Fifth Edition

Inclusive and Special Recreation
Opportunities for Persons with Disabilities

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This book is dedicated to the ones we love.
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Index I1
Inclusion of persons with disabilities into all aspects of community life is becoming a reality throughout North America. In response to this societal change, recreation providers must offer programs and services that meet the needs of all consumers. The fifth edition of this textbook updates and expands our ongoing effort to help recreation personnel design and implement programs that provide optimal inclusion for persons with disabilities.

It is important to note that this textbook was written primarily for undergraduate students, especially those in their first two years of study. As such, it is appropriate for use in community or junior college courses, as well as within four-year baccalaureate programs. Throughout the preparation of this textbook, we have kept the needs, interests, and learning styles of undergraduate students foremost in our minds. Our goal has been to write in a style that is as appealing to undergraduate students as it is informative.

As with previous editions of this textbook, the fifth edition reflects the coordination of a team of specialists. Dr. Smith had primary responsibility for Chapters 4, 5, 9, 10, and 11. Drs. Austin and Lee were responsible for Chapters 1, 2, 6, 12, and 13; and Drs. Kennedy and Hutchison focused their attention on updating and revising Chapters 3, 7, and 8. Dr. Smith was responsible for the logistical coordination of the text and selected the photos for this edition.

ORGANIZATION OF THE FIFTH EDITION

The textbook is organized into four distinct parts and each part begins with a brief introduction. Part I, “Introduction and Overview,” emphasizes the scope of inclusive and special recreation services and introduces students to important concepts and terminology. Part I also includes information on relevant legislation in the United States and Canada and provides useful facts and techniques related to selected disabling conditions. Part II, “Service and Facility Planning,” focuses on planning services, program planning, and implementation. This section also includes detailed descriptions of exemplary inclusive and special recreation programs. Part III, “Inclusive and Special Recreation Program Areas,” offers examples of program areas (or activities) that have proven effective in meeting the recreational needs of people with disabilities. The final section, Part IV, “Resources and Trends,” provides valuable information on community resources related to inclusive and special recreation services. This section also outlines current trends in inclusive recreation. Two appendices conclude the text. Appendix A includes detailed contact information for a host of organizations concerned with people with disabilities. Appendix B lists the contact information for athletic and recreational organizations for persons with disabilities.
FEATURES OF THE FIFTH EDITION

The text maintains a strong research base as well as a practical usefulness. Key updates in the fifth edition include:

• Expanded coverage of inclusive and special recreation efforts in Canada. New and updated material includes information regarding Canadian legislation, exemplary programs, resources, and trends.
• Detailed coverage of the WHO ICF/ICIDH-2 classification system in Chapter 2, “Concepts and Attitudes Underlying Inclusive and Special Recreation Services.”
• New sections on ADHD and Autism Spectrum Disorder in Chapter 4, “Disabling Conditions.”
• A broadened emphasis in Chapter 7, “The Planning Process,” that encompasses planning services.
• The addition of more inclusive recreation program cases in Chapter 8, “Selective Examples of Community Services,” as well as more inclusive recreation material throughout the text to place more emphasis on inclusion.
• New and updated discussions of actual recreation programs throughout Part III.
• New coverage of inclusive volunteering and expanded coverage of the importance of volunteerism to inclusive and special recreation programs in Chapter 12, “Community Resources.” Chapter 12 also contains expanded coverage of fund-raising, including detailed information on grant writing.
• 2003 survey data regarding trends in inclusive recreation programs in Chapter 13, “Trends in Inclusive Recreation,” which also includes new information on recent inclusive recreation advocacy efforts in the United States and Canada.

PEDAGOGY AND SUPPLEMENTS

To maximize its usefulness to students and instructors, Inclusive and Special Recreation provides these learning aids in every chapter:

• A chapter Summary reviews major chapter topics.
• Suggested Learning Activities provide students with relevant projects and activities—some of them Web-based—that foster independent learning. Instructors may choose to assign these projects to students singly or in groups.
• Illustrative material includes boxes, figures, tables, and photographs that enhance student interest and deepen their understanding of the material.
• Chapter References provide up-to-date resources for instructors and students alike.

A NEW text website (www.mhhe.com/Smith5e) includes a host of useful resources. Every new copy of the text also contains a passcard that allows access to PowerWeb: Health and Human Performance. This password-protected website contains numerous articles relevant to inclusive recreation, as well as weekly updates and a daily news feed.

ACKNOWLEDGMENTS

We would like to express our sincere gratitude to the many people who have assisted in the preparation of all editions of this textbook. The reactions, insights, suggestions, and efforts of the following people were instrumental in the completion and revision of this book: Patricia Ardovino, University of Wisconsin—La Crosse; David Beaver, Challenge Publications; Robert Beland, University of Florida; Ray Bloomer, National Center for Accessibility; Boni Boswell, East Carolina University; Erin Broadbent, National Park Service; Barbara (Sam) Browne, formerly with the Cincinnati Recreation Commission; Tammy Buckley, The Pennsylvania State University; Josie Byzek and
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INCLUSIVE AND SPECIAL RECREATION
PART I

Introduction and Overview

(Courtesy of Sports ’n Spokes/Paralyzed Veterans of America)
The public recreation and parks profession has long prided itself on its ability to contribute to the well-being and quality of life of the citizenry. Yet, as problems of persons with disabilities have become increasingly more visible in society, it has become apparent that this profession has had only a tenuous grasp on the nature of problems that citizens with disabilities face during their leisure and on the need for the full inclusion of persons with disabilities by leisure service providers. Fortunately, there is a vital movement among leisure service providers to establish services that meet the recreational needs of persons who have disabilities. The Americans with Disabilities Act has provided stimulus for this movement.

Although the provision of recreation services for persons with disabilities is a comparatively new area of interest for public recreation and parks, one can see origins of concern for people with special needs dating back to the beginnings of organized recreation in America. Chapter 1, Introduction to Inclusive and Special Recreation, reviews the historical and philosophical bases for the provision of leisure services for individuals with disabilities. Views of authorities such as Bullock, Carter, Kelley, Meyer, Robb, and Stein and Sessoms are presented, and conclusions are drawn that suggest that a harmonious arrangement for the cooperation of general leisure service professionals and therapeutic recreation specialists can become a reality.

Chapter 2, Concepts and Attitudes Underlying Inclusive and Special Recreation Services, presents concepts and attitudes basic to understanding the delivery of services for persons with disabilities. Concepts surrounding the terms disability, handicap, special populations, special recreation, inclusive recreation, mainstreaming, and normalization are discussed. Chapter 2 concludes with an in-depth approach to attitudes as they relate to serving persons with disabilities. A major segment of the section on attitudes is devoted to alternatives proposed by the National Easter Seal Society and Dattilo and Smith to avoid stigmatized language when referring to individuals with disabilities.

Chapter 3, Legislation Affecting Recreation Services, reviews legislation pertaining to equal access to educational and recreation services for those with disabilities. Particular attention is given to the Americans with Disabilities Act.

Although it is critical that we avoid the trap of labeling those with disabilities, we may find information concerning various disabling conditions to be useful. Chapter 4, Disabling Conditions, begins with a discussion of the potential pitfalls and hazards involved in labeling people who have disabilities. This is followed by helpful facts, tips, and techniques associated with specific types of disabilities.
CHAPTER 1

INTRODUCTION TO INCLUSIVE AND SPECIAL RECREATION

(Courtesy of Courage Center, Golden Valley, MN)
Organized recreation in North America grew out of social concern for persons attempting to cope with a rapidly changing world created by the Industrial Revolution. Most authorities cite the establishment of a sand play area for disadvantaged children in Boston in 1885 as the beginning of the recreation movement in America. This play area became known as the Boston Sand Gardens. The provision of wholesome recreation was also a central part of the settlement-house movement established to ease the transition to urban living for thousands of persons immigrating to the cities of America during the Industrial Revolution. Settlement houses, such as Jane Addams’s Hull House in Chicago, provided playgrounds for children and recreational opportunities for adults to help them adapt to an urban life characterized by overcrowding and poor living conditions.

The beginnings of organized recreation thus evolved from a humanistic concern for the welfare of those who found themselves with few resources in inhospitable circumstances. Wholesome recreation was viewed as necessary for those disadvantaged individuals who had special needs.

As community recreation grew, it began to lose its focus on meeting the needs of those who were disadvantaged. More affluent sections of cities began to demand and receive community recreation services. Community recreation steadily moved away from its historical roots of serving the disadvantaged to the cause of “recreation for all.” Recreation began to be perceived not as a social instrument but as an end in itself, an experience all should enjoy.

Gray (1969), in a classic article titled “The Case for Compensatory Recreation,” has written: “Gradually the social welfare mission weakened and a philosophy which sees recreation as an end in itself was adopted; this is the common view in public recreation agencies throughout the country” (p. 23).

In a similar vein, Sessoms and Stevenson (1981) have written that

Adult education, recreation, and social group work all have a common heritage. Each is a product of the social welfare reforms that occurred in our cities and industries at the turn of the nineteenth century. Their founders shared a similar belief—they were concerned with the quality of life and believed that through the “proper” use of leisure, it could be achieved. (p. 2)

Like Gray, Sessoms and Stevenson (1981) observed that the organized parks and recreation movement has deviated from its original mission. They added,

With both adult education and social work establishing their turf, recreation services did the same. Although some recreation specialists were concerned with the therapeutic or socially rehabilitative activities or with teaching and developing leisure skills and attitudes, the recreation profession set as its primary concern the management of recreational environments and the offering of free-time activities. Outdoor recreation and sports programs became its program focus. (pp. 2, 3)

Although having its roots in socially purposeful programs for disadvantaged individuals, the recreation profession appears to have moved away from its initial focus. As community recreation has grown, it has broadened its scope to “recreation for all.” However, as Carter and Kelley (1981) have suggested, the idea of recreation for all may have in reality become “recreation for the norm.” As community recreation and parks departments have attempted to spread their resources to meet everyone’s recreational needs, concern for people who have been socially disadvantaged by society has been lost as a central feature of public recreation and parks.

Why the Past Lack of Leisure Services for People with Disabilities?

As might be anticipated, there have been pleas for a return to an extensive concern for leisure services to people who have been underserved. For example, early in the 1970s, Kraus (1971) wrote of the need for recreation and parks administrators to
take leadership for socially purposeful programs, including those to serve elderly individuals and persons with physical and mental disabilities. From another perspective, in 1980 the International City Management Association in its publication *Managing Municipal Leisure Services* (Lutzin, 1980) called for the development of leisure services for people who have been disadvantaged. More recently, concerned leaders such as Anderson and Brown (1996); Anderson and Kress (2003); Bullock and Mahon (2000); Dattilo (2002); Schleien, Ray, and Green (1997); and others have emphasized the need for providing services that offer the greatest possible amount of physical and social integration of persons with disabilities.

Yet even today we find that persons with physical or mental disabilities often have been underserved by community public recreation and parks departments. Why is this? Why have many departments that owe their existence to the social welfare motive failed to respond to the needs of people with disabilities?

Perhaps the lack of services for people with disabilities has reflected the history of neglect of society in general for those who have not fit society’s norms. During the first half of the 20th century, we systematically excluded indigent people and persons with physical or mental disabilities from community participation. Indigent old people were sent to “old folks homes” or “county poor farms.” Individuals with mental retardation were placed in large institutions located in rural areas. Likewise, individuals with serious problems in mental health were taken away to “insane asylums.” In short, those who deviated from society’s norms were effectively removed from the mainstream of society. In light of this, it is not surprising that, as the recreation movement expanded across the United States and Canada, it lost its dedication to individuals from underserved groups.

**Pragmatic Reasons for Lack of Service**

Surveys of public recreation and parks departments have revealed several reasons for the past absence of services for people with disabilities. These reasons included insufficient budgets, lack of accessible facilities, lack of skills and knowledge necessary to establish a program, lack of adaptive equipment, lack of accessible community transportation, poor attitudes on the part of staff, community resistance, and a lack of awareness of the need for programs for people with disabilities (Austin, Peterson, & Peccarelli, 1978; Devine, 1998).

Probably the greatest blocks to services historically were the reported lack of awareness of the need for these programs and the perception that other agencies already provided such programs. These rationalizations allowed administrators of recreation and parks systems to entirely remove themselves from the responsibility of providing recreation for persons with disabilities. Perhaps the broadening of the concept of therapeutic recreation, discussed in the next section, prompted administrators to feel less responsible for the provision of recreation for people with disabilities.

**A Broadening Concept of Therapeutic Recreation**

In the United States during the 1940s and 1950s, there developed recreation services within hospitals and institutions serving persons with various physical and mental disabilities. In some instances, those who provided these services were known as “hospital recreation workers.” They identified themselves primarily with the Hospital Recreation Section of the American Recreation Society. Their approach was that of “recreation for the sake of recreation.” They believed that recreation existed within their hospitals to promote the general well-being of the patients. Another segment employed in hospitals and institutions identified themselves as “recreation therapists.” They formed the National Association of Recreational Therapists. To them, recreation was more than a wholesome activity; it was a tool for treatment and rehabilitation.

These two contrasting groups joined in the 1960s under the banner of a then relatively new
thrive in the community...
People with disabilities enjoy the same recreation activities as most other people in their communities.
(Courtesy of Sports ‘n Spokes/Paralyzed Veterans of America)

### TABLE 1.1 ADA Applies to:

- Public funded services (i.e., local, county, state, federal)
- Not-for-profit agencies (e.g., Easter Seals, Girl Scouts, YMCAs, camps)
- Private for-profit enterprises (e.g., theaters, amusement parks, bowling lanes)


golf courses, gymnasiums, or other places of recreation (Federal Register, 1991; Wehman, 1993). Thus, with the advent of the ADA, full accommodation for persons with disabilities is mandated by law. The ADA provides broad civil rights protections and equality of opportunity for Americans with disabilities in all aspects of their lives, including recreation.

While a number of recreation and leisure service providers in the United States recognized their moral obligation to serve persons with disabilities prior to PL 101-336, many more did not. In this regard, it would probably be conceded that Canadians have been ahead of their American counterparts. The ADA marked a beginning for America—a beginning that included opportunity for full recreation participation for Americans with disabilities.

Because the ADA mandates the elimination of discrimination against people with disabilities in recreation, the nation’s consciousness has begun to be altered, resulting in several particularly interesting outcomes. For instance, activists in Dade County, Florida, demanded the county’s only nude public beach be made accessible so a 150-foot ramp was installed on the “clothing-optional” strip of Haulover Beach (Associated Press, 1995). At the urging of persons with hearing impairments, Walt Disney Company reached an agreement with the Department of Justice to provide interpreters and other assistance for people with hearing impairments at its theme parks in the United States. The National Collegiate Athletic Association (NCAA) also reached an agreement with the Department of Justice in which it relaxed its academic standards.
for athletes with learning disabilities (Selingo & Naughton, 1998). In what has been perhaps the most publicized happening related to the ADA, the U.S. District Court in Eugene, Oregon, ruled in favor of professional golfer Casey Martin in his quest to use a golf cart in Professional Golf Association (PGA) events because of a disability (i.e., congenital circulatory disorder) that prevents him from walking long distances. The use of golf carts is usually banned in PGA tournaments (Skyzinski, 1998; Tarde, 1998).

Yet, while strides have occurred due to the ADA, many Americans are not aware of the ADA. A Harris Poll revealed that even among persons with disabilities many do not know of the existence of the ADA. The National Organization on Disability and Louis Harris and Associates polled people with disabilities from the ages of 16 and older. Eight years after the passage of the ADA results showed that 54% of those who took part in the survey did not know that the ADA existed (Farrell, 1998).

The ADA defines persons with disabilities as anyone with a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment. Major life activities include: (a) walking, breathing, seeing, hearing, speaking, learning, and working; (b) activities of daily living (e.g., bathing, dressing, getting around the home); and (c) community and home management (e.g., household chores, shopping, getting around the community) (Disabilities Statistics Program, 1992).

Leisure and Persons with Disabilities in Canada

It has been mentioned that even before the passage of the ADA that Canadians had developed philosophical and practical notions of inclusive recreation that exceeded those in the United States. Back in the 1970s recreation providers in Canada were being challenged to provide recreation services for persons with disabilities. McGill (2000) termed the 1970s “The Being Called to Account Period” for Canadian recreation providers. The unique perspective provided by the Canadians has been reflected in the Canadian publication Journal of Leisurability. This journal has positively influenced the delivery of inclusive recreation services in Canada and no doubt has motivated changes in the provision of inclusive recreation in America and throughout the world (Hutchison, 2000).

Numbers of Persons with Disabilities

In the United States, persons with disabilities constitute the largest minority group (Olkin, 1999). The most recent U.S. Bureau of the Census figures place the number of Americans with disabilities at 49.7 million. This represents 19.3% of the population or nearly one in five Americans (United States Census 2000, 2003). According to Statistics Canada (2003), 3.6 million Canadians report some level of disability. This is 12.4% of Canada’s total population of over 31.5 million people. In both the United States and Canada, the vast majority of these individuals live in the community, as only a small fraction of individuals with disabilities live in institutions (LaPlante, 1992).

Both in the United States and in Canada, the prevalence of disability is highest among those who are older. Of those age 65 and older, over 40% of both Americans and Canadians have disabilities of some type (Statistics Canada, 2003; United States Census 2000, 2003). With the “baby boomer” generation leading the way, the number of Americans over the age of 65 will swell from about 12% of the population today to 20% by 2030 (Census Brief, 1997). Similar rapid growth is projected for Canada where the “population gain is fastest among the oldest” (Statistics Canada, 2003). Obviously, these projections for rapid growth in the retirement age population mean a large increase in the near future of the total numbers of persons with disabilities.

In sum, it is clear that there are significant and growing numbers of persons with disabilities in the United States and Canada. These citizens will
require that they be provided equal access to recreation by public park and recreation agencies, as well as by private sector recreation providers.

WHAT IS THE RELATIONSHIP OF THERAPEUTIC RECREATION TO SPECIAL RECREATION?

The Purpose

The purpose of therapeutic recreation has long been debated. To clarify the situation, early in the 1980s the National Therapeutic Recreation Society (NTRS), a branch of the National Recreation and Park Association (NRPA), developed the philosophical position that “the purpose of therapeutic recreation is to facilitate the development, maintenance, and expression of an appropriate leisure lifestyle for individuals with physical, mental, emotional, and social limitations” (National Therapeutic Recreation Society, 1982).

In a more recent philosophical position statement, NTRS (1996) has continued to emphasize core values related to its traditional position of defining therapeutic recreation broadly as the provision of recreation and leisure opportunities for persons with disabilities. A core value expressed in the statement is the right to self-determined leisure for people with disabilities, which can lead to an enhanced quality of life. A further reflection of NTRS’s concern for the provision of leisure opportunities for people with disabilities is NTRS’s (1997) Statement on Inclusion that begins: “Diversity is a cornerstone of our society and culture and thus should be celebrated. Including people with disabilities in the fabric of society strengthens the community and its individual members” (p. 7). Thus, as an NRPA branch, NTRS has traditionally taken a broad perspective of therapeutic recreation as being a field concerned with the rights of persons with disabilities to participate in life-enhancing recreation and leisure experiences.

The NTRS position has remained strikingly similar to that taken by the Hospital Recreation Section of the American Recreation Society (ARS) in the 1950s and early 1960s. At the time, ARS championed the cause of recreation as a need and right of all individuals, including persons with illnesses and disabilities. Those affiliated with the Hospital Recreation Section of ARS were tied to the recreation movement that stood for “recreation for all” and, therefore, viewed therapeutic recreation as the provision of wholesome recreation experiences for ill and disabled persons.

In contrast, throughout the 1950s and early 1960s, the National Association of Recreational Therapists (NART) held a treatment-oriented philosophy. NART members viewed therapeutic recreation as the provision of recreation as a means to treatment. Those affiliating with NART had little association with organized recreation but were more closely aligned with the health and rehabilitation community. Their cause was not recreation; it was health restoration.

Contemporary professional associations have replaced the old ARS and the NART, yet the philosophical division between those with a “recreation” orientation and those with a “treatment” orientation continues. Although the National Recreation and Park Association has long since replaced the American Recreation Society, those supporting the NRPA/NTRS position still retain the “recreation for all” philosophy of ARS. The American Therapeutic Recreation Association (ATRA) seems to have picked up where NART left off.

The forming of ATRA in 1984 may be perceived as an attempt by clinically oriented therapeutic recreation specialists to break away from NRPA/NTRS to form a professional association that would foster the delivery of treatment services. The expressed concern of ATRA is with the application of intervention strategies using recreation to promote independent functioning and to enhance the optimal health and well-being of clients (American Therapeutic Recreation Association, 1993). This position is shared by a number of therapeutic recreation specialists (e.g., Austin, 1997; Bullock & Mahon, 2000; Carter, Van Andel, & Robb, 2003; Meyer, 1980, 1981) who have argued that the purpose of therapeutic recreation is to use recreation as a purposeful clinical intervention to help clients relieve or prevent problems and
to assist them in personal growth in an effort to allow achievement of as high a level of health as possible. Although they realize the tremendous benefits to be achieved in recreation, these authors see recreation (as applied in therapeutic recreation) as a means to an end, not an end in itself.

A Clinical Perspective of Therapeutic Recreation
Carter and Kelley (1981) have warned that any philosophical approach must establish clear boundaries for the field. They draw a distinction between recreation and therapeutic recreation by stating that the primary purpose of recreation services is the provision of recreation experiences for participants. In contrast, it is the view of these experts that the primary purpose of therapeutic recreation is to help individuals achieve optimal health and independence through a desired change.

Likewise, Bullock and Mahon (2000) favor an approach to therapeutic recreation (TR) focused on using recreation experiences to promote independent functioning and enhance optimal health and well-being. Further, they stipulate that such therapeutic services need to be delivered by Certified Therapeutic Recreation Specialists (CTRSs). They have articulated their philosophy in the following statement:

Therapeutic recreation is not any and all recreation services for people who have disabilities. Just having a disability does not qualify a person to receive therapeutic recreation services. The person with a disability may receive therapeutic recreation services, or she simply may receive recreation services (usually called special or adapted recreation—which usually occurs in a segregated community-based setting). The determination between recreation and therapeutic recreation is made on the basis of need and mandate for treatment rather than on disability. To call recreation services therapeutic because they are in a hospital setting is not only inaccurate but also patronizing and stigmatizing to a person who happens to have a disability. (p. 126)

Bullock and Mahon go on to state:

As such, it is not accurate to call a municipal or county recreation program or a girls club program for people with disabilities therapeutic recreation. Such programs are not therapeutic recreation (treatment) programs—at least not by virtue of their service mandate. They are recreation programs for people with disabilities. . . . (p. 126)

Austin (1999) has similarly stated that the term “therapeutic recreation” should be reserved to describe the actions of therapeutic recreation specialists who intervene in their clients’ lives using purposeful interventions directed through the application of the therapeutic recreation process. The therapeutic recreation process involves (1) individual client assessment, (2) individual program planning, (3) implementation of the program, and (4) evaluation of the effect of the program.

Robb (1980) has expressed a comparable view. He has written,

The position (defining therapeutic recreation as the application of the therapeutic recreation process) seems to be the best approach . . . to enhance organizational understanding, eliminate encroachment, and spell out jurisdictional boundaries. In my discussion with leaders of the park and recreation field, I believe many would welcome this delimitation. Acceptance of this position would eliminate conflicts within the TR field. Persons currently working with special populations in a service capacity through recreation experiences . . . could identify with the general recreation field. Perhaps this identification would provide the impetus and leadership needed for the broader field to accept the responsibility of serving all people. (p. 46)

Thus, Robb believes therapeutic recreation should maintain a singularity of purpose by employing the therapeutic recreation process as a means to helping clients. By so restricting therapeutic recreation, he expects the general field of parks and recreation would react by assuming its
rightful responsibility for the provision of recreation for people who have disabilities.

**Therapeutic Recreation and Inclusive Recreation: A Polarity**

In the field of therapeutic recreation, two philosophical points of view have emerged. One defines therapeutic recreation primarily as the provision of leisure services for those people who have some type of limitation. This position has been adopted by the National Therapeutic Recreation Society, a branch of the National Recreation and Park Association. The other view holds that therapeutic recreation should restrict itself to the application of purposeful interventions employing the therapeutic recreation process, and should, therefore, relinquish the provision of community recreation for people with disabilities to community recreation and parks personnel.

At this point, we take the position that a polarity does exist. We believe that inclusive recreation (i.e., recreation including persons with disabilities) and therapeutic recreation (i.e., recreation as a clinical intervention directed toward treatment or rehabilitation aims) stand as two separate entities. This book examines inclusive recreation services, not therapeutic recreation. Further, we believe the time has come to embrace new wording to describe the full inclusion of persons with disabilities into the recreation mainstream. We propose inclusive recreation be used because it is a broader term than special recreation and it better reflects equal and joint participation of persons with and without disabilities. The term special recreation can continue to be employed to describe special or adapted activities, such as the Special Olympics and wheelchair sports, through which specific needs are met.

It is our intent to bring about an appreciation of the importance of inclusive recreation services for persons with disabilities, as well as a knowledge of how to develop and deliver such services. We have made a concerted effort to provide a non-clinical textbook that deals with the provision of inclusive recreation and special recreation services to persons with disabilities.

**Leadership with Persons Who Have Disabilities**

Stein and Sessoms’ (1977) *Recreation and Special Populations* has been an important book in the movement to bring recreation services to persons with disabilities. In the view of Stein and Sessoms, professionals from the general recreation and parks field should provide community-based recreation services for people with special needs. They have written,

If such concern (for special populations) is to be converted into new and expanded community service, it must be accompanied by a growing cadre of professional recreation leaders and volunteers who have gained some awareness and understanding of the leisure problems of these disadvantaged people and who are oriented to the possibilities of providing leisure opportunities aimed at resolving their needs. Here, it is important to understand, our focus is on present and future recreators who are trained for general community service rather than on those leaders who might be considered specialists in working with a specific population. (pp. 15, 16)

Stein and Sessoms go on to state:

Experience has demonstrated that a professional recreator who is effective in working with people in general can be equally effective in working with people from a special population. The only provisions beyond his professional skills and understanding are 1) that he be properly oriented to any unique psychological, social, or physical difficulties and possible limitations that may sometimes be faced by persons within a given population; and 2) that he be endowed with the attitudinal capacity to work with such people. Remember, we are discussing the ability to work with people—nothing more! Therefore, we should recognize that such orientation and attitudinal capacity are essential in working with any segment of a general population, whether considered special or not. (p. 16)

Devine (1998) has suggested that existing general recreation staff can be given training to...
Competencies Needed to Work with Persons Who Have Disabilities

Austin and Powell (1980) conducted an investigation to determine what competencies entry-level general community recreation professionals should possess to enable them to serve participants with disabilities. They first found 142 colleges and universities in the United States and Canada that offered a course in recreation for special populations for general recreation and parks students. Instructors of the relevant course at 62 of the institutions of higher education, along with 27 administrators of community-based recreation programs for persons with special needs, participated in a competency identification study. These instructors and administrators identified 86 competencies they felt were necessary for entry-level recreation personnel to work with people who have disabilities.

The 86 competencies identified by Austin and Powell were organized according to clusters of similar competencies. The highest-ranked cluster dealt with competencies related to attitudes (rated 4.26 on a 5-point scale). Other high-ranking areas of competence were facility design and accessibility (4.17), orientation to recreation for persons with disabilities (4.15), leadership and supervision (4.09), and mainstreaming (3.94). The rankings for all 16 clusters of competencies are shown in Table 1.2.

<table>
<thead>
<tr>
<th>Cluster</th>
<th>Mean Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitudes</td>
<td>4.26</td>
</tr>
<tr>
<td>Facility design and accessibility</td>
<td>4.17</td>
</tr>
<tr>
<td>Orientation to recreation for persons with disabilities</td>
<td>4.15</td>
</tr>
<tr>
<td>Leadership and supervision</td>
<td>4.09</td>
</tr>
<tr>
<td>Mainstreaming</td>
<td>3.94</td>
</tr>
<tr>
<td>Program design</td>
<td>3.92</td>
</tr>
<tr>
<td>Aids, appliances, safety procedures</td>
<td>3.89</td>
</tr>
<tr>
<td>Trends and issues</td>
<td>3.84</td>
</tr>
<tr>
<td>Leisure education</td>
<td>3.80</td>
</tr>
<tr>
<td>Professionalism</td>
<td>3.79</td>
</tr>
<tr>
<td>Resources and services</td>
<td>3.75</td>
</tr>
<tr>
<td>Advocacy and legislation</td>
<td>3.75</td>
</tr>
<tr>
<td>Training</td>
<td>3.73</td>
</tr>
<tr>
<td>Equipment and supplies</td>
<td>3.69</td>
</tr>
<tr>
<td>Characteristics of persons with disabilities</td>
<td>3.50</td>
</tr>
<tr>
<td>Funding sources</td>
<td>3.26</td>
</tr>
</tbody>
</table>

Under the cluster on facility design and accessibility are competencies such as the following:

- Understands the frustrations experienced in an inaccessible environment
- Describes physical barriers to accessibility and how they can be eliminated
- Identifies resources available on the design of barrier-free recreational environments

Representative of the cluster on orientation to recreation for persons with disabilities are competencies dealing with philosophical understandings, including the following:

- Develops a personal/professional philosophy of recreation for persons with disabilities in community settings
- States a rationale for the provision of community recreation for persons with disabilities
- Knows role of recreation services for persons with disabilities in the community recreation department

The leadership and supervision cluster contains competencies such as the following:

- Recognizes the importance of considering individual needs and interests during program leadership
- Knows principles of instruction useful for executing recreation activities for special populations
- Knows how to facilitate integrated recreational groups (create an atmosphere conducive to mainstreaming)

The mainstreaming cluster contains the following competencies, among others:

- Understands concepts of mainstreaming
- Understands concepts of normalization
- Describes approaches to mainstreaming in community recreation

The competencies identified by Austin and Powell’s (1980) experts constitute a listing of basic skills and knowledge necessary for entry-level professionals assuming positions in recreation and parks departments. This information, coupled with that provided by others such as Anderson and Brown (1996); Anderson and Kress (2003); Dattilo (1994); Project INCLUDE (1998); and Schleien, et al. (1997) could serve as a basic foundation for preservice and in-service training of community recreation professionals.

### Table 1.3: Abbreviations Related to Inclusive and Special Recreation

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Stands for:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABs</td>
<td>Able-bodied people</td>
</tr>
<tr>
<td>ADA</td>
<td>Americans with Disabilities Act</td>
</tr>
<tr>
<td>ADL</td>
<td>Activities of daily living</td>
</tr>
<tr>
<td>AT</td>
<td>Assistive technology</td>
</tr>
<tr>
<td>CPRA</td>
<td>Canadian Park and Recreation Association</td>
</tr>
<tr>
<td>IDEA</td>
<td>Individuals with Disabilities Education Act</td>
</tr>
<tr>
<td>NCA</td>
<td>National Center on Accessibility</td>
</tr>
<tr>
<td>NRPA</td>
<td>National Recreation and Park Association</td>
</tr>
<tr>
<td>NTRS</td>
<td>National Therapeutic Recreation Society</td>
</tr>
<tr>
<td>Reg Neg</td>
<td>U.S. Access Board Regulatory Negotiation advisory committee</td>
</tr>
<tr>
<td>TABs</td>
<td>Temporarily able-bodied</td>
</tr>
<tr>
<td>TDD or TTY</td>
<td>Telecommunications device for individuals with hearing impairments</td>
</tr>
</tbody>
</table>

Comment on Leadership Responsibility in Community Recreation

Public recreation and parks agencies must return to their professional heritage of concern with recreation for persons who have been underserved. As the suppliers of public recreation and parks services, they have the responsibility to offer recreation services for persons with disabilities, since it...
CHAPTER 1  Introduction to Inclusive and Special Recreation  

Right to Leisure

- The pursuit of leisure is a condition necessary for human dignity and well-being.
- Leisure is a part of a healthy lifestyle and a productive life.
- Every individual is entitled to the opportunity to express unique interests and pursue, develop and improve talents and abilities.
- People are entitled to opportunities and services in the most inclusive setting.
- The right to choose from the full array of recreation opportunities offered in diverse settings and environments and requiring different levels of competency should be provided.

Taken from the NTRS Position Statement on Inclusion, approved by the NTRS Board of Directors, October 29, 1997.

is their duty to serve the recreational needs of their jurisdictions at large. But it is particularly important that public recreation and parks agencies reach out to underserved segments of the population, including persons with physical or mental disabilities and older persons.

Further, we believe that inclusive and special recreation programs should be largely organized and led by general recreation professionals. If such programs are to be an integral part of the organization’s offerings, they should be provided by the regular professional staff. The exception to this would be in programs with therapeutic intent. These are programs directed toward facilitating change through meeting specific objectives. Use of the therapeutic recreation process to effect specific outcomes calls for the knowledge and skills possessed by a professional prepared as a therapeutic recreation specialist. Therefore, we envision therapeutic recreation specialists working in recreation and parks agencies in programs aimed at therapeutic objectives, with general recreation professionals delivering opportunities for leisure experiences. There appears to be no reason why general recreation professionals and therapeutic recreation specialists should not function together in the cause of providing necessary services for persons with disabilities.

With the passage of the ADA, it is also the law of the land in the United States that recreation providers allow access to their services by persons with disabilities. The ADA, however, goes beyond governmental recreation agencies to also cover all public recreation accommodations including sport, resort, and commercial recreation enterprises. Therefore, we urge students preparing for careers in any aspect of public or private recreation to ready themselves for the important task of serving persons with disabilities.

Finally, we strongly endorse the concept of inclusive recreation. Both public and private recreation providers must offer inclusive services so that persons with disabilities have access to enjoy recreation experiences as others do. We recognize that special recreation programs designed specifically for persons with disabilities (e.g., wheelchair sports) are at times preferred by some participants. Yet, we believe that every person with a disability has the right to be fully included with others enjoying existing recreation programs and facilities as long as he or she meets the basic requirements (e.g., age, height, and skill) to participate. Persons with disabilities should never be excluded by any recreation provider simply because they are disabled. All recreation providers must remove physical and social barriers and make reasonable accommodations so that people with disabilities may have free and equal access to recreation. Means must be provided for persons with disabilities and without disabilities to recreate together.
PART I  Introduction and Overview

SUMMARY

The organized recreation movement in the United States grew out of a social welfare concern reflected by the establishment of the Boston Sand Gardens and recreation programs in settlement houses. Eventually, however, public recreation lost its focus on individuals with special needs as a new philosophy developed that viewed recreation as an end in itself, rather than as a means to reach social ends. A similar change occurred in Canada.

It has been suggested that a broadened concept of therapeutic recreation (TR), which viewed TR as encompassing all recreation for persons with disabilities, further contributed to a perception that public recreation and parks did not have a responsibility for providing services for persons with disabilities, because these services were being provided by those identified as therapeutic recreation specialists. This broad view of therapeutic recreation has been challenged by several authors who have taken the position that inclusive and special recreation services rightfully fall within the domain of general recreation and parks. The Americans with Disabilities Act makes it mandatory that all recreation providers (both public and private) make their facilities and programs accessible to persons with disabilities. The final segment of the chapter discussed in-service training needs and necessary competencies for recreation professionals to offer leisure opportunities for those persons who have disabilities.

SUGGESTED LEARNING ACTIVITIES

1. Prepare a two- to four-page paper in which you provide support for the idea that organized recreation evolved out of humanistic concerns.
2. In a discussion group, list reasons why communities fail to offer leisure services to people with disabilities. Which reason or reasons do most of the group members consider most prominent?
3. Interview a parks and recreation administrator in your hometown on the subject of community recreation for people with disabilities. Ask why the community offers (or fails to offer) leisure services for people with disabilities. Prepare a two- to three-page report on your interview.
4. Prepare a two- to three-page paper on the relationship between therapeutic recreation and inclusive recreation services. Arrive at your own position regarding the relationship.
5. Prepare a two-page paper in which you agree or disagree with this statement: “Existing general recreation staff can be given training to enable them to work with participants with disabilities.”
6. Examine the 16 critical competencies listed in the chapter. Then do a three- to five-page self-assessment paper based on the critical competencies.
7. In class, discuss how you believe general recreation professionals and therapeutic recreation specialists can function together in the provision of community recreation for persons with disabilities.
8. Go to the ADA home page on the Web. Evaluate it for usefulness to students studying inclusive recreation. Report your findings in class.
9. Locate the home page for the Journal of Leisureability on the Web. Review past issues for articles of interest to you. Of the articles you select, choose one to report on in class.

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Anderson, L., & C. C. Kress.  

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