

Report on Final Findings and Recommendations

By the  
Technical Committee for the Review of the  
Application for Credentialing by the  
Nebraska Therapeutic Recreation Association

To the  
Nebraska Board of Health  
and the  
Nebraska Legislature

May 4, 1988



The members appointed by Gregg F. Wright, M.D., M.Ed., Director of Health, to serve on the Therapeutic Recreation Technical Committee are as follows:

Judith A. Quinn, R.N. (Chairperson), Associate Director of Nursing,  
UNMC (Omaha)

Stanley M. Bach, M.D., Orthopedic Surgeon (Omaha)

Rose Hanzlicek, Certified Therapeutic Recreation Specialist, Lincoln  
Regional Center (Lincoln)

Georgia Klay, Certified Therapeutic Recreation Specialist Consultant  
to Nursing Homes (Omaha)

Marsha Rekart, Program Specialist, Department of Social Services (Lincoln)

Jayne Snyder, P.T., Tabitha, Inc. (Lincoln)

Linda Walsh, R.T., Mary Lanning Memorial Hospital (Hastings)



## INTRODUCTION

The Nebraska Credentialing Review Program, established by the Nebraska Regulation of Health Professions Act is a review process advisory to the Legislature which is designed to assess the necessity of the state regulation of health professions in order to protect the public health, safety, and welfare.

The law directs those health occupations seeking credentialing or a change in scope of practice to submit an application for review to the Director of Health. At that time, an appropriate technical committee is formed to review the application and make recommendations after a public hearing is held. The recommendations are to be made on whether the health occupation should be credentialed according to the three criteria contained within Section 71-6221 Nebraska Revised Statutes; and if credentialing is necessary, at what level. The relevant materials and recommendations adopted by the technical committee are then sent to the Board of Health and the Director of Health for their review and recommendations. All recommendations are then forwarded to the Legislature.



## SUMMARY OF COMMITTEE RECOMMENDATIONS AND CONCLUSIONS

The committee decided not to recommend approval of the proposal to license therapeutic recreators at this time. A majority of the committee members felt that the evidence of harm to the public inherent in the current practice situation of therapeutic recreation was not sufficient to warrant approval of the proposal. The committee members were also concerned about the costs associated with developing a licensing examination for therapeutic recreation and over the difficulty of defining a coherent scope of practice for the profession. The committee recommended that the applicant group consider alternatives to licensure such as state registration or state certification.



## SUMMARY OF THE APPLICANTS' PROPOSAL

In the original version of the proposal, the applicant group requested licensure for all therapeutic recreation practitioners at three tiers. The three tiers were: Therapeutic Recreation Technician (TRT), Therapeutic Recreation Specialist (TRS), and Master Therapeutic Recreation Specialist (MTRS). During the review process, the application was amended to include only two tiers, namely, the Therapeutic Recreation Technician (TRT) and the Therapeutic Recreation Specialist (TRS).

To be credentialed at the Therapeutic Recreation Technician (TRT-L) level, an applicant must meet the following training and education requirements:

1. Must have an associate degree from an accredited school with a major in therapeutic recreation,

OR

2. a. Must have an associate degree with a major in an allied health field (recreation, behavioral sciences, physical education, drama, music, dance, gerontology, etc.) AND  
b. have completed 6 college credit hours of therapeutic recreation content courses (2-3 semester hour courses) OR have completed a state approved Therapeutic Recreation Technical Training Course. OR
3. Must have completed an approved high school education or its equivalent, AND have completed a state approved, 48 hour, Therapeutic Recreation Technical Training Course.

To be credentialed at the Therapeutic Recreation Specialist (TRS-L) level, an applicant must meet the following training and education requirements:

1. Must have a baccalaureate degree from an accredited college or university, with a major in therapeutic recreation, or an option or emphasis in therapeutic recreation, including

completion of a clinical internship, with a minimum of 600 clock hours, under the supervision of a CTRS (Certified Therapeutic Recreation Specialist at the national level). OR

2. Have a baccalaureate degree from an accredited college or university with a major in recreation, AND have two (2) years of full-time paid professional work experience in therapeutic recreation, AND three (3) continuing professional development units (CEU's) in therapeutic recreation, OR a combination of work experience and units. OR
3. Have a baccalaureate degree from an accredited college or university with a major in a field related to therapeutic recreation, AND have three (3) years' full-time paid professional work experience in therapeutic recreation, AND three (3) continuing professional development units (CEU's) in therapeutic recreation, OR a combination of work experience and units. OR
4. Have a baccalaureate degree from an accredited college or university with a major in a field related to therapeutic recreation, AND have received a master's degree from an accredited college or university with a major in therapeutic recreation, including completion of a clinical internship with a minimum of 500 clock hours, under the supervision of a CTRS. OR
5. Have present certification by NCTRC as a Certified Therapeutic Recreation Specialist, under the NCTRC grandfather clause.

The proposal does include provisions for an examination for each of the two tiers. These two examinations would be developed under the authority of the Therapeutic Recreation Board of the Bureau of Examining Boards.

The proposal calls for the establishment of a board of examiners that would work in partnership with the Department of Health. The board would be composed of five members, four of whom would be licensed therapeutic recreation practitioners, and one member would be from the consuming public.

The proposal contains a grandfather clause under which all current practitioners would be grandfathered at the level commensurate with

their education, training, and experience. Grandfathered practitioners will be exempted from the examination requirements for the first full year from the effective date of this act.

The proposal would also require that all licensees take 3.0 CEU's of continuing education as a prerequisite for the renewal of their license.

The proposal provides for reciprocity with other jurisdictions. The Department of Health and the board of examiners would adopt rules and regulations to accomplish this function.



## ISSUES RAISED BY THE THERAPEUTIC RECREATION PROPOSAL

### Harm to the Public Associated with the Unregulated Practice of Therapeutic Recreation

Representatives of the applicant group presented testimony which stated that many current recreation practitioners lack the minimum skills and competencies necessary to perform their duties in a manner consistent with public health and safety. The applicants stated that lack of knowledge of proper planning, assessment, evaluation and supervision techniques on the part of many current practitioners has resulted in injury to some clients. The applicants stated that many current practitioners are a source of harm because they lack training in the design of recreational activities and in proper handling of vulnerable clients.

The applicants stated that because of the lack of knowledge many have failed to use activities appropriately. This has resulted in harm to the public through decreased functioning in the physical, mental, emotional or social domain. Physically, they may involve the consumer in activities that are contraindicated. If activities are not therapeutically designed for mental improvement or retention they do not address attentional deficits, mental alertness, and decision making skills. Inappropriate approaches and interventions can cause emotional harm by increasing hostility, stress, boredom, fear, anger and depression. The consumer can also be harmed socially through improperly analyzed activities that result in a decrease of self-esteem, acceptance and interactional skills. The applicant group cited evidence of injury and legal action. Dollars were awarded in one case.

The applicants stated that harm stems from the fact that many current practitioners lack the training to know the bounds of their practice. They are not aware of the range of services that a therapeutic recreation practitioner is qualified to offer to his or her clients. As a result, these practitioners either overstep their bounds and attempt to provide services that are beyond what a therapeutic recreation practitioner should provide, or fail to provide a service or function that their clients need. The applicants stated that this problem is compounded by the fact that most therapeutic recreation practitioners can set the scope of their activities at their own discretion. To illustrate this point, the applicants stated that some current practitioners have been involved in dispensing medications to clients, an activity that is clearly beyond the scope of legitimate recreation practice.

The opponents of the proposal stated that the present situation as regards therapeutic recreation practitioners is not a source of harm to the public. Most of their concern centered on activity directors in nursing homes. They stated that most of the practitioners in question are employed in this capacity, and that current state and federal laws that regulate nursing homes have created the necessary regulatory machinery to ensure that recreational services are provided by qualified personnel. The opponents stated that current regulations require all activity directors to take a 36-hour course that adequately trains the practitioner to engage his or her clients in exercises and games, social activities, and enrichment and education programs, as well as to apply therapeutic techniques in a safe and effective manner.

The opponents stated that they knew of no instances in which activity directors or activity coordinators in any way harmed their

clients. One opponent stated that they knew of no instances in which a nursing home had been cited for a deficiency by the State Health Department because of any harm that an activities director had done. The opponents also stated that current statutes are adequate to cope with any activity director who might become involved in dispensing medications. They stated that the creation of additional laws or regulations would not significantly affect the public protection in this area. The opponents added that they knew of no instances in which activity directors had actively become involved in dispensing medications.

The proponents responded to opponent concerns about the training of current practitioners by stating that the specific training program described by the opponents was not adequate to protect the public from harm. The proponents proposed that the 36-hour training course be expanded to a minimum of 48 hours with more emphasis on activity analysis. They stated that there is no examination in the current training program for activity directors. Consequently, there is no way to ascertain how much knowledge was retained by those taking the course. The applicants also stated that more is being demanded of those providing recreation services to the public than ever before. They stated that in recent years, physicians have been referring their patients to recreational practitioners for therapeutic purposes. As a result, those practitioners without adequate training are increasingly being asked to provide services that they are not adequately prepared to provide. The applicants stated that because of these trends, there is a need to establish minimum standards of practice for those who provide recreation services. The State of Nebraska Activity Professionals (SNAP) identified instances where activity personnel were asked to do tasks that they are

not trained to do, i.e., range of motion and work programs without knowledge of how to evaluate them.

Does the Applicant's Proposal Address the Harm Described?

The applicant group stated that their licensure proposal would address the harm to the public by establishing minimum standards of practice for all who provide recreation services to the public. The applicants stated that the standards associated with licensure would prepare all practitioners to perform accurate assessments and evaluations, and formulate safe and effective interventions. The applicants stated that licensure would give the public the means of identifying qualified practitioners by title and scope of practice, as well as the means by which action could be taken against any practitioner who violates the terms of his or her license. The applicants stated that under the current situation, there is no means by which practitioners can be made accountable for their conduct.

The opponents stated that the licensure proposal in question provides the public with no significant additional protection beyond that which is already being provided by current state and federal statutes that regulate nursing homes. The opponents stated that the minimum standards that the applicants are proposing for a license are not significantly different from those that currently exist under the present practice situation. The opponents stated that the activity coordinator training course described in the application as the core requirement for licensure at the technician level is the same course that all current practitioners are already required to take as a prerequisite for employment in Nebraska nursing homes.

During the technical committee review process, some committee members expressed concern that the grandfather clause contained in the application was too liberal. One committee member was concerned that the proposal would grandfather all current practitioners without any restrictions whatsoever. This committee member felt that this would constitute giving a license to those persons who are most likely the source of the harm identified in the application. Another committee member was concerned that the application did not clarify the implications of the grandfathering provision for those practitioners who would become employed after the passage of any therapeutic recreation act.

The proponents responded to the concerns of their opponents by stating that one of the benefits of their proposal is that it would establish examination procedures for those applying for a license. The current training process does not provide for this. They stated that examination would ensure that those who take the training program would have to successfully demonstrate minimum skills as a precondition for practice.

Regarding grandfathering, the proponents stated that there is nothing unusual about their grandfathering provision, and that it resembles similar provisions in the statutes of other regulated health professions. However, the applicants added that licensure would enable the public to take action against any licensed practitioner who was the source of harm to a client, including any that had been grandfathered into the profession.

The opponents stated that it was not clear exactly how the examination process referred to in the application would be applied in

actual practice. They stated that if no examination were required for the technician level, the prerequisites for practice for licensed practitioners at that level would be no different than for current practitioners. The opponents expressed concern about the fact that no examination has been developed for this occupation. Some committee members expressed skepticism that an examination could be developed, given the fact that no definable curriculum standards have been developed for therapeutic recreation, and that no one has defined with any precision what therapeutic recreators do.

Some committee members expressed doubt about the ability of therapeutic recreators to perform any kind of therapy given the lack of definable curriculum standards and the uncertainty as regards their scope of practice. These committee members stated that because of these facts, therapeutic recreation is not yet ready for licensure. The proponents have identified accredited Therapeutic Recreation curricula for the Specialist level at the University of Nebraska-Lincoln, University of Nebraska-Omaha, and the University of Iowa. A scope of practice is attached.

Should Activity Directors be Included in the Proposed Scope of Practice?

Opponents to the proposal presented testimony which stated that activity directors employed in nursing homes should be exempted from the terms of the proposal. The opponents stated that not only would licensing these employees cause economic hardship for nursing homes, but it would be an unnecessary and inappropriate exercise of the state's regulatory powers. It is inappropriate to require this licensure because therapeutic recreators are not the only practitioners that are qualified to provide recreation services to the public. The opponents stated that

these activity directors come from diverse educational and experiential backgrounds which include occupational therapy, and that requiring these practitioners to be licensed as therapeutic recreators would eliminate other qualified persons from the field. They stated that it is unnecessary because current employees have already met minimum standards of practice.

The opponents added that the applicant group did not successfully demonstrate that the scope of practice of therapeutic recreation is the same as that for activity directors. The opponents added that this confusion over the scope of practice of activity directors stems from the inability of the applicant group to delineate a coherent scope of practice for their own occupation. One opponent stated that this confusion highlights the immaturity of the field of therapeutic recreation.

The proponents stated that activity directors are attempting to perform the same services as therapeutic recreators, and that there is a need to establish a licensing system in order to initiate the process of upgrading the quality of the services activity directors provide. This proposal is the first step in this process. They added that licensure would require all practitioners to attend continuing education courses, which is something that is currently voluntary. Regarding occupational therapists who sometimes provide recreation therapy services, the proponents stated that their numbers were statistically insignificant, and that excluding them from practicing as therapeutic recreators would cause no significant economic hardship for nursing homes.

The proponents responded to committee requests for more information on the scope of practice of therapeutic recreation by submitting a

document at the public hearing which listed and discussed the various services provided by their profession. This document is enclosed at the end of this report.

What are the Potential Impacts of the Proposal on the Health Care System in Nebraska?

There was considerable discussion on the potential costs of the proposal during the technical committee review process. Some technical committee members were concerned that the applicant group had seriously underestimated the costs of initiating and administering a licensure program for therapeutic recreation, including costs associated with developing and implementing a licensing examination. One committee member stated that the costs of administration can run as high as \$63,000 for the first year. This committee member also challenged the applicant group's estimate of \$75,000 to \$100,000 for the costs of developing an examination. Actual costs can run as high as \$400,000 at the national level. Another committee member stated that administrative costs associated with licensure are always rising, and as a result, licensure fees must rise to help defray these costs, which in turn are passed on to the public in the form of higher health care costs.

One committee member asked whether or not projected revenues will cover the costs of licensure. The applicants stated that in all probability, all costs of administering their proposal will be covered by projected revenues. However, if these revenues do not cover all of the costs associated with the development of an examination, it would be possible to get a loan from the state to defray the extra costs. Another option would be to get financial assistance from the board of another regulated health profession which has more financial resources. The

money would be repaid by subsequent licensure fees. However, the applicants stated that in their estimation, the \$150 per person licensure fee would pay for all costs of administration, including the estimated \$75,000 to \$100,000 cost of developing a licensing examination.

Concerns were expressed during the course of the review process regarding the impact of the proposal on the availability of recreational practitioners. Representatives of the nursing home industry testifying on the proposal stated that the proposal would seriously limit the availability of activity directors for nursing homes. The proposal would prevent anyone not eligible for a license in therapeutic recreation from practicing in this field including those trained as occupational therapists. Despite applicant group arguments to the contrary, one technical committee member stated that there are a significant number of occupational therapists who function as consultants to activity directors in nursing homes, and that restricting occupational therapists from performing this function as is proposed could cause harm to recreational programs in nursing homes. Because of these concerns, the representatives of the nursing home industry stated that all activity directors regardless of their professional background should be excluded from the terms of the proposal.

Some committee members were concerned about possible adverse impacts that the proposal might have on activity directors and nursing homes located in western Nebraska. They were concerned that these activity directors might have greater difficulty in meeting the requirements for licensure than would their counterparts in the more metropolitan areas of the state because of the limited availability of courses in therapeutic recreation in the western part of the state. Such a situation would have

an adverse economic impact on both nursing homes and their employees.

The proponents responded to these concerns by stating that the courses in question are available in all areas of the state, and that they are easily accessible to all persons interested in taking them.

## COMMITTEE RECOMMENDATIONS AND CONCLUSIONS

At their fifth meeting, the technical committee members took action on the three criteria as they pertain to the proposal. Criterion one states that the unregulated practice of the occupation in question can clearly harm or endanger the health, safety, or welfare of the public, and the potential for the harm is easily recognizable and not remote or dependent upon tenuous argument. The majority of technical committee members decided that the proposal did not satisfy the first criterion. Some of the committee members who voted against the proposal on this criterion stated that the evidence of harm presented to the committee by the applicant group was not sufficiently specific to demonstrate their argument that the public is being harmed by the current situation as regards therapeutic recreation services in Nebraska. One committee member stated that the examples of harm that were presented to the committee were of the type that could happen to any recreational practitioner regardless of his or her training or experience. Another committee member stated that the proposal in question failed to address the harm that it describes because it failed to establish standards of practice that are any different from those that already exist.

Another committee member stated that the licensing of therapeutic recreators would not address the harm that the applicant group described. Therapeutic recreation lacks the necessary curriculum standards to prepare its practitioners to use therapeutic techniques in client treatment. The applicants had not demonstrated that their methods of intervention are more valid than are those of persons who come from different educational or experiential backgrounds.

Some of those committee members who supported the proposal on criterion one stated that their support was motivated by what they perceived as the need to upgrade the profession of therapeutic recreation. These committee members made it clear that they were not impressed by the evidence of harm presented by the applicant group. They were concerned that something be done to initiate a process whereby educational standards will be improved in this profession. One committee member stated that he was far more concerned about the sociological and psychological implications of inappropriate therapeutic recreation practice than he was about the potential for physical harm. This committee member stated that the examples of physical harm cited in the application seemed to be caused more by a lack of "common sense" on the part of the individual practitioner than by anything pertinent to quantifiable standards of practice. He added that "common sense" is not something that can be taught or legislated.

The committee then proceeded to the second criterion. The second criterion states that the public needs, and can reasonably be expected to benefit from, an assurance of initial and continuing professional ability in the area of therapeutic recreation. The committee members agreed unanimously that the proposal satisfied this criterion. One committee member stated that no reasonable person would argue that the public would not benefit from better education in the area of therapeutic recreation.

The committee then proceeded to the third criterion. This criterion states that the public cannot be effectively protected by other means in a more cost-effective manner than by the licensure of therapeutic recreators. The majority of committee members decided that the proposal

did not satisfy this criterion. Some of those committee members who voted against the proposal on this criterion stated that they were concerned about the inability of the applicant group to define a coherent scope of practice for their occupation. These committee members also expressed skepticism about the ability of the applicant group to either develop or pay for a licensing examination. Another committee member stated that licensure is inappropriate for this occupation because the practitioners function under supervision in agencies that are already heavily regulated by both state and federal statutes.

The committee then discussed possible alternatives to the proposal. Among these alternatives were state registration and state certification. The committee then recommended that the applicant group reconsider these two types of regulation prior to any submission of a proposal in the future.



## OVERVIEW OF COMMITTEE PROCEEDINGS

The Therapeutic Recreation Technical Review Committee first convened on December 18, 1987, in Lincoln in the Nebraska State Office Building. An orientation session given by staff focused specifically on the role, duties, and responsibilities of the committee under the credentialing review process. Other areas touched upon were the charge to the committee, the three criteria for credentialing contained in Section 21 of the Nebraska Regulation of Health Professions Act, and potential problems that the committee might confront while proceeding through the review.

The second meeting was held on January 13, 1988, in Lincoln at the Nebraska State Office Building. After study of the proposal and relevant material compiled by the staff and submitted by interested parties between the meetings, the committee formulated a set of questions and issues it felt needed further research before the convening of the public hearing. Contained in these questions and issues were specific requests for information that the committee felt was needed before any decisions were made.

The committee convened on February 10, 1988 for its third meeting in Lincoln in the Nebraska State Office Building. The committee continued the process of question and issue development initiated at the second meeting. The applicant group officially amended the initial application and answered 16 of the 19 proposed questions. The answers for the questions of cost were not available.

The committee convened on March 11, 1988 for its public hearing, in Lincoln in the Nebraska State Office Building. Proponents, opponents,

and neutral parties were given the opportunity to express their views on the proposal and the questions raised by the committee at the two previous meetings. Interested parties were given ten days to submit final comments to the committee.

The committee met for the fifth time on April 6, 1988 in Lincoln in the Nebraska State Office Building. At this meeting, the committee formulated its recommendations and conclusions on the proposal. The committee took action on each of the three criteria of the sunrise statute. Criterion one states that the unregulated practice of this occupation can clearly harm or endanger the public health and welfare, and that the potential for the harm is not remote or dependent upon tenuous argument. Voting aye were Bach, Hanzlicek, and Walsh. Voting nay were Klay, Rekart, Snyder, and Quinn.

The second criterion states that the public needs and will benefit from additional assurance by the state of initial and continuing professional ability on the part of members of the occupation in question. Voting aye were Bach, Hanzlicek, Walsh, Klay, Rekart, and Snyder. There were no nay votes. Quinn abstained from voting.

The third criterion states that the public cannot be effectively protected by other means in a more cost-effective manner than by the licensure of the occupation in question. Voting aye were Bach and Hanzlicek. Voting nay were Klay, Rekart, Snyder, and Walsh. Quinn abstained from voting.

Committee member Bach moved that the applicant group reconsider registration and certification as alternative methods of regulation for their occupation if and when they submit another proposal for review. Walsh seconded the motion. Voting aye were Bach, Klay, Rekart, Snyder, and Walsh. Hanzlicek voted nay. Quinn abstained from voting.

## THERAPEUTIC RECREATION SCOPE OF PRACTICE

Comprehensive Therapeutic Recreation Services include but are not limited to:

A. Treatment

Treatment services are goal directed toward rehabilitation, amelioration, and/or modification of specific physical, mental, emotional and/or social functions.

1. Physical behaviors and skills that involve movement (static and dynamic) of the body in coordination with the senses. Treatment objectives include: development, modification of fundamental movements, movement patterns, coordination of body parts, and amelioration of specific deficits in strength, speed, endurance, energy, and flexibility/agility.
2. Cognitive or mental objectives are directed toward remediation of deficits in concentration, memory, strategy, verbalization, comprehension and use of rules, reading, writing, numbers and such academic concepts as color, size and shape, direction, symbols, and concrete and abstract thinking.
3. Emotional or affective feelings and values that are habilitated through therapeutic experiences include expression of fundamental responses of joy, guilt, pain, anger, fear, and frustration; awareness of reality self-control and patterns of adjustment, and the commitment to personal interests and life goals.
4. Social or interactional behaviors or skills involve those in which a client must make contact with others. Specific rehabilitation objectives are directed toward cooperation, competition, verbal and non-verbal communication, participation in experiences having varying degrees of structure, control of personal space and contact, acceptance of personal limitations and strengths within the group, and assumption of responsibility and varying leadership roles in the group.

B. Leisure Education

This component of service is directed toward development and acquisition of leisure skills, attitudes and knowledges. Objectives also focus on client adjustment to the service setting, development of functions rehabilitated during treatment and/or those functions that might deteriorate without use, i.e., (prevent deterioration), and development of those behaviors necessary for self-expression, emotional well-being, and use of present and or unidentified interest and abilities.

1. Physical behaviors - improve and/or acquire specific leisure skills in areas such as outdoor recreation, dance, creative arts, individual/dual sports, social-oriented experiences, hobbies.
2. Cognitive behaviors - the development of an awareness of time management, lifestyle and leisure patterns, and personal resources to aid in adjustment to functional living.

3. Emotional behaviors - the determination of the value and meaning of leisure and motivation to self by participating in leisure and establishing realistic goals in order to facilitate the client's ability to attend to tasks supportive of the leisure experience.
4. Social behaviors improve and support the client's ability to interact in structured and unstructured experiences, cooperate, share, assist others, be assertive, and to assume appropriate levels of dependence and independence and responsibility in group experiences.

#### C. Recreation Participation

Recreation participation in a structured and goal directed program allows the client to further refine, adapt, adjust, and redevelop leisure skills while supporting those functions necessary to perform to the client's maximum capacity in the anticipated and expected life situations through need(s) assessments.

1. Physical behaviors - selection of preferred leisure experiences to permit self-expression, relaxation, maintenance of physical health and lifetime participation assuring the level of fitness needed to perform effectively and efficiently.
2. Cognitive behaviors - the development of an awareness of client's leisure needs and assets and the utilization of leisure to balance life needs, i.e., stress, and personal abilities, interests pursuant to participation in leisure experiences.
3. Emotional behavior - enhancement of client's ability to assume control in selection of and participation in leisure experiences; adaptation of experiences to client needs, adjustment to expectations of others including leaders and peer participants, and support of decision-making abilities through expression of likes and dislikes.
4. Social behaviors - fostering group interaction and coping behaviors. Independent functioning as a group member and leader, acceptance of self as contributing member of a group and encouragement of a compatibility of self-concept and self-image through feedback and response to significant others.

#### D. Consultation Services

The Therapeutic Recreation Specialist who serves as a consultant is aiding a person, group, or organization in mobilizing internal and external resources to deal with problem confrontation and change efforts. This service requires sincere dedication and the constant exercise of discretion and judgment - a code of professional behavior of the highest order. Only those persons who are certified Therapeutic Recreation Specialists should serve as consultants in the field of Therapeutic Recreation.