

12-2016

Benefits of Therapeutic Recreation for Young Adults with Special Needs

Summer L. Esseff

California State University, Monterey Bay, esseffsummer@yahoo.com

Follow this and additional works at: https://digitalcommons.csumb.edu/caps_thes_all



Part of the [Special Education and Teaching Commons](#)

Recommended Citation

Esseff, Summer L., "Benefits of Therapeutic Recreation for Young Adults with Special Needs" (2016). *Capstone Projects and Master's Theses*. 29.

https://digitalcommons.csumb.edu/caps_thes_all/29

This Capstone Project (Open Access) is brought to you for free and open access by the Capstone Projects and Master's Theses at Digital Commons @ CSUMB. It has been accepted for inclusion in Capstone Projects and Master's Theses by an authorized administrator of Digital Commons @ CSUMB. For more information, please contact digitalcommons@csumb.edu.

Benefits of Therapeutic Recreation for Young Adults with Special Needs

Summer Esseff

Liberal Studies Department

College of Education at University State Monterey Bay

Abstract

There are many benefits of therapeutic recreations; however, due to the lack of knowledge about the organizations and services available, many young adults with special needs are not able to fully participate within the community. The purpose of this project is to discover those benefits specifically for people who have special needs. Through a vast literature review and several interviews among local therapeutic recreation organizations, the findings indicate that therapeutic recreation provide many benefits that contribute to a person's physical, social, and all around quality of life and well-being.

Introduction and Background

The term “special needs” is an umbrella underneath which a staggered array of diagnosis can be wedged. Children with special needs may have mild learning disabilities or profound cognitive impairment. It may range from as mild as food allergies to as serious as terminal illness, occasional panic attacks or major psychiatric problems, developmental delays that catch up quickly or remain entrenched. Because of these disabilities, it is hard for them to function daily tasks such successful recreation. In this paper, through vigorous professional research as well as interviews with various therapeutic facilities, I will seek to answer my primary research question: how does therapeutic recreation benefit young adults with special needs?

People who have special needs are commonly defined by what that person cannot do and in result, they end up with milestones unmet, foods banned, activities avoided, and experiences denied (Peacock, 1994). This creates time within their day that they have nothing to do, or in other words, leisure time. Leisure time is the time free from demands of school, work, or required activities of daily living. While one may perception is that leisure is just "spare time" another holds that leisure “is a force that allows individuals to consider and reflect on the values and realities that are missed in the activities of daily life, thus being an essential element of personal development and civilization” (Yukik, 1970, p. 2). During this time, it is important to facilitate them in recreational activities that will help with many skill that they may lack. Recreation activities are any activity that is done for enjoyment, amusement, or pleasure and are considered to be fun. According to Daniels (1995), the need to do something for recreation is an essential element of human biology and psychology. Chawla (1994) contributes that “recreation is a basic human need and major life function comparable to education or employment” (Chowla 1994, P37.)

Pension (1998) states everyone needs regular recreation that develops skills, promotes good health, relieves stress, facilitates social interactions, and provides a general joy of living. It has been proposed that “recreational activities are outlets of or expression of excess energy, channeling it into socially acceptable activities that fulfill individual as well as societal needs, without need for compulsion, and providing satisfaction and pleasure for the participant” (Yukik, 1970, p. 3). However, the only issue is that in most cases, children with special needs do not know how to have beneficial leisure time that helps develop the skills that they lack: life skills, social skills, cognitive functioning, physical development, communication, self-esteem, and confidence. During people’s downtime, they typically choose activities that they are successful in, such as people who like to read will read books, people who like to hike will take hikes, and so on. For children with disabilities, activities to enjoy tend to be more limited. A lack of perpetual, motor, memory, linguistic, or organizational skills may cause them as much difficulty during leisure time than at school and fear of failure may result in absence of reaching out for recreational activities (Penison, 1998). Just as we teach children with dyslexia to read, those with math disabilities to understand math, those with linguistic problems to better comprehend and use language, we must teach each to provide practice so individuals with learning disabilities can achieve successful use of recreational activities.

Although there are many forms of therapy and treatment to help children for their specific needs, therapeutic recreation involvement is another method that is becoming commonly used for individuals all around quality of life and well-being. Therapeutic recreation, also known as recreational therapy, is “a systematic process that utilizes recreation and other activity-based intervention to address the needs of individuals with illness and/ or disabling conditions, as means to psychological and physical health, recovery and well-being” (American Therapeutic Recreation

Association, 2016, P. 1). However, although there is a difference between the certifications between therapeutic recreation and recreational therapy, they both fall under the same category ultimately with the same goal and practices used. Recreational therapy is a medical model in which a trained therapist uses art, music, animals or physical activity to achieve their goals with a patient. On the other hand, the goals of therapeutic recreation is to create adaptations so that people with disabilities have access to activities that they wouldn't otherwise have, and in result, those activities help develop social, mental, emotional, and physical skills (Collingrude, 1957).

Therapeutic recreation is facilitated through recreational therapists who use a wide range of activity and community based interventions and techniques to improve the physical, cognitive, emotional, social, and leisure needs. This method of therapy can be used for several different reasons, such as, to restore, remediate and rehabilitate a person's level of functioning and independence in life activities and they may work with individuals with various different conditions. (American Therapeutic Recreation Association, 2016). For example, they may work with people who have mental conditions, addictions, general medicine, physical medicine and rehabilitation, developmental disabilities, or pediatric clients. Therapeutic recreation is different from other therapy treatments because it uses recreational activities in the design of intervention strategy while giving them the tools they need in order for them to have the opportunity to participate fully and independently in their lives. This method of treatment modifies the needs to each participant and uses their past, present, and future interests and life style to help benefit their skills they lack, which makes it extremely individualized to each person's needs. By incorporating the client's interests, family and/or community, makes the therapy process a lot more meaningful and relevant to the individual.. According to Peniston (1998) through participation in recreation

activities, individuals may adapt behavior change and skill learning, direct learning, schema learning, concept learning, metacognition learning and attitude, and value learning.

As mentioned above, there are many benefits of therapeutic recreation for people of all abilities, physically and intellectually. However, it has special benefits for people who have special needs. Some of their benefits include: perceived sense of freedom, independence and autonomy; enhanced self-competence through self-worth, self-reliance, and self-confidence; better ability to socialize with others, including greater tolerance and understanding, enriched capabilities for team membership; enhanced creative ability; enhance ability to read others expressions and feelings; enhanced perceived quality of life (Peniston, 1998). Physical benefits also include: increased lung capacity, reduced resting heart rate, lower blood pressure, decreased body fat, increased lean body mass, increased muscle strength, and improved structure and function of connective tissue such as ligaments, tendons, cartilage, and joints (Peniston, 1998).

As a prospective therapist specializing in working with children with special needs, my primary research question is: how does therapeutic recreation benefit young adults with special needs? Followed by my secondary research questions which are: What is therapeutic recreation? What kinds of activities does it provide? Why is it important for young adults with special needs to participate in therapeutic recreation programs? What does research say about the benefits of therapeutic recreation program for young adults in general? And how does it benefit young adults with special needs in particular? Are there any disadvantages for the program? Are there any therapeutic recreation programs available in the Monterey Bay area? If so, what kinds of services do their programs provide? What are the benefits of therapeutic recreation program for young adults with special needs according to the program director and staff? If therapeutic recreation is

beneficial, what can be done to incorporate it for young adults with special needs at the school level? Before I answer these questions, I will compose a review of the literature.

Literature Review

After I framed my research questions in the introduction and background section, it is safe to say that individuals with special needs face many more challenges than others who do not have disabilities. Typically, people play and enjoy their leisure time which ultimately helps them become more independent by socializing with peers, practicing motor skills, and building stronger communication skills. Because people with special needs cannot participate in those activities on their own, therapeutic recreation helps modify those experiences, and in result, making it more beneficial and successful. Through therapeutic recreation, individuals benefit physically, socially, and promote a better quality of life and well-being. The following describes these challenges in detail.

Therapeutic recreation has many benefits including physical, social, and individual's quality of life and well-being. Therapeutic recreation consists of a wide variety of activities depending on the special needs of that individual and their capabilities. The most common therapeutic recreational activities that children with special needs participate and enjoy are swimming, therapeutic horseback riding, art, music, sports, animal therapy, and adventure programs. According to Hawkins (2012), therapeutic recreation "is a profession that uses purposeful recreation and leisure interventions to generate social, emotional, physical, psychological, or spiritual change to improve independent functioning, health status, and quality of life" (P. 1).

Therapeutic recreation has been recognized for its benefits drawing back to ancient teachings. (James, 1951). It was not until the 19th century that we see these principles applied in health care settings in a purposeful, organized manner. Dating back to the 19th century, there have been a number of influences that introduced the positive benefits of therapeutic recreation to the public, such as: Florence Nightingale, Phillippe Pinel, Joseph Lee, Neva Leona Boyd, Karl Menninger and Betha Schlotter.

Nightingale was a dependent upon the British military hospital scene in Eastern Europe, during the midst of the Crimean War, to organize and reform the nursing system. When she arrived, she found a system in which the distribution of drugs or performance of surgery was either the beginning or the end of treatment process. Following the surgery, the patients were disposed into a cot in a drab ward and left to lie there, receiving very minimal clinical care until the treatment succeeded or failed. (James, 1951). She wrote about her observations from patients caring for pets, listening to and performing music, doing needle-work, and writing. In September of 1855, many of Nightingale's theories were manifested in the establishment of the Inkerman Cafe. This wooden hut, situated at the center of the hospital complex, served as a large recreation room and coffee house.

Joseph Lee was another attribute to the recreational movement by creating the first "playground". He believed that community life could be strengthened by playgrounds and play. (James, 1951). In 1890, after borrowing a practice from Berlin, Germany, by placing a pile of sand in the middle of a field for children to play in during the Industrial Revolution. He observed the benefits of an individual's well-being by play. This idea led to the further research and demand for the need of trained recreational specialists. These ideas convinced Neva Boyd, one of the most

involved reformist in the recreational movement, into founding the Chicago School for Playground Workers at the Hull House in 1927. The school taught one year educational programs in group games, gymnastics, dancing, dramatic arts, play theory, and social problems. (James, 1951). Paul Simon of the University of Chicago cited Boyd's work as contributing to the development of game theory, problem-solving mythology, play theory, leadership principles, early childhood development, socialization patterns, psychodrama and administration. (James, 2016).

In 1917, the United States entered World War I and the military hospitals sprang up all over the country as wounded returned from Europe. The American Red Cross spent over one million dollars in donations to build fifty-two recreational centers, called convalescent houses, at military hospitals. (James, 2016). By 1919, the Red Cross newsletter informed hospital recreation workers of a new resources to help them in their planning called *Hospital and Bedside Games* by Neva L Boyd. She states that "Sluggish wounds that failed to heal after months or ordinary treatment are now showing remarkable improvements wholly due to increased circulation through pleasurable exercises and to quicken interest in the normal things of life" (James, 2016, p.10).

After the wars, therapeutic recreation slowed down in the hospitals, however, the interest in using recreation as a method of therapy grew in other places such as for the treatment of psychiatric disorders, mental health disorders, developmental disabilities, and mental retardation. In 1919 Karl Menninger became respected authors in the area of mental health and heavily advocated the inclusion of recreational therapy in mental health treatment process as well as the contributions that it has for an active leisure lifestyles made to everyone's mental health. (James, 2016). In 1920, Betha Schlotter recorded many efforts instituted by the recreational therapy staff

at the Lincoln State School and Colony of the Mentally Retarded. By 1929 she documented the results of a three year project to uncover the potentials of recreational therapy for clients with mental retardation within the school. They concluded that the use of recreational therapy hold great possibilities for growth and to utilize, with moderation, the individuals capabilities by a less hazardous conditions that make a pathway to a more constructive social life. (James, 2016).

In 1953, the formation of the National Association of Recreational Therapists (NART) was established. By the 1960's a movement began to bring all organizations with interests in leisure services together into one loosely connected organization. "Member organizations were to maintain autonomy over their operations while delegating daily business tasks to the central structure. When issues of common concern arose, the member organizations could rise to the occasion with one voice. Thus, five organizations aligned in 1965 to form the National Recreation and Park Association (NRPA)" (James, 2016, p.7). Concepts of recreational therapy in the eighties and nineties were impacted by two elements: (1) increased research demonstrating the efficacy of recreational therapy and (2) the unsettling transition in the structure of American medicine. Evidence indicated that contributions of recreational therapy interventions to achieved desired physical, cognitive, psychological and social outcomes (Coyle, Kinney, Riley & Shank, 1991). Increasing empirical evidence replaced the intuitive contentions of the sixties and earlier, contributed to the refinement and modification of some interventions and reinforced the confidence with which recreational therapy interventions were applied. (James, 2016).

Therapeutic recreation is a use of therapy that is widely used today and is used for numerous cases depending on the individual's needs. Recreational therapist may work with a wide range of individuals health services including geriatric, mental health, addictions, general

medicine, physical medicine and rehabilitation, developmental disabilities, and pediatric clients. (American Therapeutic Recreation Association, 2016). However, all recreational therapists have the same goal by:

Treating services and recreation activities for individuals with disabilities or illness using a variety of techniques, including arts and crafts, animals, sports, games, dance and movement, drama, music, and community outings, therapists improve and maintain the physical, mental, and emotional, well-being of their clients. In addition, therapists help people with disabilities integrate into the community by teaching them how to use community resources and recreational activities (Hawkins, Cory, McGuire & Allen, 2012, p. 132).

People with special needs are often not physically able or are afraid of failure to participate in recreation activities, however, through recreational activities that are modified specifically to that individual's needs, the individual gains not only physical and social outcomes, but they gain a sense of confidence and positive self-esteem that contribute to their quality of life.

Physical Benefits. According to Murphy and Carbone (2008), eighteen percent of children and adolescence in the United States have a chronic condition or disability, where their participation in fitness and activity are limited, ultimately resulting lower levels of cardiorespiratory fitness, lower levels of muscular endurance, and higher rates of obesity than typical children. Murphy and Carbone (2008) state that pediatricians and other medical home professionals may overestimate the risks and overlook the benefits of physical activity in children with disabilities. Children with certain developmental disorders have a higher prevalence of being overweight and with the lack in participation in physical activities in fear of failure or injury, places these children as higher risk of obesity and other associated health conditions. However, during physical activity, there needs to be special attention directed at proper training, hydration, clothing, and equipment. According to Murphy and Carbone, (2008), "Some children with disabilities have impaired motor

coordination, decreased endurance, limited mechanical efficiency, and osteopenia, factors that can predispose to musculoskeletal injuries and overuse syndromes” (Murphy & Carbone, 2008, p.3).

There are many different therapeutic activities that contribute to the benefits of physical health; however, swimming is an activity that is very common for people with special needs because of the water buoyancy allows individuals to move throughout the water freely, without construction. Motor planning, self-regulation, speech, oral motor control, strength and coordination are just a few areas that are likely to improve as a result of therapy in the water (Freedman & Tissler, 2011). Swimming is very beneficial for children who have very low muscle tone because water buoyancy allows the individual to freely use their body, while the resistance works every muscle at the same time. According to the Disabled Sports USA (2016), swimming not only offers flexibility within the joints and muscles, but strengthens the cardiovascular system as well as the major muscle groups in the upper and lower body. For individuals who are constricted in a wheel chair, such as Bifida or cerebral palsy, experience a physical freedom that they cannot have anywhere else because in the water, they can move unlike they can on land. (Shir, 2015). Because the heart pumps more rigorously when the body is submerged, benefits patients by decreasing swelling, reducing blood pressure and improving joint position. This in turn improves a patient’s proprioception, or body awareness.

Another very common recreational activity to help improve, restore, or remediate physical abilities within children disabilities is therapeutic horseback riding. There are several different forms of therapeutic horseback riding, however, they all have a primary goal, which is to improve circulation, respiration, balance, coordination, agility, and self confidence in hopes that it will bridge into their daily lives (Bream, 2016). Therapeutic riding is performed by a riding instructor

who is guided by a hippotherapist or a speech therapist, who stay close at all times to ensure the safety of the rider. This type of therapy is very beneficial for many different disability cases however, it has special benefits for children who are constricted within a wheelchair. Because of the unique walk of the horse transfers variable, repetitive, and rhythmic movement to the client, it provides sensory input to the brain and nervous system where the walk of the horse closely resembles the same human movement patterns of the pelvis. (Therapeutic Horsemanship Center, 2016). During therapeutic riding sessions, individuals have the ability to improve their fine motor skills through riding the horse and other interactions, improve gross motor skills, improve motor coordination and balance, core strength, and better sense of stimulation. (“statelinetack”, 2016).

Although the physical benefits of music and art are different than those of swimming and horseback riding, and other sports, the importance of these skills are just as relevant. Through music and art therapy, the individuals are able to intensely work on their fine motor skills. In art therapy, the client uses fine motor skills during the use of different tools. Individuals learn how to properly maneuver different supplies in different ways. For example, the way you hold a pencil to draw or color is different than when you paint a picture. In music, fine motor skills are practiced through playing different instruments. Additionally, “movement activities may also be included to promote both whole body and fine motor skills through formal movement or by the child spontaneously responding to music” (Stephenson, 2006, p. 292).

Social Benefits. A dominant characteristic of many special needs children is a lack of social interaction, which affects the development of language and communication skills and minimizes the effects of play as a medium for social development (Frith, Mitchell, & Roswal, 1980). Social skills enable children to be successful in social interactions, however, many children with special

needs make many social mistakes. Although their problems differ vastly, children with disabilities frequently have social problems because they do not understand not use the same social conventions that others do. (Giler, NA). Through therapeutic recreation, individuals with a wide variety of special needs can gain social interaction skills as well as communication skills. The participation in activities such as swimming, horseback riding, music, arts and crafts, and adventure programs “is the context in which people form friendships, develop skills and competencies, express creativity, achieve mental and physical health, and determine meaning and purpose in life” (Murphy & Carbone, 2016, pp. 2). For example, through therapeutic swimming, children are exposed to social ques:

When a child feels happy and confident in the water, it is time to increase the demand by adding a partner. This provides the opportunity to incorporate social interaction and interpersonal skill acquisition.” The children can copy each other, trade toys, offer ‘high fives’ to one another and work together while talking, pointing and using gestures for play. Even better, when the pool activities are well established, a third child could be added. The result is a group of three children who are having fun while working on a variety of skills: vestibular, proprioception, social interaction, motor planning, core strengthening, re-patterning of reflexes, respiration, and cognitive skills (Freedman & Tisser, 2011, p 4).

Socialization and communication skills are practiced in therapeutic horseback riding as well. Therapeutic horseback riding is a very common form in recreational therapy that used horses to help improve the physical, emotional, and social state of the patient. There are many individuals who use this form of therapy, however, it is most commonly used to for children with cerebral palsy, down syndrome, autism, ADD, anxiety, dementia, behavioral issues, and sensory disorder. (Equestrian Therapy Association., 2016). This form of therapy is used for a variety of goals within individuals such as: build sense of self-worth and acceptance, improve communication, built trust and self-efficiency, develop socialization skills learn impulse control and emotional management,

set perspectives, and learn their limits and boundaries (Equestrian Therapy Association. 2016). According to Autism Spectrum Disorder Foundation (2016), through interaction with the horses, children will develop communication skills because:

Rather than verbal communication, the children experience physical communication with the horses. They brush them, hug them, and pat them. By learning to care for the horse, they associate the care they provide with feelings and an emotional bridge is constructed. This bond can lead to social and communication skill production with other people in his life as well (Autism Spectrum Disorder Foundation, 2016, p.2).

Children with special needs often have difficulty comprehending normal directions. By engaging in therapeutic riding, those individuals learn to follow directions through a fun activity that makes taking direction easier to grasp and remember. Additionally, they give the horse direction, which provides them with more opportunities to communicate. During therapy, their cognitive concepts will naturally improve. For example, “equine therapists have children throw colored balls into baskets while riding, touch their eyes, mouth, and ears during a song, and identify scenes—all incorporated during riding” (Autism Spectrum Disorder Association, 2016, p 1).

According to Bream (2016), it is not unusual for someone with a disability, such as autism, to speak for their first words with their horse. This connects the social and communication relations with animal therapy. Animal therapy is a familiar method of treatment in the rehabilitation of many illnesses and conditions. (Dimitrijevic, 2009). In this form of therapy, the animal becomes an important “behavioral facilitator” causing positive health modifications in the behavior and health of the patient. It is said that “animal therapy in a natural environment “brings about the encounter between a patient and an animal, which elevates the motivation and strength of the individual” (Dimitrijevic, 2009, 3). Animal therapy brings mental health benefits as well such as improving attention, concentration, and self-esteem, reduces anxiety and loneliness, improves verbal-

interaction and leisure abilities, as well as improves and expands vocabulary. (Dimitrijevic, 2009). The use of various animals such as dogs, cats, birds, horses, dolphins, rabbits, lizards, and other small animals are commonly used. However, the most common animal used for animal therapy are dogs because of their training and sociability skills. Moore (1984) states that animals can function as “transitional objects” where children can form a relationship from and later can be extended to include the therapist, and eventually seep into their everyday interactions with others.

Art and music also have a special connection with individuals with special needs. In art therapy, the individual uses visual arts to develop skills and self-awareness as well as manage behavior and emotional conflicts. According to “Masters in Special Education” (2016), art therapy has proven to be successful form of treatment for special need students and kids with behavioral, emotional, and psychological issues. Art allows kids to express themselves in non-verbal ways and can tell a therapist or counselor many things that the child simply cannot say in words. (“Master in Special Education”, 2016). During their session, they are encouraged to express their feelings through different art forms such as painting, making collages, crafting puppets, creating sculptures, playing with clay, and many other activities. Through art therapy, these children learn skills that they can apply to their daily lives as well such as: learning how to find and out away tools and supplies, how to take orders and direction, and creative ways to problem solve. “Close bonds are achieved with the therapist as well as peers, though the guide of artistic activities” (“Masters in Special Education”, 2016, p. 1).

Music therapy is the use of music as “a therapeutic tool for restoration, maintenance, and improvement of psychological, mental and physiological health and for the habilitation, rehabilitation, and maintenance of behavioral, developmental, physical, and social skills- all within

the context of a client- therapist relationship of individuals” (Stephenson, 2006, p.1). During music therapy sessions, clients will dance, sing, move, create, or listen to music. This can be especially beneficial for children with ADHD because moving and singing to the music is a great way to release energy and stress and become more aware of their body. (American Music Therapy Association, 2016). Singing and creating music is an excellent chance for self-expression and engage socially with others within the group, or simply with their therapist alone. Music Therapy is often used to focus on enhancing the individuals communication, language development, and relationship skills through music. (Stephenson, 2006).

Adventure programs are specifically designed for people with all disabilities, resulting in many different types of programs that are offered. In general, adventure camps are camps that can range from one day to several days staying overnight, where individuals with special needs can go and learn new experiences in the outdoors that they normally cannot do. The camps are filled with volunteers as well as certified specialist that are with the campers constantly throughout the day. They are encouraged to participate willingly in all the activities that they provide. Each camp provides different activities and have different focuses and goals to achieve, however, the main goal throughout all the camps, is to increase their physical and social skills that directly link to their over all well-being. Through the interaction among their peers and counselors while playing games, performing talents shows, telling stories by the campfire, and much more, these individuals are able to practice social skills that they normally are not involved in in their ordinary daily lives. This makes it easier for them to pick up social cues and learn how to interact among the community.

Quality of Life and Well-Being. Quality of life is a multi-dimensional concept that includes domains related to physical, mental, emotional, and social functioning:

It goes beyond direct measures of population health, life expectancy, and causes of death, and focuses on the impact health status has on quality of life. A related concept of the quality of life, is well-being, which assesses the positive aspects of a person's life, such as positive emotions and life satisfaction. Well-being is a relative state where one maximizes his or her physical, mental, and social functioning in the context of supportive environments to live a full, satisfying, and productive life (Office of Disease Prevention and Health Promotion, 2016 pp. 2)

Well-being is the state of being comfortable, healthy, or happy and every aspect in your life effects the state of your well-being such as: relationships, exercise, diet, sleep, leisure, healthy self-esteem, and sense of belonging (Office of Disease Prevention and Health Promotion, 2016). Because people with special needs are often shut out from the world and left with very limited opportunities for beneficial leisure, it is important to provide these opportunities for these individuals to improve their quality of life and well-being.

Although each of these specific therapeutic activities have their own specific benefits that may trump the other, it is important to understand that each activity, whether may it be art, swimming, music, horseback riding, animal therapy, or adventure programs, is equally important to the over all well-being of the individual to improve their quality of life. Each activity contributes each aspect of physical, social, psychological benefits, to the individual one way or another. Therapeutic recreation is most effective when structured so actives are fun, have a strong element of success, and provide intrinsic meaning to each person who participates. (Frith, Mitchell, & Roswal, 1980).

Sports participation enhanced the psychological well-being of the child through provision of opportunities to for friendships, express creativity, develop self-identity, and foster meaning and purpose in life. (Murphy & Carbone, 2008). Artistic therapies can lead to enhance self-confidence and self-worth as well as promote relaxation, reduce anxiety, provide sense of accomplishment, help build a sense of self, and teach interpersonal skills. (“Masters in Special Education”, 2016). Art therapy also has the “ability to both reconcile conflicts and foster self-awareness and personal growth” (Anderson, 1980, p.19). According to Dimitrijevic (2009) during animal therapy, “interaction with a dog or other funny animals has a very positive effect on their quality of life. In the presence of animals, children change their behavior, developing a feeling of responsibility and increase the ability of the child to participate in the treatment process” (Dimitrijevic, 2009, p. 238). In therapeutic horseback riding, the individual is aroused with stimulation from the sway of the horse’s movement along with the fuzzy skin, soft nose, and rough mane and tail. This stimulation development of the child’s verbal communication as well as increasing interest in other physical items. These positive improvements increases the individual’s confidence and self-esteem, as well as enhances socialization among others. (Equestrian Therapy Association, 2016). Although there are many different forms of adventure programs, the camps promote independence and self-confidence, encourage responsibility, develop a sense of worth and respect for others, and build life-long relationships. Filling a child’s leisure time with beneficial activities enhances their physical, social, cognitive, and psychological skills, which in the end, results in the improvement of their quality of life and well-being.

Throughout my research, there was no evidence found to suggest that there were any negative outcomes of therapeutic recreation. It is a system that is becoming only more and more common upon the special needs community and will only continue to grow.

Method and Procedures

In the beginning of the semester, I had no idea what I wanted to focus on for my capstone. I knew that I wanted it to involve people with special needs; however, I could not come up with a focus. After meeting with my instructor, he helped me find exactly what I wanted to focus my paper on and through past experiences, I have had working with kids with special needs. To answer my primary and secondary questions, I obtained many peer-reviewed articles and journals as well as credible websites. Throughout my research, I was able to find mounds of information relatable to my questions. However, I did come to a point of confusion because my research was infusing many other similar forms of therapy, such as occupational therapy, speech therapy rather than focusing solely on recreational therapy. I was also having trouble defining the difference between recreational therapy and therapeutic recreation. However, I was very lucky to talk to my neighbor, who is a recreational therapist as well as majored in college in recreational therapy, and she cleared many things up for me. She stated that therapeutic recreation is the field and recreational therapy is the practice. With this knowledge it was much easier for me to do further research.

In order for me to even further my research to answer my primary and secondary questions, I interviewed three places that offer therapeutic recreation. When I first started researching local places, I was very surprised with how many different organizations there were. I called seven different organizations that offer therapeutic recreation services. After explaining to them the reason I was calling and asked if they would like to participate in my research with an over email interview, they all seemed very interested and excited. I immediately sent them the interview questions as well as the consent forms for their participation (See participation consent forms and interview in the Appendix section of the binder). However, after eagerly calling them back as a

reminder, only three of them responded. Although I was only able to interview one highly involved staff member from each of these three organizations, I am very grateful and appreciating of their participating for my capstone.

The first interview I held was with one of the recreational therapists from the Fairview Developmental Center located in Costa Mesa, where they teach socialization skills through recreation, community integration, problem solving and life skills through leisure to individuals with intellectual disabilities with a dual diagnosis of mental illness.. The second interview was with the director of the Special Kids Crusade, located here in Monterey where they offer many different programs aimed for individuals with special needs of all sorts as well as programs for parents and the community. Lastly, the third interview was with a staff member from Camp Krem, which is located in Boulder Creek in Santa Cruz, which is an adventure camp program where they offer day camps as well as overnight stays, where they get to learn and experience how to camp as well as other activities. After emailing them my questions, they responded and asked if I could do an over the phone interview instead because they offer so many different programs that it would take too long to write it all out with her busy schedule. I chose these specific places because Fairview Developmental Center is where my neighbor works, and as for the other two, I chose them because they are very local and offer great programs. All three were perfect for my capstone because they all have very different programs offered to public for children with different types of special needs.

There are many benefits through the participation of therapeutic recreation that contribute to an individual's physical, social, and the quality of their life and well-being whether they have special needs or not. A few physical benefits from participation in therapeutic recreation are:

greater fine and gross motor skills, weight control, and more regulated blood pressure and heart rate. From swimming and horseback riding, individuals gain a sense of freedom as well as flexibility from the buoyancy of the water and hip rotation motion from the horse. Through interaction among peers, counselors, and therapists, individuals learn many different social as well as communication skills. They are able to read people's emotions and expressions better through interaction as well. Through successful participation in recreational activities, individuals gain a sense of self-worth, confidence, and independence, which ultimately contributes to their quality of life and well-being.

Results and Discussion

Throughout my research, my results indicate that individual's physical, social, and quality of life and well-being is significantly enhanced through the involvement of therapeutic recreation. After a vast library research from peer reviewed articles, journals, as well as three interviews with staff members from therapeutic recreational organizations, I am able to answer my secondary research questions.

What is therapeutic recreation? What kinds of activities do these programs provide? Why is it important for individuals with special needs to participate in therapeutic recreation?

Therapeutic recreation is a systematic process that utilizes recreational and other activity-based interventions to address the assessed needs of individuals with illnesses or disabling conditions, as means to psychological and physical health, recovery and well-being (American Therapeutic Recreation Association, 2016) It is a treatment that is designed to restore, remediate, and rehabilitate a person's level of functioning and independence in life activities, to promote

health and wellness as well as reduce or eliminate the activity and restrictions to participate in life situations caused by an illness or a disabling condition (American Therapeutic Recreation Association, 2016). There are many different activities that people do for therapeutic recreation such as: swimming, listening or making music, arts and crafts, therapeutic horseback riding, sports teams, playing or caring for animals, and adventure programs- which provide numerous different activities meant to get kids to try new experiences. It is important for children with special needs to participate in therapeutic recreation because children with disabilities may find themselves with limited opportunities to fully enjoy leisure time. A lack of perceptual, motor, memory, linguistic, or organizational skills may cause them as much difficulty for leisure as they have at school or work and their fear of failure may limit their reaching out to access recreational activities (Peniston, 1998) Therapeutic recreation therapists and counselors modify activities based on the individual's needs and abilities. In doing so, the success and accomplishment of participation gains not only physical and social abilities, but enhances their self-confidence and self-worth, which ultimately improves their quality of life (Office of Disease Prevention and Health Promotion, 2016). This will also encourage individuals with disabilities to want to engage in more recreational activities, which can make them feel more connected to themselves as well as their community (Peniston, 1998)

What does research say about the benefits of therapeutic recreation for young adults in general? And how does it benefit people with special needs in particular? Are there any disadvantages for therapeutic recreation?

Recreation are activities that people do for enjoyment during their time away from work or school, better known as leisure time. The main goal for recreation is for self-relaxation and the

relief of stress by simply enjoying activities. Therapeutic recreation is an essential element of the human biology and psychology as well as said to be a basic need that develops skills, promotes good health, relieves stress, facilitates social interaction, and provide a general joy of living (Daniels, 1995). This form of therapy benefits people of all disabilities including: developmental, physical, intellectual, psychological disorders (American Therapeutic Recreation Association, 2016). Activity for enjoyment is an outlet to express excess energy and channeling it into socially acceptable activities that fulfills individual's needs. People who have special needs have a hard time accomplishing these activities and in result, end up not doing anything during their leisure time to help benefit these areas. Instead of recreation being an enjoyable activity, it turns into strenuous or frustrating task that only creates more stress on themselves. It is important for individuals with special needs to participate in therapeutic recreation because with assistance from their therapists or counselors, it allows individuals of all abilities be successful in recreational activities that provide them with many different skills including communication skills, social interaction, behavioral skills, and physical wellness without them ever feeling as if they are in treatment (Peniston, 1998).

They gain physical benefits such as an improvement of fine and gross motor skills throughout all activities. Whether they are riding a horse to gain balance, stability or core strength, or simply practicing holding a paint brush, they are enhancing their skills without even realizing it. While swimming, individuals are able to experience movement that they are not normally able to on land. Especially for people who are prone to sitting in a wheel chair, swimming provides a opportunity for these individuals to stretch and gain muscle from movement against resistance of the water (Shir, 2015). Through all activities performed in recreation, the individual is able to

engage in socialization as well as able to practice their communication skills. By participating in activities, sometimes with groups of other people like them, they are able to practice and learn how to socialize appropriately with others. Therapeutic recreation provides individuals with a perceived selves of freedom, independence, enhances self-competence throughout self-worth, self-reliance, self-confidence, tolerance and understanding, thus, improves all aspects of their quality of life.

(Murph & Carbone, 2016)

Are there any therapeutic recreation programs available in the Monterey Bay area? If so, what kinds of services do they provide?

There are many places within Monterey County that range from Monterey to San Jose. A couple of places that I came across that I felt were great programs were: Camp Harmon, Special Kids Crusade, Monterey Sportsmanship and Therapeutic Center, and Camp Krem. Camp Harmon is an adventure camp that is located in Boulder Creek in Santa Cruz. Easter Seals Central California has owned and operated Camp Harmon since 1963. Camp Harmon offers camping opportunities to hundreds of people with disabilities, thanks to the donations of many generous supporters. The program provides services for people with developmental and/or physical disabilities from ages eight to sixty-five. Their staff includes two registered nurses, who are on site at all times, and counselors eighteen years and older who have had background checks and thorough training. They have a counselor to camper ratio of three campers to every one counselor. They offer many different activities where they apply play therapy and learning how to play, sensory stimulation, relaxation skills by managing stress or frustration, social skills, and education on leisure activities. The campers are welcomed for single day activities as well as overnight stays there on site where they stay in a cabin with six other campers as well as two counselors. The activities that they

provide are arts and crafts, swimming, golfing and other sports, games, animal care, archery, horse-drawn wagon rides, and hiking. Their core benefits are to build self-reliance, independence, confidence, and build strong friendships.

Camp Krem is an adventure camp located in Boulder Creek Santa Cruz as well and is very similar to Camp Harmon in their activities they provide as well as their mission for their campers. Their main goal is to “enrich the lives of individuals with developmental disabilities in a supportive outdoor atmosphere of acceptance, fun, and adventure” (Camping Unlimited, 2016, p.1). They offer year round programs where they may participate in sports games, concerts and music festivals, ice skating, museums, and much more. Over-night campers assist in camp site preparation and breakdown, and meal preparation and set up as well as clean up. Some activities include swimming, archery, music, dance, hiking, movie nights, talent shows, games, animal care and gardening. Whether they spend the time at Camp Krem in Boulder Creek or are out and about on a trip, their main focus is on community integration, appropriate behavior in social situation and daily living skills.

Monterey Sportsmanship and Therapeutic Center is a non-profit organization located La Selva Beach, South Santa Cruz County. They offer a year round program for all ages and ability levels, including those with special needs. The participants come once a week or all week long to build their life skills both on and off the horse as well as learn what it is to be part of a team and how you can help others. Their programs range from beginner to advanced and is run by qualified equestrian instructors, each with years of experience. Their volunteers include UCSC and Cabrillo College students, local Junior and Senior High School students, Boy Scouts, and local members of the community. Some of the programs that they have are: Equine Facilitated Learning, which

is an educational approach that utilizes equine facilitated activities to promote learning and self-discovery. Equine Assisted Behavior Modification is an educational approach to replace even the most severe, challenging, negative behaviors with positive, acceptable choices. Sensory Integration P.E. which offers adaptive climbing wall, tactile panels, climbing net, swings, learning walls, climbing stairs, balance beam, vaulting barrels. All sorts of sensory equipment to enhance their physical and cognitive abilities. Individualized programs are to work on the skills they need to develop. Mechanics Workshop are aimed towards special needs who are interested with machines, cars, trucks, and engines. Pony Club for Special Needs is slower paced than typical Pony Club to allow students with special needs the extra time that is often required for them to learn and develop new skills. Specially trained horses with adaptive equipment enabling riders to build strength, endurance and balance while improving pulmonary, skin, and internal organ function. In day Camps each camper is assigned their own horse to ride, feed, groom, tack-up, learn the mysteries of equines, where assistance is always provided if needed. Residential Summer Camp offers summer overnight camps for kids and teens that are high functioning but have a special need(s) that typical camps cannot accommodate.

Marina Equestrian Center is a non-profit organization located here in Marina. They offer a variety of programs that benefit Monterey County community, which includes riding lessons, therapeutic riding, riding clinics, annual Open House and orientation to BLM lands for regional riders. The park is available for public use, whether for picnicking, dog walking, arena use, renting the historic buildings or trail parking that offers safe parking, water, restrooms and convenient access to public lands. One of their programs is called Christine Marie's Star Riders which is a therapeutic and recreational horseback riding program for children and adults with special needs.

Star Riders is an operating center for PATH (Professional Association of Therapeutic Horsemanship, International) with program sites at both the Marina Equestrian Center in Marina, CA and in Chualar CA.

Special Kids Crusade is located here in Monterey as well. Their mission is to work together with families and the community to develop resources, raise awareness, and develop support for children with disabilities and their families. They offer many different programs such as includes for children with disabilities of all ranges, programs for the community to help raise awareness, and family recourses. They collaborate with many local places in the area to help children with special needs have access to activities. Their after school program teaches children with developmental disabilities the skills they need to know to be a fully included member in their community. The ability awareness training are for local school and community organizations, both children and adults welcomed as well, to experience first-hand some of the challenges people with disabilities go through every day. This helps children and adults gain new insight into a world of different abilities and get new perspectives of how to include these individuals into the community. REACH basketball programs is a six week program for kids with developmental disabilities between ages six and twenty-two, where they get to be a part of a team. During play, they develop gross and fine motor skills, enhance cognitive abilities, and practice socializing. REACH theatre is for actors of all abilities and talents given opportunity to gain self-confidence, improve communication skills, and find a new way to express themselves as well as work with others. Lastly, they offer family resource center where they provide parent empowerment workshops, parent professional collaborative activities, a resource library, parent-to-parent support, and a help desk for families of children with disabilities.

Throughout my research, there was no evidence of any disadvantages towards therapeutic recreation programs for individuals with special needs. All library research as well as my interview results, confirm that there are only positive benefits to the program.

What are the benefits of therapeutic recreation programs for young adults with special needs according to the program director or staff?

After interviewing one of their staff members from Camp Krem, who is very involved in the programs, stated that there are many key benefits of their adventure programs that they offer. She mentions that their “main percept is the practice of guided permissiveness, meaning that we allow or campers to decide what activities they would like to participate in, if any” (Organization A, Personal Communication, 20 October 2016). They feel that it is very important for the individual to feel comfortable to participate in the activities that are presented to them without force. Some of the campers who stay for about five to ten days learn skill building such as social skills, independent living, managing stress or frustration through relaxation skills and play. She emphasizes on the benefit of social skills that they acquire throughout the camp and that many of the campers developed their first real friendship with their fellow campers and sustain them outside the camp.

When I interviewed the one of the therapists from Fairview Developmental Center, she stated that there were many benefits to their recreational program as well. Their main goal is for the individual to learn independence by making healthy choices in their leisure time with the goal of it carrying over in all of their life skills. She uses relaxation exercises, stretching, counting, and other relaxation techniques to help deal with their stress and anxiety that comes with their everyday

living (Organization B, Personal Communication, 23 October, 2016). They also provide healthy cooking and meal planning and prepping to focus on their total health and wellness. She claims that many of her clients who have lived in a developmental center for most of their lives are now preparing to live out in the community on their own.

In my last interview with the director of the Special Kids Crusade, I was able to talk in the phone with the director of their programs. She states that they have many different programs that all have different aims, however, their main goal is the inclusion of people with special needs in the community. In their “including special kids program”, the child must have a diagnosis that is passed by the regional center in order to receive service. These programs are intensive therapy with specific goals such as: socialization, communication, and physical, that are accomplished through the use of therapeutic recreation. They also provide programs for children without a diagnosis but range from mild to severe disabilities, who participate in “leisure programs” called REACH basketball and REACH theatre. In the theatre program, they incorporate children who do not have any disabilities who interact with the children who do have disabilities. During this interaction, the child without disabilities realizes that kids who do have disabilities are much different than them. During the interview she states, “The children with disabilities walk into the room and the kids without disabilities welcome them with high-fives and hugs, in the outside world you never see that happen” (Organization C, Personal Communication, 27 October 2016). They also provide workshops for kids with all disabilities to come and learn about their bodies and puberty, learn how to use a toilet, as well as other life skills that these children typically have. They provide workshops for adults and children in the community to help spread awareness and acceptance of everyone within the community.

If therapeutic recreation program is beneficial, what can be done to incorporate it for young adults with special needs at the school level?

Since we are now able to confirm from many sources that therapeutic recreation is beneficial for not only people with special needs, but for people in general, it is important to know if it is being incorporated into the school systems. Although some schools have adopted therapeutic recreation as a valuable service, many schools do not provide this service to their students with disabilities, likely due to the lack of knowledge about these services available, or do not understand the outcomes of therapeutic recreation. With therapeutic recreation, policy and legislation often decides where, when, and in what capacity the services can be delivered. In public education legislation, the Individuals With Disabilities Act (IDEA) states that therapeutic recreation is a related service that is an option to students individual Educational Plan IEP. In 1990, the Education for All Handicapped Children was changed to (IDEA) in 2004, which ensured the access to free and appropriate education for students with disabilities and affording those students the opportunity to receive IEP that is designed specifically to meet the needs of that student without any cost to their family. IEP meetings are held annually, at minimum, with parents and other school personnel to develop, evaluate, and revise the overall appropriateness of the child's educational plan (Hawkins, Cory, McGuire, & Allen, 2012). There are several difference services that are available such as speech, pathology, physical therapy, and occupational therapy, however, only the related services deemed necessary are included in the students' IEP. The determination of what is included in the child's IEP us through interactions between the school system, school staff, administration, and the family of the child. If necessary, parents are able to request the inclusion of a specific service in their child's IEP, however, many parents experience problems in trying to

request these services (Hawkins, Cory, McGuire, & Allen, 2012). Educational settings only account for a small portion of therapeutic recreation services. It has been estimated that only two percent of therapeutic recreational specialist work in educational settings (Hawkins, Cory, McGuire, & Allen, 2012). In order for the school systems to utilize these therapeutic recreational services, we need to increase the knowledge of the profession to the school systems and parents. The therapeutic recreation professionals must reach out to the school systems and make sure they are aware of the service to the schools can communicate with parents and recommend those services for their child.

Recommendations

In order for more individuals to have access to therapeutic recreation programs, it is essential for recreational therapists go out into the community and make these services more aware. A good way to do this is by spreading the knowledge about the benefits of therapeutic recreation to the school systems and parents. Therapeutic recreation therapists should ensure that school systems are aware of therapeutic recreation services. In doing so, the schools can their recommendation of services to the parents. Recreational therapists should also seek out teacher training, so the teachers can see first-hand the benefits of the service in hope of further collaboration.

Another suggestion would be to include therapeutic recreation in teacher training. The school system and teacher training programs could work with therapeutic recreation practitioners and educators to include concepts of their program into their teacher training sessions. If teachers are more knowledgeable of the purpose of therapeutic recreation and its benefits of how it can

enhance their curriculum, the more likely the teachers are to use therapeutic recreation to increase the outcomes of their students.

The more children having early exposure to therapeutic recreation during school, the more likely they will adapt and master these skills needed and increase their likeliness to go out into the community and participate in these activities on their own. This gives them one step closer into feeling inclusion within their community.

Problems and Limitations

All in all, obtaining the information to answer my research questions was quite smooth. However, some problems while researching I had, was the infusion of other therapies that are similar to therapeutic recreation in the same research. For example, because occupational therapy has some of the same techniques, principles, and outcomes as therapeutic recreation, a lot of the research and studies were combined. Another road block I came across was how specific the studies were. Because the term “special needs” is so broad, the studies that I found, were for the specific outcomes for specific diagnosis, making it difficult to generalize the benefits for people of all disabilities. The limitation that I came across was the lack of interviews I was able to gather. Out of numerous places that offer therapeutic recreation services, I was only able to obtain three interviews. Because these companies are so busy helping their clients, as well as being called by many other students who want to conduct interviews as well, not everyone was able to take the time to talk to me. If I was able to talk to more organizations about the services that they provide as well as their benefits from those programs, I feel that I would have been able to provide more local services for members of the community who are interested in therapeutic recreation.

However, I am very thankful for the participation of the people who I was able to conduct an interview with. I also feel very confident from the library research as well as the information I obtained through interviews that I am able to efficiently answer my primary questions as well as my secondary questions.

Conclusion

After a vast library research and interviews among therapeutic recreation organizations, I am finally able to answer my primary research question: how does therapeutic recreation benefit individuals with special needs? Through my findings, I have found that therapeutic recreation has many different benefits for individuals with and without special needs. Recreational therapy is important for all individuals, no matter their capabilities, because it develops skills, promotes good health, relieves stress, facilitates good social actions, and provides a general joy of living. Many individuals with special needs lack many life skills needed to feel independent and accepted into the community such as: social skills, communication skills, cognitive functioning, physical development, self-esteem, and confidence. Through participation and interaction with their therapist as well as others, individuals gain these skills as well as physical and social skills that contribute to their quality of life and well-being.

There are many different activities that can be used for therapeutic recreation that can be obtained out in the community, as well as at home or in a classroom. For example, some of the most popular activities involved in therapeutic recreation are: music, animals, arts and crafts, theatre, dance and movement, horseback riding, swimming, and sports teams. By modifying these activities to the abilities and goals of the individual, they are able to successfully participate, which

in effect allows them to gain self-confidence as well as self-worth. These small successes will attribute to their willingness to try new things and hopefully lead them to more independent lives and participating in these recreational activities on their own.

Not only did I find benefits through library research, but through the interviews I conducted as well. After talking to Camp Krem, Special Kids Crusade, and Fairview Developmental Center, I became even more certain about the benefits of therapeutic recreation as well as the other programs that these places offer. All three organizations that I interviewed agreed that although therapeutic recreation is very similar to other therapies such as physical therapy and occupational therapy, but all have the ultimate goal of independence and enhanced quality of life. Through activity and coaching session, recreational therapists can help guide a client through leisure activities that they can apply to real-life situation to achieve an overall healthy, balanced life.

In order for children to have more access to these services, it is important that these services are available within the schools systems. If schools are more knowledgeable of the benefits and outcomes that come along with therapeutic recreation, it will motivate schools as well as parents to seek out these programs.

References

- American Hippotherapy Association. (2014). Hippotherapy. Retrieved from <http://www.americanhippotherapyassociation.org/>.
- American Music Therapy Association, (2016). What is music therapy? Retrieved from <http://www.musictherapy.org/>
- American Therapeutic Recreation Association. (2016). What is RT/TR? Retrieved from <http://www.atra-online/what/FAQ>
- Anderson, F. (1980). Art therapy: Myths and realities. *Art Education*, 33(4), 18-21. doi:1. Retrieved from <http://www.jstor.org/stable/3192420> doi:1
- Bream, J. (2016). Therapeutic riding: An overview. CATRA Recourses. Retrieved from <http://www.catra.net/info/overview.html>.
- Chawla, J. (1994). Sport for people with disability. *British Medical Journal*. Retrieved from <http://www.jstor.org/stable/29723743>
- Coyle, C. P., Kinney, W. B., Riley, B. & Shank, J. W. (1991). *Benefits of therapeutic recreation*. Ravensdale, WA: Idyll Arbor.
- Collingridge, K. (1957). "Therapeutic recreation." *The Annals of the American Academy of Political and Social Science*, Vol. 313, 1957, pp. 87–91. <http://www.jstor.org/stable/1031760>
- Daniels, B. (1995). *Puritans at play: Leisure and recreation in colonial New England*. New York, St. Martin's Press, p. xi.
- Dieser, R. (2016). History of therapeutic recreation. Cedar Rapids, IA: University of Northern Iowa. Retrieved from <https://books.google.com/books>
- Dimitrijevic, I. (2009). Animal-Assisted therapy- A new trend in the treatment of children and adults.(NA). *Psychiatria Danubina*. Vol 21, No, 2, pp 236-241.
- Disabled Sports USA. (2016). Swimming. Retrieved from <http://www.disabledsportsusa.org/sport/swimming>.
- Disabled World. (2016). Disability camps: Children, teens & adults with disabilities. Retrieved from <http://www.disabled-world.com/entertainment/camps/>.
- Equestrian Therapy Association. (2016). Equestrian therapy: Horse therapy for kids with special needs. Retrieved from <http://www.equestriantherapy.com>.

- Freedman, C. & Tissler, A. (2011). The benefits of aquatic therapy for children with special needs. Retrieved from <http://www.aquatictherapist.com/index/2011/01/the-benefits-of-aquatic-therapy-for-special-needs-children.html>. .
- Frith, G. , Mitchell, J. & Roswal, G. (1980). Recreation for mildly retarded students: An important component of individualized education plans. *Education and Training of the Mentally Retarded*. Retrieved from <http://www.jstor.org/stable/23877133>.
- Giler, J. (NA). *Socially ADDept: Teaching social skills to children with ADHD, LD, and Asperger's*. San Francisco, CA: Jossey-Bass Teacher, p. xi-23.
- Hawkins, B., Cory, L., McGuire, F. and Allen, L. (2012). Therapeutic recreation in education: Considerations for therapeutic recreation practitioners, school systems, and policy makers. Austin, TX: Hammill Institute on Disabilities.
- James, A. (1951). The conceptual development of recreational therapy. Retrieved from <https://www.idyllarbor.com/journal/rthistory.shtml>.
- Murphy, N. & Carbone, P. (2008). Promoting the participation of children with disabilities in sports, recreation, and physical activities. *Pediatrics*. Vol 212.
- “Master’s in Special Education”. (2016). How is art therapy used in special education? Retrieved from <http://www.masters-in-special-education.com>.
- Office of Disease Prevention and Health Promotion. (2016). Health related quality of life and well-being. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/health-related-quality-of-life-well-being>.
- Peacock, G. (1994). Riding for people with disability. *British Medical Journal*, 309(6950), 340-341. Retrieved from <http://www.jstor.org/stable/29724348>
- Peniston, L.C. (1998). Developing recreation skills in persons with learning disabilities. Retrieved from <http://www.ldonline.org/article/6173/>.
- Shir, D. (2014). Benefits of swimming for people with disabilities. NCHPAD Blog. Retrieved from <http://blog.ncpad.org/2015/08/03/benefits-of-swimming-for-people-with-disabilities/>
- “State Line Tack.” (2016). Benefits of therapeutic horseback riding and equine interaction. Retrieved from <http://www.statelinetack.com/statelinetack-articles/the-benefits-of-therapeutic-horseback-riding-and-equine-interaction/10089/>.
- Stephenson, J. (2006). Music therapy and the education of students with severe disabilities.

Education and Training in Developmental Disabilities, 41(3), 290-299. Retrieved from <http://www.jstor.org/stable/23880202>

Therapeutic Horsemanship Center. (2016). Hippotherapy. Retrieved from <http://www.3gaits.org/hippotherapy.htm>.

Yukik, T. (1970). *Fundamentals of recreation*. New York, New York: Harpers & Row.

Appendix

Appendix A

LS: 400 Capstone Interview Questions

1. What therapeutic recreation programs do you provide? And how much are they?
2. Is there any form of financial help for families who cannot afford it?
3. What are the benefits of this program on the children? How does they learn independence from these programs? Social skills? Life skills? Health? Stress and anxiety?
4. How many participants does the program usually involve? And is there a dominant number of a specific disability or diagnosis that participate? For example: more kids who have autism, or down syndrome, or ADD who participate or is it more of a wide variety?
5. Does your program require certifications to be involved? Do you accept volunteers?
6. Do you see a difference in the child's mood after they participate in the activities prior from when they arrived?
7. Are any of these programs involved in the local schools? If so how? If not, is there a way that would be possible to make happen?