Wheels on fire: community outreach for therapeutic recreation

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Wheels on Fire: Community Outreach for Therapeutic Recreation

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Liberal Studies

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Table of Contents

ABSTRACT 4

SETTING THE STAGE

WHAT IS THE PROBLEM AND WHY IS IT AN OPPORTUNITY? 8
THE CONCERN
COMMONPLACES
HOW DOES COMMUNITY OUTREACH AFFECT THERAPEUTIC RECREATIONAL SERVICES?
LACK OF COMMUNITY OUTREACH AFFECTS PARTICIPATION.
LACK OF COMMUNITY OUTREACH AFFECTS SOCIAL INVOLVEMENT.
COMMUNITY OUTREACH WILL IMPROVE FUNDING

SOLUTIONS, SUGGESTIONS, AND POTENTIAL ACTION LIT. REVIEW 12
WHAT IS BEING DONE IN THE COMMUNITY?
ESTABLISHING INCLUSION PROGRAMS.
BUILDING PARTNERSHIPS WITHIN THE COMMUNITY.

METHODS 15
CONTEXT
PARTICIPANTS AND PARTICIPANTS SELECTION
PROCEDURE
RESEARCHERS
SURVEY QUESTIONS
DATA ANALYSIS

RESULTS 19

DESCRIPTION AND JUSTIFICATION OF ACTION 23
IDENTIFICATION AND EVALUATION OF ACTIONS OPTIONS
DECISION MAKING: INFLUENCE OF CONTEXT AND ASSUMPTIONS
CONCESSION
CONCLUSIONS AND RELATED OUTCOMES

ACTION DOCUMENTATION AND REFLECTION 27

CRITICAL REFLECTION 30
SYNTHESIS AND INTEGRATION
Abstract

Over the past several years, society has made huge improvements in providing recreational opportunities for people with disabilities. Although great strides have been made it still does not meet the needs of the community. The lack of community outreach for therapeutic services affects funding, program participation, and social involvement for people with disabilities. Research has shown that without therapeutic recreation services, people with disabilities miss out on fundamental life skills. Evidence from interviews, surveys, and observations proved that the lack of education regarding therapeutic services is the biggest roadblock. This was followed by lack of experience working with people who have disabilities. In order to expose the general public to therapeutic programs, the community was invited to attend a spaghetti feed. Attendees had the opportunity to hear personal stories, get information about upcoming events and services offered, volunteer, donate, and witness a flash mob presented by participants of therapeutic programs. In addition to the Spaghetti feed, brochures were handed out to inform local schools and community members about therapeutic recreation and the services available in the area. The key to improving community outreach is first to educate the community, then engage the community, and finally include the community.

Key Terms. Therapeutic Recreation, Inclusion, Able-bodied population, Therapeutic Recreation specialist, General Recreation, General Recreation Specialist
Wheels on Fire: Community Outreach for Therapeutic Recreation

I have been involved and participated in sports since I was four years old. When I was first introduced into the world of sports, I was excited and went crazy. Being a child and having the freedom to run around, kick things, be aggressive and run into people was the best. Over the years, this aggressiveness turned into a way that helped me relieve stress. When I was playing, it seemed like nothing else mattered. I felt whole, alive, and finally comfortable in my own skin.

Growing up I had always felt like the outcast in my family, even though I grew up in the same household with the same values as my siblings. There was always something different about me, but when I was in practice I did not have to think or worry about my homelife. I was just another child who was out on the court or field, who was enjoying myself and was having fun. To me, this was the best feeling in the world. Even with this feeling, there were times when I would not want to go to practice, or I would fight with my parents about the sports teams or certain groups THEY wanted me to be a part of. Looking back on this, I was upset that they were trying to be a part of the “little bubble” that I felt was mine and I did not want them to dictate what I was doing in it. But this is a catch-22. My dad was the one who pushed me to practice, to be the athlete I am today. He drove me to and from practice, even in high school where my practices on the weekends were three hours away and averaged about six hours long. He was always there when it came to sports, starting as my coach to becoming a cheerleader as well as my number one fan until my junior year in college. When my junior year in college started, my parents became distant when it came to my career in sports. Maybe it was the fact that I was three hours away from home and they were not able to come watch me play, or the fact that I was hurt or didn’t play as much as they liked which caused them to start pulling away from being the biggest
supporters and cheerleaders that I had. This was a hard adjustment, but I realized that I had to play for myself. I worked extra hard and it made me love the game even more because it became my own rather then mine and my parents. Being a part of a team or just being involved with the people around me who experience the same feeling and have the same respect for the game, is both welcoming and humbling.

As I grew up, like I mentioned before, playing sports was a stress reliever. The times I know that were hard on me and the people around me, started the October when I started my career at my University. I jumped and landed on the base, half on the base and half not which caused my ankle to roll to the point where it almost broke. I was sitting out for about 3 months in a cast and then a walking boot trying to let it heal. Once I was healed I started playing again then 3 months later, I broke my nose. I went through the process of getting rebroken so it could heal right and then having surgery to correct my septum. I ended up sitting out the rest of the season. My next year playing my personal goal was to stay healthy and up until spring semester I did. When I came back in January, I felt a pain in my foot. I played through it and when it came to be unbearable I had to stop. It was to the point that I could not walk from my bed to my bedroom door without crying. I did not know what was going on, so I had to go to the doctor. They poked my foot and ran some tests and for four months they did not know what was going on. I was told I had a stress fracture in a place where 1 in 100,000 women get and after I heard this I thought, “Great it would be my luck.” But then after more MRIs, xrays, foot specialists, and countless other doctor appointments, they found that I had fluid on my ligaments between my bones on my foot which caused it to be extremely painful everytime I took a step. I ended up getting a cortizone shot and after being in a boot for four months, I was able to run the next day painfree. During this time, as well as my first year at the University, I was not able to do anything. I tried
working out, I only had one leg to do things on and I could not figure out how to make it work. I became a little depressed and lashed out at others around me. But I did not know what was going on and why I was acting like this. One day it hit me that it was because I was not working out and I felt bad about myself. Before all this took place, if I was having a bad day, and I could go and shoot hoops or I could go hit at the softball field, the problems I had seemed to not be as important or as monumental as they were before I went to “get away.” Being able to use this as an outlet to clear my head, helped me get through a lot more family issues over the years. When I did not have this outlet, I realized I took it for granted. Transitioning from being an athlete for almost 20 years of my life, to one day just having it end, was hard and one of the most frustrating struggles I have had to overcome. I started having problems not only with my family and friends, but it even carried over into my personal life. I was in a bad place. I needed an outlet to relieve stress and become myself again, so I turned to exercise. Since I have begun working out again it has given me the same feeling as playing sports but this is more independent. The feeling of “escape” was apparent again when I would put on my headphones and just start sweating. Combined with my personal experiences and the fact that I recently stopped playing sports because I used my collegiate eligibility has made me think about people with disabilities and how they handle situations. It is a rewarding feeling to be able to handle these situations and to know that they are able to have an outlet such as mine. Being a part of a team, and being involved in sports helped me in every aspect of my life. I would not want anyone else to be hindered or not experience this feeling. It is so liberating and freeing. I hope that people with disabilities are able to experience this same feeling when they are participating in any activity. Helping individuals with disabilities figure out that there are opportunities out there for them to
not only relieve stress but to also have fun in a society that seems to push them aside daily is both rewarding and welcoming.

What is the Problem and why is it an Opportunity?

The Concern.

Society puts individuals with disabilities into a world that is hard to live in. By therapeutic recreation, and being apart of a group of people that enjoy themselves and have fun gives them a break from the “real world”. With my back ground of sports and being able to reflect on the world of athletics and activities, I realized that it is a segregated activity. Yes there are activities and opportunites for not only children with disabilities, but adults as well. But these opportunities are rarely heard of, or talked about if you are not directly involved with someone who has a disability. If I had a child that had a disability, I would not want them shut off from the atmosphere I personally grew up in. I would want them to be given a chance to learn the skills I did, as well as the family atmosphere that gives extra support in your life. I want to look into the activities that are available to this community I live in as well the other areas that the other members of my group live in to see if there id any outreach to the non-disabled community. I believe it is important to not segregate individuals with disabilities. We live in a society that forgets there are individuals with disabilities or special needs unless we are always around someone or know someone, or deal with it on a day to day basis. And if we don’t, we are not aware of the activities that are going on for them. By spreading the word on recreational therapy for individuals with disabilites, it is a way to bridge the gap that has been created between the two communities. How does the lack of community outreach for therapeutic recreation affect funding, program participation, and social involvement? How would the increase of community outreach improve these areas of interest as well?
Commonplaces.

When it comes to the beliefs and assumptions regarding our issue, we all believe that there is a lack of resourcing and networking for therapeutic recreation. Since the majority of our group does not have a lot of prior knowledge of disability laws, or the issues that come along with therapeutic recreation besides that we never hear about any activities that are going on around our communities for people with disabilities. Since there is hardly any information spread throughout the community, we saw this as the biggest downfall for the therapeutic recreational organizations. The stakeholders that we are interested in targeting are current therapeutic recreation specialists, participants in therapeutic recreation, and community members. This group of potential “stakeholders” is important in order to gain a clear picture of the individuals needs/wants. Like we discussed in class, we need to understand what the community wants/needs before we jump head first into trying to make a change. By interviewing them, and keeping their opinion in mind we can figure out what we can do to help them become closer to what they think their community would benefit from. Taking this project head on and essentially blind, will give me a better opportunity to see what the stakeholders really need. I am not up to date on disability laws or am closely related to someone with a disability like my group members are, so not having any knowledge regarding the disability community, I believe, will make me more open to anything that we take part in. As we would be conducting this research we are going to be involved with a Therapeutic Specialist in San Jose via email/in person interview. They will be able to give us an insight of what they think needs to be done regarding spreading the word about therapeutic recreation.
How does Community Outreach affect Therapeutic Recreational services?

Community outreach can do a lot for a community center. Without this outreach to local business around them, their program can suffer. The center needs participants in order to run, and in order to be a working facility there is money involved. Sometimes there are centers that are not able to get this money because the lack of participants, so collectively as a center they have to raise funds on their own. Without funding there are centers that suffer and sometimes close, which makes it more difficult for individuals with disabilities to find a resource for themselves to be apart of.

Lack of community outreach affects participation.

Speaking with our interviewee (A. Elix, e-mail communication, March 2, 2013), he had said that, “people with disabilities have trouble finding programs and activities to do in their area”. If it is a struggle to find things to do around you, you are eventually going to give up, and if you find one you are going to grasp it and then continue your search from there. But with programs not being spoken about, or not being in a place that is easily found, people are not going to pursue any therapeutic recreational activity. Also the interviewee stated that as a program, if you do not outreach to people in the community, disabled or not, or you do not market your programs, how are you going to get people to them? You can spend all your time on getting a great activity or program together, but if the word does not spread or that there is limited resources to be able to find it, then all your effort is wasted. There will be a few people who enjoy it, but it wont be the outcome you were hoping for while you built the program. A lot of getting people to come to activities, is being able to make the resources and information available to others around the community.
Lack of community outreach affects social involvement.

By not getting people to your programs you are only hurting the people that can benefit from it. By participating in these therapeutic recreational activities it can give the individual a sense of belonging. It can make them proud of the skills they have and not be self-conscious about their disability. According to Wise (2002), people may strongly desire the outcomes that are connected to a certain behavior, but if they do not have the confidence in their abilities to attain the required level of performance they will become discouraged and not want to try. But this is just what the therapeutic recreational activities are for. They give people with disabilities and chance to not only improve their skills, but be in a place around others that are there to help them improve or build on the skills they already have. They are in a judgment free zone and this can give them a chance to really explore what their abilities. This can go for the individuals that were born with a disability, or they developed a disability over time, or something dramatic took place and resulted in a disability. Either way these programs are designed to help people. Wise also stated “drastic change in physical capability would have a concomitant, negative impact on perceptions of personal efficacy” (p.338). Any change in a person’s life, disability or not there is always going to be a question regarding their ability to do anything. I believe that having a disability should not limit this. Therapeutic recreational activities helps build up a person’s self worth, and this is why getting the word out about these programs is essential.

Community outreach will improve funding.

When it comes to funding and receiving money, it is a touchy subject. There are many ways that an organization has to go about raising money for their organization when there is not efficient amount of funds being recieved from the state. These community centers have to attract
the attention of participants in order to still be a working unit. The community centers must
“Emphasize the importance of developing sport opportunities for people with different types of
disabilities and equal opportunities for females and males to participate… [They have to
implement] incentives to support broad-based participation opportunities [that] can be built into
criteria and funding for sport programs” (Right to Play, p. 187) By representing their programs
in this way, it will become more appealing to the general community thus resulting in more
individuals wanting to participate in their programs. It ties directly into being welcome, and
being in a friendly environment. If there is a program that states it is broad and it welcomes all
types of disabilities, and they are able to provide the necessary treatment and help than the
program will be more appealing to community members.

Solutions, Suggestions, and Potential Action Literature Review

There is so much pressure being placed on the community centers to get people involved
with their activities or their funding will be cut. By establishing inclusion programs, which
brings the able bodied population and the individuals with disabilities together in a recreational
setting, this will improve their program participation and well as establishing a support system
for the participants involved. With these inclusions programs, this will also generate the building
of partnerships within the community. These partnerships can range anywhere from local
business, to schools, to churches, to any and everyone who would like to be involved with the
activities that the community centers hold or put on during the year.

What is being be done in the community?
Establishing inclusion programs.

Therapeutic recreational activities will bring new people together and learn new things from each other. By connecting the able bodied population and the disabled community, either through outreach or through social involvement, will help improve their relationships. This also gives people with disabilities other people to lean on when things get rough in their everyday life. “Friends help people deal with difficult situations, inspire one to reach beyond their limits, enhance the quality of a leisure experience and overall make life more worth living” (Kelland, 1996). I know personally that when I have a hard time with anything, I always turn to my friends before I go to my family. They push me to be better in my everyday life, and help me reach my goals if I start to struggle. According to Miller, Schleien, and Lausier bringing people with and without disabilities together in an inclusive setting, participants would be able to interact positively and have successful social experience while working towards understanding the needs of others around them, seeing if the program is a good fit for them, and help establish their own personal goals that can and will be accomplished (p. 29). Bringing these two different communities together can only bring positive change. There will be difficult times together, but its more about learning about each other. Able-bodied people will realize what they take their abilities for granted, and the disabled individuals will realize that they are not alone and are segregated anymore. Both communities will benefit from being together, and spreading the word about the therapeutic recreation available to them will be a huge help. Wendy Nath (2007) wrote in her Liberal Studies Capstone titled, “What Special Needs Programs are Available”, it is hard to find information in the community regarding the recreational activities available. Nath discusses that there is information available regarding different disabilities, but not a lot of information about what special programs there are for those people with the disabilities. With the
information we find that will help spread the word of the activities that are going on around our communities, it will bring more individuals to take part in their organizations.

There are times in an individual’s life that others make the decision for us on what to do. At these moments, I personally feel angry or helpless. But imagine if this is what your daily life is like? You always have someone else make life decisions for you. With the help of inclusion, this promotes a learning of life long wellness. According to Renzaglia, Karvonen, Drasgow, and Stoxen (2003) by creating an environment that supports inclusion the individuals will be taught the skills necessary to be successful in this environment. These lessons that are learned by the individual will give them the confidence to take control of their own lives, as well as give them opportunities to determine what they want to do rather than sitting back and letting someone choose for them. By giving someone this power to take control of their lives, they will feel more involved with things around them rather than feeling left out to the point where they do not want to do anything.

Building Partnerships within the Community.

By building partnerships in the Community, it gives individuals more of an outlet, and more of a chance to be involved with leisure activities. These leisure activities “can change communities, making healthier and more welcoming of difference, including disability and illnesses... Given the critical role that play, recreation, and leisure have in well-being and life quality, it is vital that all people have the opportunity to pursue their passions and interests on a daily basis in places and spaces of their choosing” (Anderson, p.4)
This brings together the able bodied population and the disabled community to give everyone a chance to participate with each other. Being able to live in a community that is more welcoming than others is a comforting feeling, and makes the individuals want to be there more often than in a place where they feel left out or excluded from certain activities.

Method

We live in a society that forgets there are individuals with disabilities or special needs, unless we are around someone or know someone, or deal with a disability on a day to day basis. And if we don’t, we are not aware of the activities that are going on for the disabled population. Spreading the word on recreational therapy for individuals with disabilities is a way to bridge the gap that has been created between people with and without disabilities.

Context.

Camden Community Center and Far West Wheelchair Athletic Association are both located in San Jose, Ca. Far West Wheelchair Athletic Association has been operating as a 501©3 non-profit bringing sporting opportunities to individuals with disabilities since 1968. They’ve had a long working relationship with the City of San Jose in order to supplement the need and cost of Therapeutic Recreation services and has built strong programs that provide sporting opportunities for people with disabilities. The City of San Jose All Access Sports and Recreation oversees 6-different community centers but for our project we only worked with Camden Community Center as that’s where Far West is located. All Access Sports and Recreation had been established for years and yet with almost every session started we had
native community members with children ages 13 and up with no prior knowledge of such programs. None of the common demographics existed here; some were from low socio-economic classes, others from high, several different races, ages, boys and girls, men and women, the only fact that remained was they all have a disability.

Adam Elix has been our main contact and has worked in therapeutics for 17 years and continues to work in the field. Adam has also served as a member on the board of Far West Wheelchair Athletic Association for 6 years and his mother Jan served for 10. Jan Elix started one of Far West’s most successful programs, Northern California Junior Sports Camp, and it will be coming into its 30th year this summer. We’ve chosen to work with Adam because of his experience both professionally, personally, and his contacts within the field. All the programs are run throughout the San Jose area from six different community centers. Some programs take place on-site at the centers. Our research will come from a Juniors Sport program held at Camden Community Center, and a Spaghetti Feed event held at Camden Community Center to raise money and awareness for Northern California Junior Sports Camp. Camden community center is your typical facility that consists of a main gym, pool, two fields, dance room, fitness room, and a large multi-purpose room that we used for our Spaghetti Feed Fundraiser.

**Participants and Participants Selection**

In order to grasp a clear view of the needs with Therapeutic Recreation we knew that it was imperative to reach those within the field, those who use services, and general community member’s knowledge. This lead us to focus on three different stakeholder groups, Therapeutic Recreation Specialists, Program participants, and general community members.
Of the surveys administered to Therapeutic Recreation Specialists we received two back, the ratio was 1:1 between men and women. Both specialists who responded had over 15 years of experience in the field of therapeutics, were between the ages of 33-40 and had a personal relationship with an individual who has a disability. One respondent was our community partner throughout the course of our project. The other respondent worked at another community center within the City of San Jose’s sports and recreation department but we did not work with her directly.

Working with our community partner and having one of our group members, Jillian, a volunteer in a youth program for kids with disabilities provided us easy access to program participants that trusted and felt comfortable with her. We chose this avenue because we felt they would be more open and honest with the survey questions versus those not familiar with us. In addition, we felt it was important to track all information from one community partner to get in-depth analysis of the problem. We administered 10-surveys and had three respondents between the ages of 12-18. The ratio of boys to girls was 1:2 and they ranged from 3-8 years in time using services. Each participant had a different disability, Arthrogryposis (fused bones and joints), Cerebral Palsy, and Tethered Spinal Cord but this didn’t affect their willingness to participate.

Lastly, we chose to randomly administer a survey to the community to show us how educated the community was on Therapeutic Recreation services and programming. We did this randomly in order to keep the results honest and show a true vision of how Therapeutic Recreation is viewed and/or interpreted. In order to achieve a broad random sampling we distributed roughly 200 surveys (note: we posted to a school forum and have no way to view how many actually viewed, a general number was provided in the total reached audience) to campus community, family and friends, and school forums.
Procedure

Each survey in our approach was administered differently in order to get a greater response to each set. Our first surveys to Therapeutic Recreation Specialists were sent via email; in return we got back two surveys. Both specialists were comfortable with this method and it worked well for follow-up questions and scheduling conflicts, both surveys were returned within two days of administration. Program participant’s surveys were delivered personally at their Saturday sports program and were administered during their break. The four questions were verbally read to them and we recorded the answers, we repeated their answers to ensure we correctly documented what they shared and this took roughly 20 minutes to complete. Lastly, we created a Google form for the general community survey. This method was easiest to use in order to reach a broad audience, this survey was sent out to the campus community via teacher emailing lists, personal family and friends, and posted in school forums. The survey was kept anonymous and had no time restrictions associated with it. In addition to reaching a broader audience, it also allowed us to easily code and analyzes the date for emergent themes while tracking several responses; we received 25-surveys back. Responses we automatically saved and stored for us to review against all other answers from other respondents.

Researchers

Kacey, Jillian, and I are all seniors working on Capstone in our last semester here at CSUMB. Throughout our lives we’ve all been physically active or played sports. So, when the opportunity came up for us to engage in a project shedding light on the lack of community outreach for therapeutic recreation we were all excited. Jillian is connected to therapeutic recreation from her experiences of being a camp counselor and being directly involved with
community centers in her hometown and Kacey did not possess any background knowledge of therapeutic recreation. When she learned about the services the community centers offered and what they do for individuals with disabilities, she wanted to know more information about it. With my personal background of sports and being able to reflect on the world of athletics and activities, I realized that it is a segregated activity. Yes there are activities and opportunities for not only children with disabilities, but adults as well. But these opportunities are rarely heard of, or talked about if you are not directly involved with someone who has a disability. If I had a child that had a disability, I would not want them shut off from the atmosphere I personally grew up in. I would want them to be given a chance to learn the skills I did, as well as the family atmosphere that gives extra support in your life. I wanted to look into the activities that are available to this community I live in as well the other areas that the other members of my group live in to see if there is any outreach to the non-disabled community. I believe it is important to not segregate individuals with disabilities and to get community members involved with their local community centers to be able to bridge the gap between the able bodied community and the community of individuals with disabilities.

**Survey Questions**

A sample of each survey will be included in the Appendix

**Data Analysis**

Interviews and surveys will be transcribed and coded for emergent themes.
Community Outreach for Therapeutic Recreation is the strongest tool to help improve the quality, quantity, and participation of Therapeutic Recreation services. In order to gather a full view of the issues surrounding community outreach we have administered surveys to 3 different groups: therapeutic specialists, therapeutic recreation program participants, and community members. We received two surveys back from the Therapeutic Specialists, three surveys from program participants, and twenty-five surveys from community members. The results from community members proved lack of education has an emergent theme, followed by lack of experience around individuals with disabilities. The chart below shows that of the twenty-five community member responses only three people could properly define Therapeutic Recreation.

We focused specifically on four questions from the surveys that we felt showed the lack of education about services, the feelings toward inclusion programs, and the want for more information. Many respondents showed an interest in receiving more information about
therapeutic services in order to expand their knowledge and learn about therapeutic services. Interestingly enough, nearly half of the respondents avoided answering the question on rather or not they would support inclusion programs. The exact reasoning for this is not known but it’s most likely a reflection of how few knew what Therapeutic Recreation consisted of. Another factor was the lack of experience with individuals who have a disability. Roughly sixty-five percent of our respondents knew of services available but seventy-two percent had never participated in any fashion in those services.

The second survey in our approach was distributed to therapeutic specialists. We choose to do this in order to get a clear vision of how Therapeutic Recreation Specialists view the issues from within the field of therapeutics. Again, the emergent theme here proved that lack of knowledge and lack of experience with people who have disabilities was the core of the problem regarding outreach. Both Therapeutic Recreation Specialists felt that starting in schools would be the most impactful and would provide the ideal environment to inform people of services. Although they both supported the notion of inclusion programs, concern was shown for how these programs would be implemented. The hesitance stems from peoples lack of experience working with individuals who have disabilities and the need for inclusion to be executed properly. In order for this to occur Therapeutic Recreation Specialists and General Recreation Specialists would have to work together and build a partnership that would suit the needs of all participants regardless of ability. It was noted that in some cases dependent on the severity of the disability, type of program, and environment that not all programs could be operated in an
inclusion setting successfully. The idea of partnerships and inclusion programs has been successfully implemented according to Jillian Kelland and has been successful (ND).

The third survey in our approach was distributed to children using therapeutic services. We felt this was an important stakeholder group to include in order to gain an insight on the direct impact programming has especially in terms of social experience. Of the ten surveys distributed we received three back, two female one 16 and another 18 and one male, age 14. Both of the female respondents have been involved in therapeutic recreation for roughly eight years and recall their parents placing them in the programs. The sixteen year old respondent mentioned that she was first exposed to different events to raise awareness, such as the Disability Expo, here she met a program director and was enrolled. The male respondent has only been involved in therapeutic recreation for roughly three years. Before the 5th grade he engaged in able-bodied sports and then had to have surgery that required him to alter some physical aspects of his life. All three respondents mentioned the social impact that Therapeutic Recreation provided them, answers ranged from “feeling comfortable, meeting some of my best friends with and without disabilities, and meeting other people who wanted to play sports and stuff like me”. Both female participants stated they wished they were exposed earlier so they could be better at their sports and we more involved earlier on, the male participant played able-bodied sports till his surgery then begun with Therapeutic Recreation after healing.

In conclusion, in order to be successful in improving community outreach we need to educate the community. Educating the community can come in many different forms, however,
inclusion programming of General Recreation and Therapeutic Recreation programming and partnerships have proven to be great jumping off points. Inclusion of general recreation and therapeutic recreation programming will bring together able-bodied and people with disabilities for recreational activities. Building partnerships with different institutions and special interest groups, such as schools, will allow students with disabilities to become involved in Therapeutic Recreation services earlier. Earlier exposure to programming will provide for a more rich social experience going through school and adolescent when social development is crucial.

**Description and Justification of Action**

General recreation programming provides the community with a plethora of different opportunities to engage in social settings. Recreation programs are generally held at community centers, schools, churches, after school programs, or individual team sports and have strong ties to the community. Many of these programs collaborate to find participants, funding, and promote services. These partnerships help bring awareness to the wide availability of services in the area. Unfortunately, this term of “general” recreation leaves out entire populations that do not fit into what society deems as general. This includes individuals with disabilities and therapeutics recreation services. The lack of community outreach for therapeutic services effects funding, program participation, and social opportunities for individuals with disabilities.

Based on our data analysis we’ve concluded that four different areas of action can be addressed. These actions include, educating the community, engaging the community, creating partnerships, and inclusion of general and therapeutic recreation programs.
Identification & Evaluation of Action Options:

<table>
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<tr>
<th>Action Options</th>
<th>Cost</th>
<th>Time</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educate the Community</td>
<td>Low</td>
<td>Medium/High</td>
<td>High</td>
</tr>
<tr>
<td>Engage the Community</td>
<td>Low/Medium</td>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td>Inclusion of General Recreation and Therapeutic Recreation</td>
<td>Low/Medium</td>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td>Partnerships</td>
<td>Low/Medium</td>
<td>High</td>
<td>High</td>
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In order to educate the community thoroughly we need to reach different types of institutions and populations including: Schools, general population, and special interest groups, such as administration personal and government agencies. This would include providing accessibility to information regarding services, referrals, and having the appropriate knowledge necessary to inform the community. To carry out this objective, we could educate the community through the use of information pamphlets which would provide information to the target groups about therapeutic recreation and the services available in the community.

Engaging the community would entail providing opportunities for participation in a variety of programs and/or fundraising events. This is another area of action that would require reaching out to different institutions in the community, such as schools, the general population, and special interest groups that would be interested in becoming involved. This would be
somewhat connected to the action of educating because in order to engage the community, we must first educate them about the issue. According to our data, most people had no idea of what Therapeutic Recreation is, and knew very little about the services available. Engaging the community would include providing a list of programs available in their area and any opportunities for involvement, such as events, fundraisers, and volunteer opportunities.

Our last two areas of action are creating partnerships within the community and increasing inclusion between Therapeutic Recreation and General Recreation programs. Both areas are very important to the goals of our project, but increasing community involvement is needed before action can be taken for partnerships and inclusion.

Building partnerships would be yet another impactful action for us to execute. However, in order for partnerships to be successful we must have support and a need for creating relationships. This support system cannot be achieved without the community being invested in the cause which would require community engagement. Partnerships require high interest and commitment from both parties in order to be mutually beneficial. Creating this type of relationship requires a lot of time, energy, and resources.

Creating an inclusion program although highly impactful on informing the community would require several steps to implement correctly. Training would be required for General Recreation Specialists in order to understand the different variety of disability’s they will be facing; this can be costly and require a lot of time to provide adequate training. Another issue regarding inclusion comes from the comfort level of General Recreation Specialists working with individuals who have disabilities. Some research points to this lack of comfort and want for working with individuals with disabilities as a deterrent for inclusion. (Heyne, ND)
Decision Making: Influence of Context and Assumptions

The actions we decided to take on were to educate and inspire the general community through informational pamphlets that we will distribute to different schools and institutions. General community members were our main target because they were the least informed about our services. We also decided to engage the community by making them aware of events going on that support Therapeutic Recreation and encourage community involvement. After looking at our options, we concluded that educating and engaging the community would be the most effective option. These options have a low cost, medium/high amount of time needed for planning and implementing, and a high overall impact. Early on in our project planning and researching, we participated in a spaghetti feed and silent auction to benefit the Far West Wheelchair Athletic Association. This is a program that one of our group members, Jillian, volunteers for and takes an active role in the planning and implementing of fundraising events. To increase community participation for this event, Amanda and Kacey sent out flyers to local schools and the general public informing them of the event. The flyer gave information on the event and a website where they could purchase tickets and/or donate to the program.

Although educating and engaging the community ties into our main objective of increasing community outreach for therapeutic recreation, there could be limitations and possible negative outcomes from our action.

Concession

We realized that creating partnerships and inclusion programs would require more time and energy in order to be successful. Meeting with different businesses and organizations and gaining their support for Therapeutic Recreation would give different programs in the area more
resources. Partnerships with these businesses or organizations could bring possible funding through donations of money and other supplies to programs in need. This would be a really great way to spread the word in the community. More funding would make it possible to create more inclusive programs and participation in these programs.

**Conclusions and related outcomes**

We concluded that educating and engaging the community is like laying the foundation for further action in the future. Although we do not have the time, energy and resources to create partnerships and inclusion programs, providing the community with more resources and exposure to Therapeutic Recreation can plant the seed for more involvement, and in turn, the creation of more inclusive programs.

**Action Documentation and Reflection**

Our objectives for this project were to bring light to the very serious issues regarding the lack of community outreach for Therapeutic Recreation and show how few people have an understanding of what Therapeutic Recreation entails. This lack of outreach affects funding, program participation, and social involvement for people with disabilities. Our goal was to first educate the community on the existence of such programming and the importance it bears for those individuals with disabilities, much like it does for people without. From here our goal was to engage the community by exposing them to people with disabilities, providing information on services and volunteer opportunities, and inviting them to our Spaghetti Feed fundraiser. Lastly, we wanted to include community members, by way of inclusion programs that combine general recreation and therapeutic recreation services and bridging the gap between two different
populations. Providing this information would allow for a better understanding of services offered and the benefits associated with engaging other community members.

In order to complete these objectives we knew we would have to gather information from several different stakeholders to include all those affected. During this time we conducted interviews, made surveys, and passed out flyers. The surveys were administered to three different stakeholder groups: Therapeutic Recreation Specialists, Program Participants, and community members. This range of stakeholders would help provide information from inside the field of Therapeutics, those who use the services, and those living in the communities that offer said services. In addition to our research, we assisted with hosting a Spaghetti feed to bring awareness to the community regarding the local therapeutic recreational activities. This event sold roughly 140 tickets with about 400 flyers passed out and opened up the eyes of several community members who were unaware of therapeutic recreation. With the surveys that were distributed throughout the general community, we reached about 150 individuals. However, we received roughly 25 surveys back. The responses were what we expected to which 22 of the 25 individuals did not know what therapeutic recreation was.
We were very disappointed in the amount of surveys that we received back from the general community section, especially since we distributed it primarily to our schools campus community. There might have been a greater amount of surveys received if we have allocated more time for the responses. Unfortunately, this was the last survey sent out, of our three survey approach. In addition to that, we could have benefiting more from holding a seminar to discuss and educate the community on a more personal and free basis. Our Spaghetti Feed, although successful, did cost guests twenty dollars to attend. This seminar would have allowed us the chance to directly meet community members and approach them in a more comfortable and intimate setting. This would allow us to personally deliver the information, build a relationship with them, and also provide immediate feedback to any questions or concerns they may have regarding therapeutic services. Within our project we limited ourselves to working directly with the City of San Jose and Far West Wheelchair Athletic Association because we had a community contact. This limited our direct contact with multiple Therapeutic Recreation Specialists which hindered the impact of reaching a substantial audience. It was important for us to work in a personal fashion so we could experience the reality of the situation while observing the reaction from community members, so we could thoroughly track our results.

To build on what we have already accomplished with our project, there are several things we can keep doing. One of the things that we had success with was educating individuals about Therapeutic Recreation and what they could do to become involved. This is a small thing that can lead to big changes. Impacting just one person often leads to a ripple effect. We can also continue to focus our attention on building relationships with program leaders and participants so that we continue to learn about their needs.
With more understanding of the stakeholders within our project we could do more to inform the community and educate people who are unfamiliar with Therapeutic Recreation. The first thing we could do is ask for more community support from Therapeutic Recreation Specialist’s. If we had more people within the programs involved in our project, we could have a more far reaching impact. We could also start to develop an educational seminar. This seminar would be in an educational format with information about Therapeutic Recreation activities and guest speakers. This would be something we could start in order to educate larger groups of people about Therapeutic Recreation.

There always needs to community outreach to get individuals participating with the community around them. It’s not about us stopping an action; this action needs to be continued. In retrospect, the act of stopping or lack of taking action is the framework of our project. There is a relatively small amount of people who are aware of what therapeutic recreation offers to people with disabilities, as well as the able bodied community. Therefore, “stopping” is not an option for us and we must continue to push forward. There should be continual engagement of the general population, as well as general recreational specialists. As a group that participated in researching how unknown therapeutic recreation is, we need to be a voice for the programs and reach the able bodied communities that are in a way shut off from these programs and the disabled population.

**Critical Reflection**

This project has definitely taught me a lot. My partners have also broken me out of my shell a little bit. I normally wouldn’t reach out to this population of individuals just for the simple fact that I get intimidated by them. I do not want to insult them if I saw something not politically
correct. Working to make a change in this community was great. I enjoyed learning the ins and outs of what really isn’t being done in regards to Therapeutic Recreation and what needs to take place to make a difference. I eventually became passionate about this community, because trying to relate it to my life I had more in common with them at certain times of my life then I really realized.

On the academic side of things, I was also taken out of my shell when it came to getting things done. The process of writing this paper and putting this presentation together I would be, normally, on top of my school work and remotely have some background knowledge of a situation in order for me to write about it in a more passionately way. I had no idea what this project was about when we started and it was the hardest thing for me to look up information because I had no idea how to go about researching certain things. In the end, I was definitely overthinking everything and it all came together as it should have.

I have also learned that it is very important to be organized. There were times during this project that I could not locate certain things that we worked on together as a group and I had to rely on my group members to send me the documents. I normally am a very organized person., but with this project being so different than my other academics it is of the upmost importance to keep everything together, almost developing obsessive compulsive disorder.

Finally, after all our hard work I learned that in order to make a change its great to start small. We had many grand ideas when it came to making a change for Therapeutic Recreation services, but soon realized we could not make a change alone. We had to limit our development and interactions to one community member, but we saw that if you start somewhere small and make a difference there than it becomes possible to put your full effort into creating a larger change within the place you are working with.
Synthesis and Integration

I think the themes in the Liberal Studies department are a good way to give the students a taste of everything that is going on in the academic world. There were a few classes that seemed repetitive, but looking back on it they were made to build on each other. I find myself relating information I have learned in my old classes to the information I am learning now in my recent classes. I think going through these MLOs I have learned how to balance my school work even better. I say better now because I have always done this when I was playing sports my whole life while I was going through school. I would like to share this knowledge of my hard work with others in hopes to helping them know that it is hard but rewarding to be able to balance this. I believe the next steps for me to obtain my professional goals, is to participate in a Master’s program. I know I need to have internships in order to get into the field that I am highly interested in and taking my knowledge from CSU Monterey Bay and applying it towards my academics in my Master’s degree is greatly going to help me achieve my goals.
References


Heyne, L. (ND). Solving Organizational Barriers to Inclusion Using Education, Creativity, and Teamwork.


Appendix A

Survey for TRS

1. What do you see as the problem with community outreach; or What are you concerned about when it comes to community?

2. What is currently being done to improve community outreach- by whom - and do you think this is good, bad, or indifferent? Why?

3. What do you think should be done about community outreach/awareness for therapeutic recreation?

4. What do you think are the obstacles/drawbacks/disadvantages to changing therapeutic recreation outreach/awareness?

5. What do you think are the benefits/advantages to community outreach? To changing community-outreach?

6. Is there anything else that you would like to say about community outreach/awareness and/or the improvement of community outreach?

7. Should outreach include those who are not directly involved with people who have disabilities? Why?

Appendix B

Follow-up questions from TRS to clarify funding for different organizations

1. Funding determined for TR

Funding for TR is determined by the agency that supervises them. I can give some general examples for City, Hospital, and non-profit.

- The funding for TR with the City of San Jose (CSJ) is determined by the amount of money we bring in and is subsidized through a lot of our fitness programs. What this means is that we need
to be as close to 100% cost recovered. All the money brought in from program revenue we try not to spend more than that. With that, whatever percentage we are at the remainder is covered by our fitness revenue city wide. (Let me know if you need further clarification). Dominique and I (therapeutic specialists) positions are funded the same as general Recreation specialists. Also our funding is through grants and fundraisers that we (TRS) put together ourselves.

- Funding for hospitals is a bit different. TR is considered part of therapy for the patient similarly with PT, OT and Speech. Although PT, OT and Speech are part of the mandatory 3 hours per day Recreational Therapy (TR) is not. This is good and bad. Good because if they can’t see a patient (pt) one day then they can see them another day. Whereas all other therapies have to see the pt everyday. Bad because RT can get bumped many times because other therapies have priority and other therapies don’t always think RT is important or PT, OT and Speech are better or more important. Similarly to CSJ the hospital (at least the one I worked at, not all) has to do fundraisers and write grants too that help pay for outings for the patients.

- Non-profits as you know, all funding is through donations, grants, and fundraisers. Without generousities of the community, corporations, and foundations non-profits would struggle. Non-profits that are successful can have multiple employees or be collaborative like we are with CSJ. (let me know if you want more info on this).

2. If community outreach was better, funding would increase…

Not necessarily, because the supervising agency may not give more funding just because of community outreach. Through community outreach, TR could receive funding from
corporations and outside agencies to assist in funding the programs. All of the programs above do this right now due to the lack of funding from their respective supervising agency. Even if you have awesome community outreach, it doesn’t always mean funding will increase. There has to be a need for what you are doing and people to believe in what you are doing. There may not be the supply and demand in their area.

3. Lack of outreach affects program participation.

- This can definitely affect programs. People need to know TR programs are around and in the area. Outreach is crucial because people with disabilities have trouble finding programs and activities to do in their area. A good example is TR in City of San Jose, Dom and I have to constantly do outreach to our own city and employees in the city because they do not know that we even exist. If they don’t know we exist than how are people in the community going to find us. Its basic marketing, if you don’t outreach or market your programs how are you going to get people to them. We constantly outreach to schools with youth with disabilities, colleges with Kin departments, and many groups that work in collaboration with us and other programs with disabilities.

Appendix C

Survey for Program Participants: Three respondents Alicia (A), Tiffany (T), and Sean (S)

How long have you been involved in TR?

A—About 8yrs
T--- Since I was 12-13 so about 8yrs  
S--- Only 3yrs because I played able-bodied sports before.

**How did you get involved?**

A---- parents took me to events and I met Lee and he told me about camp. After that my parents put me in the programs.

T—I’m not sure how my parents found out but they enrolled me in the programs

S---- After my surgery my mom and brother came to the community center and found out about services.

**Has it affected you socially at all? How?**

A--- YES!!! Absolutely, I’ve met some of my best friends in TR programs both with and without disabilities. It made me comfortable.

T—Yeah, it helped me other people who are interested in sports and stuff like I am. I’ve met a lot of people and made friends.

S--- Yeah I got to met other people who played sports in wheelchairs.

**Do you wish you were introduced to TR earlier? Why?**

A--- Ya, I do. I would have been able to participate longer

T---Yes, then I could be better at sports

S— I couldn’t because I was able to play able-bodied sports before my surgery

**Appendix D**

**TR information Materials and resources sent out to schools and those who requested more information in our surveys** *(Note: This is a general version, copies sent to schools were catered to their specific area)*
What is Therapeutic Recreation?

Therapeutic Recreation is often confused with a type of therapy, such as physical, occupational, or speech. However, Therapeutic Recreation is not a therapy in the medical sense as those previous listed. Therapeutic Recreation is the engagement of recreational activities such as basketball, cooking, softball, dance, arts, and fitness among other activities by people with disabilities. Therapeutic Recreation offers the same pleasure and social benefit as general recreation programs designed for those without disabilities and allows them to acquire experiences and further their ties with the community.

How does Therapeutic Recreation differ from therapy?

Many people hear the word therapeutic and immediately think therapy. Occupational therapy aims to improve the daily functioning of individuals with disabilities, whereas physical therapy aims to improve the physical ability. Although therapeutic recreation can encompass both of those plus added social, emotional, and psychological benefits the main focus is to provide recreational opportunities for individuals with disabilities. Those added benefits come from engaging in recreational activities of their choosing and feeling a sense of happiness and pleasure.

How does Therapeutic Recreation Work?

Therapeutic Recreation works much like general recreation programs for able-bodied individuals without disabilities. Different programs are designed to meet a wide range of needs of the community. Depending on the type of TR program ranging from arts, crafts, sports, cooking, and other leisure activities will depend on who participates. Some programs will be divided up by disability type for example cerebral, spinal, cognitive or physical. This allows the programs to be adapted appropriately for participants. All equipment will be adapted in order to offer the most desirable outcomes, least restrictive environment and highest level of competition when acceptable. For example, recipes may be given in larger text, in audio and videos format, or demonstrated in a hands-on approach. Depending on the sport several factors can be altered such as ball size and texture, some rules may be omitted till the skill increases, or nothing may change except the use of a wheelchair.

What services are available?

There are an abundance of services available dependent on the wants and needs of the community members. The first step is to get individuals involved in therapeutic recreation services in the community. Many Cities have a division devoted to recreation and can provide services for individuals with disabilities or refer them to another city with a therapeutic recreation department. Aside from city oriented programming there are numerous non-profit organizations that aim to provide recreational
How can get involved?

There are several ways to get involved. You can choose to make donations, attend events, or volunteer directly with an organization. Organizations are always looking for volunteers and community members to be a part their programs. To find an organization in your area, go speak with your local community centers, search for non-profits in the area, and browse the Paralympics website for a sport club near, talk with adapted physical educators or directly with people who have disabilities. Most organizations will require some type of commitment and/or a volunteer form to be filled out. Every organization will have a different set of criteria and it’s best to contact your desired organization directly.

Resources: Listed below is an entire list of Paralympic Sport Clubs located in California. If you want more information on Sport Clubs outside the California area please visit http://findaclub.usparalympics.org/default.aspx

(Please note: Some of these organizations are non-profits, Some City Ran, and others free standing organization)

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<th>Organization</th>
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<tr>
<td>City of Sacramento, Department of Parks and Recreation Access Leisure - Paralympic Sport Sacramento</td>
<td>CA</td>
<td>Annie Desalernos 916-808-3809 <a href="mailto:adesaler@cityofsacramento.org">adesaler@cityofsacramento.org</a></td>
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<tr>
<td>Disabled Sports Eastern Sierra - Paralympic Sport Mammoth Lakes</td>
<td>CA</td>
<td>Maggie Palchak 760-934-0791 <a href="mailto:mpalchak@disabledsportseasternsierra.org">mpalchak@disabledsportseasternsierra.org</a></td>
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<td>Disabled Sports USA Far West - Paralympic Sport Lake Tahoe</td>
<td>CA</td>
<td>Haakon Lang-Ree 530-581-4161 <a href="mailto:haakon@disabledsports.net">haakon@disabledsports.net</a></td>
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<tr>
<td>Far West Wheelchair Sports - Paralympic Sport Silicon Valley</td>
<td>CA</td>
<td>Adam Elix 408-369-6448 <a href="mailto:adam.elix@sanjoseca.gov">adam.elix@sanjoseca.gov</a></td>
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<tr>
<td>PossAbilities at Loma Linda University Medical Center - Paralympic Sport Loma Linda</td>
<td>CA</td>
<td>Cotie Williams 909-558-6384 <a href="mailto:cowilliams@llu.edu">cowilliams@llu.edu</a></td>
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<tr>
<td>San Diego Adaptive Sports Foundation - Paralympic Sport San Diego</td>
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<tr>
<td>Bay Area Outreach &amp; Recreation Program - Paralympic Sport Bay Area</td>
<td>CA</td>
<td>Greg Milano 510-849-4663 <a href="mailto:greg@borp.org">greg@borp.org</a></td>
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<tr>
<td>USOC Paralympic Military Program - San Diego</td>
<td>CA</td>
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<tr>
<td>Watering Seeds Organization (WSO)</td>
<td>CA</td>
<td>Brady Mazzola 818.307.8229 <a href="mailto:bamazzola@wateringseeds.org">bamazzola@wateringseeds.org</a></td>
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<td>Argo Challenge</td>
<td>CA</td>
<td>Christian Giannini 415-508-5899 <a href="mailto:christian.giannini@argochallenge.org">christian.giannini@argochallenge.org</a></td>
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<td>Rickes Center for Human Enhancement - Paralympic Sport Menlo Park</td>
<td>CA</td>
<td>Sharon Kelleher (650) 364-2509 <a href="mailto:skelleher@riekes.org">skelleher@riekes.org</a></td>
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<td>Disabled Veterans SCUBA Project / Long Beach VA</td>
<td>CA</td>
<td>Melvin Pasley (562) 421-3094 <a href="mailto:president@disabledveteransscubaproject.org">president@disabledveteransscubaproject.org</a></td>
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<tr>
<td>California Adaptive Rowing Program</td>
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<td>Long Beach, CA 90804</td>
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<td>Twice Exceptional &quot;2E&quot; Network/ 2E Network LA</td>
<td>7056 Hatillo Ave</td>
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<td>United States Adaptive Recreation Center - Paralympic Sport</td>
<td>43101 Goldmine Drive</td>
<td>Big Bear Lake, CA 92315</td>
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<td>Blind Stokers Club</td>
<td>9560 Hiker Hill Rd</td>
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<td>San Diego District Tennis Association</td>
<td>2221 Morley Field Drive</td>
<td>San Diego, CA 92104</td>
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<td>Bicycling Blind Los Angeles</td>
<td>21063 Winfield Road</td>
<td>Topanga, CA 90290</td>
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<td>Southern California Soaring Academy</td>
<td>Crystalaire Airport, Llano, CA 93544</td>
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<td>Shared Adventures - Paralympic Sport Santa Cruz</td>
<td>PO Box 396</td>
<td>Santa Cruz, CA 95061</td>
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<td>Triumph Foundation</td>
<td>18307 Oakmont Dr. #931</td>
<td>Santa Clarita, CA 91387</td>
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<td>UDLA-Kodiaks</td>
<td>4713 W. 153rd St.</td>
<td>Lawndale, CA 90260</td>
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<tr>
<td>Golden State Road Warriors</td>
<td>808 Cameron Circle</td>
<td>Milpitas, CA 95035</td>
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<td>BORP Wheelchair Basketball Program</td>
<td>3075 Adeline St. #155</td>
<td>Berkeley, CA 94703</td>
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<td>Shadow Hills Equestrian Riding Club</td>
<td>10283 La Canada Way</td>
<td>Shadow Hills, CA 91040</td>
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<tr>
<td>The Goodwill Fitness Center</td>
<td>1601 E. St. Andrew Place, Santa Ana, CA 92705</td>
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<tr>
<td>Incight - Paralympic Sport Palm Desert</td>
<td>73-754 Highway 111 Suite C</td>
<td>Palm Desert, CA 92260</td>
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<tr>
<td>UCLA Adaptive Programs</td>
<td>2131 John Wooden Center</td>
<td>Los Angeles, CA 90095</td>
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<td>Military Racquetball Federation</td>
<td>23026 Ashwood</td>
<td>Lake Forest, CA 92630</td>
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<td>Team River Runner Menlo Pak &amp; Palo Alto</td>
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<td>Team River Runner Sacramento</td>
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<td>Disabled Sports USA</td>
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If you would like more information about how I found these services or any information listed on this handout please feel free to email me with any questions at jdeBar@csumb.edu