considered a TR professional? The United States answered by choosing a certification process through the National Council for Therapeutic Recreation Certification (NCTRC). The NCTRC is an independent credentialing organization that was established in 1981. The decision to use the NCTRC method involved stating that individuals must have completed a degree as one of the criteria to be considered eligible to sit for the certification exam created by the NCTRC. This meant there would be no “grandfathering” that would consider work experience as equal to the mandatory credentials/educational background required by the NCTRC. The pathways for an applicant to be considered eligible to take the certification exam will be explained later in the literature review.

Comparison to the United States

Within the field of therapeutic recreation, the United States has been a leader in professional development. The United States created curriculum and acknowledged TR as a profession years before Canada did, with Canada following only relatively recently. Many of the TR programs and curricula in the United States go through an accreditation process conducted by

either the Committee of Accreditation of Recreation Therapy Education (CARTE), which is under the umbrella of the Commission on Accreditation of Allied Health Education Programs (CAAHEP), or by the Council on Accreditation of Parks, Recreation, Tourism and Related Professions (COAPRT). Both of these accreditation bodies will be discussed later in this chapter. According to Stumbo, Carter, and Kim (2004b), “Curriculum design studies have emanated from concerns about the lack of curriculum standardization in the field and the desire to prepare professionals to work within the current health care arena.” (p. 55).

Stumbo (1986) conducted a content validity study to collect data to assist in a definition of entry-level knowledge for TR practice. She stated, “as the therapeutic recreation profession continues to advance, a more systematic effort is needed to define and validate the knowledge base and competences needed to practice” (p. 16). In 1996, a national therapeutic recreation curriculum study was conducted by Stumbo and Carter to obtain data regarding what was being taught in TR programs in both the United States and Canada. In 2003, Stumbo, Carter, and Kim conducted a similar study to obtain updated data to compare therapeutic recreation curricula across the United States and Canada to the original 1996 study. Canada was included in the study by means of surveys sent to therapeutic recreation coordinators at Canadian educational institutions who advertise that they offer a 4-year therapeutic recreation program. In comparison to schools in the United States, fewer Canadian schools participated, though specific numbers were not indicated.

One finding of the study explained “almost 80% of responding institutions reported revising their curriculum in the last three years and that NCTRC certification standards had the greatest influence on curriculum revision” (Stumbo et al. 2004a, p. 32). Another interesting fact that Stumbo et al. (2004a) reported is that “the relationship between professional preparation and

therapeutic recreation professionalization is found in the skills and knowledge areas that define entry-level practice” (p. 35). According to the American Therapeutic Recreation Association (ATRA) website “A qualified RT is someone who is nationally certified as a CTRS, usually referred to as recreation therapists. Qualified professionals are certified through the National Council for Therapeutic Recreation Certification” (p.2). In Canada, not all educational institutions that provide TR programs follow the NCTRC standards—rather, many follow provincial standards of practice that differ from province to province, which produces inconsistent preparation of entry-level professionals.

A longitudinal study in TR that further supports the findings of Stumbo, Carter, and Kim (2004a) was completed by Autry, Anderson, and Sklar (2010). Their study has been taking place over the past 3 decades. One of the trends being examined during this study was course offerings. The study began as part of the biannual recreation survey for the Society of Park and Recreation Educators, and in 1970, TR was identified in its own section for the first time. During the study, TR courses, facilities, and accreditation status were examined. Further reviews took place in 1980, 1990, and 1999, with the most recent comparison being completed in 2009. The 2009 survey study conducted by Autry, Anderson, and Sklar (2010) concluded the following:

As a result of the additional TR course and content standards from NCTRC, the data from the current study, in comparison to 1999, revealed an increase of almost two TR courses offered and required per program. While most programs increased courses and content, meeting these certification standards, some programs offered and required more courses than NCTRC requires. (p. 175)

In the United States, the education system may rely on the NCTRC standards to accurately describe the current competencies required to practice (Autry et al., 2010). Therefore,

it seems that the diagnostic and treatment modalities that TR professionals in the United States are expected to be able to utilize are described in the NCTRC standards. The NCTRC produces a job analysis report to publish their standards. The most recent job analysis was completed in 2007. The job analysis was conducted through a survey that was sent to 10,790 therapeutic recreation professionals, including individuals in the United States and Canada (all holding the CTRS designation). The purpose was to ensure that the certification exam's content was consistent with what was required to currently practice in the field. The 2007 *NCTRC Job Analysis Report* concluded, "It is evident that those job activities related to direct client care (including assessment, planning, implementation, evaluation, and documentation) are still viewed by respondents as the most important tasks in TR/RT" (p. 5). These five competencies are also included in TRO's and CTRA's standards of practice.

NCTRC Eligibility Criteria

The NCTRC (2010) outlined three pathways for an applicant to be considered eligible to take the certification exam that, when completed successfully, entitles the individual to use the credential of certified therapeutic recreation specialist (CTRS). The first pathway is the academic path, which involves having a bachelor's degree or higher with at least 18 semester hours in therapeutic recreation and recreation and leisure studies, a minimum of 15 semester hours in TR. In addition, a candidate must have at least 18 semester hours in the field of human services, including anatomy and physiology, human growth and development, and abnormal psychology and the completion of a three-month, full-time internship under the supervision of a CTRS.

The second pathway is titled Equivalency Path A. Here, a candidate possessing a bachelor's degree or higher, at least 18 semester hours in therapeutic recreation and recreation and leisure studies (with a minimum of 15 semester hours in TR courses), and at least five years

of full-time paid work experience in TR is considered eligible to sit for the exam.

The final pathway is Equivalency Path B, which requires a candidate to have a bachelor's degree or higher with at least 18 semester hours in therapeutic recreation and recreation and leisure studies and a minimum of 15 semester hours in TR courses. In addition, a candidate must have at least 18 semester hours in the field of human services, including anatomy and physiology, human growth and development, and abnormal psychology, and one year of full-time paid work experience under the supervision of a CTRS.

Accreditation of TR Programs

As mentioned earlier in this chapter many TR programs and curricula in the United States go through an accreditation process conducted by either the Committee of Accreditation of Recreation Therapy Education (CARTE), which is under the umbrella of the Commission on Accreditation of Allied Health Education Programs (CAAHEP), or by the Council on Accreditation of Parks, Recreation, Tourism and Related Professions (COAPRT). CARTE was established in 2008 by a group of educators and practitioners. Members of the North Carolina Recreation Therapy Association (NCTRA) began an ad hoc committee that worked on accreditation standards that would eventually become the NCTRA-CARTE. In 2010, CARTE published a report titled *Procedures for Accreditation of Education for Recreation Therapy Practice*. The report explained that NCTRA-CARTE used an adaptation of the American Therapeutic Recreation Association's (ATRA) *American Guidelines for Competency, Assessment and Curriculum Planning for Recreation Therapy Practice* to develop the accreditation program to review TR curricula.

In January 2010, the ATRA, with support from NCTRA, voted to use the work completed by NCTRA-CARTE to sponsor CARTE as a council on accreditation (CoA) under

the Commission on Accreditation of Allied Health Education Programs (CAAHEP), in order to be utilized as the national accreditation of education for recreation therapy practice. Approval was granted on April 19, 2010. Skalko and West (2010) reported, “For the first time in history, the recreational therapy profession has its first independent accreditation of educational programs that prepare professionals for recreational therapy practice (p. 202).” According to the NCTRC (2007), *Job Analysis Report*, approximately 86% of recreation therapists work in health-care settings. CARTE contends that its allied health focus makes it more appropriate for the field of recreation therapy. In a presentation given at the Canadian Therapeutic Recreation Conference (2011), CARTE presented a slide demonstrating the alignment of its standards with the NCTRC by highlighting the similarities of accreditation and credentialing.

The other accreditation organization of TR education programs is the Council on Accreditation of Parks, Recreation, Tourism and Related Professions (COAPRT). COAPRT was established in 1974 with the purpose of accrediting recreation, park resources, and leisure services curricula. COAPRT was recognized by the Council on Postsecondary Accreditation, which later became the Council for Higher Education Accreditation. The recent addition of a second accreditation body provides education institutions with a choice of who to pursue the process with.

Skalko et al. (2010) stated:

It is time for the recreation and parks and the recreational therapy profession to acknowledge the independent status of both professions. To acknowledge the existence of separate labor and academic classifications, separate and independent national certification mechanisms, independent state licensure laws, and distinctly different competencies for practice is the beginning of the vision of what can be accomplished by

both entities. (p. 210)

Both CARTE and COAPRT have been acknowledged by the Council on Accreditation (CoA).

COAPRT has a longer history of accrediting TR education programs as a subsection of parks and recreation. CARTE, on the other hand, is approaching the accreditation of TR education as a distinct discipline. Differences between the two organizations may have an impact on the development of TR education programs, which in turn could affect the consistency of preparedness of entry-level professionals.

Comparison of Other Regulated Health Professions to TR

Comparing TR to health professions that are regulated may illustrate the paths taken, the barriers that were overcome, and the members' attitudes and beliefs regarding regulation.

Occupational therapist comparison. In the 1980s, occupational therapists (OTs) in Canada found themselves in a time of uncertainty trying to decide upon the best professional path. Trentham (2001) stated that the “association made numerous changes during the 1980s to ensure its capacity to support and promote the profession” (p. 3). Through the turmoil, many changes were made and milestones were met. The Canadian Association of Occupational Therapists (CAOT) created guidelines for practice and updated education standards for occupational therapy students. A certification exam was developed and had its first sitting in 1986, which had been 30 years in the making. As Trentham (2001) observed, “The implementation of the National Certification Examination (NCE) enhanced the accountability of the profession” (p. 3). Trentham also explained that, from 1986–1988, “Committees were organized into divisions which included: Professional Representation, Credentialing, Professional Promotion, Professional Education, Standards, and Resource Management” (p. 3). These initiatives were successful in increasing membership, strengthening leadership, and

organizing a cohesive approach that focused on improving the profession's profile—all of which led Trentham to conclude, "The NCE represented an important accomplishment in providing a common standard for entry-level competency requirements" (p. 5).

The College of Occupational Therapists of Ontario (2010) stated, "Registration indicates to the public that their occupational therapist has met the entry-level practice requirements, and meets the Colleges standards of practice and quality assurance requirements" (p. 1). The growing pains that OTs felt in the 1980s seem similar to those experienced by TR professionals in the United States at the same time. Both fields concluded that a certification exam and standardized education were required to demonstrate competency to practice in the profession. TR professionals in Canada are now attempting to decide on a route to ensure that individuals are competent to practice in order to increase safety for the public.

Nursing comparison. Nursing is a professional occupation that is interesting to compare with TR. There are no debates regarding whether nursing is essential. The roles and expectations for nurses are clear and consistent, and standards are well established and articulated. Pearson, Fitzgerald, Walsh, and Borbasi (2002) stated, "What a good set of competency standards does is to provide a clear statement of what is considered to be important in competent performance in that profession" (p. 359). Registered practical nurses (RPN) cannot work outside their scope of practice as registered nurses (RN), even if the individual has many years of experience or the discretion of the employer deems it appropriate. In Canada, both provincially and nationally, TR standards of practice have been developed to define what is within the scope of practice for a recreation therapist and a recreation therapy assistant (RTA). However, the field of TR is not regulated; therefore, there is no title protection. As a result, employers are often unaware of what is within the scope of an RT or an RTA; let alone which one is qualified for which job.

According to Jordan, Thomas, Evans, and Green (2008), “The nursing profession first attempted to establish entry-level competency between 1900 and 1925 as state legislatures passed laws regulating the practice of nursing” (p. 87). In nursing, many “professions promote self-regulation through membership in order to control practice” (Pearson et al., 2002, p. 358). Pearson et al. (2002) went on to explain, “the prime function of the regulatory bodies is to ensure the safety of the public in its dealings with the profession. As part of their social contract, professionals accept responsibility to maintain standards of service to the public in return for status and remuneration” (p. 358). Making it a requirement for TR practitioners to become members of a regulatory body in order to be considered for employment would bring the field closer in line with both occupational therapist and nursing by making public safety a priority. Sessoms (1991) stated, “Obviously the certifying of practitioners is one way society and the professions verify their agreement on the expectations and roles to be performed” (p. 21). Having entry-level standards ensures that the public is protected and can have confidence in the care people receive.

A cross-border study was conducted by the Nursing Credentialing Research Coalition (NCRC, 1999) where 19,500 surveys were sent to nurses and 20 certifying organizations. It was reported “Fifty percent of responses by nurses included positive statements relative to their confidence, accountability, satisfaction, personal growth, credibility and competency as a direct result of certification” (NCRC, 2000, p. 11). Cary (2001) discussed the results of the NCRC study and observed, “Certified nurses’ reports attest to increased confidence, competence, credibility, and control all attributes of high-quality caregivers” (p. 47). It would seem that certification not only protects the public but also heightens the quality and confidence of care providers.

The College of Occupational Therapists, the Canadian Nursing Association, and the National Council for Therapeutic Recreation Certification all state that protecting the public by ensuring that professionals are qualified is the first priority for working in the particular field. The three organizations also have disciplinary processes established in the event that a professional's skills, abilities, or both come into question. Also, they all require that individuals renew their certification every three to five years. This process may involve writing an exam or providing proof of professional development or continued learning. These mandates ensure that an individual continues to learn and grow as a professional, maintaining abilities and competencies necessary to competently practice within the profession.

In summary, the work of Greenwood (1957), Wilensky (1964), and Sessoms (1991) describe the importance of an agreed upon knowledge bases and core competencies for a vocation to be considered a profession. A comparison of the field of TR in Canada to the United States demonstrates that Canada is in the predicament that the United States went through in the 1980s when they were deciding which professional route to choose. The United States decided to use the successful passing of NCTRC exam as the requirement to practice as a recreation therapist or therapeutic recreation specialist. Accreditation of many TR programs in the United States has been completed by the two accrediting bodies COAPRT and CARTE. The field of TR in Canada was compared to the regulated professions of occupational therapy and nursing in order to highlight that both those fields also experienced a cross roads in professional development where a decision needed to be made. Occupational therapy and nursing similar to TR professionals in the United States also chose the passing of an exam resulting in a credential as the minimum entry level standard.

Chapter Three: Methods

The purpose of this study was to explore therapeutic recreation curriculums across Canada. This chapter describes the research approach, research design, participants, survey development, reflexivity/researcher role, field access, selection criteria, data collection, data analysis, trustworthiness, and authenticity as well as confidentiality.

Research Approach

This study was conducted from a post-positivist worldview as this view seeks to “explain so that we can improve effectiveness and efficiency; to assist program planners, policy makers, managers, instructors, and others make objective decisions” (Van Ingen, 2011, p.1). This study matches this paradigm as it requests the educators to describe what they are teaching TR students. Therefore, the researcher and the participant are independent of one another in order to maximize objectivity. The post-positivist perspective is the best fit for this study because the goal is to understand a particular context, which is what institutions in Canada are teaching to TR students to prepare them to enter the field. Methods of the post-positivist worldview “Rely on multiple methods to capture as much of reality as possible” (Van Ingen, 2011, p.2). Producing data that can be generalized is not the intent but rather, obtaining data regarding how to improve the current state of the field is what will be of interest to educators, those currently employed in the field, and possibly those considering TR as a career choice.

Research Design

A descriptive study was selected “the primary purpose of descriptive research is to gather data that will lead to an accurate picture of a given phenomenon in contemporary life” (Kraus and Allen, 1998, p.65). Mixed-methods utilizing a survey which included both quantitative and qualitative questions as well as a document analysis were conducted. Kraus and

Allen (1998) stated, “of all the types of descriptive research in applied fields such as recreation, parks, and leisure studies, the most common form over the past several decades has been the survey” (p. 65). The use of a survey ensured that each participant was provided with the same information and instructions. Kraus and Allen (1998) explained “surveys usually gather data from many subjects at a given time and are concerned with drawing a picture of the entire group rather than profiles of individuals” (p.66). Using this method allowed for a larger sample of participants to be included in the study, making the data more meaningful. A disadvantage of the survey method is that it does not provide as much depth as the interview process may have. An interview provides the researcher with the opportunity to ask for clarification or further explanations. Surveys “may provide the first level of information about a subject that then points the way to later, in-depth analysis” (Kraus & Allen, 1998, p. 68). The document analysis which involved reviewing course syllabi provided an opportunity to clarify and examine more closely the similarities and differences in TR programs offered.

This study was conducted to determine how Canadian students are being prepared to work in the field of TR. This interest was created in response to the differing job titles, employment qualifications, and certification and registration requirements of different provinces. Investigating what is being taught could help individuals in the TR field establish a baseline for creating strategies to move the profession forward.

Participants

This study attempted to solicit participation from five universities and 15 colleges offering TR programs in Canada. The survey was sent to the coordinator of the TR program or designated representative. This study examined the course requirements from each institution that participated. I reviewed the “Canadian Post-Secondary Institutions with TR and Related

Offerings” list provided on the CTRA website. From the list of 22 educational institutions, I chose the facilities that offer either a diploma or a degree in TR. The two educational institutions that award a certificate were not included in this study. Also, one college that offers both a diploma and a certificate was included in the study, however only data pertaining to the diploma was utilized. Two colleges that offer a post graduate certificate in TR and was included in the study.

Survey Development

The research questionnaire created (Appendix D) was three pages long and consisted of 20 questions. The questions were divided into three subcategories: program information, competencies-profession, and application of competencies. The survey questions themselves were created through multiple influences. Attempting to collect data that could be used to satisfy the HPRAC education requirement component on the application for regulation was a factor. Studies that were conducted in the United States and that examined curricula by Stumbo and Carter (1999); Anderson, Ashton-Shaeffer, and Autry (2000); and Stumbo, Carter, and Kim (2004a) were examined to determine themes in questions. Input from the study’s advisory committee was also sought in order to tailor questions to maximize the data that could be extracted. Participants were asked to complete the survey and to e-mail the course syllabi to me for each of the TR courses they reported offering in order for document analysis to be conducted.

Method of Choosing Core Competencies for the Study

In order to obtain an agreed upon set of competencies, I conducted a small convenience sample study of TR practitioners currently practicing in the field. The participants are TR professionals who I have become acquainted with through working in the field. The sample included a graduate from Brock University, Dalhousie University, Concordia University,

Georgian College, Douglas College, and the University of Waterloo. Although the sample size was small ($n = 6$), four provinces were included in the study. Of the six participants three were CTRS's and three were not. The years of experience working in the field ranged from one year to eight years, with a mean of five years' experience. I gave the six participants a PDF copy of the NCTRC job tasks, the TRO's roles and competencies, and the CTRA's standards of practice. All of the PDFs included descriptions for each heading. I asked that the participants to review the documents and create a list of core competencies that they felt were necessary for an individual to be able to perform in order to enter practice in the field of therapeutic recreation. The participants returned lists to me with a range of nine to 12 competencies. Using the six lists of core competencies, I used a large piece of bristle board to compile the answers under each educational institute heading. Once I had posted all of the data and reviewed the findings I grouped their responses into themes. At first glance, there were four competencies that were identified by only one participant. After further review I found that three of those competencies were similar to other competencies already placed in a theme. For example, "advocacy and community" was listed by one participant. However, advocacy and community were competencies listed by other institutions as separate from one another. Therefore, the competency was not an anomaly; it was simply combined. I decided to separate the two competencies because they will both be included in the study. Two of the other outliers seem to be a case of wording rather than a separate thought. One of the competencies was "organizing programs," whereas other participants had stated "program development." I decided that the term "program development" would be used in this study because two other participants used that wording. The remaining competency that appeared as a difference in wording was "program delivery." The other five participants used the term "implementation"; therefore, it will be used

in this study. Only one competency seemed to not fit with the themes and it was “rapport building and trust fostering.” This was a competency not mentioned by any of the organizations that were reviewed for this study. Because only one participant mentioned this competency and it was not close in meaning or wording to any others, it will not be used in this study. This was the process that was utilized to develop the thesis-aligned core competencies, which were used in the survey. The competencies were included on the syllabus review table, which was located under the competencies-profession subheading on the survey. The purpose of the syllabus review table was for participants to list the course title and check off the core competencies taught under the course title. The syllabus review table is Table 10 and provided as Appendix E.

Field access. I was provided with contact information for some of the desired participants by my academic advisor. My academic advisor acquired this information from a variety of committees and task forces that she participates in. I also found links to most of the programs at the education settings included in this study on the CTRA’s website by going onto specific educational institutions websites, or by phoning the departments directly.

Data Collection

A letter of invitation was e-mailed to the coordinator of the TR programs chosen to participate in this study. The letter of invitation explained the purpose of the study and requested participation. An e-mail was sent one week later, which provided the informed consent form to participate in the study. An electronic version of the survey was then e-mailed along with the request for TR course syllabuses. The data collection took place over a four month period. During that time reminder e-mails were sent, phone calls were made and a hard copy of the materials sent in the e-mails were mailed (through the postal service) to the desired participants whom had not yet responded. I also asked my supervisor to phone the individuals who did not

respond, hoping to maximize the number of participants because I wanted to ensure that HPRAC would accept the study as satisfactory data to answer the education criteria question.

This study employed mixed method strategies to obtain the desired information. The mixed methods used were a survey, which is typically a quantitative method and document analysis which is a qualitative research method. Miller and Gatta (2006) explain that mixed methods "...approaches improve the quality of inferences overall; that is, the interpretation of some phenomenon can be better understood if one looks at it in multiple ways" (p.596). Patton (2002) stated that "qualitative findings are longer, more detailed, and variable in content; analysis is different because responses are neither systematic nor standardized. (pp. 20–21). This method of data collection is more time consuming because it requires interpretation rather than a mathematical equation. "Qualitative findings grow out of three kinds of data collection: (1) in-depth, open-ended interviews; (2) direct observation; and (3) written documents" (Patton, 2002, p. 4). I utilized document analysis through reviewing course syllabi from the participating universities and colleges across Canada. The data from the survey was inputted into an excel spreadsheet in order to be reviewed and analyzed. The coordinators of the TR program were contacted for course syllabi by e-mail, phone, or mail to solicit participation. I was then able to review the documents and compare the information against the data provided from the survey. Some institutions sent course outlines, which were brief descriptions of the programs, instead of syllabi; others inquired as to who would see the syllabi, and one institution did not receive ethics approval from the university to participate in the study due to the request for the syllabi. When inconsistencies arose, I attempted to contact the participants by e-mail, phone, or both to obtain more information and clarify discrepancies.

The data collected in this study was locked in my office at all times. Information sent to

me electronically was stored on my computer, which is password protected. The information will be shred and deleted as soon as this thesis has been successfully defended.

Data Analysis

The documentation analysis of the TR course syllabi was carried out using a table format. I used a table design similar to the accreditation check table used by COAPRT. I modified a copy of the results of an accreditation of a TR program. I added the course name under the appropriate educational institution and then checked off the boxes that corresponded to the competencies covered by that course. I then reviewed all documents in this fashion, checking off which courses teach what competencies. I compared what the participants checked off against what was documented in the materials provided by the institution. For the institutions that did not send any supportive documentation, I looked online at the course outlines provided on the schools' websites.

The varying return rate of surveys was a concern. With an $n = 20$ sample size, maximizing participation was crucial. I wanted to include all the programs in Canada that claim to provide TR education in order to obtain the most accurate information possible. With the study including institutions nationwide, a survey method was decided upon for this study. I offered to send the participants copies of the results as an incentive to participate.

I identified the participants as educational institution (EI) 1–14; EI was used in order to maintain anonymity. Comparing the survey responses to what is written in the course syllabi or course outlines provided confirmation or flagged inconsistencies in the data that were examined as a reliability technique. This study focused on course names, content, credit allotment per course, total number of TR courses offered, and internship. The internship component was examined to determine if it is mandatory; the length and structure-as well as the opportunity to

complete the internship under the supervision of a CTRS-were also investigated.

The survey consisted of both closed- and open-ended questions. Data provided from the closed-ended survey questions were gathered and compared. The open-ended questions were analyzed using open coding. I reviewed the data looking for similarities in thoughts and ideas. The next step was to colour code the data to further analyze the groupings of thoughts and ideas and establish themes.

I compared the survey answers to the data collected from the course syllabi or course outlines as a way to ensure reliability. When inconsistencies in data were found, I followed up by contacting the participant from the educational institution to provide clarity.

Reflexivity/Researcher Role

Due to my role in data collection as well as interpretation, I believe it is necessary to articulate my reasons for believing that regulation of the TR profession in Canada is a positive and valuable endeavor. I am employed as a recreation therapist in Ontario and am a registered member of Therapeutic Recreation Ontario, possess the R/TRO credential, and am a CTRS in good standing. Patton (2002) stated:

The qualitative analyst owns and is reflective about his or her own voice and perspective; a credible voice conveys authenticity and trustworthiness; complete objectivity being impossible and pure subjectivity undermining credibility, the researcher's focus reflects a balance between understanding and depicting the world authentically in all its complexity and of being self-analytical, politically aware, and reflexive in consciousness.” (p. 41).

I was aware of the potential of bias and reflected on this throughout the research process to ensure that a balance was accomplished and that the work produced would be credible. I kept a journal and discussed areas of concern with my advisor.

Trustworthiness and authenticity. Trustworthiness and authenticity refer to me keeping a journal throughout the research process. This journal was used to record thoughts, feelings, questions, and concerns I came across. Strebert-Speziale and Carpenter (2007) stated, “journaling during the time that one is engaged in the research also helps to keep an open mind and differentiate what the researcher’s thoughts are versus the ideas, comments, and activities of the participants” (p. 27). I believe the journal was a valuable tool because it allowed me to reflect throughout the study. Debriefing also took place between my faculty advisor, myself, and the advisory committee members throughout the research process. The advisory team has experience in the field of TR and was able to offer helpful advice and guidance.

I used analysis triangulation, journaling, and peer debriefing to ensure trustworthiness and authenticity. Analysis triangulation is “the use of two or more analytic techniques to analyze the same set of data” (Loiselle & Prefetto-McGrath, 2007, p. 494). The use of the survey method and document analysis provided analysis triangulation in this study. Kraus and Allen (1998) state, “The concept of triangulation involves combining different methodological designs and techniques to overcome possible weakness in data gathering or analysis” (p. 102). Journaling provided an opportunity to record concerns, questions, and thoughts in a journal throughout the study’s process. This was an excellent way to ensure bias remained in check and inconsistencies in findings were investigated. The debriefing sessions often involved discussions about issues or points of interest recorded in the journal. My advisor was able to provide background history as well as current considerations in practice.

Confidentiality. Confidentiality is an ethical consideration within all studies. Confidentiality was maintained in this study because the purpose was to understand the specific content that educational institutions are teaching. The participants signed a consent form

explaining informed voluntary consent prior to engaging in the study. The informed consent form stated that participating individuals could withdraw their consent at any time, and their institution would be eliminated from the study. None of the schools formally withdrew consent; however, one institution provided consent but did not return a completed survey. After multiple follow-up attempts, I decided to eliminate the institution from the study.

Methods Conclusion

This study provided evidence of core competencies that educational institutions in Canada are teaching entry-level therapeutic recreation professionals. This information will assist in answering an education requirements question for HPRAC. Moving toward regulation is a goal of the therapeutic recreation profession in order to provide protection for the public. Professionals want to be recognized as such, and they wish to have standard qualifications and job titles.

Chapter Four: Results

Summary of Participants

Of the 20 educational institutions that were contacted, 14 participated, giving an overall participation percentage of 70%. Of the 14 participants, four of the five universities participated. A department chair from the university that did not participate reported that an attempt was made to gain approval from its academic institution's research ethics board, but it was denied approval for participation due to the request for the course syllabi. The researcher followed up with this institution by emphasizing that completion of the survey component would be greatly appreciated; however, participation did not take place.

Of the colleges invited to participate, 10 of the 15 accepted the invitation. Data collected by Marchildon (2006) for a study titled "TR Education in Canada: A National Study," indicated that "some of the institutions did not answer questions because they felt they did not apply to their program or institution" (p. 13). Three of the four schools that did not participate in Marchildon's study also did not reply to the invitation to participate in this curriculum study. Marchildon reported that she followed up with phone calls and e-mails that did not elicit participation. I also phoned, e-mailed, and mailed a hard copy of the invitation letter, consent letter, and survey; however, this did not prompt a response.

The survey listed the questions in three subcategories: program information, competencies-profession, and application of competencies. I will provide the results organized under those three headings.

Program Information.

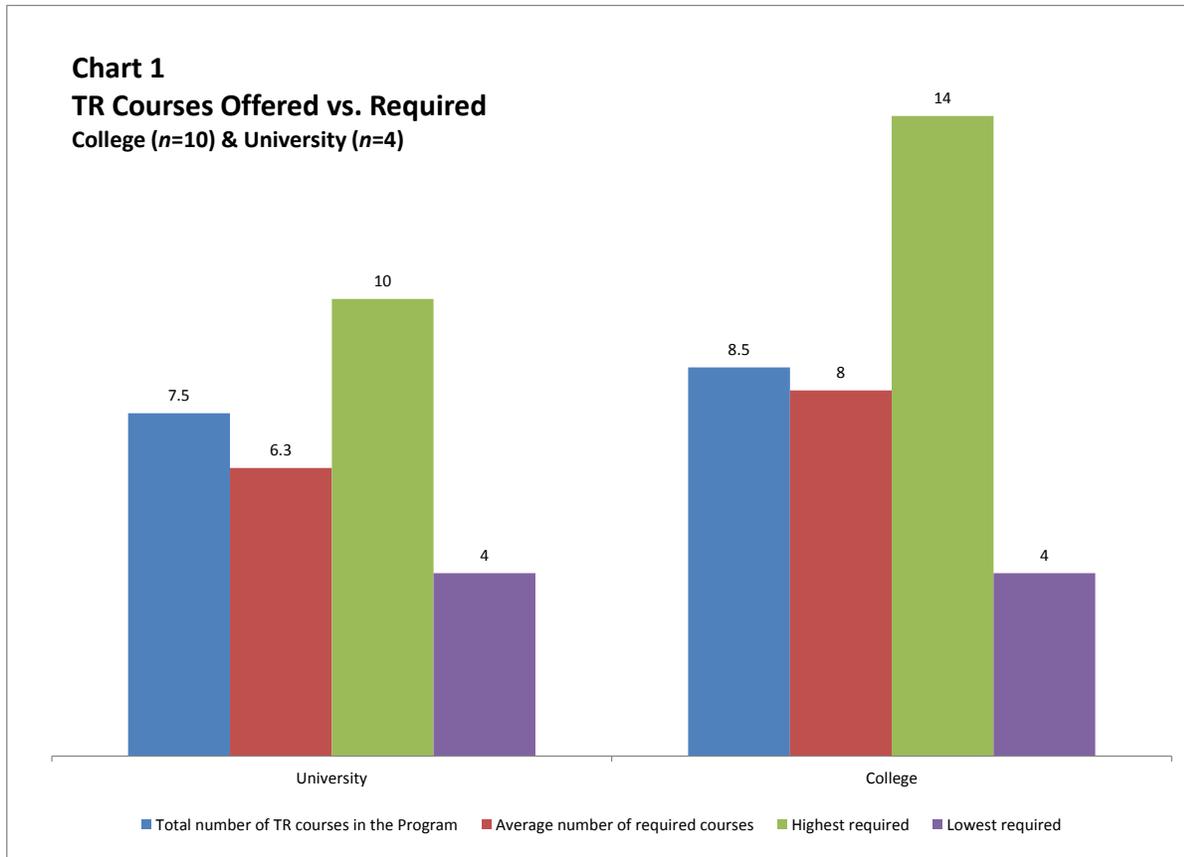
The department names that the TR courses were offered under varied greatly. Of the 14 institutions that participated in the study, 10 institutions had unique department names, while 3

titles were shared between institutions. Please see Table 2 below for a list of department names.

Table 2
Comparison of Departments under Which TR Courses Are Offered

Human Services (3)	Community Studies (2)	Department of Recreation and Leisure Studies (2)	Continuing Education	School of Sport and Recreation
School of Health Sciences	TR, Faculty of Child, Family, and Community Studies	Allied Health Department	School of Human Kinetics and Recreation	Leisure Studies

The average credit value for university courses was 3; colleges averaged 3.3 (two colleges used credit hours such as 42 or 60). On average, the universities offered 7.5 TR courses with the average number of required TR courses being 6.3. For the universities the range of required courses was 10 being the greatest to the smallest number of required courses being four with a mean of 6.3. The colleges offered eight and half TR courses on average, with an average of 8 being required TR courses. The highest number of required courses for colleges was 14, and the lowest number of required courses was four. Therefore, the lowest number of required TR courses was the same for universities and colleges. The chart 1 below illustrates this data.



Located below is Table 3, displaying the diploma and degree level (s) of the programs offered.

Table 3
 Comparison of Diploma or Degree Levels of TR Programs Offered

	Certificate	Diploma	Degree	Postgraduate Certificate	Master’s	Doctorate
College	1	7	1	2		
University			4		3	1

There were a total of 74 course titles reported. Of these courses, 23 were offered by universities, and 51 were offered by colleges. All 23 courses offered at universities used the term “therapeutic recreation.” Of the 51 courses offered at colleges, “therapeutic recreation” was used with the exception of eight courses which used the term “recreation therapy.” Although there

was great variation in course titles, a few of the titles were used across multiple institutions. The most common titles are displayed in Table 4. The number beside the title represents the number of times the title was reported by the participants.

Table 4
Comparison of TR Course Titles Offered

Foundations of TR (7)	Facilitation Techniques in TR (7)	Program Planning (6)	Leisure Education in TR (5)	Assessment and Documentation in TR (RT) (3)
TR Assessment (3)	TR Service Delivery (2)			

Although course names varied, themes could be seen in the remainder of the titles, such as various populations with disabilities, Disability and Aging, Leadership, Research, Issues in TR, Anatomy and Physiology, Administrative Concepts/Practices in TR, Community Supports/Resources, and Wellness and Health Promotion.

The responses from participants to the question, “What options for TR specialization are available in your program?” differed greatly. Three of the colleges stated that their diploma specialized in TR. One college stated that it offered a major; another stated it offered a concentration. Two of the colleges believed it was N/A from a college perspective, and two others left the question blank. Universities answered the question as follows: Two stated that they offer a degree, one offered a major, one offered an option, and one offered a concentration. There were more differences than similarities in the titles of the degree or diploma awarded to students upon program completion as illustrated in Table 5 below. The number provided in brackets represents the number of times the title was reported.

Table 5

Comparison of Diploma or Degree Titles Offered

Recreation Therapy Diploma (3)	Diploma in Therapeutic Recreation (3)	Therapeutic Recreation-Gerontology Diploma	Bachelor's in Therapeutic Recreation	Graduate Certificate in Therapeutic Recreation
Human Services Therapeutic Recreation	Certificate in Therapeutic Recreation	Bachelor of Recreation and Leisure (Therapeutic Recreation)	Master of Applied Health Science (Leisure)	Bachelor of Recreation, Bachelor of Recreation (cooperative)
Honours Bachelor in Therapeutic Recreation	Bachelor of Science (Recreation) Therapeutic Recreation			

The question, "What issues do you take into consideration when developing curriculum?" produced some answers that were common among the participants, as illustrated in Table 6 below.

Table 6

Issues Considered When Developing TR Curriculum

Current Trends/Feedback in the Industry (9)	NCTRC Standards (6)	Provincial Standards (4)	Faculty (2)	Advisory Committees (2)
College/University Standards (2)	Research (2)	Transfer Agreements (2)		

*(#) indicates number of institution responded

Other issues mentioned for consideration were focus groups, surveys, student factors (full time, part time, age), and practical experience.

Competencies-Profession

The first question in this section asked, “How would you define an entry-level professional?” Table 7 below displays the most common responses.

Table 7

Defining an Entry Level TR Professional

Individual who can perform basic TR Skills such as assess, plan, implement, and evaluate (7)	Emerging professional who has been working in the field with less than a year (2)
Participants stated adherence to professional standards (5)	Requires supervision (2)
Meeting NCTRC certification criteria (3)	Mentoring (1)
Understanding of core competencies (2)	

*(#) indicates number of institution responded

When asked to list the core competencies that the participants believe are necessary for entry-level professionals to practice, the answers were consistent. Provincial standards of practice were stated by five participants, NCTRC (job task analysis) was stated by two, and the rest of the participants listed the competencies that are included in the above-mentioned documents.

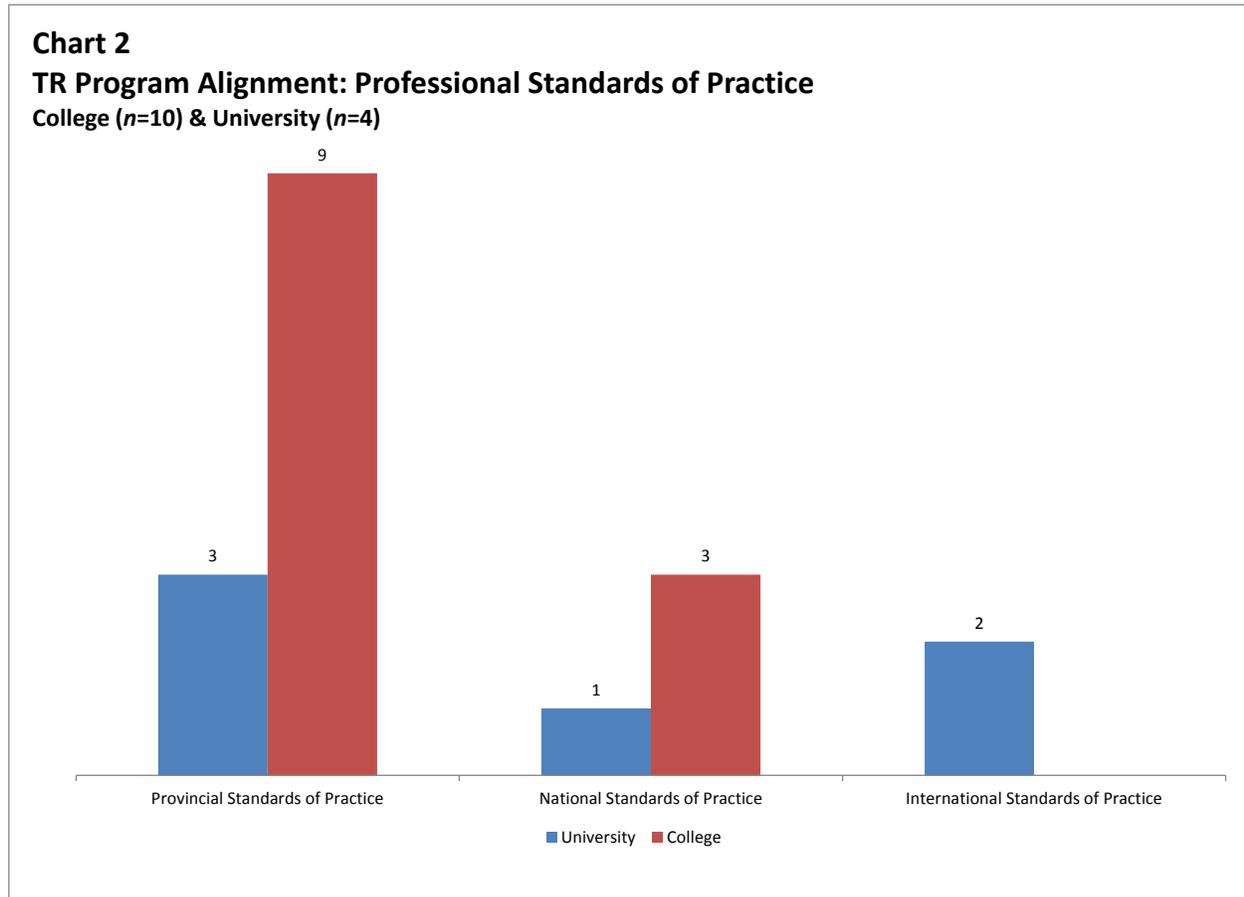
Some participants cited membership involvement in provincial TR organizations as one of the ways that they became aware of core competencies. One participant assisted in the writing of the standards of practice and core competencies for their provincial organization. Two other participants stated that their involvement on the educator committee of their provincial organization was where they gained some of their knowledge. One other participant mentioned being a professional member of their provincial organization, however did not provide details pertaining to their role. In total, nine participants reported that the provincial professional organizations provide the core competencies necessary for entry-level professionals to practice.

Three participants responded that the NCTRC is responsible, and three individuals mentioned experience in the field.

When asked, “In your opinion, what is the relationship between core competencies and standards of practice?” and “Do core competencies go beyond standards of practice?” the answers varied greatly. One participant replied that “one should replace the other because it is confusing”. Other responses included the following; core competencies are common among professionals (2), core competencies are the basic skills required to practice (2), core competencies provide greater detail on how things should be done (2), core competencies are learned as you grow professionally (1), and core competencies go beyond standards of practice (1). Another participant stated that core competencies enable standards of practice to be met. One participant replied that standards of practice go hand in hand with core competencies. Two participants stated that standards of practice are the skills required to work and standards of practice are specific and particular to job/role function, and another participant stated that professionals should begin with standards of practice. Finally, one participant stated that both core competencies and standards of practice are minimum standards.

Participants were asked, “Does your program align with a set of professional standards of practice in TR?” Two of the participants responded that their program did not align with one in particular. The provincial standards of practice were the most popular reply, with 12 of the participants stating alignment. Some of the participants answered that they align with more than one set of standards of practice that included national, meaning the Canadian Therapeutic Recreation Association (4); international, meaning the National Council for Therapeutic Recreation Certification (2); and provincial standards. None of the colleges mentioned being aligned with international standards of practice. Please see the Chart 2, *TR Program Alignment:*

Professional Standards of Practice below for an illustration on the data.



The participants were asked for their perspectives on certification through the National Council for Therapeutic Recreation Certification (NCTRC). The replies demonstrate a wide range of opinions on the topic. At one end of the spectrum, a participant stated, “NCTRC certification should be required to enter practice in Canada.” The support is shared by other participants with responses such as the following: “in full support” (2), “value as an option,” “we support certification,” “excellent option for students,” “it is very important to ensure that our professionals are competent at entry level and certification assures us of minimal level of knowledge,” and “support, professional recognition and certification.” One participant reported that it should be mandatory in order to obtain a therapist position. Three of the participants

agreed that professional regulation is important, but they questioned if NCTRC is the correct path. These three participants cited the provincial organization as the option on which they are currently focusing. One participant answered that the question was not suitable for diploma programs, and another replied that the participant's program does not meet the requirement by one course offering.

It was under this subheading of "Competencies—Profession" that the document analysis took place. A table was provided to participants so they could list the course title and then check off the appropriate core competencies that were covered in that course. This analysis provided a great deal of interesting information and caused the greatest amount of confusion for me. One institution listed every course taught within the program rather than the TR courses that it listed as offering in question four. One institution listed courses that were not mentioned in the list of courses, and when I asked for the syllabus I was told that the course had not been taught yet and would be offered the following year. The table provided an opportunity to check the titles of the courses and, therefore, it was used as a reliability technique, as it was designed to be. Two institutions were in the process of renaming their courses. Some of the institutions only put the course code rather than the name that I looked up online to verify which course was being examined. Of the four universities, all stated that their program covers the 15 core competencies used in this study. I examined the syllabi, outlines, and online descriptions and verified that the courses do cover the competencies. Of the 10 colleges participating in the study, six stated that they cover the all core competencies covered in this study. When I reviewed the documents, this appeared to be accurate. Some of the documents were vague, but the concepts were mentioned. I was pleased to have had the participation, even if some of the institutions did not send the syllabi. Of the four remaining colleges, two stated that they did not cover the research

competency. One college did not answer whether they covered the community competency because a definition was not provided, and they were unsure of how the term was being used in this study. One college stated that its program did not cover interdisciplinary work, professional development, sensitivity to diversity, or ethics. It was interesting to see how some institutions cover multiple competencies in many courses and how some focus on one competency within a course.

Table 8, illustrates, the seven course titles that were shared between the 14 participating institutions are provided. The number beside the title reflects the number of institutions that used the title. Along the top of the table, the core competencies used in the study are provided. The numbers under each competency reflect the number of institutions that reported that competency was covered in that course. For example, the course name Leisure Education in TR was reported by five participants. Of the five programs that reported the use of the course title all five stated that implementation and program development is taught in that course. Four of the five reported that assessment, intervention Plan, Evaluation, and Foundational Knowledge is taught in that course.

Table 8
Comparison of Core Competencies Taught Under Same Course Title

Core Competencies Course Name	Assessment	Intervention Plan	Implementation	Evaluation	Documentation	Interdisciplinary Work	Program Development	Professional Development	Research	Advocacy and Community	Foundational Knowledge	Risk Management	Sensitivity to Diversity	Ethics	Community
Foundations of TR (7)	2	1	1	0	1	4	1	4	1	3	7	0	4	2	4
Facilitation Techniques in TR (7)	4	4	5	6	4	2	5	2	3	0	4	5	3	2	2
Program Planning (6)	4	5	3	3	4	1	5	0	1	0	3	3	2	1	0
Leisure Education in TR (5)	4	4	5	4	2	3	5	1	1	1	4	2	3	1	2
Assessment and Documentation in TR (RT) (3)	3	3	1	2	3	2	1	1	1	0	0	1	1	1	0
TR Assessment (3)	3	0	0	1	2	2	0	0	1	0	1	0	2	0	0
TR Service Delivery (2)	2	2	2	2	2	2	2	1	0	0	0	2	1	0	0

* (#) indicates number of institution responded

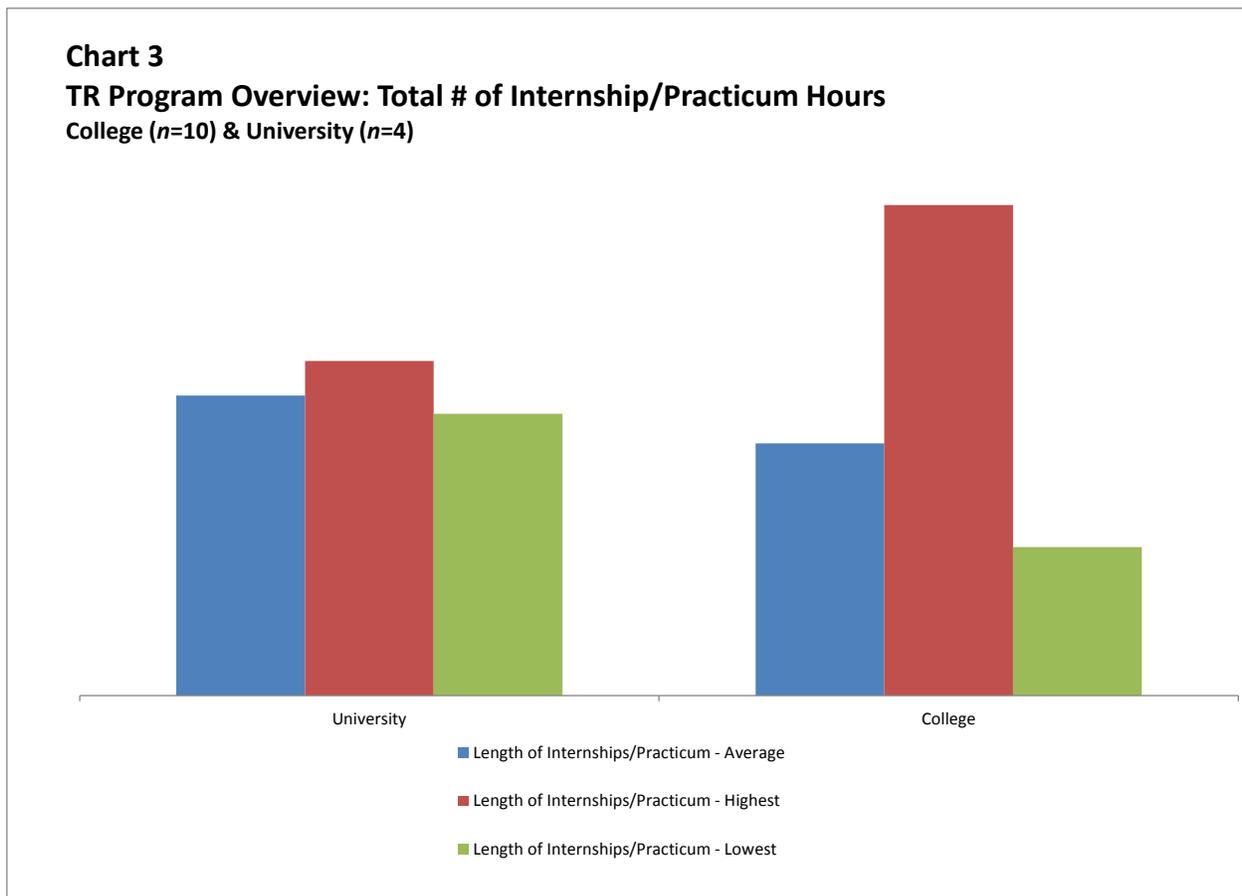
The table above illustrates that there is great variation in the core competencies covered by the different institutions that used the same course name. Some interesting findings include the course name, Foundations of TR, with all seven institutions reporting that the core competency “foundation knowledge” was covered in the course. Another interesting finding was the course TR Service Delivery, which is a title shared by two institutions. Both institutions reported the same core competencies being covered, with the exceptions of “profession development” and “sensitivity to diversity.”

Application of Competencies

The first question under this heading asked about the role of internship/practicum in the participants’ professional preparation program. Many of the participants replied that it is mandatory. Two replied that it is required as a capstone experience. Some replied that they met

the NCTRC requirements. One participant stated that it is outcome based. Themes that were identified in the responses to this question are as follows: practical experience under the supervision of a TR professional; and opportunities to demonstrate abilities and skills related to job expectations such as assessment, goal writing, program planning, implementation, evaluation, and documentation. Participants also mentioned the opportunities to gain independence and develop skills.

Participants also were asked to describe the length of the internship requirements for their program. Universities averaged 596 hours of mandatory internship/practicum experiences with 665 as the largest number of hours mandated and 560 as the fewest. The colleges averaged 501 hours of mandatory internship/practicum experiences. The range for college mandated hours ranged from 975 hours to only 295. These data display a much higher variation of requirements within the college programs (see the Chart 3, *TR Program Overview: Total # of Internship/Practicum Hours* provided below).



Continuing to examine the internship requirements and expectations further, the question “Is there an option to complete an internship/practicum under the supervision of a CTRS?” was asked. Four of the participants that were from a college program replied N/A because individuals without a degree cannot sit for the NCTRC exam. Of the remaining participants, four replied no, six replied yes (although two mentioned having difficulty finding a placement), and one participant stated that it is mandatory to complete the internship under the supervision of a CTRS.

The final question of the study asked “Is your curriculum designed so that students are eligible to write the NCTRC exam?” Participants responded N/A (1), no (3), transfer agreements with universities (4), and yes (6).

Concluding Remarks

The purpose of this chapter was to present the results of the surveys (which included both open- and close-ended questions), identify and articulate emergent themes, and produce the document analysis in an organized manner. The following chapter will relate the data presented in the results section back to the purpose of the study. The limitations and implications of the study will be discussed and suggestions for future research in this area will be offered.

CHAPTER FIVE: DISCUSSION

In this chapter, the results of the study are related back to the previous literature in order to discuss the findings. Limitations and implications of this research project are discussed as well as suggestions and considerations for future work.

The purpose of the study was to review current TR curriculum in Canada. Multiple provinces participated in this study including both universities and colleges. This study had a good response rate of 70% as 14 of the 20 education institutions invited to participate became involved. The researcher checked the return rates from curriculum studies published by Autry, Anderson and Sklar (2010) as well as Stumbo, Carter and Folkerth (2007) their studies yielded a 69% and 69.1 % response rate. This study produced a similar return rate compared to other TR studies conducted in the United States.

The results of the study were presented under the three sub-headings; program information, competencies-profession and application of competencies as in the previous chapter. For this discussion chapter the same format was utilized. Program information was the first heading and consisted of nine questions.

Program information

Of the 14 institutions that participated in the study, 10 different department names were provided under which the TR courses were offered. In a longitudinal study of TR curriculum completed by Autry, Anderson and Sklar (2010), which has been taking place over the past three decades, trends being examined were location of departments along with course offerings. Their study began as part of the biannual recreation survey for the Society of Park and Recreation Educators and in 1970 TR was identified in its own section for the first time. During the study TR courses, facilities and accreditation status were examined. Further reviews took place in

1980, 1990, 1999 and the most recent comparison was completed in 2009. The Autry et al. (2010) study aligns with the findings from this study as they report that administration location has great variation throughout their study, which they have tracked over the past 30 years. According to Autry et al. (2010), historically the majority of TR curriculum was offered under physical education or education. The authors identified a trend in 1999 where 36% of TR curricula were offered under health or health and human performance. In the 2009 study sub categories of health were further broken down to reveal that 9% were strictly located in health and human performance, 18% in health science or health professions, and 10% in health and human services/human development. The variation may have implications for staffing ratios and/or number of full time verses part-time staffing allocations. Autry et al., (2010) posed the question, “Does a change in title happen because curriculum moves to a new administrative location or does changing the title of a curriculum influence its movement to a new location especially when many programs, colleges, and universities are being restructured?” Whether a TR department is a sub-section of another department, specialty area or a stand alone major all could influence the administrations commitment to the program and staff qualification requirements.

Therapeutic recreation faculty may not have the ability to change which department their program is offered under however they may want to unite and attempt to agree upon a common name to call their program. Even if a consensus cannot be reach over one name, two names would be beneficial. It could be helpful to potential students researching a post secondary education institution and attempting to understand which program is the best fit for them. The findings in this study indicated that all the unique names and varying department locations make it confusing for not only potential students but also employers wanting to hire for positions.

Education institutions all have to market their programs like any other business their needs to be demand, which in this case is students. Having a catchy name may make a program more appealing to incoming students but make field appear fragmented by compounding inconsistencies. How does an employer know which graduate to hire? How does a community partner know which institution to take placement or intern students from? If an employer is tasked with the job of hiring “health disciplines” or “allied health professionals” they may believe that a TR program under that department name is the type of staff they are seeking. However TR staff educators working in the leisure field under the large umbrella of an allied health department may question their importance, how much attention or resources are placed on the leisure program in comparison to the physiotherapy or occupational therapy programs.

The perception of a TR program under a TR or leisure department may present with an appearance of having a larger facility, greater resources or more support from the institution than programs located under different department titles. Students and or their parents might be impressed or drawn to that institution due to the appearance or their perception of the programs stature. Stumbo, Carter, Wilder and Greenwood (2013) conducted a TR curriculum study that included responses from both the United States and Canada. They recommended “a further study be conducted to determine the impact of administrative locations on TR faculty and curricula” (p. 195). The structure under which TR courses are offered varies greatly today as it has for the past three decades. The impact, which results from the inconsistencies, may be far reaching. This may be a starting point where some of the discrepancies can be addressed.

This study revealed that course titles have some similarities however also differ greatly, within the 14 programs a total of 74 course titles were gathered for review. Autry et al. (2010) reported, “the use of therapeutic recreation in curricula titles continues to increase when

compared to the last 30 years” (p. 166). This study also found that the majority of course titles used the term Therapeutic Recreation rather than Recreation Therapy. Of the titles there were three titles that were shared by four institutions. The titles were “Foundations of TR”, “Introduction in TR” and “Facilitation Techniques in TR”. This equates to 29% of the education institutions in this study using the same three course titles. There was one title “Leisure Education (TR)” used by four institutions, which again calculates to 29% of the education institutions using the same title. The study found that three titles used by two institutions meaning that 14% of the education institutions in this study use three of the same titles. Another two titles were used by two institutions, each which again calculate to 14% of the education institutions sharing two titles. This data displays a starting point where many of the institutions have some common ground. It is the unique titles that should be explored further to determine if they are covering all the core competencies required to practice. The percentages provided above demonstrate that there is common ground between titles. The core competencies that the educators checked off (which indicated that they were covered in their courses) were found to sometimes be similar and other times different amongst the participants with same title use.

Stumbo, Carter and Folkerth (2007) compared findings of two studies they had completed looking at TR curricula in the United States. They found “typical undergraduate therapeutic recreation courses in both studies included “Introduction to Therapeutic Recreation”, “Principles of TR”, “Leisure Education”, and TR Program Planning”. These four titles were also found in this study however; besides the mentioned titles much variation lays with the remaining titles. The similarities in some of the course titles might be a starting point to begin discussions regarding core competencies to practice and the creation of an agreed upon body of knowledge for the TR discipline.

In the literature review development of a profession was discussed. Three models were reviewed that articulate the steps necessary for a vocation to be considered a profession. All three of the models stated that a united consensus regarding a distinct body of knowledge and ability to perform skills required for the job is the first step in becoming a profession. Variation in TR course titles offered may create the impression that there is not an agreed upon body of knowledge necessary to practice. The underlying concern is the information that is being taught under the course titles. In order to move towards regulation it must be clear who is qualified to be a practitioner. The main focus of regulation is protecting the public from harm by ensuring qualified individuals can be identified as appropriate service providers.

The National Council for Therapeutic Recreation Certification (NCTRC) has a list of acceptable TR courses that are recognized as meeting the criteria for the 15 credit hours of TR course work, which is mandatory to sit for the certification exam. Successful completion of the exam would allow the individual to use the CTRS credential. In the United States TR practitioners who hold a therapist job title must be a CTRS to gain employment. Due to this standard the education institutions in the United States better align their course titles to the NCTRC requirements, as graduates will be interested in an easy transition to sit for the exam. In this study 2 of the education institutions reported that they were in the mist of changing their course titles. Stumbo et al. (2013) reported that “A greater number of TR programs adhere to NCTRC standards in terms of course title than in the past” (p.194). The results from the study were compared to finding from their previous studies in 1996 and 2006. A student who has graduated from a Canadian education institution may be asked to submit course syllabi for a TR course if the name differs from the NCTRC’s recognized list. Variation in titles may indicate a difference in focus on what is being taught which has implications for preparedness to practice.

There is also the element of content, which is of the most importance. This study looked at the course titles and then further investigated the competencies addressed under that title. The course titles that were shared among education institutions typically shared similar course content from the syllabi provided for review in this study. It was the titles that were unique that addressed a variety of competencies. The NCTRC website states “The titles of courses remain critical to identifying the nature of the course content. NCTRC does not “read into” or read beyond the titles of courses. It is the university/college’s responsibility to appropriately title their courses” (p.11). There is a need for educators to align course titles and content in order to create consistency that meets a set of standards. This would help to minimize discrepancies in course and content offered and ensure that all graduates of TR programs are prepared to enter practice. This study determined that the course content covered under a shared title between participating institutions incorporated both similar and different core competencies under that title. The titles that were not shared amongst the participants focused on an array of competencies. The four universities that participated in the study reported that their curriculum covered all of the core competencies. Of the colleges six reported that their course content also covered all the competencies whereas; two colleges identified that they did not cover the core competency of research; one stated that it did not understand the community core competency since it was not defined for them and one college replied that their curriculum did not teach four of the core competencies being: interdisciplinary work, professional development, sensitivity to diversity and ethics. These responses demonstrate the variation in preparedness of TR practitioners. The main objective is a unified body of knowledge that underlies the field.

It is also important to note that the college TR courses are recognized by the NCTRC. As discussed in the literature review NCTRC set a minimum standard for individuals to have a

degree in TR or a related field with 18 credit hours in recreation and leisure, 15 of those credit hours being in a TR specific course. For students who completed a college program and wish to continue their education at the university level the TR courses taken in college would be examined by a university through an articulation process and the student would be given appropriate credit. The student could then pursue completion of a degree in order to be eligible to take the exam.

The finding in this study indicated that the number of courses offered at universities and colleges was very similar along with the number of mandatory courses required. Almost all of the courses use a three credit per course system. This may make articulation agreements between colleges and universities an easier transition. The name of the diploma and degree awarded upon completion of the professional programs varies greatly with minimal same title use. Having such differences in title of diploma or degree may lead to confusion for agencies and facilities hiring TR professionals. It is not intuitive which core competencies graduates have. A few provinces have initiated the regulation process such as Alberta and Ontario. Nova Scotia is currently in the process of pursuing licensure. In Appendix A, the Health Professionals Regulatory Advisory Council (HPRAC) criterion for a profession to be eligible to be regulated in Ontario is provided. Under the *Secondary Criterion – Body of Knowledge and Scope of Practice* as well as *Educational Requirements for Entry to Practice* questions regarding education process are asked. Having such variation in both degree and diploma titles may make it more difficult to articulate that the profession has an agreed upon body of knowledge, core activities and uphold a united standards of practice. In the absence of mandatory certification or regulation, which would introduce and enforce title protection, different degree and diploma names make it difficult to understand who is appropriately trained to perform which roles. In one province an individual

who has taken one TR course can be a therapeutic recreation specialist working in a clinical setting whereas; in another province only an individual with the CTRS credential which requires the completion of a degree with a minimum of five TR courses, an internship (under the supervision of a CTRS) and passing a standardized exam would meet the minimum requirement to be hired. Currently in Ontario, therapeutic recreation professionals have the option of joining Therapeutic Recreation Ontario (TRO) or the Canadian Therapeutic Recreation Association (CTRA). This is not mandatory in order to practice.

Although the course names, degree and diploma titles and even the departments under which the programs are offered under differ when asked, “what issues were taken into consideration when developing curriculum?” the answers were very similar. The three most common responses were: current trends /feedback from the industry, NCTRC’s standards and provincial standards of practice. The answers were similar across the responses from both college and universities. With the issues taken under consideration when developing curricula being the same across the nation, it creates the question of why is curriculum so different. I believe it is the interpretation of the standards of practice that create the inconsistencies. Goncalves (2012) reported that, “the profession of Therapeutic Recreation needs to come to a consensus regarding the unified body of knowledge required for Therapeutic Recreation as well as develop standardized and accredited education curriculum”. Accreditation would ensure that programs are meeting agreed upon minimum standards for curriculum offered. Autry et al. (2010) mentioned, “of the 78 U.S. curricula in the study, 62% (48) reported their general program was accredited by the National Recreation and Park Association’s Council on Accreditation”. The Committee on Accreditation of Recreational Therapy Education (CARTE) website reports that it currently have accredited seven TR programs in the United States,

compiled it would seem that 71% (55) of the TR programs are accredited in the United States. Although, not 100% of the TR programs in the United States are accredited from the literature it is clear that they have been working towards standardize TR curricula for many years. The accreditation process is an expensive endeavor and some institutions are financially unable to under go the process. At this time in Canada, no TR programs have under gone accreditation. The two therapeutic recreation accreditation bodies (CARTE and COAPRT) are both based in the United States. The process is not that inclusive of the Canadian system. The accreditation process is costly and without a well matched accreditation option in Canada, TR programs may not pursue this process currently. In the absence of accredited TR programs the passing rate of the NCTRC exam could be looked at in Canada as formal way of tracking the preparedness of graduates. The exam would indicate that graduates are meeting basic competencies in regards to industry standards and it could be a starting point. NCTRC has agreed to develop a Canadian version of the exam which would better reflect our healthcare system and omit the United States healthcare specific questions. Based upon negotiations between the CTRA and NCTRC, NCTRC has also mentioned creating an exam in French to cover both national languages in Canada and other countries worldwide who may prefer to take the exam in French. NCTRC has expressed a willingness to work with international partners in order to tailor exams to meet the needs of various countries. The CTRA has been the leader in developing this link with NCTRC.

Monroe and Connolly (1998) stated, “in 1994-1995, the American Therapeutic Recreation Association (ATRA) initiated an effort to provide guidelines and direction for the development of curricula in therapeutic recreation” (p.65). The authors went on to report “there is a need to standardize practice competencies within the field of therapeutic recreation. This process of standardization began with the Council on Accreditation Standards for Therapeutic

Recreation Emphasis in 1976 and was reaffirmed by completing the NCTRC National Job Analysis Study in 1988”(p.70). Anderson et al., (2000) reported “although probably more pertinent to the educator, professional preparation is of paramount importance to all current and future therapeutic recreation professionals” (p.336). The field of TR is younger in Canada than in the United States, perhaps Canada could learn from the experiences and successes of our neighbor when deciding our own direction.

Competencies – Profession

The first question under the subheading Competencies – Profession asked how the participants would define an entry-level professional. This question provided a very similar response from the participants with the highest number of respondents mentioning an individual with less than a year full-time working experience. The emerging professional would still require some supervision and mentoring in the field of TR. When asked to list the core competencies that the participants believed are necessary to practice the response again was very similar stating either NCTRC’s standards or provincial standards of practice. Provincial standards appear to be a popular answer however, it must be taken into account that many provinces participated in this study and most provinces have developed their own standards of practice. Therefore the seemingly uniform response does not mean the exact same standards of practices are being implemented across the country. I reviewed the standards of practice from all the provinces that participated in this study. I found that one province refers to the CTRA standards of practice rather than creating their own and the other five provinces that were represented have similar standards of practice as the majority of the provincial, national and international competencies are the same. The number of standards of practice listed by the provinces ranged from between 9-11. Three of the provinces reviewed had seven of the same standards of practice, 1 province had 6 out of those 7 and the

other province included in this study had five of the seven same standards of practice. This was one of the most interesting finding in the study because although variation between the provinces is found, it is minimal. The similarities between the provinces and the NCTRC's Job Tasks are also consistent. They contain the same seven standards of practice that the Canadian provinces in this study most often share. Below in Table 9 this data is demonstrated in a table format.

Table 9

Comparison of Provincial Standards of Practice

Therapeutic Recreation Ontario	British Columbia TR Association	Newfoundland & Labrador TR Association	TR Association Of Atlantic Canada	Alberta TR Association
TR assessment	Assessment	Assessment	Leisure Assessment	TR assessment
TR Intervention Plan	Intervention Plan Development	Plan of Care	Intervention Plan	TR Intervention Plan
TR Program Development		Program Design and Implementation	Program Development	TR Program Development
TR Program Delivery			Program Delivery	TR Program Delivery
TR Documentation	TR Documentation	Documentation	Client Documentation	TR Documentation
TR Research	Research	Research	Research	TR Research
TR Professional Development	Professional Development	Professional Development	Professional Development	TR Professional Development

The next question asked, "How did you become aware of the competencies?" This question also yielded a similar response from participants stating provincial professional memberships and experience as the two most common. However, when asked, "In your opinion what is the relationship between core competencies and standards of practice?" almost every participant stated something different. There were barely two statements the same. Perhaps participants were unclear about what the question was asking or it could be that each participant felt differently about the two terms. Again, as mentioned with the curricula development there

appears to be a discrepancy with interpretation of standards of practice and core competencies amongst the participants. According to Axley (2008), “core competencies refer specifically to a group or compilation of skills or procedures requiring the ability of an individual to successfully or competently perform the requisite action” (p.216). Standards of practice are related to a specific profession in which all practitioners in the field are required to adhere to a set of standards. Core competencies differ from Standards of Practice because of their expectations. Standards of practice should be adhered to whereas core competencies should be understood and the individual should be able to execute the skills prior to employment. Therefore there is a need for educators to agree upon standards of practice and core competencies.

It appears that in Canada there is consensus with regards to assessment, intervention plan, implementation, evaluation, documentation, research, and professional development however; agreeing on other core competencies or standards of practice has not taken place. The seven core competencies appear to be unanimously agreed upon. In 2013 at the CTRA annual conference hosted in Montreal an educator session was held. The morning session was titled National Forum on Provincial/Territorial Licensure for TR. The afternoon session was titled Educator’s Forum. During the session interactive work was encouraged in order to discuss trends in the profession along with current and future goals within the provinces. This session was a follow up from the Halifax CTRA conference in 2012 and the Newfoundland CTRA conference in 2008 where education and the future of TR curriculum were discussed. Hopefully in the future there will continue be a forum where educators and practitioners from across Canada can work together to decide upon national standards of practice to which all provinces would abide. A national standard of practices would show unity and improved professionalism through clear and concise expectations of practicing in the field of TR. If there were national standards of practice

then all of the education institutions across Canada would be referring to the same document when working on curriculum development.

I think the difference in political systems between Canada and the United States affects the relationship between national and provincial organizations. In the United States there is a Joint Commission's Hospital Accreditation program (JCAHO), which ensures that healthcare facilities are meeting requirements in order to be eligible for funding. Beginning in 1965 Medicare was introduced as a social insurance program that the federal government uses to fund healthcare service delivery. Medicare focuses on individuals over 65 years of age and those experiencing progressive or critical illness. Medicaid is another federal social insurance program in the United States that provides support to individuals who live below the poverty line. Both programs provide funding to healthcare facilities in good standing with JCAHO. Healthcare organizations, which employ therapeutic recreation specialists, need to be able to bill for the TR services provided. The stakeholders such as employers, professionals and the billing sources have determined that in the United States a therapeutic recreation specialist must have the CTRS credential. Canada differs greatly in this process because provincial funding is provided for healthcare and therefore delivery systems across the nation vary. In Ontario, the Ontario Health Insurance Plan (OHIP) is responsible for delegating funds. Perhaps in Canada if funding was provided nationally rather than provincially, there might be greater national support. Due to the funding model in the United States, a uniform requirement in order to practice as a therapeutic recreation specialist is upheld and therefore consistencies with job titles are more aligned in order to obtain funding. Differing job titles would make it more difficult for TR services to be billed. In the United States, states have much less autonomy on most levels than provinces do in Canada.

According to the CTRA website, in “May 2009 the CTRA and the NCTRC agreed to a partnership where the NCTRC certification credential—CTRS (Certified Therapeutic Recreation Specialist)—would be the recognized certification credential in Canada” (p. 1). It would seem that following the NCTRC standards would be a natural next step however: from the results of this study we can see that this has not been implemented. A possible reason for this discrepancy is that the CTRA membership numbers are not as high as some of the provincial membership numbers. Provincial and national membership organizations include both practitioners possessing a degree or diploma whereas; the NCTRC set a degree as a minimum requirement. Although not all TR students will complete the education required to be a CTRS the need to teach towards an agreed upon standards of practice remain. The regulation or certification process will take the next step in moving towards professionalism. In the United States, states that have achieved licensure (which are North Carolina, New Hampshire, Oklahoma and Utah) all base the eligibility of an individual to gain their license to practice as a TR professional on having the CTRS credential.

The document analysis question located in this section involved comparing what participants checked off on a table format aligning what class taught which core competencies, to the course syllabi, course outline or online course description. This was the most challenging component of the data analysis process. It was not the comparing of the data that was difficult but rather the collecting of it. The researcher asked for syllabi on multiple occasions but wanted to be mindful not to irritate the participants who have given time and put forth the effort to complete the survey. Some institutions did not approve of sharing syllabi; some participants questioned the researcher and wondered why it was necessary and who would see them. One participant sent abbreviated course descriptions, some sent a link to the on-line courses

descriptions and others did not participate in this component at all. Looking through my researcher's journal I reviewed my comments regarding this component of the study. Was this request a barrier to greater participation in the study? Did it make participants uncomfortable? Are there trust issues or competition in the field amongst professionals at various institutions? Do some educators feel that their program is superior and providing the syllabi would expose them to the possibility of others copying their program? Did some department heads feel that their program was not as well rounded as their peers and did not feel confident to share the level of information provided in a syllabi. The researcher asked, asked again, reminded and then worked with the data provided.

The last two questions in this subheading proved to be less difficult to answer. Participants answered the question regarding the professional standards of practice that the institution is aligned with. Almost all stated provincial, a few stated national and international and a few stated not one in particular. The fact that almost everyone is following the provincial standards of practice is a similarity however, the programs are offered across Canada, which means there are small differences because they are referring to at least five different standards of practice. The last question in this subheading asked what the participant's opinions/views on certification through NCTRC were. I believe that this was one of the most interesting questions in the study because I had not come across any research that probed TR educator's thoughts on the topic. This question displayed the differing of opinion throughout the country. It was stated that it should be mandated to practice in Canada, strongly supported, an excellent option, not sure if NCTRC is the correct path and one participant thought that the question did not apply to colleges. Many of the participants agree that there is a need for professional regulation and believe in its importance however, not necessarily NCTRC to move it forward. NCTRC often

educates the field regarding the importance of those granting certification being an independent body and not a role that a professional membership organization fulfills. Goncalves' study (2012) concluded that differences in competency areas exist between CTRS's and non CTRS's, between those with a degree and a diploma, between those in varying regions and between those with varying years of experience. The field of TR needs to decide which path to increasing professionalism will protect the public and be best for clients. Perhaps those most passionate about promoting professionalism will continue to stride towards higher standards. Those individuals may take on like-minded students and encourage their professional development. Eventually the field will come to a tipping point, in which everyone might not agree to the changes but may have to follow what will be best for client protection and quality of work. As highlighted in the literature review many professions have been in this place where a decision needs to be made. In the literature review TR was compared to occupational therapy and nursing both of which have mandated minimum degree requirements and the passing of an exam prior to practice. A consensus will never be reached however; standing still in a gridlock is of no benefit to the profession.

Application of Competencies

This final subheading further examines the role internship/practicum plays in the professional preparation at the institutions. Almost every program mentioned that internship/practicum plays a very important role in skill and knowledge development. The differences in the university and college programs were highlighted from the responses to the questions in this component of the survey. Universities average 596 hours of mandatory internship/practicum experiences. The colleges averaged 501 hours of mandatory internship/practicum experiences. The discrepancy is in the high/low range for the programs.

The universities were all fairly close in number of hours, whereas colleges ranged from 975 hours as the highest and 295 as the lowest number of mandated hours. This data displays a much higher variation of requirements within the college programs. Another discrepancy between college and university internship/practice experiences was the number of placements.

Universities usually had one block placement whereas some colleges had multiple smaller placements. I feel as though exposing students to a variety of positions and different work environments can be beneficial because it allows students to gain experience over a period of time. However, an advantage of a block placement is that an individual has the opportunity to be mentored and develop the skills necessary to be an effective practitioner and the opportunity to utilize the knowledge and skills.

Another consideration is placement location. Students who wish to sit for the NCTRC exam must complete placement under a supervisor that is a CTRS in good standing and have at least 1-year full time experience as a recreation therapist. Students that are not anticipating sitting for the exam or will not be eligible due to completing a diploma rather than degree may complete their internship or practicum at a variety of facilities. The students experience may be at a community recreation centre where therapeutic programming may or may not be offered. In the event that therapeutic recreation programs are being offered at the centre there could be supervisor without therapeutic recreation training that is demonstrating how to plan and implement the programs.

The question of whether or not there is the option to complete a 15-week internship under the supervision of a CTRS, which would prepare the student to sit for the NCTRC, was asked. Those who replied yes were the four universities, the college that offers a degree and the college with the post graduate diploma in TR. The other colleges do not offer the minimum internship

required by NCTRC and therefore they are not eligible to become a CTRS. The final question on the survey was is your curriculum designed so that students are eligible to write the NCTRC exam. The answer was the same as above with the same six institutions answering yes and three colleges mentioning that they have affiliation agreements with universities because they do not prepare graduates to write the exam. A college curriculum is not designed to enable individuals to take the NCTRC exam as a degree in the minimum requirement.

Limitations

Although the 70% participant rate is excellent in comparison to other education studies, I feel as though I may have missed pertinent information from the other institutions that did not participate. I tried in a variety of ways to solicit participation over a four-month period.

Throughout the research process I wrote down possible reasons in the journal regarding the low number of participants. I wondered if there were politics between how universities and colleges feel towards regulation. I reflected on whether or not the survey questions were too focused on NCTRC, which may have discouraged some colleges. I questioned whether or not asking for course syllabi proved difficult for institutions to receive internal consent to participate, although only one replied with that reason.

I hope that HPRAC will accept this study as meaningful data in answering the question what is being taught across Canada to prepare individuals to enter TR practice. The implication of this could be the need for more research to be completed to satisfy the question. The researcher considered the amount of data collected for the document analysis a limitation due to having various levels of detail from different institutions. Some participants provided all syllabi some e-mailed abbreviate course descriptions, some sent on-line course descriptions and two did not send anything. In this situation I looked on-line to verify course titles and obtain as much

data as possible.

Future Research Suggestions

Perhaps the Canadian Therapeutic Recreation Association could use its membership representatives from each province to collect data regarding educational programs across Canada. Having a formal figure request data might yield greater participation. If the overarching TR community in Canada individuals in program co-ordination roles undertook this task may be more willing to participate and understand the value of the information with regards to their role as an educator. Another suggestion for the Canadian Therapeutic Recreation Association could invite an educator from each institution to join a committee to look at education across Canada. Each province that would like to apply to their province that would like to apply to their provincial body to be considered for regulation is going to need to be able to provide data regarding the education system that prepares therapeutic recreation practitioners to enter into practice in Canada. With educators as committee members greater access to syllabi may be more forthcoming as the individual would have a better sense of control over the use of their schools documents. Also building a rapport with other educators may open possibilities for future work once the education benchmarking analysis is complete.

After reviewing literature regarding accreditation I had wished that on the survey I had include the following questions; has your TR department thought about undergoing the accreditation process? If so, which organization would you pursue accreditation through? It would be interesting to gauge where education institutions in Canada are at in regards to accrediting TR programs.

A study that explores who developed the standards of practice for the different provinces across Canada would be interesting in regards to influences, considerations and the individuals

included in the process. Did committees develop them with input from both educators and practitioners?

Reflecting on the data provided surrounding internship/practicum requirements I would have requested the participants to specify the types of facilities that their students completed field placement. It would be interesting to determine if there were structured guidelines or an open approach where student find their own opportunity. Where there any guidelines surrounding the supervisors qualifications in order to proctor a student? What consideration did the educators take into account when approving an internship/placement experience?

I recommend that a study with interview methods examine how faculty develop curriculum. Asking the educators who are the gatekeepers of knowledge what considerations are taken into account, how often is the curriculum revised and how they expect their students to not only gain knowledge but competence to practice as well.

Conclusion

The aim of this study was to uncover the similarities and differences in curriculum being taught throughout Canada. To obtain this information both qualitative and quantitative data was collected by means of surveying and document analysis. The study found that similarities exists in core titles, university internship requirements, the use of provincial standards and the likeness between them, issues considered when developing curriculum and how the educator would define an entry level professional. The results indicated differences in department names under which the TR programs were offered, names of courses offered, diploma or degree titles awarded, variations of internship/practicum experiences for college programs, and educators' perspectives on certification through NCTRC. Major concerns were the differences and the need for the profession to come together educators, practitioners and employers to prioritize what

changes need to occur and establish committees to begin the work.

The information gathered indicated there is a gap between the educational “gatekeepers” of knowledge and the professional standards of practice. This study revealed the need for educators, researchers and practitioners to come together and be more precise on the meaning of core competencies and standards of practice. Moving forward to more closely align with a valid and reliable study on TR job tasks (NCTRC, 2007) would seem most prudent. It is recognized that educator’s academic freedom plays a role in course content; however as ethical “gatekeepers” the joining together with practitioners for the greater good seems imperative.

The results of this study will be shared with Therapeutic Recreation Ontario (TRO) to be used when compiling the application to the Health Professionals Regulatory Advisory Council (HPRAC). The information obtained from this study will be used to answer a specific criteria question for the HPRAC so that the field of therapeutic recreation can be considered for regulation. Participants in the study will all be sent the results so they can then compare their program to other peer programs across the country. They may want to share the results with future students who seek to continue research on this topic of moving the TR profession forward.

References

- America Therapeutic Recreation Association (2013). What are a Recreational Therapist's? Education, Qualifications, & Credentials? Retrieved on November 2, 2013, from America Therapeutic Recreation Association:
http://www.atraonline.com/associations/10488/files/TR_FAQ.
- Anderson, S. L., Ashton-Shaeffer, C., & Autry, C. E. (2000). Therapeutic Recreation Education: 1999 Survey. *Therapeutic Recreation Journal*, 34(4), 335-347.
- Autry, C. E., Anderson, S. L. & Sklar, S. L. (2010). Therapeutic Recreation Education: 2009 Survey. *Therapeutic Recreation Journal*, 44(3), 161-181.
- Axley, L. (2008). Competency: A concept analysis. *Nursing Forum*, 43(3), 214-222.
- Canadian Occupational Therapists of Ontario (2006). Registration: Registration Categories & Basic Requirements. Retrieved November 2, 2010, from College of Occupational Therapists of Ontario: <http://www.coto.org/registration/default.asp>.
- Canadian Association of Critical Care Nurses. (2000). US-Canada Survey Results Support Value of Professional Certification for RNs. London, ON: Canadian Association of Critical Care Nurses.
- Canadian Therapeutic Recreation Association. (2006). Standards of Practice for Recreation Therapists & Therapeutic Recreation Assistants. Calgary, AB: Canadian Therapeutic Recreation Association.
- Canadian Therapeutic Recreation Association. (2010). Canadian Post-Secondary Institutions with TR and Related Offerings. Calgary, AB: Canadian Therapeutic Recreation Association.
- Carter, M. (1998). Increased Professionalism: An Experience From The United States. [<http://www.uncwii.edu/spre/ELECTRONICDISCUSSION/PAPERS/CARTER.HTML>].
- Carter, M., Van Andel, G., & Robb, G. (2003). *Therapeutic Recreation A Practical Approach*. Prospect Heights, IL: Waveland Press, Inc.
- Cary, A. H. (2001). Certified Registered Nurses: Results of the study of the certified workforce. *American Journal of Nursng*, 101(1), p. 44-52.
- Canadian Therapeutic Recreation Association (2010). Certification FAQs. Retrieved November 20, 2010, from Canadian Therapeutic Recreation Association: www.Canadian-tr.org/ctf_update.html.

References

- Compton, D. M. (2010). The Evolution of Education in Therapeutic Recreation. *Therapeutic Recreation Journal*, 44(3), 157-159.
- Greenwood, E. (1957). Attributes of a profession. *Social Work*, 2, 5-45.
- Goncalves, T. M. (2012). For Therapeutic Recreation Professionals in Canada. What are the Skills and Knowledge Required for Competent Practice? Published MA Thesis, Dalhousie University, Halifax, NS.
- Health Professions Regulatory Advisory Council. (2011). Criteria for Regulation of a New Health under the Regulated Health Professional Act (RHPA), 1991. Toronto, ON: Health Professions Regulatory Advisory Council.
- Hebblethwaite, S., Stumbo, N., & Carter, M. "Educator's Forum." Canadian Therapeutic Recreation Association Conference. CTRA. Innovation, Adaptation, Inspiration, Montreal. 15 May 2013. Lecture.
- Jordan, C., Thomas, M. B., Evans, M. L., & Gireen, A. (2008). Public Policy on Competency: How will nursing address this complex issue? *The Journal of Continuing Education in Nursing*. 39, 86-91.
- Loiselle, C. G. & Profetto-McGrath, J. (2007). *Canadian Essentials of Nursing Research*. New York City, NY: Lippincott Williams & Wilkens.
- Marchildon, J. (2006). Therapeutic Recreation Education in Canada: A National Study. Unpublished MA Thesis, University of New Hampshire, Durham, NH.
- Miller, S.I., & Gatta, J.L (2006). The Use of Mixed Methods Models and Designs in the Human Science: Problems and Prospects. *Quality & Quantity*, 40, 596-610.
- Monroe, J. E., & Connolly, P. (1998). Responsive Curriculum Development in Therapeutic Recreation: One Approach to Comprehensive Curriculum Design. *Annual in Therapeutic Recreation*, 12, 64-100.
- National Recreation and Parks Association (2012). Overview of the COAPRT Accreditation Process. Retrieved September 25, 2012, from National Recreation and Parks Association: <http://www.nrpa.org/Content.aspx?id=791>.
- National Council for Therapeutic Recreation Certification. (2007). 2007 NCTRC Job Analysis Report. New City, NY: National Council for Therapeutic Recreation Certification.

References

- National Council for Therapeutic Recreation Certification. (2013). New Application: General Information on Content Courses. Retrieved November 1, 2013, from the National Council for Therapeutic Recreation Certification: <http://www.nctrc.org/newapplication.htm>.
- Patton, M. Q. (2002). *Qualitative Research Evaluation Methods* (3rd ed.). London, ON: Sage Publications.
- Pearson, A., Fitzgerald, M., Walsh, K., & Borbasi, S. (2002). *Journal of Nursing Management*, 10, 357-364.
- Kraus, R., & Allen, L. (1998). *Research and Evaluation in Recreation, Parks and Leisure*. Needham Heights: Allyn and Bacon, Publishers.
- Sessoms, H.D. (1991). Certifying Park and Recreation: the American experience. *Recreation Canada*, 48(3), 21-23.
- Skalko, T. K., & West, R. E. (2010). Independent Accreditation of Education for Recreation Therapy Practice: A Professional and Ethical Obligation. *Therapeutic Recreation Journal*. 44,(3), 201-212.
- Strebert-Speziale, H. J. & Carpenter, D. R. (2007). *Qualitative Research in Nursing* (4th ed.). New York City: NY: Lippincott Williams & Wikens.
- Stumbo, N. J., & Carter, M. J. (1999). 2003 National Therapeutic Recreation Curriculum Study Part A: Accreditation, curriculum and internship characteristics. *Therapeutic Recreation Journal*, 33(1), 46-60.
- Stumbo, N. J., Carter, M. J. & Folkerth, J. E. (2007). Investigation of Graduate Therapeutic Recreation Curricula in the United States. *American Journal of Recreation Therapy*, 6(2), 19-31.
- Stumbo, N. J., Carter, M. J. & Kim, J. (2004a). 2003 National Therapeutic Recreation Curriculum Study Part A: Accreditation, curriculum and internship characteristics. *Therapeutic Recreation Journal*, 38(1), 32-52.
- Stumbo, N. J., Carter, M. J. & Kim, J. (2004b). 2003 National Therapeutic Recreation Curriculum Study Part B: University, faculty, student and placement characteristics. *Therapeutic Recreation Journal*, 38(1), 53-71.
- Stumbo, N. J. (1986). A Definition of Entry-Level Knowledge for Therapeutic Recreation Practice. *Therapeutic Recreation Journal*, 4, 15-33.

References

- Stumbo, N. J., Carter, M. J., Wilder, A. & Greenwood J. (2013). 2012 Therapeutic Recreation Curriculum Survey. *Therapeutic Recreation Journal*, 47(2), 179-196.
- Therapeutic Recreation Ontario. (2004). Standards of Practice for Therapeutic Recreation. St. Catharines, ON: Therapeutic Recreation Ontario.
- Thomas, M. & Ostiguy, L. (1998). Role of Post-Secondary Education in Preparing the Professional. *Journal of Leisurability*. 25(2), 26-36.
- Trentham, B. (2001). Diffident no Longer: Building Structures for a Proud Profession. *OT Now*, September/October, 3-7.
- Van Puymbroeck, M., Austin, D. R., McCormick, B. P. (2010). Beyond Curriculum Reform: Therapeutic recreation's hidden curriculum. *Therapeutic Recreation Journal*, 44(3), 213-222.
- Van Ingen, C. (Professor) (2011, September 20). Research Design. *Qualitative Data Analysis and Interpretation*. Lecture conducted from Brock University, St. Catharines.
- Wilensky, H. L. (1964). The Professionalization of Everyone? *The American Journal of Sociology*, 70(2), 137-158.
- Wood, W. (2004). The Heart, Mind and Soul of Professionalism in Occupational Therapy. *The American Journal of Occupational Therapy*, May/June, 58(3), 249-257.

Appendix A

The Health Professions Regulatory Advisory Council

In order to move an occupation towards regulation the each province must complete a mandated process. The Health Professions Regulatory Advisory Council (HPRAC) criterion for a profession to be eligible to be regulated in Ontario is listed below. Only the main headings are provided for the criterion, except for the Educational Requirements for Entry to Practice criterion which is the focus of this study. The information provided was taken directly from the HPRAC website. This study will attempt to partially answer the Canadian component of the Educational Requirements for Entry to Practice criterion.

Primary Criterion – Risk of Harm:

The fundamental principle with respect to health professional regulation under the *RHPA* is the protection of the public from harm in the delivery of health care, premised on the fact it is in the public interest to do so. As such, it is vital to demonstrate that the health profession seeking regulation under the *RHPA* poses a risk of harm to the health and safety of the public. The term “risk of harm” refers to the degree to which a substantial risk of physical, emotional or mental harm may result from the improper practice of the profession.

Secondary Criteria – Degree of Autonomy

The degree of autonomy speaks to the trust imparted on members of the profession to perform tasks and duties on their own judgment and training.

Secondary Criteria – Alternative Regulatory Mechanism

The profession can demonstrate that regulation under *RHPA* is the most appropriate means to regulate the profession as compared to other available mechanisms.

Secondary Criteria – Body of Knowledge and Scope of Practice

The phrase “body of knowledge” refers to the extent to which practitioners must call upon a distinct set of concepts, terms and activities in the practice of the profession. This means that the core activities performed by members of the profession are discernible as a clear and integrated whole and broadly accepted as such within the profession.

Secondary Criteria – Educational Requirements for Entry to Practice

The profession has defined the routes to the profession, beginning with completion of studies at an independently accredited education institution that prepares candidates to meet externally validated entry qualifications.

1. To what extent does the professional association or other organizations set standards of practice for diagnostic/treatment modalities and services based on the identified body of knowledge? How are these standards enforced? Provide a copy of the standards of practice and ethical guidelines.
2. Describe the educational and clinical/practical training programs available in Ontario. Specify theoretical and clinical/practical experiences.
 - a) Describe how the profession’s body of knowledge and approach to diagnostic/treatment modalities and services are taught in this program.
 - b) Relate the education and training to the diagnostic/assessment abilities, treatment modalities and services.
 - c) What percentage of the practitioners of the profession has Ontario education and training?
 - d) What percentage of the members of the professional association is

educated and trained in Ontario?

3. Identify and describe the Canadian, American and International academic education and clinical/practical training programs available to persons seeking to enter this profession. Specify theoretical and clinical/practical experiences.

a) Describe how the profession's body of knowledge and approach to diagnostic/treatment modalities and services are taught in these institutions.

b) Relate the education and training to the diagnostic/assessment abilities, treatment modalities and services

c) What percentage of the practitioners in Ontario are educated and trained in Canada, the United States and Internationally?

d) What percentage of the members of the professional association is educated and trained in Canada, the United States and Internationally?

4. Identify and explain the major differences between programs in different jurisdictions.

5. What academic credentials are required by the following organizations:

a) The professional association, as a condition of membership

b) Employers; or

c) Other Canadian jurisdictions as a condition of membership of registration with a regulating body

6. What need, if any, has been identified for varying levels of registration?

Secondary Criteria – Leadership's Ability to Favour the Public Interest /

Membership Support and Willingness of the Profession to be regulated

The profession's leadership has shown that it will distinguish between the public interest and the profession's self-interest. Regulatory colleges are mandated to favour over the latter. The members of the profession support self-regulation with sufficient numbers and commitment, such that widespread compliance is likely. The practitioners of the profession should be sufficiently numerous to staff committees of the governing body.

Secondary criteria – Economic Impact of Regulation

The profession demonstrates an understanding and appreciation of the cost of regulation on the profession, the public and the health care system. The risks and benefits of the preferred regulatory body must be outlined. For example, an unregulated profession will be required to demonstrate that a separate health regulatory college is financially sustainable, as opposed to amalgamating with an existing regulatory body. The practitioners of the profession should be sufficiently numerous and willing to accept the full costs of regulation.

Secondary Criteria – Health System Impact

The profession can demonstrate the extent to which the regulation of the profession would produce positive health system impacts in relation to:

- a) Interprofessional Collaboration
- b) Labour Mobility
- c) Access to Care
- d) Health Outcome
- e) Health Human Resource Productivity

From the above criterion, it would appear that regulation is a multi faceted and very time consuming endeavor. Again, this study will focus on components of criterion #5 which examines the educational requirements for entry to practice.

Appendix B Letter of Invitation

October 20, 2011

Title of Study: 2011 Study of the Education of Therapeutic Recreation Professionals in Canada

Principal Investigator: Jennifer Ridgway, MA Student, Applied Health Sciences, Leisure Studies, Brock University

Faculty Supervisor: Dr, Suzie Lane, Associate Professor, Department of Recreation and Leisure Studies, Brock University

I, Jennifer Ridgway, MA Student, from the Department of Applied Health Sciences, Leisure Studies at Brock University, invite you to participate in a research project entitled 2011 Study of the Education of Therapeutic Recreation Professionals in Canada

The purpose of this research project is to determine what is being taught to therapeutic recreation students in Canada to prepare them for practice in the field. Should you choose to participate, you will be asked to complete a 16 question survey and provide the researcher with course syllabuses of the TR courses offered at your institution.

The expected duration will be approximately 30 minutes of your time.

This research should benefit professionals in the field by providing benchmark knowledge to compare your program to others. This information is required to assisting with moving the field towards regulation as this information will be used to answer educational requirements for entry to practice in the process outlined by the Health Professional Regulatory Advisory Council (HPRAC). The HPRAC determines which professions are eligible for regulation in Ontario. There are no known or anticipated risks associated with participation in this study.

If you have any pertinent questions about your rights as a research participant, please contact the Brock University Research Ethics Officer (905 688-5550 ext 3035, reb@brocku.ca)

If you have any questions, please feel free to contact me (see below for contact information).

Thank you,

Principal Investigator:

Jennifer Ridgway
MA Student
Brock University
500 Glenridge Ave
St. Catharines, ON L2S 3A1
416-461-8251 x2078
Jf03tk@brocku.ca

Faculty Supervisor:

Dr. Suzie Lane, Associate Professor,
Recreation and Leisure Studies
Brock University
500 Glenridge Ave
St Catharines ,ON L2S 3A1
Tel. 905-688-5550 x 4560
Fax: 905-984-4843
slane@brocku.ca

This study has been reviewed and received ethics clearance through Brock University's Research Ethics Board and given file number: 11-147-LANE.

Appendix C

Informed Consent Form

2012 Study of the Education of Therapeutic Recreation Professionals in Canada

Date: October 20, 2011

Project Title: TR Education in Canada: A review of the current curriculum.

Principal Investigator (PI): Jennifer Ridgway, MA Student
Department of Applied Health Science
Brock University
(416) 461-8251 x 2078
Jf03tk@broucku.ca

Faculty Supervisor: Dr, Suzie Lane, Associate Professor
Department of Recreation and Leisure Studies
Brock University
(905) 688-5550 Ext. 4560.
slane@brocku.ca

INVITATION

You are invited to participate in a study that involves research. The purpose of this study is to determine what is being taught to therapeutic recreation students in Canada to prepare them for practice in the field.

WHAT'S INVOLVED

As a participant, you will be asked to complete a survey and provide the researcher with course syllabuses of the TR courses offered at your institution. Participation will take approximately 30 minutes of your time.

POTENTIAL BENEFITS AND RISKS

Possible benefits of participation include having benchmark knowledge to compare your program to others. Assisting with moving the field towards regulation as this information will be used to answer the educational requirements for entry to practice for the Health Professional Regulatory Advisory Council (HPRAC). The HPRAC determines which professions are eligible for regulation in Ontario. There are no known or anticipated risks associated with participation in this study.

CONFIDENTIALITY

All information you provide is considered confidential; your name will not be included or, in any other way, associated with the data collected in the study. Furthermore, because our interest is in the average responses of the entire group of participants, you will not be identified individually in any way in written reports of this research.

Data collected during this study will be stored in a locked desk in the researcher's office. Data will be kept until the researcher has defended this thesis, after which time the data will be shredded.

Access to this data will be restricted to:

Researcher: Jennifer Ridgway, MA student, Applied Health Science, Leisure studies

Advisor: Dr. Suzie Lane, Associate Professor, Recreation and Leisure Studies

Committee: Dr. Colleen Hood, Professor, Recreation and Leisure Studies
and Dr. Sanghee Chun, Associate Professor, Recreation and Leisure Studies

VOLUNTARY PARTICIPATION

Participation in this study is voluntary. If you wish, you may decline to answer any questions or participate in any component of the study. Further, you may decide to withdraw from this study at any time and may do so without any penalty or loss of benefits to which you are entitled.

PUBLICATION OF RESULTS

Results of this study may be published in professional journals and presented at conferences. Results of this study will be mailed to participants once thesis has been defended. Researcher may be contacted by using the following information:

Jennifer Ridgway
MA Student, Brock University
416-461-8251 x2078
Jf03tk@brocku.ca

CONTACT INFORMATION AND ETHICS CLEARANCE

If you have any questions about this study or require further information, please contact
Dr. Suzie Lane, Associate Professor, Recreation and Leisure Studies
500 Glenridge Ave
St. Catharines, ON L2S 3A1
Tel. 905-688-5550 x4560 Fax 905-984-4843
slane@brocku.ca

This study has been reviewed and received ethics clearance through the Research Ethics Board at Brock University and given file number 11-147-LANE. If you have any comments or concerns about your rights as a research participant, please contact the Research Ethics Office at (905) 688-5550 x3035, reb@brocku.ca.

Thank you for your assistance in this project. Please keep a copy of this form for your records.

CONSENT FORM

I agree to participate in this study described above. I have made this decision based on the information I have read in the Information-Consent Letter. I have had the opportunity to receive any additional details I wanted about the study and understand that I may ask questions in the future. I understand that I may withdraw this consent at any time.

Name: _____

Signature: _____ Date: _____

Appendix D**Survey Questions****Name of Institution:****Name of Participant:****Professional Title of Participant:****PROGRAM INFORMATION**

1. How many TR courses do you offer?
2. Under what department name are the TR courses offered under?
3. How many TR courses are mandatory to complete the TR program?
4. What are the titles of the TR course offered in your program?
5. What is the credit values allotted for each course? (half credit, full credit or 3 credit hours)
6. What diploma or degree level(s) of TR programs are offered?
(Please circle all that apply)

Certificate
Diploma
Post-graduate diploma
Bachelors
Masters
Doctorate
7. What options for TR specialization are available in your program?
(Please circle the appropriate levels)

Degree
Major
Option
Concentration
Other

8. What title(s) of degree or diploma does a student who has completed your program receive?

9. What are the issues that you take into consideration when developing curriculum?

COMPETENCIES - PROFESSION

10. How would you define an entry level professional?

11. Please list the core competencies that you believe are necessary for entry level professionals to practice.

12. How did you become aware of these competencies?

13. In your opinion what is the relationship between core competencies and standards of practice? Do core competencies go beyond standards of practice?

14. In the table below there are core competencies that are listed by Therapeutic Recreation Ontario (TRO), Canadian Therapeutic Recreation Association (CTRA) and the National Council for Therapeutic Recreation Certification (NCTRC). Please provide the course name and check off the core competencies that your program currently teaches.

Core Competencies Course Name	Assessment	Intervention Plan	Implementation	Evaluation	Documentation	Interdisciplinary Work	Program Development	Professional Development	Research	Advocacy & Community	Foundational Knowledge	Risk Management	Sensitivity to Diversity	Ethics	Community

15. Does your program align with a set of professional standards of practice in TR? If yes, which one?

16. What are your perspectives on certification through NCTRC?

APPLICATION OF COMPETENCIES

17. What is the role of internship/practicum in your professional preparation program?

18. Please describe the length, requirements and expectations of the experiences?

19. If your program has a 15 week internship/practicum is there an option to complete under the supervision of a CTRS?

20. Is your curriculum designed so that students are eligible to write the NCTRC exam? If no, please explain why or how you have chosen not to do so.

Thank you for taking the time to answer these questions. If I need clarification on any of the answers I will get in contact with you. Again, this information is imperative for our process of applying for regulation within Ontario and I do appreciate your dedication to our profession and willingness to share in the information gathering.

