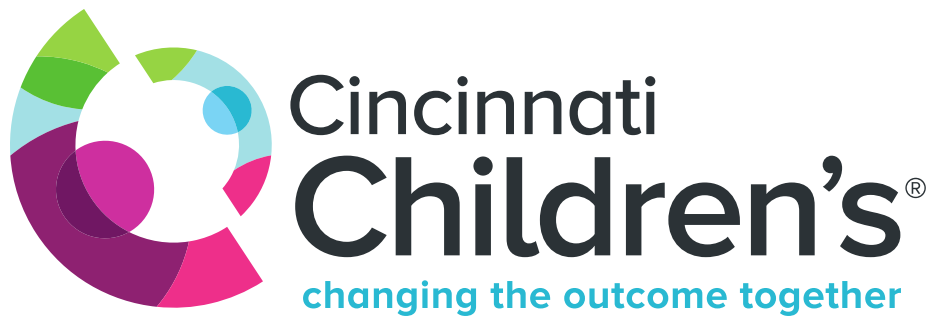




Therapeutic Recreation Application Information

TABLE OF CONTENTS

I.	Internship Description	Page 1
II.	Application Deadlines	Page 2
III.	Internship Prerequisites	Pages 3
IV.	Internship Requirements	Page 4
V.	Psychiatric/ Pediatric Services Description. . . .	Page 5
VI.	Application	Page 6

INTERNSHIP DESCRIPTION

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 5th for Spring Semester

January 5th for Summer Semester

May 5th 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. Various assignments to accomplish learning objectives.
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.



Internship Application
Therapeutic Recreation

Date: _____

First Name	Middle Name	Last Name
------------	-------------	-----------

Permanent Street Address	City	State	Zip Code
--------------------------	------	-------	----------

Permanent Telephone # with Area Code	Social Security #	Date of Birth (Month/Day)
--------------------------------------	-------------------	---------------------------

Present Telephone	E-mail address
-------------------	----------------

In Case of Emergency Notify	Telephone	Relationship
-----------------------------	-----------	--------------

Street	City	State	Zip Code
--------	------	-------	----------

Population Interested in: ☐ Adolescent psychiatric ☐ Pediatric rehabilitation

Interested in: ☐ Full time ☐ Part time ☐ Open to full or part time

Dates Available for Placement: _____

College Advisor	Email Address
-----------------	---------------

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 questions with specific examples of interactions, experiences, or observations you've had in your personal life or as a student.
 - a. Describe a time when you became aware of someone whose culture, background, or belief(s) differed from your own. How did you navigate that situation?
 - Is there something you would have done differently?
 - What did you learn from this situation?
 - b. In reflecting upon the many aspects to your own identity:
 - How might aspects of your own lived experience influence your therapeutic practice?
 - When caring for patients and families who are different from you, what advantages and challenges might you face?

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 and complete the Recommendation Form that is below.

1.	_____	_____	_____
	Name	Address	Telephone #
2.	_____	_____	_____
	Name	Address	Telephone #
3.	_____	_____	_____
	Name	Address	Telephone #

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

Cincinnati Children's Hospital Medical Center
Therapeutic Recreation Internship Recommendation (to be completed by your recreation therapy field work supervisor)

In lieu of a letter of recommendation, please complete the following evaluation based on the prospective intern's current progress toward NCTRC Professional Competencies and professional qualities.

Applicant:

Evaluator:

Evaluator's Relationship to Applicant:

Evaluator's Email:

Evaluation Key

1	Far below standard	Student needs major improvement; is a problem area
2	Below standard	Student needs improvement
3	Meets standard	Student is fluctuating with/developing this competency
4	Above standard	Student demonstrates skill in this area
5	Far above standard	Student demonstrates high degree of competency
N/O	Not Observed	

Therapeutic Skills

Select	Ability to assess strengths, limitations and formulate appropriate treatment goals and objectives.
Select	Ability to assess responses to interventions, including mood, affect, and behavior.
Select	Professional writing skills through documenting observations clearly and accurately while using correct grammar.
Select	Ability to plan and implement age-appropriate interventions.
Select	Basic knowledge of infant, child, and adolescent development.
Select	Ability to model and communicate easily understood directions verbally and non-

	verbally.
Select	Basic understanding therapeutic recreation literature and research.

Additional Comments about Therapeutic Skills:

Professional Qualities

Select	Time management
Select	Flexibility and ability to adapt in the moment.
Select	Critical thinking with ability to problem-solve independently
Select	Use of appropriate and professional verbal language, eye contact, and voice.
Select	Creativity
Select	Maturity and emotional stability
Select	Receptivity to supervision

Additional Comments about Professional Qualities:

Additional Comments:

Please submit this evaluation directly to the Internship Director at Sara.Warner@cchmc.org