

Should We Stay or Should We Go: Masters Degree as Entry Level into Therapeutic Recreation

Therapeutic Recreation Symposium for the Southwest

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This powerpoint can be found at

<https://www.gvsu.edu/tr/faculty-23.htm>

Session Objectives

- ▶ Define “credential creep” as it pertains to education and employment in health and human services
- ▶ Identify three other health care professions who are considering increasing the level of credential or degree for entry into their respective
- ▶ Identify three advantages for moving to a master’s degree as entry level into the therapeutic recreation profession
- ▶ Identify three challenges or implications for moving to a master’s degree as entry level into the therapeutic recreation profession.

Early Therapeutic Recreation Education

- ▶ While the master's degree has historically been recognized as a specialty degree, our profession has defined entry-level with credentials earned through a bachelor's degree.
- ▶ The National Voluntary Registration for Hospital Recreation Personnel, our profession's first registration program, presented two professional levels.
 - ▶ A bachelor's degree was required for the Hospital Recreation Leader
 - ▶ The Master's degree with experience was the requisite for registration as a Hospital Recreation Director (Carter, 1981)
- ▶ Among the first master's degree programs established were those at the universities of West Virginia and Minnesota in 1951

Early Therapeutic Recreation Education continued

- ▶ A planning committee was formed in 1960 with the conference being held February 16-18, 1961 in New York City
- ▶ Intent of the conference was twofold: to formulate a list of competencies needed by a professional specialist who was defined as a person with a Master's degree or above; and to suggest a curriculum based on these competencies
- ▶ A program of 30 graduate credit hours was outlined according to the list of competencies with prerequisites identified as a general education foundation and strong undergraduate major in recreation:

Graduate Programs - Then and Now

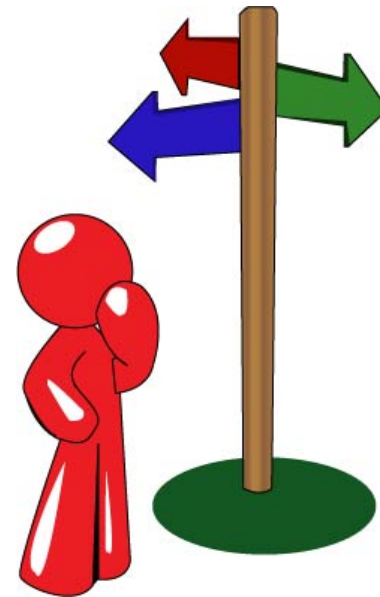
- ▶ Highest number of graduate programs reported was 58 in the 1980 Anderson and Stewart study
- ▶ Recent studies report the existence of 24 graduate programs (Stumbo, Carter, Wilder, & Greenwood, 2013)
- ▶ Parallel to the declining trend in number of programs is a decline in student numbers
- ▶ The highest number of master's students was reported as 947 in the 1980 Anderson and Stewart study
- ▶ The 2010 sequel identified 164 students (Autry, Anderson, & Sklar).
- ▶ The number of required courses in master's programs appears to be increasing with 3 reported initially (Connolly, 1979) and 11.9 recently cited (Stumbo, Carter & Folkerth, 2007).

Graduate Programs - Then and Now

- ▶ The most common course configuration reported is the option/emphasis/sequence.
- ▶ Ashton-Shaeffer, Kunstler, Skalko, & Voelkl (2006) reported an approximately equal percent of programs had the intent to be preparation of entry-level practitioners, advanced clinicians, and preparation of administrators;
- ▶ Stumbo, Carter & Folkerth (2007) reported a majority of the respondents considered their master's program as entry-level with a minority reporting the program purpose to be advanced preparation.
- ▶ Focus of early master's curricula tended to be organization, management, administration, research, and advancement of the profession while courses identified since 2000 have included more with TR/RT titles that incorporate the TR process and interventions.

State of the Profession

- ▶ In the most recent years, the TR profession has watched members of the interdisciplinary health care team move to master's or doctorate degrees as entry into their respective profession
- ▶ Therapeutic Recreation is at a crossroad in several areas that will impact the profession and the persons in which we serve
 - ▶ Licensure
 - ▶ Accreditation
 - ▶ HR 1906
 - ▶ Master's Degree as entry level into the profession



Who's What?

- ▶ Physical Therapy - Clinical Doctorate/DPT
- ▶ Audiology - Clinical Doctorate
- ▶ Pharmacology - Clinical Doctorate
- ▶ Occupational Therapy - Master's with discussion of Clinical Doctorate/DOT
- ▶ Speech/Language Pathology - Master's
- ▶ Art Therapy - Master's
- ▶ Child Life - Master's Degree by 2022
- ▶ Music Therapy - Bachelor level, but has a white paper exploring master's level
- ▶ Physical Therapy Assistant - Associate's level with discussion for move to bachelor level
- ▶ Nursing - All levels of degrees - discussion to move minimal credential from an associate's to a bachelor's
- ▶ Respiratory Therapy - Associate level (with Bachelor programs available)
- ▶ Radiation Therapy/Sonography - Associate level (with Bachelor programs available)



Change in the Workforce

- ▶ What workforce changes are anticipated in the next three to five years (2015-2017)?
 - ▶ The greatest changes HR professionals expect are an increased number of jobs with specific technical requirements (60%), increased staff size (55%), higher education level requirements for most jobs (50%) and increased employee diversity (49%).
- ▶ How will education needs in the workforce change over the next three to five years?
 - ▶ More than one-half (55%) of HR professionals anticipate increased demand for candidates with a bachelor's degree, and 41% expect increased need for advanced degrees (e.g., master's, MBA, Ph.D., M.D., J.D.).

<http://www.shrm.org/research/surveyfindings/articles/pages/shrm-achieve-future-changes-workforce.aspx>

Change in the Workforce

- ▶ “The bachelor’s degree is no longer the coin of the realm it once was. Thirty years ago, it distinguished you in the marketplace. That’s no longer so”

Phillip Trella - Assistant Vice-President for Graduate Studies at the University of Virginia

- ▶ Today, 2 in 25 people age 25 and older have a master’s degree as their highest degree - about the same number with a bachelor’s in 1967.

Digest of Education Statistics

Is it Credential Creep?

- ▶ Credential creep is requiring a higher degree (or credential) than what is needed to enter the profession
- ▶ Healthcare professions argue that an advanced degree is needed to deal with the rapid growth of knowledge and builds a more mature professional who relates better to the complexities of the therapeutic process
- ▶ Additionally, advanced degrees allow the graduate to be able to carry out clinical research and assume leadership roles in their professions and advance public policy
- ▶ Advanced degrees would prepare graduates to reason through problems analytically and professionally
- ▶ Would prepare them better for patient care and collaborative practice with other health care professionals





What the Critics Say

- ▶ Advanced degrees are degree/credential creep
- ▶ Advanced degrees may exacerbate the shortage of health care workers
- ▶ Increased cost and time may exacerbate health care disparities in our society - few healthcare professionals come from minority populations - increased education requirements could further reduce minority populations
- ▶ It rather than the profession, rather than the degree that commands respect and recognition
- ▶ Healthcare facilities are reimbursed for clinical services, not according to the degrees held by their clinicians

Difference Between Maturation and Degree Creep

- ▶ Maturation occurs because the scope of a field advances and proper patient care requires additional education and acquisition of new skill sets.
- ▶ Degree creep occurs because of factors external to the quality of patient care. It occurs in spite of a lack of supportive data.
 - ▶ Recognition
 - ▶ Increased salaries
 - ▶ Perceived increased educational and skill requirements of the profession
 - ▶ Perceived increased access for patients
 - ▶ Increased reimbursement

Entry Level Masters in TR/RT - Degree Creep or Maturation?

- ▶ Is a master's degree as entry level to the profession needed for
 - ▶ Recognition
 - ▶ Increased salaries
 - ▶ Increased access for patients
 - ▶ Increased reimbursement



OR

- ▶ Is a master's degree as entry level to the profession needed occurs because the scope of a field advances and proper patient care requires additional education and acquisition of new skill sets.

Undergraduate Preparation

Educational Content

- ▶ NCTRC
 - ▶ 69 Job Tasks for Entry Level Therapists
 - ▶ 57 Knowledge Areas



Educational Requirements

- ▶ NCTRC
 - ▶ 5 Courses with TR in the Title
 - ▶ Anatomy and Physiology
 - ▶ Abnormal Psychology
 - ▶ Developmental Psychology
 - ▶ 560 Hour Internship

Undergraduate Preparation

- ▶ Undergraduate degrees are restricted by many factors:
 - ▶ Typically a total of 120 credit hours
 - ▶ Basic skills - Writing and Math
 - ▶ General education requirements
 - ▶ Core coursework (ie - general recreation core classes)
 - ▶ BS or BA degree requirements
 - ▶ Additional writing skills requirements
 - ▶ University or state required coursework

Undergraduate Preparation

CARTE Accreditation

- ▶ 85 standards for RT knowledge and skill competencies, plus 560 hour internship
- ▶ Supportive Coursework
 - ▶ Anatomy and Physiology
 - ▶ Developmental, Abnormal, and Cognitive Psychology
 - ▶ Kinesiology; Biomechanics
 - ▶ Medical Terminology

COAPRT Accreditation

- ▶ 3 Foundation Curriculum Areas for the APIED Process along with management/financial standards; 560 hour internship
- ▶ Supportive Coursework for NCTRC Certification eligibility



So the Question Is

- ▶ Can we truly educate our students to be competent entry level practitioners in 5 TR/RT courses?
- ▶ Can we cover all the content from the NCTRC job analysis and Accreditation Standards in 5 TR/RT courses
- ▶ Can we interact with the interdisciplinary team with 5 TR/RT courses compared to 12-18 discipline specific courses taken by OT, PT and SLP

Credit Hours for Entry Level Master's Degrees

Profession	Minimum Credit Hours	Source
Addictions Counseling	60	CACREP Standards
Art Therapy	48	American Art Therapy
Clinical Mental Health Counseling	60	CACREP
Dance/Movement Therapy	60	American Dance Therapy Association
Marriage, Couple, and Family Therapy	60	CACREP Standards
School Counseling	48	CACREP

OT and SLP do not have requirements for credits - However, many OT programs are 2 - 2 ½ years and SLP states that the achievement of knowledge and skills outcomes typically require the completion of 2 years of graduate education

What if Following One OT Model

- ▶ Students completed a Bachelor's Degree in anything - Psychology, Sociology, Criminal Justice, Anthropology, Allied Health Science, Exercise Physiology, Biology etc.
- ▶ Prior to applying to the entry level Master's Degree, they must have completed:
 - ▶ Anatomy and Physiology
 - ▶ Abnormal and Developmental Psychology
 - ▶ Statistics
 - ▶ Research
 - ▶ Could also consider Cognitive Psychology, Kinesiology, Exercise Physiology as pre-requisite courses
- ▶ This leaves 60 hours of TR/RT Education

What Would 60 Hours of Graduate TR Coursework Look Like?

Course	Credit Hours
TR/RT Content	30
Specialty Certification Coursework	9
Public Policy	3
Grand Writing	3
Graduate Research	3
Graduate Statistics	3
Thesis/Project	3
Internship	6

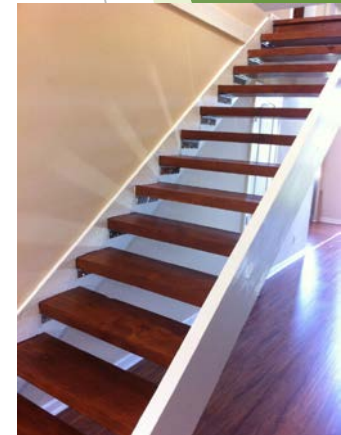


What about a 2 Tier System

- ▶ Undergraduate Degree in RT/TR or General Recreation with emphasis in TR/RT
 - ▶ Resurrect the CTRA (Certified Therapeutic Recreation Assistant)
 - ▶ Bachelor degree students sit the CTRA exam
 - ▶ Meet NCTRC support coursework (Anatomy and Physiology, Psychology etc.)
- ▶ Master's Degree
 - ▶ Undergrad degree in TR/RT or General recreation with an emphasis in TR/RT
 - ▶ Advanced TR coursework
 - ▶ Master's Degree students take the CTRS exam

How to Move Towards Master's Degree as Entry Level

- ▶ The implementation of a decision to move towards a master's degree does not happen overnight
- ▶ It is a process that implemented over a time span
- ▶ This is similar to NCTRC giving 5 years for a new standard to be implemented
- ▶ Implementation of a master's degree as entry level is typically a 10 year process
- ▶ Child Life has decided to move toward a master's degree as entry level and is using a 10 year process
- ▶ Persons who are practicing with a bachelor's degree are usually grandfathered in and do not have to get a master's degree



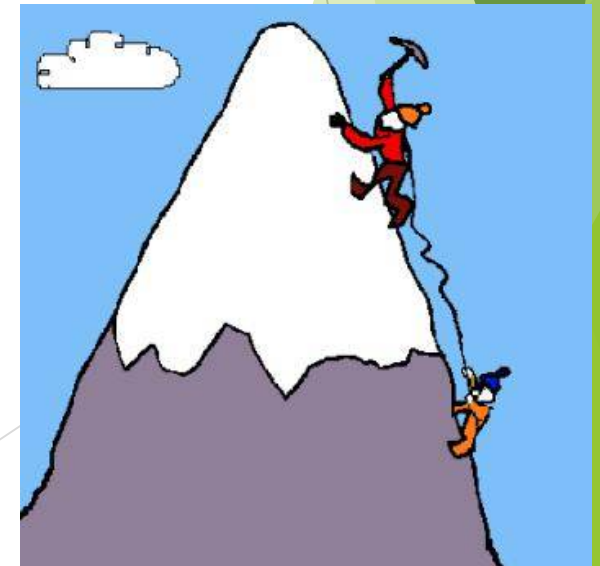
Child Life as an Example

Year	Change
2013	Task Force 2020 concludes charge and a Graduate Program Accreditation Task Force is struck.
2014	Undergraduate Endorsement Reviewer Task Force is formed.
2015	Undergraduate Program Endorsement launches
2018	Graduate Program Accreditation launches.
2021	Last Certification Exam where academic preparation at the bachelor's degree level meets certification eligibility requirements.
2022	All new Certified Child Life Specialists must hold either a Master's in Child Life or a Master's degree with a concentration or emphasis in child life from an academic program that has been accredited by CLC; these students must successfully pass the certification exam by Fall 2024.
2025	All new Certified Child Life Specialists must hold a master's degree in child life (or international equivalent) from an academic program that has been accredited by CLC.

<http://www.childlife.org/Certification/AdvancedDegree2022/index.cfm>

Challenges in Moving Towards a Master's Degree

- ▶ Doctoral prepared faculty to teach at the master's level
- ▶ Grandfather clause
- ▶ University support for offering a master's degree - graduate programs cost more money
- ▶ Concern that bachelor level therapist may lose jobs to master prepared therapists
- ▶ Impact on programmatic accreditation (CARTE and COAPRT)
- ▶ Curricular processes through universities
- ▶ Concern with potential loss of enrollment for a master's degree
- ▶ If entry level is Master's Degree, what is the BS degree in if a 4 + 1 program (undergraduate and 1 year Master's)



Thoughts on the Challenges

- ▶ There is no reason to reinvent the wheel - this process has been done by professions before so we have direction
- ▶ In most cases, universities make money on graduate programs because of higher tuition rate
- ▶ We have students entering who are passionate; enrollment may drop, but will be back up as we see with any major curriculum change
- ▶ This is an option for students who do not get into the masters degrees in OT and SLP and the DPT - just as the undergraduate degree in TR is discovered by students who for some reason decide not to pursue OT, SLP and PT
- ▶ Separate track for persons who already have an undergraduate degree in TR/RT who want to pursue additional education
- ▶ We are a grass roots profession with strong leaders who can make it happen

Outcomes of Moving Towards a Master's

- ▶ More competent and skilled graduates offering RT services to its constituents
- ▶ Increase in evidence based research
- ▶ Increase in the use of evidence based research to provide interventions
- ▶ Increase in specialty certification
- ▶ More mature graduates
- ▶ Increase in the number of persons interested in completing a doctoral degree and entering higher education thus impacting faculty shortage



Because of More Skilled Graduates/ Practitioners

- ▶ Increased recognition
- ▶ Increased salaries
- ▶ Increased access for patients
- ▶ Increased reimbursement
- ▶ Positive impact on state licensure



Concluding Thoughts

- ▶ We are at a crossroads in our professional development
- ▶ As a profession we can choose to be proactive or reactive
- ▶ Crossroads call for leadership and courage, both on its leaders and its general membership
- ▶ A proactive choice often requires substantial changes - the changes may be difficult for a profession, because they demand the profession to grow
- ▶ The process of growth challenges the ways we think about ourselves and our profession
- ▶ Substantial changes entail risk and can also reap rewards



Thoughts
are free!

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