

THE GERONTOLOGICAL COMPETENCIES FOR ACCREDITED RECREATIONAL THERAPY PROGRAMS

The aging population in the U.S. is rapidly growing, with 55.8 million adults aged 65+ in 2020, projected to reach 64 million by 2030 (Caplan, 2023). Older adults are at higher risk for chronic conditions, cognitive decline, and reduced functional mobility, highlighting the need for Recreational Therapy (RT) professionals trained in gerontology (Tohit & Haque, 2024). However, many RT programs do not include targeted gerontology coursework, creating gaps in workforce readiness.

While the National Council for Therapeutic Recreation Certification (NCTRC) and the American Therapeutic Recreation Association (ATRA) do not have accreditation standards specific to aging, the following competencies are recommended and aligned with core accreditation domains:

1. Evidence-Based Approaches to RT: Apply standardized assessment tools to evaluate physical, cognitive, and psychosocial needs of older adults; design, implement, and evaluate evidence-based RT interventions for chronic disease, cognitive decline, and mobility limitations. (Alzheimer's Association & Association of State and Territorial Health Officials, 2021)
2. Health & Human Services Systems: Demonstrate understanding of healthcare, long-term care, and community-based aging services; recognize ageism, disparities, and barriers to participation in therapeutic programs. (American Geriatrics Society, 2010)
3. Program Planning & Management: Develop and manage individualized and group RT programs (e.g., adaptive recreation, fall prevention, social engagement); evaluate program outcomes using standardized metrics. (Lehning & De Biasi, 2018)
4. Policy & Advocacy: Understand policies affecting older adults (e.g., elder abuse prevention, Medicare coverage, recreational funding); advocate for equitable access and age-friendly policies. (Trust for America's Health, 2021)
5. Leadership & Communication: Lead multidisciplinary teams; communicate effectively with older adults, families, caregivers, and staff. (American Geriatrics Society, 2010)
6. Interprofessional Collaboration: Work with healthcare providers, social workers, occupational therapists, and community organizations; integrate recreational therapy into holistic care plans (Alzheimer's Association & Association of State and Territorial Health Officials, 2021)
7. Cultural Competence & Ethical Practice: Apply culturally sensitive and person-centered approaches; uphold ethical standards in treatment and program delivery. (Tohit & Haque, 2024)
8. Systems Thinking: Analyze interactions between individual needs, healthcare systems, and community resources; use systems-based approaches to improve service delivery and outcomes. (Rodríguez-Monforte et al., 2024)

Best practices for implementation include:

- **Curriculum Integration**: Incorporate gerontological content throughout RT programs and ensure practical assessment of competencies (Council on Education for Public Health, 2016).
- **Faculty Development**: Provide specialized training, mentorship, and research opportunities focused on aging (Committee on the Future Health Care Workforce for Older Americans, 2008).
- **Experiential Learning**: Facilitate fieldwork in senior centers, rehabilitation facilities, and community recreation programs (Lehning & De Biasi, 2018).
- **Interprofessional Education**: Promote interdisciplinary education and collaboration to enhance holistic care (American Geriatrics Society, 2010).
- **Community Engagement**: Partner with local organizations, caregivers, and advocacy groups for older adults (Trust for America's Health, 2021).
- **Continuous Professional Development**: Offer ongoing professional education and certification opportunities in gerontology for RT professionals (Alzheimer's Association & Association of State and Territorial Health Officials, 2021).



References

- Alzheimer's Association & Association of State and Territorial Health Officials. (2021). Community Health Workers: A resource for healthy aging and addressing dementia. <https://www.alz.org/getmedia/01534d07-e0fb-470d-b2d3-747f6afcfda2/community-health-workers-a-resource-for-healthy-aging-and-addressing-dementia.pdf>
- American Geriatrics Society. (2010). Partnership for health in aging: Multidisciplinary competencies in the care of older adults. https://www.americangeriatrics.org/sites/default/files/inline-files/Multidisciplinary_Competencies_Partnership_HealthinAging_1.pdf
- Caplan, K. (2023, May 25). U.S. Older Population Grew From 2010 to 2020 at Fastest Rate Since 1880 to 1890. United States Census Bureau. <https://www.census.gov/library/stories/2023/05/2020-census-united-states-older-population-grew.html>
- Committee on the Future Health Care Workforce for Older Americans. (2008). Retooling for an aging America: Building the health care workforce. National Academies Press. <https://doi.org/10.17226/12089>
- Lehning, A. J., & De Biasi, A. (2018). Creating an age-friendly public health system: Challenges, opportunities, and next steps. Trust for America's Health. https://www.tfah.org/wp-content/uploads/2018/09/Age_Friendly_Public_Health_Convening_Report_FINAL_1_1_.pdf
- Rodríguez-Monforte, M., Fernández-Jané, C., Bracha, M., Bartoszewska, A., Kozakiewicz, M., Leclerc, M., Nimani, E., Soanvaara, P., Jarvinen, S., Van Sherpenseel, M., van der Velde, M., Alves-Lopes, A., Handgraaf, M., Grüneberg, C., & Carrillo-Alvarez, E. (2024). Defining a competency framework for health and social professionals to promote healthy aging throughout the lifespan: An international Delphi study. *Advances in Health Sciences Education*, 29(5), 1787–1807. <https://doi.org/10.1007/s10459-024-10316-4>
- Tohit, N. F. M., & Haque, M. (2024). Gerontology in public health: A scoping review of current perspectives and interventions. *Cureus*, 16(7). <https://doi.org/10.7759/cureus.65896>
- Trust for America's Health. (2021). Framework for Creating Age-Friendly Public Health Systems (AFPHS). <https://www.tfah.org>