THERAPEUTIC RECREATION FOR EXCEPTIONAL CHILDREN

Second Edition

THERAPEUTIC RECREATION FOR EXCEPTIONAL CHILDREN

Let Me In, I Want to Play

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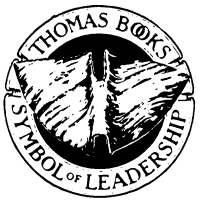

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To
ABRAHAM "ZADIE" SHUSTER, ESTHER SHUSTER
and to
LISA DANIELS

These special individuals who inspired our efforts in working with exceptional children.

To the many children who have made a significant impact in our professional lives. To Gary, Judy, Clay, Theresa, Britt, Tondy, and John Robert, we thank you for your inspiration and your indirect teaching. Through your eyes, we have recognized the importance of play for all children. You have been instrumentally in assisting us in developing and modifying unique recreational services for all and have demonstrated the worthiness of our efforts.

Lastly, the book is dedicated to our two sons Sean and Corey Fine who have shown us through their actions how important play and leisure are in their lives.

FOREWORD

When my friend and colleague, Dr. Aubrey Fine, asked that I write this foreword, I was honored and pleased for several reasons. First of all, ever since my first meeting with him at a conference in Fresno, California, he has impressed me with his unique orientation to life and exceptional contributions to the field of therapeutic recreation, especially as it relates to children with special needs. My admiration for him has not waned since that day. Secondly, the opportunity allows me to introduce the second edition of this excellent book, *Therapeutic Recreation For Exceptional Children.* As in the case of the first edition, this is one of the few works that deals exclusively with "recreative" needs of the exceptional child.

Therapeutic recreation as a profession has grown considerably over the last ten years. During that time,many texts have been published that have increased the knowledge base of the field. This newly revised text not only has accomplished that task but has given the field of therapeutic recreation a unique and in-depth look at the needs of the exceptional child. The information within the text allows the reader to learn and understand that the basic goal of this population group "is to have fun." It provides a look into the theoretical and practical aspects of play and development in essence, the how and why children play.

In addition to the updated, revised, and well written chapters of the first edition, Dr. Fine has added new chapters. Specifically, the chapter on laws to assist people with disabilities provides a comprehensive overview of various statues and public laws that pertain to children with disabilities. Furthermore, within the chapter, attention is also given on how to become an effective advocate for change. The book also has an excellent new chapter on understanding quality of life in children. This information is extremely important, in my perception, in understanding one of the major benefits of leisure and play. Finally, the book has an expanded look at animal-assisted and horticultural therapy, both excellent options for children with special needs.

I am certain that parents, students, and professionals alike will benefit from and be inspired by this well written and totally enjoyable book. I am certain that the message sent by this work will be that exceptional children are worthy of and deserve the best there is in their quest for leisure opportunities.

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PREFACE

It has almost been a decade when both Nya and I sat down to write the first edition of *Therapeutic Recreation for Exceptional Children.* Our conviction that leisure experiences enhance quality of life have not changed at all. In fact, our beliefs have been amplified. With the advent of recent legislation recognizing the rights of all citizens (e.g., A.D.A.), it is apparent that the leisure contributes to an overall quality of life.

When we first sat down to write the book, we were not only impressed with the importance of recreational involvement but in addition the variety of skills that could be taught through leisure activities. Skills that relate to cognition, language, social and motor skills can be directly impacted by involvement. It is our intention throughout this book to demonstrate that leisure in and of itself is critical. However, we will also illustrate how a recreational therapist can utilize the medium of recreation to enhance developmental processes.

The purpose of **Therapeutic Recreation for Exceptional Children: Let Me In, I Want to Play,** is to sensitize the readers to the rationale of play and leisure experiences for children with various disabilities and to illustrate how they and others can learn from their experiences. One of the major purposes of the book is to answer some of the basic concerns that recreators, educators, child life specialists, social workers, and parents have when providing or attempting to locate recreation services for children with disabilities.

A decade ago, it was common to observe numerous segregated recreational activities. This is no longer considered the norm and the professional community is encouraged to review new ways that promote integrated activities within the community as well as at home. The new edition of this book reviews this position and demonstrates to practitioners and parents how they can take a more active role in strengthening the opportunities. The reader will find the chapters organized in a logical fashion and that the new addition has integrated various pieces of information which were not given as detailed attention in the previous

edition (e.g., quality of life of children, law and persons with disabilities, the scope of leisure within the home and the community, unique contributions of play facilitated approaches such as animal assisted therapy and horticulture therapy).

It is hoped that this book will continue to offer encouragement to parents and professionals who are involved with exceptional children to continue searching and expanding their own ways to working with children. We owe it to our future generation to preserve their opportunities not only for their therapeutic value but in addition to the quality they contribute. A life full of rewarding leisure and recreational experiences will tremendously impact a child's life. Too many children have been neglected in the past and have not had the opportunities to develop through their leisure time experiences. This book is intended to not only offer some solutions but also to be a source of inspiration to both present-day and future recreation service providers. Winston Churchill elegantly once said, "Never, Never Give Up." We owe it to ourselves to advocate for the field's contribution to the welfare of a child's life, and to urge others to understand that no child should experience a void when it comes to his/her leisure/social experiences.

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CONTENTS

THERAPEUTIC RECREATION FOR EXCEPTIONAL CHILDREN

Chapter 1

INTRODUCTION: LET ME IN, I WANT TO PLAY

AUBREY H. FINE

The child is there...
Beyond the hurt and handicap...
Beyond the difference...
Beyond the problem and probing...
How can we reach him? How can we set him free?...
Buck, 1950

EXCEPTIONAL CHILDREN: WHO ARE THEY?

Working with exceptional children can be extremely exciting and fascinating. However, to provide unique and challenging experiences, one must be cognizant of their needs. Haring (1982), as the word implies, defines that "exceptional individuals are those who differ in some way from what society regards as normal" (p. 1). They are children whose performance deviates markedly from the norm, either with higher or lower than average performance or ability in the areas of cognition, emotion and physical abilities.

There are several terms utilized by professionals in the field to categorically classify exceptional individuals. The words **handicapped, impaired, disabled** or **disordered** are at times selected to describe special populations. Disabled persons, as Dunham and Dunham (1978) describe, are individuals who are structurally, physiologically or psychologically different from the normal person because of an accident, disease or developmental problem. At times, the term **disabled** is more commonly applied as a descriptor of physical problems. The term **impaired,** on the other hand, is frequently utilized to characterize sensory deficits such as hearing or sight.

Heward and Orlansky (1988) point out that the term **handicap** refers

to the problems or difficulties a person encounters because he or she is different. Their deviations may at times inhibit or for that matter prevent achievement or acceptance. A person who is handicapped may feel less adequate than others (Dunham and Dunham, 1978). One must understand that not all disabled people have to feel handicapped, for example, an individual who is blind can modify his home to compensate for his disability. This individual may not feel disadvantaged in that specific environment. He knows where everything is and therefore can readily adapt. However, place the same man in a new setting and he may feel handicapped until he is more acquainted and comfortable.

In regards to special populations, the term **handicapped** is more restrictive than exceptional. The term **exceptional** has a broader concentration and includes the gifted, i.e. individuals whose skills and performance can be considered above the norm. In general, exceptional children can be classified into one or more of the following categories:

1. visually impaired
2. hearing impaired
3. mentally retarded
4. learning disabled (learning disabilities which are not caused by any visual, hearing or motor handicaps as well as mental retardation or emotional problems)
5. communication disorders (speech and language problems)
6. physical handicaps and other health impairments (including neurological, orthopedic, and birth defects such as cerebral palsy and spina bifida, as well as diseases such as leukemia and kidney disorders)
7. behavior disorders (emotionally disturbed)
8. multiply handicapped (for example, cerebral palsy and mental retardation)
9. gifted and talented

In reference to the special populations focused within the text, a general concentration will be given to the first eight categories noted. Attention will not be given to the gifted and talented, because their programming concerns normally do not fall under the domain of therapeutic recreation.

Many of you may be curious in knowing how many exceptional children live in the United States. Stating precisely how many would be extremely difficult, because accurate data at the present time does not

exist. The United States office of Special Education and Rehabilitation believes that 11 percent of all school-age children may be classified as handicapped. However, the present findings are much lower. Data collected indicates that approximately 4,300,000 children receive special education services. Furthermore, it was estimated by the National Center for Health Statistics (1975) that there are approximately 25,868,000 persons within this country (at all ages) who may be considered disabled to some degree.

The Office of Special Education and Rehabilitation, Department of Education has projected figures representing by category of exceptionality the number of nationwide children who received special education within the 1984–1985 academic year. Table 1 displays the recent government estimate. This data was compiled from the **Eighth Annual Report to Congress** which was prepared by the Office of Special Education in 1986. For the interest of the reader, the table also incorporates the number of children with disabling conditions who received special education services in 1976–1977. This will allow the reader the ability for comparison.

Table 1. Handicapped Children by Exceptionality.

Type of disability	*Estimate number of children age 3–21*	
	76–77	84–85
Mentally retarded	969,547	717,785
Behaviorally disordered	283,072	373,207
Visually impaired	38,247	30,375
Learning disabled	797,213	1,839,292
Physically handicapped	87,008	58,835
Multihandicapped	50,722	71,780
Speech impaired	1,302,666	1,129,417
Hearing impaired	89,743	71,230
Deaf-blind	2,330	1,992
	3,620,548	4,293,913

Adapted from the Eighth Annual Report to Congress on the Implementation of the Education of the Handicapped Act (p. 4), 1986, U.S. Department of Education.

SOCIETY'S RESPONSE TO EXCEPTIONALITY

People who are disabled may encounter a wide variety of prejudicial experiences. Heward and Orlansky (1988) point out that society has responded towards the exceptional in virtually every human emotion and reaction—from extermination and ridicule to respecting them as human beings first and handicapped persons second.

Gleidman and Roth (1981) state that "to grow up handicapped in America is to grow up in a society that, because of its misreading of the significance of disability, is never entirely human in the way it treats the person within" (p. 301).

Society establishes the means of categorizing persons. People who fall short of our expectations (those exhibiting a stigma) constitute a special discrepancy between virtual and actual social identity. In his classic book, Goffman (1974) classifies three characteristics of stigma: stigma developed due to (1) physical deformities, (2) blemishes in character, and finally (3) stigma of race, nation and religion. Although each of these variables differ, the end result is similar. Society appears to construct a stigma theory to explain inferiority. The stigma in itself causes a variety of discriminatory acts. Unfortunately, persons with disabilities are frequently confronted with many of these deplorable instances.

Handicapism is a term utilized frequently to refer "to the prejudice, stereotyping and discrimination against the handicapped" (Kelly and Vergason, 1978 p. 65). In fact, Biklen and Bogden (1976) prepared an extremely interesting and relevant article on this topic, entitled "Handicapism in America." They defined handicapism as a set of practices that promote unequal and unjust treatment of people because of an apparent or assumed disability. They noted that many individuals in the general public are often uncomfortable in relating with handicapped persons. They listed several of the following common reactions:

1. Presume sadness on the person who is disabled.
2. Pity the individual.
3. At times focus so strongly on the disability that it is sometimes difficult to remember that disabled individuals are **people** first.
4. Disabled adults are often treated as children and are not given mutual respect.
5. People are uncomfortable being around disabled individuals and therefore avoid an interaction. They conclude by noting that if