Recreation Therapy Service

Welcome to the South Texas Veterans Health Care System

Student Internship Information

Erin Dixon, MSRLS, CTRS
Assistant Chief, Recreation Therapy Service
Clinical Internship Coordinator
South Texas Veterans Health Care System
Recreation Therapy Service (11K)
7400 Merton Minter Blvd.
San Antonio, TX 78229-4404
E-mail: erin.dixon@va.gov
Phone: (210) 617-5125
Fax: (210) 617-5276

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Introduction

Welcome to South Texas Veterans Health Care System

This Recreation Therapy Service Student Internship Guide is to assist the student as you experience and learn about Recreation Therapy at the South Texas Veterans Health Care System (STVHCS).

You will be able to grow and learn with the hands on training we offer you. There are several areas where Recreation Therapy serves: Community Living Center, Kerrville Dementia Specialty Care Unit, Domiciliary Care for Homeless Veterans Kerrville Transitional Care Center, Kerrville Community Living Centers, Medical Foster Home Program, Psychiatry Units, Spinal Cord Injury Center, Polytrauma Rehabilitation Center, Polytrauma Transitional Rehabilitation Program, Domiciliary Substance Abuse Program, South Texas Acute Rehabilitation Recovery Program and Stepping Stones Psychosocial Rehabilitation.

The VA Mission is to serve the veterans. We want you to have pride in your internship in the Recreation Therapy Service. STVHCS seeks to provide services based on continuity of care to both in and outpatient programs.

South Texas Veterans Health Care System
Mission/Vision/Values

Mission: To honor America’s Veterans by providing exceptional health care that improves their health and well-being.

Vision: To be a Veteran-centered organization that provides excellence in health care, research, education; to be an organization where people choose to work; an active community partner; and a resource for National emergencies.

Values: Integrity, Commitment, Advocacy, Respect, Excellence (I CARE)

Recreation Therapy Service Goals

1. To provide COMPASSION for our Veterans, their families and our fellow employees.
2. To deliver services and other daily functions in a highly COMPETENT manner.
3. Enhance the image of the South Texas Veterans Health Care System of EXCELLENCE.
4. To DEVELOP a standard of excellence that all others will strive to equal.
According to the Office of Personnel Management, Recreation Therapy in the VA includes “positions which involve professional work requiring application of either: (1) a knowledge of the concepts, principles, and practices of recreation therapy, and the use of recreational modalities; or (2) a knowledge of the concepts, principles, and practices of a specialized creative arts therapy field (i.e., art, dance, music, and psychodrama) and the use of appropriate specialized activity modalities, to maintain the physical and/or mental health or to achieve the physical and/or mental rehabilitation of patients.”

The therapists strive to restore, remediate and rehabilitate a person’s level of functioning and independence. This is achieved by utilizing different assessment approaches, creating a plan and interventions for each program and continually evaluating the progress. Therapists will use a variety of modalities on their units ranging from cognitive stimulation, community based outings, social skills training and physical interventions.
University/Site/Student Agreement

The Intern Site Agrees To

1. Provide an on-site experience which is pertinent and meaningful for students enrolled in the program at the University.

2. Accept from the University the number of students that staff, space, and program permit.

3. The program of on-site education is open to review by the Director and faculty of the program at the University.

4. Provide quality supervision of the student(s) in the on-site education program. For example, schedule a weekly meeting with the student to discuss goals and objectives, performance, and other concerns.

5. Make available to the student a work area, resources and time appropriate for completing both agency and university assigned tasks.

6. Keep the University informed regarding the level of education student each receives, as well as their level of performance and to notify and consult with the University at anytime the student is not maintaining satisfactory progress.

7. Assign supervisors who participate in continuing education and are up-to-date with current issues in the field.

The University and the Intern Site Jointly Agree

1. No student will be discriminated against on the basis of race, creed, sex, sexual orientation, or national origin in any aspect of this program.

2. The determination of the number of students to be assigned to the Intern Site shall be a joint decision based on staff and space available at the Intern Site and eligible students enrolled in the curriculum who desire to intern at a particular site.

3. This document does not limit the Intern Site to accepting only students from this University into the on-site education program.

4. There will be meetings of representatives of both the University and the Intern Site as needed to coordinate and improve the Internship program.

5. There will be on-going, open communication between the University and the Intern Site to ensure understanding of the expectation and roles of both institutions in providing on-site experience from students.

6. That either the University or the Intern Site may drop a student enrolled in the program if, in the opinion of either party, the student does not satisfactorily progress in the program. Any student who does not satisfactorily complete the program or any portion thereof may
repeat the course at the same Intern Site with written approval of both the Intern Site and the University.

The Student Agrees to

1. Submit all paperwork and assignments to both the agency and the faculty supervisor on or before the due dates provided at the beginning of the semester or risk a late penalty and/or a grade of 0 (no points) for that assignment.

2. Be responsible for submitting an accurate account of work hours. Failure to do so may result in hours not being counted toward completion of the field experience.

3. Complete all academic and workplace assignments in order to receive a passing grade. A grade of incomplete will be given only in the case of unusual circumstances and only with the approval of the supervising faculty member.

4. Fulfill all field experience requirements during the semester in which they are registered.

5. Come to work in appropriate attire, acceptable to the institution for duties as assigned.

6. Arrive for scheduled hours on-time and ready to work.

7. Notify both the agency and the university supervisor if they are unable to work scheduled hours FOR ANY REASON.

Schedules for students including instruction, clinical participation, and use of each institution's facilities will be agreed upon by the officially designated representative of the Intern Site. Permission may be included to attend seminars, conferences, and to participate in other pertinent institutional activities.
Internship Job Description

South Texas Veterans Health Care System
Recreation Therapy Service

The student intern is widely exposed to the therapeutic recreation profession through observation and supervised participation. This exposure is designed to prepare the student for a more intensive, career-oriented training experience. This is a minimum of 560 hour, fourteen (14) consecutive week field placement.

Program Components:
* Observation of inpatient and outpatient therapeutic recreation services
* Supervised participation in-group and individual activities
* Utilization of departmental resources

Practicum Objectives:

* Become familiar with the therapeutic recreation profession
* Recognize patients’ reactions to stress, illness and pain
* Develop communication skills with patients in the healthcare setting
* Recognize the value of psychosocially supportive interventions
* Develop abilities to interact with members of the interdisciplinary team
* Evaluate own performance and set goals for learning
* Identify ways to integrate knowledge with practice

Expectations:
If the student’s academic program/supervisor does not specify practicum requirements, the following guidelines will be used. If the academic site identifies similar or very different tasks, guidelines will be adjusted accordingly.

1. Written goals for practicum experience
2. Observation and supervised participation in inpatient and outpatient program areas
3. Weekly journals or evaluation of experience, including discussion with site supervisor
4. Complete activity protocol
5. Special project (e.g. Preparation kit for a specific procedure to remain at the hospital for patient or departmental use)
**Administrative**

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Clinical Track: Physical Rehabilitation – Polytrauma Rehabilitation Center

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<td>Draft discharge summary with supervision</td>
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<td>Increase patient load to 4 patients</td>
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**Clinical Track:** Physical Rehabilitation – Polytrauma Transitional Rehabilitation Program

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<tr>
<th>Task Description</th>
<th>Date Completed</th>
<th>Supervisor Initials</th>
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<tr>
<td>Informal observation of programs</td>
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<td>Review treatment process and documentation in program area</td>
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<td>Observe treatment team meeting</td>
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<td>Review computerized patient record system</td>
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Personal Phone Calls / Lunch Breaks/ Absence / Sick Time / Tardiness

Personal Phone Calls: Phone calls with the facilities phone system should be limited to:

1. Local phone calls (Business related, limited personal calls)
2. Contacting your Internship Supervisor
3. Long Distance Calls pertaining to the internship curriculum
4. A family emergency

These calls should be limited to 10-15 minutes. All other calls are prohibited within this service. If you own a cell phone please keep the phone on vibrate while you are on duty. Use of your cell phone should not interfere with patient care. Disciplinary action will be taken if these guidelines are not followed.

Lunch Break: All students will be provided 30 minutes for lunch within an 8-Hour tour of duty. You are able to have your meal on or off-station within this time frame.

Absence, Sick Time: Students are scheduled 14-16 weeks during their internship depending on their school curriculum and national guidelines. The missed days will be made up as soon as possible. If the student is absent for three days or more, the student’s internship supervisor will be notified.

If a student has to request a day off, this should be completed in a reasonable time frame. This does not guarantee that the request will be granted, but addressed on a case-by-case basis.

Students may be asked to provide documentation for any time missed from work (ex. Doctors appointment, Funeral, Interview).

The student must contact Recreation Therapy Service by 8:00 a.m., if you are going to be late or unable to report for duty. The student should give their supervisor or the Internship Coordinator instructions concerning his or her workload for that day.

Tardiness: Tardiness will not be tolerated while the student is working on their internship at this facility. The following steps will be taken if a student’s tardiness persists:
1. Verbal warning from immediate supervisor.
2. The student will receive a written reprimand. This will be issued to the Student and forwarded to the Internship Coordinator and Chief, Recreation Therapy Service.
3. Student may be terminated from the internship position.
Dress Code

Students will adhere to the STVHCS Employee Dress Attire Policy as follows:

(a) Requirements:

(1) All employees will present a neat and clean appearance.

(2) All clothing is to be neat, clean, and appropriate to the position, which the employee holds, and will comply with common standards of modesty in a health care/business setting. Articles of clothing that are inappropriate while on duty include, but are not limited to:

(a) Revealing, see-through or tight fitting clothing is prohibited. This includes wearing of halter-tops, strapless tops, spaghetti-strap dresses/tops; low scooping/revealing neckline blouses, shirts open to the waistline, bare midriff or a short is prohibited.

(b) Muscle shirts, T-shirts/undershirts, unless as a part of an accepted uniform may only be worn as an undergarment.

(c) Pants or slacks will not be worn below the waistline and will not be worn as extremely baggy or tight.

(d) Hats, caps and bandanas/sweatbands, will not be worn inside any building or working area unless as part of a work uniform (See OHSA Policy 196.100 for additional information regarding hard hats). Special consideration may be given to those persons that obtain authorization to wear headgear for religious or medical reasons.

(e) Walk-man, cell phones, MP3 players, I-Pods, electric devices, radios/cassettes, Bluetooth, and compact discs shall not be worn or displayed while in the performance of duty.

(f) Cut-offs or shorts.

(g) Torn clothing.

(h) Excessively short and/or tight fitting and/or see through clothing when it is inappropriately revealing or sexually provocative.
(i) Hanging jewelry, medallions, hair ornaments, buttons or chains are not appropriate in work area where such items may constitute a safety hazard or interfere with work production, (i.e. mechanical, patient care, food service, housekeeping).

(j) Apparel displaying offensive saying, pictures, logos, or profanity is inappropriate and not permitted.

Exceptions to the rule: *There are exceptions and accommodations will be made for employees having the need to wear clothing that under normal circumstances would be considered as inappropriate, i.e., allowing employees to wear shorts as part of the duty uniform or accommodating an employee who is recovering from an injury/illness.*

(k) Jogging suits and athletic apparel are prohibited, except when authorized for a special event/function.

(l) Footwear: Wearing of shoes will be conducive to a quiet and safe hospital environment. Shoes that have cleats or are otherwise excessively noisy (metal taps) are considered inappropriate. Shoes should be kept clean and presentable. All footwear will be appropriate to the employee's position. For safety reasons, thongs/flip-flops is not permitted in the workplace. The Industrial Hygienist and Safety Officer are available to make determinations of safety concerns in specific settings.

**Vehicle Operations**

Students will not operate government vehicles at any time during their internship. Unauthorized use will be grounds for immediate termination of the internship. Emergency situations in which the driver becomes disabled and the student operates the vehicle will be evaluated on a case-by-case basis.

**Internship Rotation**

All students will rotate through various clinical areas that Recreation Therapy serves within the South Texas Veterans Health Care System – behavioral health, long term care and physical rehabilitation. This rotation will provide the student with the opportunity to experience a variety of RT modalities and therapies that are provided. Specific rotation schedules will be discussed with the student and determined at the beginning of the internship by the Internship Coordinator.

**Reasonable Suspicion of On Duty Drug or Alcohol Use**

If a student shows symptoms of drug or alcohol use, the supervisor will notify the chief who will discuss the symptoms privately with the student. If the student is impaired, they will be placed away from patients until they are not impaired or until a friend or family member can transport the student home. The university internship coordinator will be notified. Discharge from the internship program is highly possible.
Recreation Therapy Areas of Service

**Domiciliary Care for Homeless Veterans (DCHV)** - A psychosocial, residential program that is designed to assist homeless veterans. The program is designed to help such veterans gain life skills, job skills, and knowledge of available resources necessary to achieve an independent and self-supporting level of functioning. The program specifically focuses on addressing problems that contribute to homelessness, drug and alcohol abuse, poor job/interpersonal skills, and leisure deficits.

RT interventions used at DCHV include:

- **Community Reintegration Outings**
  Trips to spectator events, parks/museums, libraries, or malls provide social interactions and awareness of community resources
- **Crafts**
  Provide cognitive & mental stimulation, improve fine motor skills & hand/eye coordination
- **Leisure Education & Counseling**
  Acquire & maintain interest in meaningful/healthy leisure, recommendations for self-directed leisure in community or home
- **Didactic Processing Sessions**
  Teach coping skills, self-esteem building, promote positive thinking, stress management

**Psychiatry (GLA/B/C)** - This area provides clinical treatment to veterans dealing with various Mental Health diagnoses. The STVHCS has three inpatient areas where it serves 37 veterans. The Multidisciplinary Team attempts to stabilize the patients so that they can enter back into the community and function independently or with limited assistance.

RT interventions used in GLA/B/C include:

- **Crafts**
  Provide cognitive & mental stimulation, fine motor skills, hand/eye coordination
- **Social Groups**
  Held on unit to encourage peer interaction
- **Individual Therapy**
  Provides resource awareness, & addresses leisure skills
- **Leisure Education Groups**
  Address coping skills, leisure awareness, & boredom

**Spinal Cord Injury Center (SCIC)** - This facility houses a 30-bed inpatient unit, includes rehabilitation clinics, a self-contained transitional living apartment, and a recreation therapy facility.

RT interventions used in SCIC include:

- **Leisure Education**
  Teach/improve leisure skills, promote leisure awareness, recommend resources
- **Wellness Center**
  Promotes physical fitness
• **Air Rifle Clinic**  
  Increase hand/eye coordination & improve concentration

• **Community Reintegration Outings**  
  Encourage social interaction & appropriateness, teaches transfer & advance wheelchair skills

**Community Living Center (CLC)** - CLC is a specialized nursing facility designed to care for residents requiring restorative and rehabilitative nursing care services. Discharge is anticipated to the home or referrals to other extended care programs, as appropriate. RT interventions used in CLC include:

  • **Leisure Education**  
    Introduce creative & intellectually stimulating activities to improve leisure time

  • **Therapeutic Exercise**  
    Increase cardiovascular health, hand-eye coordination, ROM, and reaction time

  • **Community Reintegration Outings**  
    Fosters social interaction & appropriate behaviors and enhances transferring/advanced wheelchair skills on different types of terrains

  • **Volunteered-Sponsored Activities**  
    Community organizations provide direct social interaction with the veteran providing stimulating games and socials

  • **Cognitive Stimulation**  
    Allow for sequencing, strategy, number recognition, and competition

**Kerrville Transitional Care Center (KTCC)** - KTCC is located at the Kerrville Campus and offers many of the services that are offered in CLC: (1) wound care; (2) low intensity rehabilitation, (3) palliative care, (4) dementia specialty (5) Spinal Cord and (6) respite care. RT interventions used in KTCC include:

  • **Leisure Education**  
    Different activities, such as crafts and bingo, allows decision making & promotes self-worth

  • **Horticulture (planting/watering)**  
    Teaches responsibility & promotes self-worth,

  • **Pet visitation**  
    Allows patient to reminisce & provides unconditional acceptance

  • **Yoga**  
    Provides relaxation & teaches proper breathing

  • **Community Reintegration Outings**  
    Promotes socialization and awareness of community resources

**Domiciliary Substance Abuse Program (DOM SA)** – The Domiciliary Substance Abuse Program (DOM SA) is a residential rehabilitation program with a flexible length of stay (3-6 weeks). Veterans attend clinical programming groups daily to learn skills for sobriety. RT interventions used in DOM SA include:

  • **Leisure Education & Counseling**  
    Learn leisure skills to utilize in long term recovery

  • **Socialization programs**  
    Allows patients to learn appropriate social skills in a sober setting
• **Music**  
Identifies triggers, provides relaxation, emotional control, and stress management

• **Processing Activities**  
Allows patients to problem solve, learn coping skills, stress management and frustration tolerance in sobriety

• **Community Reintegration Outings**  
Practice sobriety within the community, increase awareness of community resources

**Psychosocial Rehabilitation & Recovery Center (PRRC)** is an outpatient treatment program that offers extensive skill-building group modules for veterans diagnosed with a serious mental illness (SMI). Through a therapeutic learning environment, veterans are guided, supported, and empowered to develop and strengthen their life, coping, self-care and social skills in order to attain their personal recovery goals.

RT interventions used in PPRC include:

• **Morning Exercise**  
Promote independent physical functioning

• **Coffee & conversation**  
Promotes social functioning

• **Aquatics**  
Promotes increased physical functioning & relaxation

• **Arts & Crafts**  
Allows creative expression, utilizes cognition & fine motor skills

• **Leisure Education/counseling**  
Teaches leisure skills & awareness

**Polytrauma Rehabilitation Center (PRC)**  
The Polytrauma Rehabilitation Center (PRC) at San Antonio is one of five facilities in the country designed to provide intensive rehabilitative care to Veterans and Service members who experienced severe injuries (including brain injuries) to more than one organ system. PRC provides acute, comprehensive, inpatient rehabilitation.

RT interventions used in PRC include:

• **Leisure Planning groups**  
Allows patients to practice planning safe, appropriate, & meaningful leisure experiences

• **Leisure Education groups**  
Improves leisure awareness, skills, & resources

• **Social Skills groups**  
Improves social awareness while teaching appropriate interaction skills

• **Community Reintegration Outings**  
Allows patients to practice skills learned in 1:1 sessions. Encourages social interaction & appropriateness, teaches transfer & advance mobility skills. Example outings include: bowling, grocery store, restaurants, etc.

• **Cognitive Skills Development**  
Used to assist patients in developing cognitive skills including but not limited to: memory, executive functioning, processing, etc.
Polytrauma Transitional Rehabilitation Program. Polytrauma Transitional Rehabilitation Program (PTRP) is a goal oriented residential rehabilitation program that partners with Veteran and Service member participants to improve their physical, cognitive, communicative, behavioral, psychological, and social functioning after significant injury or illness. RT interventions used in PTRP include:

- **Leisure Planning groups**
  Allows patients to practice planning safe, appropriate, & meaningful leisure experiences

- **Leisure Education groups**
  Improves leisure awareness, skills, & resources

- **Social Skills groups**
  Improves social awareness while teaching appropriate interaction skills

- **Community Reintegration Outings**
  Allows patients to practice skills learned in each group. Majority of patient time is spent on outings addressing individualized goals. Example outings include: rock climbing, auto workshop, swimming, bowling & equine therapy

The American Therapeutic Recreation Association's Code of Ethics is to be used as a guide for promoting and maintaining the highest standards of ethical behavior. The Code applies to all Recreation Therapy personnel. The term Recreation Therapy personnel includes Certified Therapeutic Recreation Specialists (CTRS), recreation assistants and recreation therapy students.

**PRINCIPLE 1: BENEFICENCE**
Recreation Therapy personnel shall treat persons served in an ethical manner by actively making efforts to provide for their well-being by maximizing possible benefits and relieving, lessening, or minimizing possible harm.

**PRINCIPLE 2: NON-MALEFICENCE**
Recreation Therapy personnel have an obligation to use their knowledge, skills, abilities, and judgment to help persons while respecting their decisions and protecting them from harm.

**PRINCIPLE 3: AUTONOMY**
Recreation Therapy personnel have a duty to preserve and protect the right of each individual to make his/her own choices. Each individual is to be given the opportunity to determine his/her own course of action in accordance with a plan freely chosen. In the case of individuals who are unable to exercise autonomy with regard to their care, recreational therapy personnel have the duty to respect the decisions of their qualified legal representative.

**PRINCIPLE 4: JUSTICE**
Recreation Therapy personnel are responsible for ensuring that individuals are served fairly and that there is equity in the distribution of services. Individuals should receive services without regard to race, color, creed, gender, sexual orientation, age, disability/disease, social and financial status.
PRINCIPLE 5: FIDELITY
Recreation Therapy personnel have an obligation, first and foremost, to be loyal, faithful, and meet commitments made to persons receiving services. In addition, Recreation Therapy personnel have a secondary obligation to colleagues, agencies, and the profession.

PRINCIPLE 6: VERACITY
Recreation Therapy personnel shall be truthful and honest. Deception, by being dishonest or omitting what is true, should always be avoided.

PRINCIPLE 7: INFORMED CONSENT
Recreation Therapy personnel should provide services characterized by mutual respect and shared decision making. These personnel are responsible for providing each individual receiving service with information regarding the services, benefits, outcomes, length of treatment, expected activities, risk and limitations, including the professional’s training and credentials. Informed consent is obtained when information needed to make a reasoned decision is provided by the professional to competent persons seeking services who then decide whether or not to accept the treatment.

PRINCIPLE 8: CONFIDENTIALITY & PRIVACY
Recreation Therapy personnel have a duty to disclose all relevant information to persons seeking services: they also have a corresponding duty not to disclose private information to third parties. If a situation arises that requires disclosure of confidential information about an individual (i.e.: to protect the individual’s welfare or the interest of others) the professional has the responsibility to inform the individual served of the circumstances.

PRINCIPLE 9: COMPETENCE
Recreation Therapy personnel have the responsibility to maintain and improve their knowledge related to the profession and demonstrate current, competent practice to persons served. In addition, personnel have an obligation to maintain their credential.

PRINCIPLE 10: COMPLIANCE WITH LAWS AND REGULATIONS
Recreation Therapy personnel are responsible for complying with local, state and federal laws, regulations and ATRA policies governing the profession of Recreation Therapy.

Revised November 2009
Termination of the Internship

1. Any student may be dismissed immediately if the student:

- Is observed abusing a patient (physically, verbally, soliciting money or accepting money or gifts from patients according to system policy).
- Reports to work under the influence of drugs or alcohol.
- Does not fulfill their financial obligation to the university.
- Is observed in a physical altercation with a staff member while on duty.
- Is observed stealing any items from the facility.
- Work performance is poor.
- Refusing to perform some aspect of their assignment that is related to the internship.

Directions

Audie L. Murphy Veterans Hospital
7400 Merton Minter Blvd.
San Antonio, TX 78229
Phone: (210) 617-5300 or (888) 686-6350

Public Transportation
The Medical Center is conveniently located on the numbers 91, 602, 604, and 606 bus routes servicing the South Texas Medical Center Transit Center.

Driving Directions
From NW Loop 410 take the Babcock Road exit toward the Medical Center. Turn right on Babcock. Turn right on Merton Minter. Audie Murphy VA is on the left at 7400 Merton Minter.
From IH 10 West take the Wurzbach Road exit toward the Medical Center. Turn left on Wurzbach. Turn left on Merton Minter. Audie Murphy VA is on the right at 7400 Merton Minter.
Villa Serena  
4455 Horizon Hill  
San Antonio, TX 78229

*Driving Directions*  
From Audie Murphy VA turn right on Wurzbach. Turn right on Medical Dr. Take a right on Horizon Hill. Villa Serena is on the left.

Polytrauma Transitional Rehabilitation Program (PTRP)  
4949 Gus Eckert  
San Antonio, Texas 78240

*Driving Directions*  
From Audie Murphy VA. Turn right on Wurzbach. Turn left on Fredericksburg Rd. Turn left on Gus Eckert (across from USAA). PTRP is on the right hand side.

Kerrville VA Hospital  
3600 Memorial Blvd.  
Kerrville, TX 78028  
Phone:(830)896-2020

*Driving Directions*  
From IH 10 Exit At exit 508, take Ramp onto SR-16 (Fredericksburg Rd) towards TX-16 / Kerrville  
Turn LEFT onto SR-534 Loop  
Turn LEFT onto SR-27 (Memorial Blvd)  
Arrive 3600 Memorial Blvd, Kerrville, TX 78028-5768
For interview, tour, initial paperwork or other visits prior to starting internship you may park in the Visitor’s parking lot in front of the main hospital. The Internship Coordinator and unit therapists will direct you where to park during rotations at different units.

South Texas Veterans Health Care System offers a variety of special events throughout the year for the veterans in the area and surrounding VAs. Student interns will have the opportunity to be involved in the planning and/or implementation while completing their internship:

- Re-Creation
- Local Veterans Creative Arts Competition and Show
- Volunteer Organization Sponsored Parties
- Entertainment Groups
- Veterans Day Out Community Reintegration Activities

**VA National Veterans Programs & Events**

Physical activity, friendly competition and recreation therapy engage the mind as well as the body and can contribute significantly to an improved quality of life. VA’s National Veterans Sports Programs and Special Events provide disabled and elderly Veterans with challenging opportunities to accomplish feats many may have believed were no longer available to them because of their disabilities or their age. These sports and leisure activities provide our Veterans unique environments for self-development, camaraderie and a well-earned sense of accomplishment. The staff and Veterans from our facility are involved in the National Veterans Sports Programs and Special Events held every year in various locations across the US. These events include:
National Veterans Wheelchair Games (San Antonio hosted this event in 1988, 1993 & 2000)
A multi-event sports and rehabilitation program for military service veterans who use wheelchairs for sports competition due to spinal cord injuries, amputations, or certain neurological problems. Attracting more than 500 athletes each year, the National Veterans Wheelchair Games is the largest annual wheelchair sports event in the world.

National Veterans Creative Arts Festival (San Antonio was the host site in 2009)
The National Veterans Creative Arts Festival (NVCAF) is the celebration and grand finale stage and art show which is the culmination of talent competitions in music, drama, dance, creative writing, and art for veterans treated in the Department of Veterans Affairs (VA) national health care system. Approximately 130 veterans will exhibit their artwork or perform musical, dance, dramatic or original writing selections in a gala variety show. All veterans invited to participate are selected winners of year-long, national fine arts talent competitions in which thousands of veterans enter, from VA medical facilities across the nation.

National Veterans Golden Age Games
The premier senior adaptive rehabilitation program in the United States, and the only national multi-event sports and recreational seniors’ competition program designed to improve the quality of life for all older veterans, including those with a wide range of abilities and disabilities. It is one of the most progressive and adaptive rehabilitative senior sports programs in the world.

National Disabled Veterans Winter Sports Clinic
The National Disabled Veterans Winter Sports Clinic is a world-leader in adaptive winter sports instruction for U.S. military Veterans and active duty servicemen and women with disabilities. Our Veterans draw inner strength from this experience of a lifetime and use it to overcome life’s challenges head-on when they return home. They also inspire those without disabilities to catch their spirit and go after their dreams.

National Veterans Summer Sports Clinic
VA’s newest national program, the Summer Sports Clinic promotes rehabilitation of body and spirit by teaching summer sporting activities to Veterans with significant physical or psychological impairments. The Clinic offers such sports as surfing, sailing, kayaking, track and field, and cycling to Veterans who are newly injured from amputations, traumatic brain injuries, post-traumatic stress disorder and other neurological disorders, all benefitting from the therapeutic environment offered at the Clinic. Each year, the events offered will vary, allowing greater exposure to new adaptive sports and recreational activities.
National Veterans Valor Games
Valor is more than a word; it is a character embedded in the spirit of those who rise with strength and battle with everything they have. The Valor Games brings together disabled veterans and wounded, ill or injured service members and engages them in three days of Paralympic sport competition. The event celebrates sport as a means of empowering individuals and strengthening community. Beyond competition, the Valor Games connects athletes with ongoing sports opportunities and resources in their local communities. Promoting healthy, active lifestyles is important to successful community reintegration and the Valor Games proudly support such endeavors. World Sport Chicago hosted the first Valor Games in 2011 and all regional events are organized in partnership with U.S. Paralympics and the U.S. Department of Veterans Affairs.

National Veterans TEE Tournament
Previously a local program, this national event provides legally blind and eligible disabled Veterans an opportunity to develop new skills and strengthen their self-esteem through adaptive golf and bowling events. Each year, the TEE Tournament uses a therapeutic format to promote rehabilitation, fellowship and camaraderie among participants. The event provides eligible Veterans with an opportunity to participate in therapeutic adaptive sporting activities which demonstrate that having a visual or physical disability need not be an obstacle to an active, rewarding life.

Hospitalized Veterans Writing Project - Veterans’ Voice
A therapeutic writing program to acknowledge veterans' experiences and build confidence and self-esteem through focused creative expression and possible publication of the works. Through HVWP, egos are sent soaring when a story, poem or artwork is published in Veterans’ Voices magazine. This proves again that love (and writing) is still the best medicine. HVWP has gone to great lengths to install in the hearts of veterans a pride of accomplishment, a word for an endeavor well done.

The Bowler’s to Veterans Link BVL
Sponsors an annual bowling tournament among all the VA hospitals in the following categories: up to 499 average daily patient list, 500 and over average daily patient list, outpatient, vet center, wheelchair, Seniors, blind, Wii, and Wii Seniors.
Summary of South Texas Veterans Health Care System

The South Texas Veterans Health Care System (STVHCS) is comprised of two main campuses referred to as the Audie L. Murphy Campus and the Kerrville Campus. The STVHCS serves one of the largest primary service areas in the nation, with 63 counties, and is part of the VA Heart of Texas Veterans Integrated Service Network (VISN 17), with offices located in Arlington, Texas.

The Audie L. Murphy Campus (ALMC), named after the nation’s most decorated World War II hero, is a quaternary care facility, which is affiliated with the University of Texas Health Science Center at San Antonio (UTHSCSA). Comprehensive health care is provided through acute medical, surgical, mental health, physical medicine and rehabilitation, geriatric, and primary care services. ALMC provides quaternary services including bone marrow transplantation, open-heart surgery, magnetic resonance imaging and positron emission tomography. As a Level II Research facility ALMC is ranked as the ninth largest VHA research program with more than 617 projects that include aging, cardiac surgery, cancer, and diabetes. The facility has one of three National Institutes of Health sponsored clinical research centers in the VA. In addition, the Geriatric Research, Education & Clinical Center (GRECC) is a “Center of Excellence.” STVHCS houses the Veterans Evidence-based Research Dissemination Implementation Center (VERDICT). VERDICT is one of seven Research Enhancement Award Programs funded by the VA’s Health Services Research & Development Service. VERDICT’s mission is to improve the health of Veterans by researching methods of improving the performance of clinical Microsystems. This focus recognizes that health care teams must work together, as well as with the patients that they serve, to provide effective, coordinated care.
Hundreds of discharged veterans returning to Texas at the end of World War I in 1919 were suffering from acute tuberculosis and other diseases. In the larger cities, veterans in the late stages of tuberculosis were living in tents, without funds, and without any medical care. Spurred on by this emergency, in November 1919 a group of Kerr County citizens, with the aid of the Benevolent War Risk Society founded by Texas Governor W.B. Hobby, American Legion State Commander Claude BirkHead, and Texas State Health Officer Dr. Collin, launched a drive for one-half million dollars to construct a hospital in Kerrville for the care of World War I veterans. On April 20 1920, Louis and A.C. Schreiner donated 790 acres to the Society. With the aid of this generous donation, construction of the American Legion Tuberculosis Hospital began that same year.

Before construction was completed, the society’s fund became depleted and the project was sold to American Legion Department of Texas, on January 14, 1921 for one dollar. At this time, the name “Legion was given to the hospital a name many Texans still use today. With funds depleted the project may well have ended at that point had it not been for the combined efforts of the American Legion, Daughters of the Confederacy, and State Senator Julius Real. In exchange for the deed of the project to the state of Texas, Senator Real persuaded the Texas Legislature to appropriate 1.5 million dollars to continue construction of the 600-bed hospital to be called the American Legion Memorial Hospital.

In the Spring of 1923, a committee consisting of American Legion Commander John Townes, State Senator Woodville Rogers, and Chairman of the State Board of Control Journeyed to Washington, DC, and Arrangement with the U.S. Veterans Bureau to lease the hospital on May 4, 1923, the U.S. Veterans Bureau leased the

The completed facility contained 15 buildings from the Texas State Board Control. Many of the original 15 buildings are still used today. On July 1, 1923 the Veterans Bureau opened the door of building to the first patients and the 93rd hospital in the nation dedicated to the care of veterans was operational. On December 31, 1925, the Veterans Bureau purchased the facility operated under that name. With the elevation to cabinet level on March 15, 1989, the Hospital is now operated by the Department of Veterans Affairs.
The present medical center stands on 70 acres and includes a 1.7-acre VA National Cemetery. Of the Original 790-acre tract, the VA has donated 678 acres back to the community. Some of the more meaningful transactions included: 500 acres to the Texas Lion League for Crippled Children Home; 116 acres for the Texas Hill Country Development Foundation; 72 acres to the Kerrville Independent School District; and 32 acres for various local and state transactions.

On December 19, 1947, dedication ceremonies were held for the main hospital building still in use today. The Kerrville VA Medical Center has been a Major provider of Health care for South Texas for many years and continues to enjoy a reputation as one of the VA’s finest facilities. With the addition of the 120-bed Nursing Home Care Unit dedicated on December 5, 1984, the center expanded its services to veterans. The current bed distribution includes 20 acute beds. The medical center and its staff have progressed to a level of providing care in an exemplary manner as evidenced by the center’s outstanding patient satisfaction surveys.

NCTRC

2014 NCTRC Job Analysis

2014 NCTRC Job Analysis Job Tasks and Knowledge Areas for the Certified Therapeutic Recreation Specialist

A benchmark for any profession is its ability to routinely monitor its own practice through an ongoing process of self-regulation. Paramount to this process is the establishment of a credentialing program that enabled the profession to safeguard consumers by stating who is competent to practice. The establishment of a valid job analysis is essential to the integrity of a credentialing program and an exam program.

In 2014, NCTRC completed its fourth comprehensive Job Analysis Study. The list of tasks below are the current tasks performed by the Certified Therapeutic Recreation Specialist. These job tasks represent the therapeutic recreation process. The knowledge base for therapeutic recreation practice forms the basis of the NCTRC exam content and is used to evaluate pre-service and continuing education for therapeutic recreation.
2014 NCTRC Job Analysis

-Job Tasks for the CTRS-

Professional Relationships and Responsibilities

1. Establish and maintain effective working relationships with person(s) served, co-workers, allied departments, and external customers

2. Create and maintain a safe and therapeutic environment

3. Maintain CTRS and required state credential(s)

4. Participate in in-service training and staff development

5. Maintain knowledge of current TR/RT trends, techniques, methods, issues, and professional and legal standards

6. Enhance professional competence through additional credentials

7. Enhance professional competence through contribution to the TR/RT field (e.g., professional presentations, research, attending conferences)

8. Support the development of evidence-based practices

9. Adhere to professional standards of practice and code of ethics

10. Participate in quality improvement process (e.g., exit interviews, customer service satisfaction, peer reviews)

11. Participate in agency/professional committees

Assessment

12. Request and secure referrals/orders from professionals or other sources

13. Obtain and review pertinent information about person(s) served (e.g., records or charts, staff, support system)

14. Select and/or develop assessment methods based on validity, reliability, and needs of the person(s) served and setting (e.g., interview, observation, task performance, established instruments)

15. Establish therapeutic relationship with person(s) served

16. Conduct assessments using selected methods to determine physical, social, affective, cognitive, leisure lifestyle functioning, and environmental factors

17. Analyze and interpret results from assessments

18. Integrate, record, and disseminate results to identified others (e.g., person(s) served, treatment team)

Plan Interventions and/or Programs

19. Discuss results of assessment and involve the person(s) served or identified others (e.g., parent or legal guardian, support system, treatment team, service providers) in the design of individualized intervention plan

20. Develop and document individualized or group intervention plan with goals, objectives, evaluation criteria, and discharge/transition plan

21. Develop and/or select interventions and approaches to achieve individual and/or group goals

22. Develop and/or select protocols for individual and/or group session(s)

23. Utilize activity and/or task analysis prior to interventions/programs

24. Select adaptations, modifications, and/or assistive technology as needed

Implement Interventions and/or Programs

25. Explain the purpose and outcomes of the intervention/program and steps to be followed to the person(s) served and/or identified others (e.g., parent or legal guardian, support system, treatment team, service providers)
26. Implement individual and/or group session(s), protocols, and/or programs
27. Use leadership, facilitation, and adaptation techniques to maximize therapeutic benefit
28. Monitor and address safety concerns throughout the intervention/program
29. Observe person(s) served for response to intervention/program and document important data (e.g., interaction with others, group, or therapist)
30. Monitor effectiveness of individual and/or group intervention/program plans and make modifications as needed

**Evaluate Outcomes of the Interventions and/or Programs**
31. Evaluate changes in functioning of the person(s) served
32. Determine effectiveness of individual intervention plan and/or program and adjust as needed
33. Revise individualized intervention plan and/or program as necessary with input from the person(s) served and identified others (e.g., parent or legal guardian, support system, treatment team, service providers)
34. Evaluate individual’s need for additional, alternative, or discharge of services
35. Determine effectiveness of protocols, modalities, and/or programs for targeted groups

**Document Intervention Services**
36. Document participation and adherence to intervention
37. Document behavioral observations, progress, functioning, and intervention outcomes of the person(s) served
38. Document occurrences, accidents, and incidents relating to risk management
39. Document protocols and modalities
40. Document program effectiveness

**Treatment Teams and/or Service Providers**
41. Identify the treatment team/community partners, including person(s) served
42. Provide information to team members and community partners concerning available TR/RT services and outcomes
43. Communicate information regarding person(s) served to team members and community partners in a timely and appropriate manner (e.g., behavioral changes, functional status)
44. Coordinate or integrate intervention plan with other service providers and community partners for the person(s) served (e.g., care planning, discharge/transition plan)
45. Develop and provide collaborative services with other team members and community partners as necessary (e.g., co-treatment)

**Develop and Maintain Programs**
46. Maintain equipment and supply inventory
47. Plan and coordinate support services (e.g., transportation, housekeeping, dietary)
48. Maintain program budget and expense records
49. Develop and distribute schedules (e.g., programs, special events, programming changes)
50. Identify funding sources
51. Conduct an initial and/or on-going organizational/departmental needs assessment for TR/RT service delivery (e.g., populations served, internal and external resources)
52. Conduct ongoing program evaluation
53. Follow risk management practices
54. Comply with standards and regulations (e.g., government, credentialing, agency, professional)
55. Prepare and update comprehensive TR/RT written plan of operation (e.g., programs, risk management, policies and procedures)
Confirm that programs are consistent with agency mission and TR/RT service philosophy and goals
57. Recruit, train, educate, supervise, and evaluate professionals, paraprofessionals and/or volunteers (e.g., plan in-service training, develop staffing schedules)
58. Provide staff development and mentorship, including clinical supervision
59. Develop, implement and/or maintain TR/RT internship program
60. Prepare, implement, evaluate, and monitor TR/RT service annual budget
61. Support research programs or projects
62. Develop and conduct quality improvement plan and report results
63. Write summary reports of TR/RT services
64. Identify, obtain, and manage supplemental funding (e.g., grants, donations, endowments, fundraisers)

Awareness and Advocacy
65. Establish and maintain network with organizations and advocates (e.g., community partners/agencies, universities, health-related professionals, and consumer groups)
66. Advocate for the rights of person(s) served (e.g., access, inclusion, independence, transportation)
67. Provide education to internal and external stakeholders regarding TR/RT services
68. Promote the organization, TR/RT services, and the profession through marketing and public relations
69. Monitor legislative and regulatory changes that impact TR/RT services and person(s) served

2014 NCTRC Job Analysis
-Knowledge Areas-

Foundational Knowledge (FKW)
1. Human developmental stages across the lifespan
2. Theories of human behavior and principles of behavioral change (e.g., Maslow’s hierarchy, social learning theory, experiential learning model, self-determination theory, stress-coping, societal attitudes)
3. Concepts and models of health and human services (e.g., medical model, community model, education model, health and wellness model, person-centered care model, International Classification of Functioning, recovery model, inclusion)
4. Principles of group dynamics and leadership
5. Legislative and regulatory guidelines and standards (e.g., Americans with Disabilities Act, Individuals with Disabilities Education Act, Joint Commission, CARF)
6. Contributions of play, recreation, and leisure to health, and well-being (e.g., flow theory, benefits, quality of life)
7. Models of TR/RT service delivery (e.g., Leisure Ability Model, Health Protection/Health Promotion Model, TR Service Delivery Model, Health and Well-Being Model)
8. Practice settings (e.g., hospital, long-term care, community-based, schools, home health care)
9. Standards of practice
10. Code of ethics
11. Professional qualifications (e.g., certification, licensure)
12. Cultural competency (e.g., social, cultural, educational, language, spiritual, socioeconomic, age, environment)
13. Cognitive/developmental disorders and related impairments (e.g., dementia, traumatic brain injury, intellectual disabilities)
14. Physical/medical disorders and related impairments (e.g., diabetes, multiple sclerosis, muscular dystrophy, spinal cord injury, sensory impairments)
15. Psychiatric disorders and related impairments (e.g., addictions, PTSD)

Assessment Process (ASP)
16. Current TR/RT assessment instruments
17. Interprofessional inventories and questionnaires (e.g., standardized rating systems, developmental screening tests)
18. Secondary sources of assessment data (e.g., records or charts, staff, support system)
19. Criteria for selection and/or development of assessment (e.g., reliability, validity, practicality, availability)
20. Implementation of assessment (e.g., behavioral observations, interviews, performance testing)
21. Sensory assessment (e.g., vision, hearing, tactile)
22. Cognitive assessment (e.g., memory, problem solving, attention span, orientation, safety awareness)
23. Social assessment (e.g., communication/interactive skills, relationships)
24. Physical assessment (e.g., fitness, motor skills function)
25. Affective assessment (e.g., attitude toward self, expression)
26. Leisure assessment (e.g., barriers, interests, values, patterns/skills, knowledge)
27. Functional skills assessment (e.g., access in the community, using social media, using transportation)

**Documentation (DOC)**
28. Interpretation and documentation of assessment results
29. Individualized intervention plan (e.g., identification of problems, strategies for treatment, modalities)
30. Writing measurable goals and behavioral objectives
31. Progress/functional status (e.g., SOAP, FIM, DARP)
32. Modification of intervention plan (e.g., reevaluation)
33. Discharge/transition plan of person(s) served
34. Required facility documentation (e.g., adverse incidents)

**Implementation (IMP)**
35. Selection of programs, activities and interventions to achieve the assessed needs of the person(s) served
36. Purpose and techniques of activity/task analysis
37. Activity modifications (e.g., assistive techniques, technology, and adaptive devices)
38. Modalities and/or interventions (e.g., leisure skill/education, assertiveness training, stress management, social skills, community reintegration)
39. Facilitation approaches (e.g., strengths based approach, holistic approach, person-centered, palliative care)
40. Intervention techniques (e.g., behavior management, counseling skills, experiential learning)
41. Risk management and safety concerns
42. Role and function of other health and human service professions and of interdisciplinary approaches (e.g., co-treatment, consultation, referral)

**Administration of Therapeutic Recreation/Recreation Therapy Service (ADM)**
43. TR/RT service plan of operation (e.g., TRAM model, policy and procedure development)
44. Procedures for program evaluation and accountability (e.g., attendance, participation rates, cost benefit analysis)
45. Quality improvement guidelines and techniques (e.g., utilization review, risk management, peer review, outcome monitoring)
46. Personnel, intern, and volunteer management (e.g., recruitment, supervision, coordination, evaluation)
47. Payment system (e.g., government funding, managed care, private contract, Medicare, Medicaid, ICDM)
48. Facility and equipment management (e.g., maintenance, upgrading, inventory)
49. Budgeting and fiscal management (e.g., fund acquisition, fund management)

**Advancement of the Profession (ADV)**
50. Professionalism (e.g., professional boundaries, professional appearance, and behavior)
51. Credential maintenance and upgrading professional competencies (e.g., certification, recertification, licensure, continuing education, specializations)
52. Advocacy for person(s) served (e.g., patient/consumer rights, grievance policies, HIPAA)
53. Legislation and regulations pertaining to TR/RT (e.g., related service definitions, Affordable Care Act)
54. Public relations, promotion and marketing of the TR/RT profession
55. Professional associations and organizations
56. Research activities (e.g., research of evidence-based literature, efficacy of TR/RT interventions)
57. Collaboration between higher education and direct service providers (e.g., provision of internships, supporting research)

http://nctr.org/
Requirements for Internship Program

Prior to being considered for an Internship at this facility, all students must:

1. Complete an Application for Internship.
2. Provide a current resume and 2 references.
3. Have completed 200 documented Practicum Hours within a TR Setting or related area.
4. Complete an interview with the Internship Coordinator at the VA South Texas Veterans Health Care System, if necessary.
5. Provide documentation of current TB vaccination.

ALL INTERNSHIP APPLICATION INFORMATION IS DUE BY MAY 1 FOR THE FALL SEMESTER AND OCTOBER 1 FOR THE SPRING SEMESTER. Extensions may be provided depending on the situation presented by the prospective student.

Procedure for Selecting Student

The student contacts the facility and expresses an interest in an internship position. This information booklet and application will be sent for the students review. The student will send all necessary documents to the Internship Coordinator. Once this is completed and the documents received are reviewed, the candidate will be contacted by the Internship Coordinator to determine next steps. When the student has been accepted, the student will be provided a packet that will identify the necessary VA forms that must be completed. After all completed forms are returned, the student will receive a response from our facility at least one month prior to their starting date.

This process does take time and there are many applicants, so the student should be expeditious in returning the proper paperwork by the deadlines provided. Our facility generally accepts 2-3 students per fall and spring semesters.

Thank you for your interest in completing your internship with the South Texas Veterans Health Care System!