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. 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
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

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 2 of the following 4 questions:

1. Based on the ATRA definition, describe and comment on the theoretical and philosophical base of therapeutic recreation. Include the areas you support, the areas you would change, and why. Describe how your own professional goals support your belief.

2. Discuss how your work experience (volunteer or paid) has contributed to your professional goals in the field of therapeutic recreation.

3. Discuss your leadership strengths and weaknesses. Discuss how completing an internship at CHMC may foster the development of your leadership skills.

4. Describe your ideas for a quality therapeutic recreation program for a population with whom you would like to work.

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

1. What makes you interested in an internship with Cincinnati Children’s Hospital (Please be specific)?

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 #
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 Warner, 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