

THERAPEUTIC RECREATION SPECIALIST I

This is skilled habilitative and rehabilitative work with clients (patients or residents) who have mental, social, physical, and or emotional disabilities. Employees provide therapeutic recreation services in psychiatric hospitals, mental retardation centers, local mental health program and at North Carolina Memorial Hospital in specific areas such as pediatrics or psychiatry. Work involves evaluation of patients through interaction, behavioral observations, a variety of tests, and analysis of medical records; and the design and implementation of a treatment plan that is rehabilitatively specific for each patient. This level is distinguished from the Rehabilitation Therapist level by the considerable judgment that is required to determine appropriate assessment tools, to interpret results and to integrate all information in developing specific intervention goals. Employees may clinically supervise, train and coordinate staff, recreation staff, student interns, and graduate assistants. Work may include other related assignments as determined by appropriate management. Employees usually report to a Therapeutic Recreation Supervisor.

I. DIFFICULTY OF WORK:

Variety and Scope - Work assignments include assessing the clients' physical, social, cognitive, and emotional status and writing individualized treatment programs. Employees plan and conduct a variety of recreation therapy treatments which may include adaptive activities, leisure counseling, reality orientation, skills teaching, preoperative orientation, play therapy, and developmental sequencing activities. Work involves evaluating client progress and presenting it in interdisciplinary patient conferences. Employees may instruct and plan with clients and clients' families for continuation of therapeutic recreation activities after discharge which may involve contacting community resources. Work also involves training and clinically supervising student interns, graduate assistants, support and recreation staff.

Intricacy - Treatment plans are based on assessments made through behavioral observations; a variety of developmental, psychomotor, and psychosocial tests; interviews; treatment team conferences and analysis of medical records. Treatment plans are designed to intervene in problem areas and to effect particular cognitive, and/or psychomotor behaviors. Considerable judgment is required to determine appropriate assessment tools, the interpretation of results, and integration of all information in developing specific intervention goals. Work in the psychosocial area involves assisting the patient in developing and improving social skills, emotional status, interaction patterns, and skills required for leisure function. Work in the physical dysfunction area involves developing programs in using adaptive activities, reality orientation, leisure counseling and developmental sequencing. In the pediatric area, employees develop self-instructional materials and use these materials and play therapy techniques to orient and desensitize children to medical procedures. In the developmental disabilities area, work involves a comprehensive assessment of developmental and psychomotor skills, and the design and implementation of programs which develop gross motor functions and play behaviors specific to each client's needs. Progress notes are comprehensive evaluations reflecting short and long term impact and employees are fully accountable for results with authority to alter goals and programs. Employees may clinically supervise and train interns and other staff by reviewing their assessments and program goals and consulting with them on more difficult or complex cases.

Subject Matter Complexity - Work requires a considerable knowledge of therapeutic recreation principles, techniques, and methods and their application to the population being served. Work also requires a working knowledge of the physiological, sociological, and psychological implications for the disease processes experienced by the population being served.

Guidelines - Guidelines include professional publications and textbooks, nursing and drug references, and student training manuals. Guidelines for treatment are also provided through doctors' referrals, rounds, and interdisciplinary team conferences.

II. RESPONSIBILITY:

Nature of Instructions - Employees receive referrals from a doctor or the treatment team. Employees receive general guidance on program development, but seldom receive specific instructions on individual treatment planning.

Nature of Review - Work is periodically reviewed by supervisor through on-site observations and review of medical charts.

Scope of Decisions - Employees' assessments and treatment plans affect patients, patients' families, and other treatment team members and may impact on overall programming. Employees provide clinical supervision for other recreation staff and interns.

Consequence of Decisions - Decisions regarding assessments and treatments affect the progress a patient makes toward rehabilitation or normal development and can also impact on another discipline's treatment plan for the patient. Clinical supervision provided to other staff and students can affect their development and the overall quality of the program.

III. INTERPERSONAL COMMUNICATIONS:

Scope of Contacts - Work requires contact with clients, clients' families, a variety of professional disciplines, and community resources.

Nature and Purpose - Employees work with clients, their families, and members of the interdisciplinary team to develop and implement a treatment plan which will assist in rehabilitation or development. Employees contact community resources to make discharge plans or to schedule activities. Work also involves instructing students, graduate assistants, and other staff in methods and techniques.

IV. OTHER WORK DEMANDS:

Work Conditions - Employees work in all areas of a medical complex, psychiatric hospital, mental retardation center, or local mental health facility.

Hazards - Employees may have periodic exposure to clients with a wide variety of mental disorders and disabilities which could cause bodily harm.

V. RECRUITMENT STANDARDS:

Knowledge, Skills, and Abilities - Considerable knowledge of therapeutic recreation principles, techniques, and methods and their application to the population served. Working knowledge of the physiological, sociological, and psychological implications for the disease processes experienced by the population served. Ability to integrate a philosophy of therapeutic recreation into a clinical program. Ability to select and administer appropriate tests and use the results to plan individualized therapeutic programs. Ability to instruct and supervise student interns, subordinate staff members, and other medical and paramedical personnel in recreation therapy methods and techniques. Ability to evaluate patient progress and to present evaluative reports in interdisciplinary team meetings. Ability to maintain effective working relationships with patients, patients' families, a variety of professional disciplines, and the general public.

Minimum Training and Experience - Graduation from a four-year college or university with a degree in therapeutic recreation which includes an internship or in recreation with a minor in therapeutic recreation which includes an internship; or an equivalent combination of training and experience. For positions in the pediatrics recreation therapy area at UNC-Hospital, degrees in child development or early childhood education may be substituted.

Special Considerations - Any credentials required by an accreditation or regulatory agency shall have precedent over the state's minimum training and experience requirements.

Special Note - This is a generalized representation of positions in this class and is not intended to identify essential functions per ADA. Examples of work are primarily essential functions of the majority of positions in this class, but may not be applicable to all positions.