Therapeutic Recreation
Application Information
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The Therapeutic Recreation Internship Program at Cincinnati Children's Hospital Medical Center is flexible to ensure that the different requirements of this facility, universities, students and the National Council for Therapeutic Recreation Certification are met. The objective of the internship program is to provide students with opportunities for practical application of recreational therapy theory and techniques in a clinical setting.

Internships are offered for fifteen weeks (600 hour) sessions in the fall, spring, and summer. Placement is available in the adolescent medical/psychiatric services unit and pediatric rehabilitation. In addition, exposures to general medical/surgical units are available. Interns will work directly with an experienced NCTRC Certified Therapeutic Recreation Specialist participating in various phases of the recreational therapy process. Included in their experiences are the following phases of programming:

* Professional Roles and Responsibilities
* Interdisciplinary team service delivery
* Planning Intervention and/or Program
* Assessment
* Individualized treatment planning
* Organizing Programs
* Evaluation
* Documentation
* Managing TR/RT Services
* Public Awareness and Advocacy

A contract with the intern’s university must be completed and signed prior to the start of the internship. This contract will be written by Cincinnati Children’s Hospital Medical Center.
APPLICATION MUST BE RECEIVED BY

September 5<sup>th</sup> for Spring Semester

January 5<sup>th</sup> for Summer Semester

May 5<sup>th</sup> for Fall Semester
INTERNSHIP PREREQUISITES

1. Health Requirements: Students will be in good health before beginning an internship at Cincinnati Children’s Hospital Medical Center and shall comply with the requirements listed in the contract with the university.

2. Suggested readings prior to your internship:
   
   • Therapeutic Recreation: Processes and Techniques
   
   • Therapeutic Recreation Program Design: Principles and Procedures

3. Your advisor’s plan for communicating with us during your internship; i.e. observations, conferences, correspondence.

4. A copy of the evaluation form required by your program.

5. List of special assignments or project requirements from your school.

CONFIRMATION OF MEETING ALL PREREQUISITES MUST BE RECEIVED AT LEAST 4 WEEKS PRIOR TO INTERNSHIP START DATE.
INTERNSHIP REQUIREMENTS

Educational

1. Six diagnostic papers will be required. The paper will address the implications of a specific diagnosis or disability on patients and their families, as well as implications for Recreational Therapy.

2. Meet weekly with internship supervisor.

3. Complete Therapeutic Recreation Internship project to be decided with internship supervisor.

4. Make visits of area Therapeutic Recreation programs as negotiated with Intern Coordinator, and be prepared to share oral summary following visits.

Clinical Development

1. Plan and implement individual and group therapeutic interventions.

2. Maintain a daily log of experiences (i.e. interaction with a child - what was successful, what you would do differently).

3. Develop skills:
   • Interdisciplinary Team Service delivery
   • Program planning
   • Interviewing skills
   • Assessment
   • Identification of skills, abilities, and interests
   • Individualized treatment planning
   • Activity analysis, selection and presentation
   • Evaluation
   • Documentation
Attendance

- The student is granted one personal day away from work for illness, special events, funeral leave, etc.
  - If the student is absent additional days, the day(s) must be made up 7 days before, or 7 days after the day of absence.
  - If the student arrives late or leaves early for any reason, missed hours must be made up within 2 days.

PSYCHIATRIC SERVICES

The Adolescent Psychiatric Service consists of a residential psychiatric treatment program. The treatment program serves adolescents aged 8-17. Clients admitted to the program live on grounds for an average of 3 to 6 months. The units are locked and secure in order to provide effective and safe treatment for clients who are emotionally or behaviorally disordered. However, clients who have demonstrated safety and stability have access to an indoor gym, courtyard, outdoor basketball court, baseball fields, animal therapy building, and teen lounge which are all located on grounds. Evaluations, treatment, and disposition planning are provided by child and adolescent psychiatrists, pediatricians, clinical nurse specialists, medical and psychiatric nurses, recreational therapists, social workers, chaplains, educational specialists, art therapists, music therapists and teachers.

The initial evaluations, treatment, and disposition planning includes families and referring agencies throughout this process. They are included in all decision-making throughout child’s stay.

PEDIATRIC INPATIENT SERVICES

The rehabilitation unit currently has 12 beds, serving individuals from 0-30 years of age. The following are some examples of diagnoses worked with in rehab: Traumatic Brain Injury, Closed Head Injury, Spinal Cord Injury, Stroke, Cerebral Palsy, Transverse Myelitis, Brain Tumors, Guillain-Barre Syndrome, Chronic Pain Disorders, Conversion Disorder, and Orthopedics. The rehab program is CARF accredited (Commission for Accreditation for Rehab Facilities).

The inpatient units serve a variety of patients, ranging in age from 0-30. The following are some examples of diagnoses worked with on the inpatient units: Oncology, Bone Marrow Transplant, Liver Transplant, Gastrointestinal Disorders, Neurological Impairments, Pulmonary Disorders and/or Diseases, and Developmental Disabilities.
On all units, TR functions as part of an interdisciplinary team, including physicians, nurses, physical therapists, occupational therapists, recreational therapists, speech therapists, massage therapists, music therapists, social services, and child life.

Updated on 01/10/2018

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**Internship Application**

**Therapeutic Recreation**

Date: __________________________

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<th>Middle Name</th>
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<th>State</th>
<th>Zip Code</th>
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<tr>
<th>Permanent Telephone # with Area Code</th>
<th>Social Security #</th>
<th>Date of Birth (Month/Day)</th>
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Present Telephone

E-mail address

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<th>In Case of Emergency Notify</th>
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Internship Interested in: [ ] Adolescent psychiatric setting  [ ] Pediatric rehabilitation setting
( ) General pediatrics (in-patient) setting

Dates Available for Placement: ____________________________________________

________________________________________________________________________

College Advisor

Telephone

Current College/University ________________________________________________
Major ____________________________________________

Past College/University ________________________________________________
Major ____________________________________________

Years Attended ____________________________
Degree Earned ____________________________________________

Experiences with Children and Adolescents:

1. Institution: __________________________________________________________
   Position __________________________________________________________
   Date: From ___________________ To ___________________

2. Institution: __________________________________________________________
   Position __________________________________________________________
   Date: From ___________________ To ___________________

Field Work Experiences (include types and ages of children):

1. Institution: __________________________________________________________
   Position __________________________________________________________
   Date: From ___________________ To ___________________

Job Experiences: Child/Family Oriented:

1. Institution: __________________________________________________________
   Position __________________________________________________________
   Date: From ___________________ To ___________________

Job Experiences: Recreational Oriented:

1. Institution: __________________________________________________________
   Position __________________________________________________________
   Date: From ___________________ To ___________________
2. **Institution:** __________________________________________________________
   **Position:** __________________________________________________________
   **Date:** From ___________________ To ___________________

List professional organizations to which you belong:

1. ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

2. ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

On a separate sheet of paper, please answer the following questions:

- Describe your ideas for a quality therapeutic recreation program for a population with whom you would like to work.
- Please answer the following question with examples of interactions, experiences, or observations that focus on diversity, equity, inclusion, and/or accessibility (DEIA). How have you been impacted by DEIA?
- Please answer the following question with examples of interactions, experiences, or observations that focus on diversity, equity, inclusion, and/or accessibility (DEIA). How do you foresee integrating DEIA into your interactions with patients, families, and staff in the medical setting?

**Interview:** An interview is required, onsite is preferred. When would you be available for an interview?

**Transcript:** Copy of college transcript must accompany application.

**References:** Please list complete addresses and phone numbers of three references who have observed you working in a professional setting. One must be from a recreational therapy field work supervisor. Please also enclose a letter of recommendation from each reference.

1. ____________________________________________  
   **Name**  
   **Address**  
   **Telephone #**
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List any special talents you have that could be used with patients:

Please return completed application packet to:

Sara King, MA, CTRS
Sara.Warner@cchmc.org
Division of Child Life and Integrative Care
Division of Therapeutic Recreation
Cincinnati Children's Hospital Medical Center
College Hill Campus
5642 Hamilton Avenue
Cincinnati, Ohio 45224