

Introduction to Recreation Services for People with Disabilities A Person-Centered Approach Third Edition

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Instructor's Guide
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Preface

We are pleased that you have adopted *Introduction to Recreation Services for People with Disabilities: A Person-Centered Approach* for use in your course. A good textbook, a competent teacher, and hard work by the students aid the learning process. *Introduction to Recreation Services for People with Disabilities: A Person-Centered Approach* by Charles C. Bullock, Mike J. Mahon, and Charles Killingsworth is a textbook about recreation and therapeutic recreation services for people with disabilities, and the Instructor's Guide is a tool to help you with your part of the learning process. When used conscientiously, this guide should greatly increase your chances of success in the course.

It is our perspective that recreation is very important for people with disabilities. Recreation services must be centered within the person who is being served. The term you will come to refer to is "person-centered." Whether the provider is using treatment-oriented recreation therapy, goal-oriented special recreation, or activity-oriented inclusive recreation, it is the person and not the professional or even the activity that must be at the center for service delivery.

This instructional guide is organized on a chapter-by-chapter basis, and the following topics are discussed for each chapter:

- Chapter Overview or Rationale
- Instructional Objectives
- Estimation of Instruction Time for Each Section
- Learning Activities from Each Chapter
- Key Terms
- Sample Examination Questions (short answer essay, multiple choice, and true/false)
- List of YouTube Links
- Related websites (content from each chapter of text)

(Please note . . . PowerPoint Slides can be found in Ancillary Materials on the Sagamore website)

We would like to request that resource suggestions be sent to the authors so they may be included in future editions of this textbook.

Introduction of Text

Introduction Overview

The introduction has been written to provide the authors' perspective about recreation and therapeutic recreation services for people with disabilities. Recreation services are viewed as purely enjoyable or diversional, while therapeutic recreation services are enjoyable but intentionally more goal-directed and treatment-oriented. In addition, recreation services must be person-centered in that the person and not the professional or even the activity must be at the center of service delivery.

Instructional Objectives

Upon completion of the Introduction, students will be able to demonstrate:

1. Knowledge of major themes/concepts in the course/text and to think critically about these concepts.
2. Ability to establish environment conducive to learning.

Estimation of Time to Conduct Session/Chapter

An estimate of the purposed time to conduct sessions in this chapter is one class period, lasting approximately 50 minutes to 1 hour and 15 minutes.

Learning Activities from Chapter

Items 1 and 2 are found on pages xvii – xviii of text

1. How can you teach your fellow students and your instructor? Think about your previous life experiences, including but certainly not limited to how you like to be treated, a memory of a critically ill or institutionalized relative, a movie, a television show, a conversation you have had, or something you have observed but may not have even thought about. All of these experiences, combined with many others, make you who you are. This is your stock of knowledge and gives you much to share with others. Discuss with a classmate or a friend the extent to which you believe that you have or ever will have anything to teach to others. Discuss your level of confidence about sharing/teaching. What makes you reluctant to take on this role of student as teacher? Next, write down two things that you can teach others. (They do not have to be original, just things from your stock of knowledge that you can teach others.)
2. What do you notice about the way the authors refer to people with disabilities? What specific phrases and concepts do the authors use? Choose a person in your class who has read the same introductory material that you have read and discuss these two questions.

Key Terms

impairment	handicap
disability	normalization
self-determination	accessibility
barriers	disabling conditions
person-centered knowledge	people-first language

Sample Examination Questions

Short Answer/Essay

1. What is wrong with the phrase, “the retarded person”?
2. Why was the World Health Organization's definition of disability (International Classification of Impairments, Disabilities and Handicaps) criticized, and what was it later revised to?

3. Using the International Classification of Impairments, Activities and Participation (ICIDH2) for a person who has become blind in his late teenage years from a degenerative eye disease, what is (or might be) his: impairment, activities, and participation?

Multiple Choice

1. Manifestations of disabling conditions: **ANSWER: A**
- A. differ from person to person.
 - B. are the same from person to person.
 - C. are neither different or the same from person to person.
2. The best recreation services are: **ANSWER B**
- A. centered around the care provider.
 - B. centered around the person.
 - C. centered around the specifics of the recreation activity modifications.
3. Current legislation and a societal sensitivity to diversity, people with disabilities are: **ANSWER B**
- A. decreasingly present in all types of recreation services systems due to budgetary constraints.
 - B. increasingly present in all types of recreation service systems.
 - C. Simultaneously decreasing an increasing depending on the state/geographic region in which the individual receives the services
4. “People-first” language that will familiarize you with: **ANSWER C**
- A. preferred terms that meet regulatory rules within each organization so as to avoid litigation.
 - B. terms that focus on the individual who is paying for the service of recreation – not to be confused with the person who is running the recreation program/service.
 - C. preferred terms that focus attention on the uniqueness and worth of an individual rather than emphasizing the individual’s disabling conditions or perpetuating stereotyping based on negative labels and images.
5. An understanding of the past/history makes it clear: **ANSWER B**
- A. why significant strides have been made and no other changes are needed.
 - B. why there is a need for ever-increasing person-centered and responsive services.
 - C. why individuals with disabilities are happy with the way they are treated and expect no special consideration.
6. Becoming an advocate on behalf of people with disabilities: **ANSWER C**
- A. is passé and no longer needed due to the passage of the Americans with Disabilities Act of 1990.
 - B. is important if one with a disability lives in rural communities with there are no institutions of higher learning nearby.
 - C. is a way to encourage friends and colleagues to use “people-first” language and to decrease the perpetuation of stereotypes.

True/False

7. People with disabilities are people who have the same needs and wants as everyone else and deserve the right to be at the center of recreation and therapeutic recreation services that are ostensibly “for” them. **TRUE**
8. Each person with a disability is their disability first, person second. **FALSE**
9. The priority for recreation service providers would be to center the services within the person. **TRUE**

YouTube Link

Nancy Ward - on Disability Identity "Disability gave me my identity" 4:49 minutes
<http://www.youtube.com/watch?v=G1BGwZV4kmc>

NOTE: If link is inactive, search YouTube using the title above. Several options of person-centered "ethnographies" are available with the proper search terms.

Related Websites

None for this chapter

Chapter 1

Who Are People with Disabilities?

Chapter Overview

In this chapter, students are to develop an understanding of the value of utilizing a person-centered approach in the provision of recreation and therapeutic recreation services for people with disabilities. This chapter includes definitions of concepts related to people with disabilities, such as impairments, activity, and participation. This chapter also provides an introduction to “people first” language and its significance, to attitudes of and about people with disabilities.

Instructional Objectives

Upon completion of Chapter 1, students will be able to demonstrate:

1. Knowledge of what is meant by people with disabilities.
2. Ability to distinguish between impairment, disability, and handicap.
3. Knowledge of the International Classification of Impairments, Activities, and Participation.
4. Knowledge of “people first” language and its significance.
5. Knowledge of how many people have disabilities in the United States.

Estimation of Time to Conduct Session/Chapter

An estimate of the proposed time to conduct Chapter 1 is two to three class sessions lasting 50 minutes to 1 hour, 15 minutes on a semester class schedule.

Learning Activities from Chapter

Items 1 - 5 - found on page 21 of text

1. List as many words or phrases that you have heard (or said) that you would consider negative language toward people with disabilities. What makes them negative?
2. Using the ICIDH2 classification for a person who has become blind in her late teenage years from a degenerative eye disease, describe what might be her:
 - impairment?
 - activity ?
 - participation?
3. Now that you understand the distinction among terms such as impairment, activity, and participation, when you read the newspaper or when you hear people talk, pay attention to how the writers or speakers use the terms impairment and disability. How does the way the writer/speaker uses the term(s) change the meaning from your understanding of the term(s)? What term do you think should have been used and why?
4. For the next seven days, pay particular attention to the number of times that you hear or see language that is not “people first.” As you listen to your friends and/or family, listen to radio and television shows, read newspapers, magazines, or books, note the “offenses.” Keep a log of the number of offenses and where they occurred. Don’t forget to listen to yourself!
5. Refer to Table 1.1 and add as many additional examples of negative language as you can. After each one, write a more positive and respectful alternative. Reflect on how easy it was to complete the negative list.

Key Terms

impairment	handicap
disability	people-first language
disablement	

Examination Questions

Short answer/essay

1. What is wrong with the phrase, “the retarded boy”?
2. Why was the 1980 World Health Organization’s definition of disability (International Classification of Impairments, Disabilities and Handicaps) criticized, and what was it later revised to in 1998 (what categories?).
3. Using the 1998 International Classification of Functioning, Ability and Health. Consider a person who has become blind in his late teenage years from a degenerative eye disease, what is (or might be) his: impairment, activities, and participation?
4. List a minimum of four communication recommendations when engaging in conversation with persons with disabilities.
5. Howe-Murphy and Charboneau (1987) identified six systems a person with a disability is often a part of. Provide the titles of the six different systems.

Multiple Choice

6. Disablement, an umbrella term including three key dimensions: **ANSWER B**
 - A. organizational structures or functions, social activities, and participation in college.
 - B. body structures or functions, personal activities, and participation in society.
 - C. personal structures and functions, work activities, and participation in advocacy groups.
7. Terminology that emphasizes the: **ANSWER A**
 - A. person rather than the disability is preferred.
 - B. condition rather than the disability is preferred.
 - C. population characteristic rather than the disability is preferred.
8. The terminology used to refer to persons with disabilities: **ANSWER A**
 - A. may both reflect and influence attitudes toward them.
 - B. in work environments frequently reflect and influence attitudes toward them.
 - C. either reflect or reject attitudes toward them.

True/False

9. Disability is thought of as a functional re-alignment caused by an impairment. **FALSE**
10. Language shapes beliefs on a person’s potential needs and desires. **TRUE**
11. Vocabulary can disorient reactions in the public mind. **FALSE**

YouTube Link

Asperger's Syndrome Documentary 9:04 minutes

<http://www.youtube.com/watch?v=WAFWfsop1e0&feature=related>

NOTE: If link is inactive, search YouTube using the title above. Several options of person-centered “ethnographies” are available with the proper search terms.

Related Websites

The Language of Disability

<http://www.iidc.indiana.edu/cedir/language.html>

People First

<http://www.nc-ddc.org/>

Disability Statistics Center

http://dsc.ucsf.edu/main.php?name=finding_data

Taconic Resources for Independence

<http://www.taconicresources.net/>

U.S. Census Bureau

<http://www.census.gov/hhes/www/disability.html>

Statistics Canada

<http://www.statcan.ca>

Digest of Data on Persons with Disabilities

http://codi.buffalo.edu/graph_based/.demographics/digest.data/.contents

Additional Resources

Major United States Federal Surveys On Disability

Current Population Survey

<http://www.bls.census.gov/cps/cpsmain.htm>

National Center for Health Statistics

<http://www.cdc.gov/nchs/>

National Health Interview Survey

<http://www.cdc.gov/nchs/nhis.htm>

National Health Interview Survey on Disability

http://www.cdc.gov/nchs/about/major/nhis_dis/nhis_dis.htm

Agency for Healthcare Research and Quality

<http://www.ahrq.gov>

Medical Expenditure Panel Survey

<http://www.meps.ahrq.gov/>

Survey of Income and Program Participation

<http://www.bls.census.gov/sipp/>

U.S. Census Bureau

<http://www.census.gov/>

U.S. Census Bureau Disability Portal

<http://www.census.gov/hhes/www/disability.html>

Chapter 2

History of Treatment of People with Disabilities

Chapter Overview

In this chapter, students will develop an understanding of the history of treatment and services to people with disabilities. Whether your students will work in therapeutic recreation or community recreation programs, in order to be effective professionals, it is necessary for them to have a comprehensive historical perspective. It is important to caution your students to remember that as horrible or inhumane as some of the history of treatment and services to people with disabilities are, in large measure, the people of these times believed that they were providing the best possible alternatives for people with disabilities in their societies.

Instructional Objectives

Upon completion of Chapter 2, students will be able to demonstrate:

1. Knowledge of the history of treatment and services to people with disabilities.
2. Knowledge of rationale for the movement from institutionalization to deinstitutionalization for people with disabilities.
3. Knowledge of conditions faced by people with disabilities during the institutionalization and deinstitutionalization period.

Estimation of Time to Conduct Session/Chapter

An estimate of the proposed time to conduct Chapter 2 is one to two class periods lasting between 50 minutes to 1 hour and 15 minutes.

Learning Activities from Chapter

Items 1 - 4 - found on page 50 of text

1. Pick a period in history at least 50 years ago. Do some research into that era, and try to understand the widely held attitudes and values of the time. Then from the perspective of a reformer of that era, write a newspaper article about the treatment of people with disabilities. Remember not to impose your current twenty-first century view.
2. Contact your state/province Mental Health/Mental Retardation Division. Find out as much as you can about state/province institutions in your state/province. How many are there now? Is the trend in your state/province to close state/provincial institutions or to build new ones? What are the timelines for closures or for opening new institutions?
3. Interview your parents about deinstitutionalization. Find out how much they know about the history of institutions and the current trends in your state. See how close their understanding is to what you find out from the state/provincial Mental Health/Mental Retardation Division.
4. Ask your parents how they would feel if a small group of people with mental illness bought a house and moved into your neighborhood? How would you feel?

Key Terms

institutionalization
Intermediate Care Facility (ICF)
defectives
sterilization

deinstitutionalization
mental disorders
amelioration
humanization

Examination Questions

Short answer/essay

1. Why did institutionalization begin?
2. Why did deinstitutionalization begin?
3. Discuss the conditions faced by people with disabilities during the institutionalization and deinstitutionalization period.

Multiple Choice

4. By the late 19th century, people: **ANSWER B**
 - A. with mental disabilities were housed in workhouses, penitentiaries, and hospitals of various sorts.
 - B. with disabilities of every kind were housed in workhouses, penitentiaries, and hospitals of various sorts.
 - C. with disabilities of physical capabilities were housed in workhouses, penitentiaries and hospitals of various sorts.
5. The biggest concern for advocates of people with disabilities who were now back in the community was: **ANSWER A**
 - A. that there was nothing for them to do.
 - B. that there was too much for them to do.
 - C. that at times there would be too much and then too little for disabled folks.
6. Advocates and, in most cases, previously institutionalized persons thought: **ANSWER B**
 - A. some were ready for deinstitutionalization.
 - B. all were ready for deinstitutionalization.
 - C. some were ready for deinstitutionalization, yet wanted re-institutionalization.
7. Funding was allocated as such: **ANSWER A**
 - A. 75% of money delivered to the institutions that housed only 25% of the former institutional residents.
 - B. 25% of money delivered to the institutions that housed only 75% of the former institutional residents.
 - C. 55% of money delivered to the institutions that housed only 45% of the former institutional residents.
8. The term ICF stands for: **ANSWER C**
 - A. Immediate Care Facilities
 - B. Independent Care Facilities
 - C. Intermediate Care Facilities
9. Institutions were started as: **ANSWER A**
 - A. a humane response to inhumane treatment of people with disabilities.
 - B. as a federal response to inhumane treatment of people with disabilities.
 - C. as family social responses to inhumane treatment of people with disabilities.

True/False

10. Over time, and as public recreators gained more training and began to provide increased specialized services, people were divided by disability groupings, which was thought to be a more appropriate way to program recreation for people with disabilities. **TRUE**
11. Sheltered workshops have never been an environment where individuals with disabilities went for work-like opportunities. **FALSE**
12. In retrospect, deinstitutionalization happened somewhat quickly and with much preparation within communities. **FALSE**

YouTube Link

Trailer re-cut of *One Flew Over the Cuckoo's Nest* 2:08 minutes

http://www.youtube.com/watch?v=_b5p3MBgYfU&feature=related

NOTE: If link is inactive, search YouTube using the title above. Several options of the movie *One Flew Over the Cuckoo's Nest* are available. Some clips are longer than others. Most are specific sections of the movie, which could be used for learning if the proper context of the clip is shared with the students.

Related Websites

Disability Social History Project

<http://www.disabilityhistory.org/>

President's Committee on Mental Retardation—History

<http://www.acf.dhhs.gov/programs/pcmr/history.htm>

Beyond Affliction: The Disability History Project

<http://www.npr.org/programs/disability/>

History of Disabilities and Social Problems

http://codi.buffalo.edu/graph_based/.bibliography/woodhill/woodhill.html

Chapter 3

Conceptual Cornerstones of Service Delivery

Chapter Overview

In this chapter, students are to develop an understanding of the conceptual ideals that contribute to the facilitation and delivery of recreation opportunities for persons with a disability. These ideals provide a mechanism to measure our services against in order to ensure their quality. The ideals discussed include: quality of life, normalization, social role valorization, self-determination, independence/interdependence, and inclusion.

Instructional Objectives

Upon completion of Chapter 3, students will be able to demonstrate:

1. Knowledge of principles of quality of life, normalization, social role valorization, self-determination, independence/interdependence, and inclusion.
2. Knowledge of Schalock's core principles of quality of life for people with disabilities.
3. Knowledge of Nirje's patterns of life and conditions of living and how the patterns and conditions relate to the provision of recreation services for people with disabilities.
4. The ability to distinguish between Nirje's and Wolfensberger's definition of normalization.
5. Knowledge of social role valorization theory and its relationship to people with disabilities/ or therapeutic recreation
6. The ability to distinguish between self-determination as a motivational construct and as an empowerment issue.
7. Knowledge of the essential characteristics of individual actions of a self-determined person.
8. Knowledge of the self-determination process.
9. Knowledge of principles that support self-determination.
10. Knowledge of the keys to enhance self-determination of people with disabilities.
11. The ability to distinguish between self-determination, decision making, self-regulation, or self-control.
12. Knowledge of the concept of interdependence.
13. Knowledge of the concept of reciprocity and its relationship to interdependence.
14. Knowledge of the value of allowing people with disabilities to make their own choices.
15. Knowledge of the concepts of integration and inclusion and how they relate to the provision of recreational services to people with disabilities.

Estimation of Time to Conduct Session/Chapter

An estimate of the proposed time to conduct Chapter 3 is two class periods lasting between 50 minutes to 1 hour and 15 minutes.

Learning Activities from Chapter

Items 1 – 4 are found on pages 79-80 of the text

1. Think of as many words as you can that reflect the concepts of normalization, inclusion, self-determination, and interdependence.
2. James lives in a group home with five other adults. He has lived there since moving from a state-provincial institution. He works at a local sheltered workshop, where he is the leader of one of the work crews. In his spare time, he participates in Special Olympics; he also enjoys going to movies and to a local pub from time to time. Discuss what aspects of this scenario are consistent/inconsistent with the social psychological concepts presented in this chapter. For those that are inconsistent, how might they be altered to become more consistent?

3. Do a time log for a few days. Record everything that you do from when you wake up until you go to bed. How much of your day is spent in activities that are dependent (you dependent upon another person), independent, or interdependent?
4. How would your life change if you were not allowed to make choices for yourself?

Key Terms

normalization	social role valorization
self-determination	interdependence
inclusion	integration

Examination Questions

Short answer/essay

5. Why has the quality of life concept received increased attention for people with disabilities?
6. In reflection of the 2004 Harris Survey, what change has occurred in the data?
7. Briefly describe the four essential characteristics of individual actions of a self-determined person.
8. What are Nirje's patterns of life and conditions of living which are in keeping with the principle of normalization, and how do these patterns relate to the provision of recreation services?
9. Compare and contrast Nirje's and Wolfensberger's definition of normalization as they relate to the provision of recreation services to people with disabilities.
10. What is the intent of normalization as it applies to the recreation service delivery system for people with disabilities?
11. In reflection of Wolfensberger's definition of social role valorization theory, describe the theory and its relationship to the provision of recreation services to persons with a disability.
12. Describe the self-determination process and discuss why it is important to allow the self-determining process to follow its own course.
13. Condeluci describes the Interdependence Paradigm. Discuss the actions of the interdependent paradigm as it can be used to promote and empower a person with a disability to take more charge of his or her recreation and leisure.
14. What is the difference between social and physical inclusion of people with disabilities? Why is social inclusion necessary for people with disabilities? Use the research discussed in the text to support your answer.

Multiple Choice

15. The initials QOL stand for: **ANSWER C**

- A. Quick Offerings of Leisure
- B. Quality of Leisure
- C. Quality of Life

16. Social role valorization theory advocates for each individual's right and responsibility: **ANSWER A**
- A. to assume a valued social role in society and society's obligation to allow individuals to pursue that role without constraint.
 - B. to assume a valued social role in personal life and society's obligation to allow individuals to pursue roles with little constraints.
 - C. to assume a valued social role in society and the individual's obligation to allow society to put forth adaptive role without constraint.
17. Individuals with high competency generally have: **ANSWER C**
- A. a neutral image, while those with low competency often are associated with neutral images as well.
 - B. a popular social image, while those with low competency often are associated with negative friendships.
 - C. a positive image, while those with low competency often are associated with negative images.
18. Self-determination and decision making have been described as: **ANSWER A**
- A. important considerations related to the facilitation of community-based recreation and leisure opportunities for people with disabilities
 - B. Important considerations related to the evaluation of community-based recreation and leisure opportunities for people with disabilities
 - C. Important considerations related to the funding of community-based recreation and leisure opportunities for people with disabilities

True/False

19. Behavioral autonomy refers to a person acting according to his/her priorities, free from any outside influences. **TRUE**
20. Self-determination is a fringe concept relative to fighting the leisure needs of people with disabilities. **FALSE**

YouTube Link

Inclusion is belonging 1:51 minutes

<http://www.youtube.com/watch?v=g9-XX9227ek>

NOTE: If link is inactive, search YouTube using the title above. Several options of person-centered "ethnographies" are available with the proper search terms related specifically to the terms used in the chapter.

Related Websites

Center on Self-Determination — Oregon Health Sciences University

<http://www.ohsu.edu/self-determination/selfdet.shtml>

Institute on Independent Living

<http://www.independentliving.org/index.html>

National Program Office on Self-Determination

<http://www.self-determination.org/>

Circle of Inclusion

<http://circleofinclusion.org/index.html>

On-Line Resources for Teachers – Inclusion

<http://www.ed.psu.edu/ci/ci412/inclusion.html>

Planning for Inclusion

<http://www.nichcy.org/pubs/newsdig/nd24txt.htm>

Chapter 4

Legislation

Chapter Overview

In this chapter, students are to develop an understanding of past and present legislation that affects people with disabilities to enable the students to understand the entire service delivery system, ensure protection of civil rights, and improve collaboration with other agencies and families. This chapter includes an overview of how ideas become laws and regulation and an overview of the most important recent laws.

Instructional Objectives

Upon completion of Chapter 4, students will be able to demonstrate:

1. Knowledge of how laws and regulations are determined and reauthorized.
2. Knowledge of P.L. 93-112, the Rehabilitation Act of 1973, and its reauthorization, the Rehabilitation Act Amendments of 1992 and 1993 (P.L. 102-569/P.L. 103-73).
3. Knowledge of P.L. 94-142, the Education of All Handicapped Children Act of 1975, and its reauthorizations, the Individuals with Disabilities Education Act (IDEA P.L. 101-476) of 1990, and the Individuals with Disabilities Education Act Amendments of 1997 (P.L. 105-17).
4. Knowledge of P.L. 100-146, the Developmental Disabilities and Bill of Rights Act Amendment of 1987, and its amendments in 1990, 1994, as well as those proposed for 1999.
5. Knowledge of P.L. 100-407, the Technology-Related Assistance for Individuals for Disabilities Act of 1988, and its reauthorization, the Assistive Technology Act of 1998 (ATA).
6. Knowledge of P.L. 101-336, the Americans with Disabilities Act of 1990.
7. Knowledge of the history of legislation in Canada related to people with disabilities.

Estimation of Time to Conduct Session/Chapter

An estimate of the proposed time to conduct Chapter 4 is two to three class periods lasting 50 minutes to 1 hour 15 minutes.

Learning Activities from Chapter

Items 1 – 5 found on page 119 of text

1. Identify state or provincial legislation that is similar to federal legislation discussed in this chapter.
2. Study the state or provincial legislation that you discover. How is it different from federal legislation? If state or provincial legislation needs to be more person-centered and consumer responsive, brainstorm ways that you can advocate for changes in your state/provincial legislation.
3. Identify your state's ADA coordinator. If you live in Canada, who is a similar governmental official in your province?
4. Consider each of the pieces of core legislation. How are they consistent with the concepts of self-determination, normalization, social role valorization, interdependence, and inclusion?
5. Find out when the next scheduled reauthorization of each of the pieces of core legislation is scheduled. Volunteer to assist an advocacy organization or your professional organization in the reauthorization process.

Key Terms

individualized plan for employment
 protection and advocacy systems
 assistive technology device

related services
 university-affiliated programs
 individualized education program

Examination Questions

Short answer/essay

1. Briefly describe two of the amendments outlined in the Rehabilitation Act Amendments of 1992 and 1993 (P.L. 102-569 and P.L. 103-73).
2. In August of 1998, President Clinton signed the Workforce Investment Act of 1998. What services were offered through this piece of legislation?
3. What are the major differences in P.L. 94-142, P.L. 101-476 (IDEA), and P.L. 105-17?
4. What is a “related service”?
5. When is it an ADA violation for city recreation departments to offer a segregated recreation program?
6. What are the titles of the ADA?
7. How are section 504 of the Rehabilitation Act and Public Law 101-336 alike?
8. The most recent reauthorization of the Technology-Related Assistant for Individuals with Disabilities Act of 1988 is the Assistive Technology Act of 1998 (ATA). Briefly describe the main purposes of the reauthorization.
9. Briefly trace the history of legislation in Canada related to people with disabilities.

Multiple choice

10. PL 93-112, Rehabilitation Act of 1973 addresses: **ANSWER C**

- A. work-related legislation against people with disabilities.
- B. orthopedic devices available to people with disabilities.
- C. discrimination against people with disabilities.

11. PL 93-112, Rehabilitation Act of 1973 is known as: **ANSWER B**

- A. minor civil rights legislation relating to new categories of disabilities (autism).
- B. the first major civil rights legislation relating specifically to people with disabilities.
- C. the first major civil rights legislation relating mostly to people with disabilities, can also included those who have not yet been diagnosed.

True/false

12. Ideas for laws come from anyone or anywhere. **TRUE**

13. The IEP includes: A statement of measurable annual goals, short-term objectives that enable child to be involved in and progress in the general curriculum. **TRUE**

YouTube Link

The Americans With Disabilities Act in Practice (Helping #7) 3:16 minutes

<http://www.youtube.com/watch?v=cBjvNYmUdjs&feature=related>

NOTE: If link is inactive, search YouTube using the title above. The term “helping # 7” relates to the specific link.

In order to get more options of links, delete that specific term when searching. Search using terms related to the terms used in the chapter.

Related Websites

Disability Legislation and Related Law

<http://www.icdi.wvu.edu/Others.htm#g2>

Information on Disability Legislation

<http://TheArc.org/misc/dislnkin.html#legislation>

Easter Seals — Legislation and Policy

http://www.seals.com/html/legislation___policy.html

Equality of Opportunity — The Making of the Americans with Disabilities Act

<http://www.ncd.gov/publications/equality.html>

Legislation and Legal Action

http://www.independentliving.org/Library/Library_Content13.html

Institute on Independent Living

<http://www.independentliving.org/>

Inventory of Disability Issues

<http://indie.ca/strategy/inventory.htm>

Legislation in Nova Scotia and Canada

<http://www.chebucto.ns.ca/Government/Legislation.html>

Chapter 5

Discrimination, Barriers, and Accessibility

Chapter Overview

In this chapter, students are to develop an understanding of barriers that exist in our society for people with disabilities and determine ways to eliminate these barriers. This chapter will focus on attitudinal barriers and attitude change, as well as physical barriers and ways to ensure a more physically accessible environment. Programmatic accessibility is also discussed in this chapter as the most subtle and least understood type of barrier or discrimination.

Instructional Objectives

Upon completion of Chapter 5, students will be able to demonstrate:

1. Knowledge of what is meant by the term “attitude.”
2. Knowledge of how negative attitudes toward people with disabilities have been perpetuated in our society.
3. Knowledge of Wolfensberger’s deviance roles which are often attributed to persons with disabilities
4. Knowledge of 3 ways to change negative attitudes toward people with disabilities.
5. Knowledge of what is meant by physical barriers for people with disabilities.
6. Knowledge of ways to remove physical barriers.
7. Knowledge of two types of accessibility as the term is applied to recreation.
8. Knowledge of the 5 types of reasonable accommodations and possible ways of making accommodations.
9. Knowledge of what a readily achievable standard is.

Estimation of Time to Conduct Session/Chapter

An estimate of the proposed time to conduct Chapter 5 is two to three class periods lasting 50 minutes to 1 hour 15 minutes.

Learning Activities from Chapter

Items 1-8 found on pages 146-147 of the text

1. List as many extrinsic barriers to recreation participation as you can. Which barriers on your list are easiest and which are hardest to change? Why?
2. Think of popular books, television shows, or movies that include people with disabilities. How are people with disabilities portrayed? How does the portrayal affect attitude formation and/or change?
3. What is one specific action that you can do to change someone’s negative attitude toward people with disabilities? Do it!
4. Conduct an accessibility survey using the ADAAG in Appendix A. What did you find? What was most surprising? What was most pleasing?
5. Plan an attitude change exercise that could be used in your class. Provide rationales to explain why you have planned the exercise in the particular way that you did. You may use the awareness exercise in Appendix B as an example.
6. As you walk around campus, try to find subtle examples of physical barriers that are often overlooked but are nonetheless problematic. Share your examples with fellow classmates and/or roommates.
7. Write to the Architectural and Transportation Barriers Compliance Board (ATBCB) and/or ask your local or state ADA coordinator or similar official in your province to obtain a copy of the outdoor accessibility standards. When they arrive, use them like the ADAAG in Appendix A to conduct an accessibility survey of an outdoor recreation area.
8. Visit a Y or other recreation agency for an hour or so to observe what is going on. What do you see that could be a programmatic barrier(s) for a person who has an intellectual disability?

Key Terms

programmatically accessibility	physical accessibility
physical barriers	attitudinal barriers
resource-related barriers	auxiliary aids and services
readily achievable standard	attitude

Examination Questions

Short answer/essay

1. McGovern (1992) noted several items that the ADA addressed as pervasive discrimination. List a minimum of five results of the enactment of the ADA.
2. Describe the two types of accessibility.
3. Explain three of Wolfsenberger's deviance roles attributed to people with disabilities.
4. What are two ways to alter negative attitudes toward people with disabilities?
5. List three of McGovern's five types of reasonable accommodations and identify one possible way to make an accommodation in each of the three types listed.

Multiple Choice

6. In relation to attitudinal behaviors/change: one of the easiest extrinsic barriers to detect is: **ANSWER B**
 - A. a positive attitude, also the easiest one to change.
 - B. a negative attitude, also a difficult one to change.
 - C. an aggressive attitude, also a difficult one to change.
7. Often predetermined perceptions become: **ANSWER A**
 - A. extrinsic barriers
 - B. social stratification
 - C. internal dialogues
8. Avoidance is often motivated by: **ANSWER A**
 - A. fear, discomfort, and an inability to see people with disabilities as people first.
 - B. a strategy that is used by young adults with developmental disabilities first.
 - C. an option for persons with disabilities to remain in the comfort of socially similar persons.
9. Attitude change occurs in three ways: **ANSWER B**
 - A. pointed and open interaction, cautious communication, and through assumption of disability
 - B. personal contact and interaction, persuasive communication and through assumption of disability
 - C. work-related contact and interaction, persuasive communication, and through observation of disability

10. Barrier removal includes strategies: **ANSWER A**

- A. Identifying various kinds of barriers that exist and identifying measures that can be taken to remove barriers and how best to remove them.
- B. Identifying barriers and taking personal measures to remove barriers and sharing with the city which is the best way to remove them.
- C. Identifying various kinds of barriers that exist and identifying funding sources that will remove barriers and how best to remove them.

True/False

11. Negative attitudes create major obstacles to the free movement of individuals within society. **TRUE**

12. Pity is productive. Pity and respect related on the same perspective of life. **FALSE**

YouTube Links

Disability Discrimination: Disabled/Enabled 1:01 minutes

<http://www.youtube.com/watch?v=QPzq3on2qiA&feature=related>

Barriers to Access 4:47 minutes

<http://www.youtube.com/watch?v=AsGAN2jigaY&feature=related>

NOTE: If link is inactive, search YouTube using the title above. Several options of physical challenges are available when using search terms related specifically to the terms used in the chapter.

Related Websites

National Recreation and Park Association

<http://www.nrpa.org>

National Council on Disability

<http://www.ncd.gov>

Society and Culture: Disabilities: Legal Issues

[http://asia.yahoo.com/society and cultures/disabilities](http://asia.yahoo.com/society_and_cultures/disabilities)

Society_and_Culture/Disabilities/Legal_Issues/

National Center on Accessibility

<http://www.indiana.edu/nca>

The National Rehabilitation Information Center —

Designing Accessible Web Pages

<http://www.naric.com/search>

WebABLE!

<http://www.yuri.org/webable>

National Centre on Accessibility

<http://www.indiana.edu/~nca>

Loken Consultants: Accessibility Legislation in Saskatchewan

<http://www.3.sk.sympatico.ca/loken/webdoc1.htm>

National Building Code of Canada website

http://www.nationalcodes.ca/nbc/index_e.shtml

Report to Council. Special Advisory Committee on Disability Issues,
December 20, 1999

<http://www.city.vancouver.bc.ca/ctyclerk/cclerk/000215/I.htm>

City of Edmonton Policy C463

<http://www.gov.edmonton.ab.ca/corp>

Building Access Act of Nova Scotia

<http://www.gov.ns.ca/legi/legc/statutes/buildacc.htm>

Government of Canada- Employment Equity Positive Measures Program

http://www.pscfc.gc.ca/centres/employment_equity/best_practices/docs_ee/agr-01_e.htm

Ontario Human Rights Commission: Submission of the Ontario Human Rights Commission Concerning Barrier-Free Access Requirements in the Ontario Building Code, March 2002

<http://www.ohrc.on.ca/english/publications/building-code-submission.shtml>

Specific Barriers to Web Access

<http://www.accessweb.ucla.edu/dis-web.htm>

About the Architectural Barriers Act and Other Disability Rights Laws

<http://www.access-board.gov/publications/about-aba/brochure.htm>

Barrier-free design standard # CAN/CSA-B651-95

http://alert.scc.ca/std_e/std6296.html

Creating playgrounds and community building projects and ideas

<http://boundlessplaygrounds.org>

Assistance in design and building of accessible playgrounds

<http://kaboom.org>

Assistance in design, building, and programming of universally accessible playgrounds

<http://shanesinspiration.org>

Chapter 6

Recreation, Special Recreation, and Therapeutic Recreation Programs for People with Disabilities: An Overview

Chapter Overview

Most people feel that recreation services for people with disabilities is therapeutic recreation, but it is not. Chapter 6 will trace recreation, special recreation, and therapeutic recreation from an historical perspective, and define and explain these concepts. This chapter is designed to make a clear delineation between recreation, therapeutic recreation, and special recreation services. Recreation is activities or experiences freely chosen for the intrinsic benefit. Recreation services as referred to in this text involves the provision of recreation programs and services for all people. No one is excluded and accommodations are made to facilitate and support participation. Recreation programs are staffed by general recreation professionals.

Special recreation is the provision of recreation programs and services to people with disabilities without particular thought to improving functioning. The use of recreation services is just like it would be for anyone else (i.e., beginning swimming for a person with a disability or people without a disability). Social and physical skills may improve while participating in swimming class, but that is not the reason for them participating in swimming nor is it the mandate of the agency. Special recreation services are designed to be an end in itself. These programs and services are usually provided in segregated settings, exclusively for persons with disabilities. Special recreation programs are usually staffed by therapeutic recreation professionals.

Therapeutic recreation is the use of recreation to facilitate the development, maintenance, and expression of functional skills. It is a clinical or treatment service and it is used as a means to an end. The means to an end argument is that the end is being a better functioning individual and the means is recreation (socially, physically, cognitively, and emotionally). Therapeutic recreation programs are staff by certified therapeutic recreation specialists.

Instructional Objectives

Upon completion of Chapter 6, the students will be able to demonstrate:

1. Knowledge of the difference between recreation, special recreation programs and services, and therapeutic recreation.
2. Knowledge of difference between treatment services and diversionary recreation services.
3. Knowledge of mandated or supermandated recreation services.

Estimation of Time to Conduct Session/Chapter

An estimate of the proposed time to conduct this chapter is approximately two class periods lasting 50 minutes to 1 hour and 30 minutes.

Learning Activities from Chapter

Items 1-4 found on page 168 of the text

1. To make sure you understand the material in this chapter, tell your mom, siblings, boy/girlfriend, roommate, or someone else the difference between therapeutic recreation and special recreation. Encourage them to ask questions and to probe for more detail. Not only will you see how clearly you understand, but you may also discover issues or questions that were neither covered in class nor in the text. This is one way that you can become a more active participant in your learning.
2. Ms. Hortense Williams was cited in this chapter as an early advocate for recreation services for people with disabilities. Go to the library and try to find evidence of other early advocates (prior to 1940) for recreation services for people with disabilities. Look in magazines, journals, newspapers, newsletters, etc. How many examples did you find? Where did you find them? What was the general message?

3. Conduct a mini-research project during spring/fall break or on a weekend. Ask members of your family and some of your friends and their families the following questions: a. When you introduce yourself to someone, how do you do it? b. If you could do anything right now, what would it be? Pay attention to the way work and leisure come up or do not come up. What can you infer from your "research"? Are the responses different for different members of your family (i.e., your grandmother and your sister)?
4. Based on your reading of the text so far, why would the authors prefer inclusive rather than special recreation services? How could therapeutic recreation potentially not be person-centered?

Key Terms

work	leisure
recreation	therapeutic recreation
special recreation	inclusive recreation
diversional recreation	

Examination Questions

Short answer/essay

1. What is the difference between special recreation services and therapeutic recreation services?
2. What is the value of providing recreational opportunities to people with disabilities in naturally occurring environments rather than in special, segregated settings?
3. Describe how settings in which recreation services have been provided in the past have added to the confusion of differentiating between special recreation and therapeutic recreation.

Multiple Choice

4. Recreation is described as: **ANSWER C**
 - A. play opportunities freely chosen for health benefits.
 - B. experiences and skills freely demonstrated for intrinsic benefit.
 - C. activities or experiences freely chosen for intrinsic benefit.
5. Janet Pomeroy is known for being an: **ANSWER A**
 - A. early advocate for provision of recreation services for people with disabilities, created the San Francisco Recreation Center for the Handicapped.
 - B. west coast advocate for provision of recreation services for people with disabilities, created the Santa Barbara Recreation Center for the Ill and Infirm.
 - C. east coast advocate for provision of recreation services for people with disabilities, created the New York City Recreation Center for the Ill and Infirm.
6. After WWI (during the twentieth century) the primary organization that provided diversional recreation, hospital wards/convalescent centers was: **ANSWER C**
 - A. Pink Ladies of American Hospitals
 - B. Care and Conversation Division of the Veterans Administration
 - C. American Red Cross

True/False

7. Therapeutic Recreation = medically optional use of recreation experiences by qualified professionals with a minimum of two years experience. **FALSE**
8. It is the person, not the professional, who is at the center of recreation or therapeutic recreation programs and services! **TRUE**

YouTube Links

The Janet Pomeroy Center 8:32 minutes
<http://www.youtube.com/watch?v=NarGQ02Z7X0&feature=related>

Wounded Warrior Project 2:28 minutes
<http://www.youtube.com/watch?v=ePWmuDT5tnA&feature=related>

NOTE: If link is inactive, search YouTube using the title above. Several options of organizations and federal programs advancing recreation are available using search terms related specifically to the terms used in the chapter.

Related Websites

Recreation Integration Victoria
<http://www.islandnet.com/riv/homepage.html>

Northern Suburban Special Recreation Association
<http://www.nssra.org./about/index.htm>

Saskatchewan Abilities Council
<http://www.abilitiescouncil.sk.ca/main/html/services/recreational/index.htm>

Welcome to Therapeutic Recreation
<http://www.co.fairfax.va.us/rec/trs/pg1%5Fwelcome.htm>

Virginia Recreation and Park Society — Therapeutic Recreation Section
<http://www.vwc.edu/vrps/tr/tr.htm>

American Therapeutic Recreation Association Code of Ethics
<http://www.atra-tr.org/ethics.html>

Therapeutic Recreation
<http://www.ed.gov/offices/OSERS/RSA/>

Take Back Your Time
<http://www.timeday.org>

<http://Right2Vacation.org>

The Janet Pomeroy Center
<http://www.janetpomeroy.org>

Chapter 7

Cross Disability Topics

Chapter Overview

In this chapter, students are to develop an understanding of negative implications associated with making assumptions about a person with a disability based upon their disability. This chapter explores the controversy that surrounds the use of categorical labels that stigmatize, stereotype, and reflect a prejudicial attitude toward individuals with disabilities. In addition, the authors discuss issues that cut across various disabling conditions, including severe multiple disabilities, life-span and disability, diversity, poverty and unemployment, friendships, and families.

Instructional Objectives

Upon completion of Chapter 7, students will be able to demonstrate:

1. Knowledge of possible negative as well as positive implications of labeling individuals with disabilities.
2. Knowledge of the concept of self-fulfilling prophecy.
3. Knowledge of severe multiple disabilities and its population characteristics.
4. Knowledge of the three life cycle stages and disability (preparation, establishment and culmination) described by Horna (1994) and how these periods relate to the provision of recreation and leisure for people with disabilities.
5. Knowledge of the relationship between disability, dimensions of diversity (ethnicity, gender) and recreation and leisure.
6. Knowledge of the relationship between disability, poverty and unemployment and recreation and leisure.
7. Knowledge of certain types and values of assistive technology for people with disabilities.
8. Knowledge of the importance of friendships in the lives of people with disabilities.
9. Knowledge of common barriers that make it difficult for people with disabilities to make friends.
10. Knowledge of benefits and constraints to family recreation participation in families that include a person or people with disabilities.

Estimation of Time to Complete Session/Chapter

An estimate of the proposed time to conduct Chapter 7 is 1-2 class period(s) lasting 50 minutes to 1 hour and 15 minutes.

Learning Activities from Chapter

Items 1-4 found on pages 197 - 198 of the text

1. Identify some recreation programs within your community. Discuss how they could be more sensitive to gender and ethnicity for both people with disabilities and people without disabilities.
2. Think of a situation in your life when you have treated someone a certain way based on who you thought he was, based on prior knowledge of that person's family, that person's appearance, etc. Discuss this with your classmates.
3. Discuss how some movies are good examples of stereotyping and labeling. Can you think of examples of labeling in books?
4. Talk with an older relative or friend of your family who may be providing caregiving support for someone with a disability and/or older member of their family to find out how much time they spend in that caregiving role. Ask about what this caregiver does for recreation and if he has any time where he can "get away" for a break in his caregiving responsibilities (usually referred to as "respite").

Key Terms

labeling	classification
assistive technology	self-fulfilling prophesy
stereotypes	friendship
diversity	family
severe multiple disability	life span
ethnicity	gender
self-negotiation	care-giver

Examination Questions

Short answer/essay

1. Discuss three positive and three negative implications of labeling.
2. Explain the concept of self-fulfilling prophesy and how it relates to labeling individuals with disabilities.
3. Describe Horna's three life cycle stages and explain their relationship to the provision of recreation and leisure for people with disabilities.
4. Explain the relationship between disability, gender, and recreation.
5. Explain the relationship between disability, poverty and unemployment, and recreation.
6. Describe four common barriers to making friends for people with disabilities and identify ways to overcome these barriers.
7. What is the best way to create environments which are conducive to family recreation in families where one or more members have a disability?

Multiple Choice

8. Horna's Life cycle stages are divided into three distinct categories: **ANSWER C**
 - A. infancy, establishment, and culmination.
 - B. preparation, trial through error, and culmination
 - C. preparation, establishment, and culmination
9. Diversity – a fact that is widely recognized in the recreation and health fields: **ANSWER A**
 - A. Little attention has been paid to the issue of disability and cultural diversity.
 - B. Much attention has been paid to the issue of disability and cultural diversity.
 - C. On and off attention has been paid to the issue of disability and cultural diversity.
10. Diversity: **ANSWER A**
 - A. Known as a very broad issue.
 - B. Known as a very specific issue especially as it relates to disabling conditions.
 - C. Known as a very broad issue in relation to disabled veterans.

True/False

11. Important issue to be addressed in relation provision of services for people with disabilities. **TRUE**
12. Examples of relationship between disability, diversity, and recreation: ethnicity and gender. **TRUE**

YouTube Link

I define me! 1:07 minutes
<http://www.youtube.com/watch?v=opgUMJTXYTYY&feature=related>

NOTE: If link is inactive, search YouTube using the title above. Several options of person-centered “ethnographies” are available with the proper search terms related specifically to the terms used in the chapter.

Related Websites

Language and Disability
<http://www.une.due.au/eo/talk.html#talk6>

An Analysis of Labels for People with Learning Disabilities
<http://www.soton.ac.uk/~psyweb/staffpages/rer/JCPLABS.html>

The Choice Initiative: Working with People with Severe, Profound, and Multiple Learning Disabilities
<http://www.mentalhealth.org.uk/ldchoice.htm>

International Day of the Disabled Person — poverty
<http://www.dpa.org.sg/DPA/publication/dpipub/winter96/dpi11.htm>

National Resource Center
<http://web.syr.edu/~thechp/nrc.htm>

Meeting the Unique Needs of Minorities with Disabilities: A report to the President and the Congress
<http://www.ncd.gov/publications/minority.htm>

Disability and Diversity: New Leadership for a New Era
http://www.dinf.org/pres_com/pres-dd/intor.htm

The Ability OnLine Support Network
<http://www.ablelink.org/public/default.htm>

Disability — Women, Gender, and Disability
<http://www.nau.edu/~wst/access/disab/disabart.html>

Rehabilitation Research and Training Center (RRTC) on Aging With a Disability
<http://www.usc.edu/go/awd/RTC.html>

The Sibling Support Project
<http://www.chmc.org/departmt/sibsupp/>

Chapter 8

People with Intellectual and Developmental Disabilities

Chapter Overview

In this chapter, students are to develop an understanding of people with intellectual and developmental disabilities. The chapter provides an overview of the newest definition of intellectual disability established by the American Association on Intellectual and Developmental Disabilities (AAIDD). Students will be provided information on the diagnosis and classification of intellectual and developmental disabilities. This chapter will also provide an overview of the etiology of intellectual and developmental disabilities and possible characteristics exhibited by some individuals. In addition, the authors discuss practical ideas for working with this population in the area of recreation and leisure. This discussion is followed by sections on the implications of recreation and issues of health and safety in the provision of recreation and leisure services to people with mental retardation.

Instructional Objectives

Upon completion of Chapter 8, students will be able to demonstrate:

1. Knowledge on the proceedings from the Montreal PAHO/WHO International Conference on Intellectual Disability.
2. Knowledge of American Association on Intellectual and Developmental Disabilities (AAIDD).
3. Knowledge of Cerebral Palsy from the National Dissemination Center for Children with Disabilities (NICHCY).
4. Knowledge of Autism from the National Dissemination Center for Children with Disabilities (NICHCY).
5. Knowledge of the meaning and focus of adaptive behavior and its significance to intellectual disabilities.
6. Knowledge of the functional levels of intellectual disabilities.
7. Knowledge of the level of support required for a person to be classified as having intellectual disabilities.
8. Knowledge of the etiology and causes of intellectual disabilities.
9. Knowledge of difference between intellectual disabilities and a developmental disability.
10. Knowledge of characteristics of some individuals with intellectual disabilities.
11. Knowledge of best practices for working with persons with intellectual disabilities in the area of recreation and leisure.
12. Knowledge of implications for recreation as well as health and safety issues in the provision of recreation and leisure services to individuals with intellectual disabilities.

Estimation of Time to Conduct Session/Chapter

An estimate of the proposed time to conduct this chapter is one to two class periods lasting 50 minutes to 1 hour and 15 minutes.

Learning Activities from Chapter

Items 1-4 found on page 223 of the text

1. Discuss some challenges that might result in trying to include an adolescent with ID into a community recreation activity such as a soccer league. How would you go about overcoming these challenges?
2. How could you go about including an adult with ID in a weekly chess group?
3. Discuss in a group any contact you have had with people with ID and developmental disabilities. What was your initial reaction to the individual(s)? What were the circumstances? What were other people's reactions?

4. How could the principle of normalization be applied to people with ID and developmental disabilities to ensure dignity for all people? Is there any way the application of this principle might backfire? If so, how?

Key Terms

mental retardation	adaptive behavior
intellectual disability	developmental disability
conceptual skills	Autism
social skills	practical skills
etiology	organic and non-organic ID
Cerebral Palsy	

Examination Questions

Short answer/essay

1. How and why did the definition of mental retardation change?
2. What is the definition of intellectual disability?
3. What are the four types of cerebral palsy and what are characteristics of each type?
4. List the three distinctive behaviors of Autism.
5. Describes the five diagnostic categories within the autistic spectrum disorders.
6. How is adaptive behavior measured?
7. What are the four main recent theories related to the causes of Autism?
8. List the signs of Autism and how they impact recreation service/program delivery.
9. List and describe the four level of support required to identify an individual as having an intellectual or developmental disability.

Multiple Choice

10. Adaptive behavior, includes “three types of skills,” these are: **ANSWER A**
 - A. conceptual skills, social skills and practical skills.
 - B. functionally adaptive skills, psychological skills and practical skills.
 - C. conceptual skills, social skills and memorization skills.
11. Four recent “cause” theories of Autism are: **ANSWER B**
 - A. Thimerosal, single inhaler dose vaccines, genetics, and the internal environments of “sick” buildings.
 - B. Thimerosal, multiple-dose vaccines, genetics, and the environment.
 - C. Dyes from artificial colors, single-dose vaccines, genetics, and the environment.
12. Intellectual disabilities are characterized by the levels of support required. The four include the following: **ANSWER C**
 - A. minimal support, moderate support, variable support, and pervasive support.
 - B. evolving support, moderate support, substantial support, and consistent support.
 - C. no support, minimal support, substantial support, and pervasive support.

13. There are three main types of Cerebral Palsy. They are: **ANSWER B**

- A. Spastic CP, Athetoid CP, and Scissor Style CP
- B. Spastic CP, Athetoid CP, and Mixed CP
- C. Spastic CP, Atrophy CP, and Mixed CP

14. Spastic CP is described as: **ANSWER B**

- A. intermittent muscle tone or tightness.
- B. too much muscle tone or tightness.
- C. too much ligament tone or skeletal tightness.

True/false

15. Autism is characterized by three distinctive behaviors. 1) Difficulties with social interaction. 2) Problems in verbal and non-verbal communication. 3) Exhibit repetitive behaviors or narrow obsessive interests. **TRUE**

16. With the disabling condition of Autism, there is an ongoing debate on the cause of increase in the diagnosis. **TRUE**

17. Athetoid CP (also called dyskinetic CP) involves fast, controlled body movements and low muscle tone that makes it hard for the person to sit straight and walk. **FALSE**

YouTube Links

Our Life With Autism / Asperger's 3:10 minutes

<http://www.youtube.com/watch?v=JR03uSFQf6Y&feature=related>

Cerebral Palsy Remix 4:09 minutes

<http://www.youtube.com/watch?v=5Co5JwOcGfU>

i have a voice 4:24 minutes

http://www.youtube.com/watch?v=t_0K-gPlyb0&feature=fvw

NOTE: If link is inactive, search YouTube using the titles above. Several options of person-centered "ethnographies" are available with the proper search terms related specifically to the terms used in the chapter.

Chapter 9

People with a Physical Disability

Chapter Overview

In this chapter, students will develop an understanding of a variety of physical disabilities in order to provide them with some sense of the nature of physical disabilities. This chapter includes information on the following physical disabilities: arthritis, traumatic brain injury, multiple sclerosis, muscular dystrophy, poliomyelitis, post polio syndrome, spina bifida, and spinal cord injuries. Information is included in this chapter regarding things students might want to do when working or interacting with people with physical disabilities. The chapter also provides information regarding personal aids and devices used by people with physical disabilities. In addition, the authors have also provided a section related to implications for recreation among people with physical disabilities.

Instructional Objectives

Upon completion of Chapter 9, students will be able to demonstrate:

1. Knowledge of causes, characteristics, and types of arthritis.
2. Knowledge of causes and characteristics of traumatic brain injury.
3. Knowledge of causes and characteristics of multiple sclerosis.
4. Knowledge of causes, characteristics, and types of muscular dystrophy.
5. Knowledge of causes and characteristics of poliomyelitis and post polio syndrome.
6. Knowledge of causes, characteristics, and types of spina bifida.
7. Knowledge of causes and characteristics of spinal cord injuries.
8. Knowledge of practical consideration and suggestions for the provision of recreation and leisure services to persons with a physical disability.
9. Knowledge of implications for recreation with individuals with a physical disability.

Estimation of Time to Conduct Session/Chapter

An estimate of the proposed time to conduct this chapter is two to three class periods lasting 50 minutes to 1 hour and 15 minutes.

Learning Activities from Chapter

Items 1-4 found on page 246 of the text

- 1, Choose one specific physical disability (e.g., muscular dystrophy). Discuss the considerations for including a person with your selected disability in a community recreation program of your choice.
- 2, Discuss how the recreation needs of a person with a spinal cord injury might change from childhood to adulthood.
- 3, Discuss how the concept of social role valorization could be applied when developing recreation programs that would include people with physical disabilities.
- 4, Try to identify areas where advances in technology would serve to assist people with physical disabilities and where it might present barriers.

Key Terms

arthritis	osteoarthritis
rheumatoid arthritis	juvenile arthritis
traumatic brain injury	multiple sclerosis
poliomyelitis	muscular dystrophy
post polio syndrome	spina bifida
paraplegia	quadriplegia

Examination Questions

Short answer/esssay

1. What is the difference between osteoarthritis and rheumatoid arthritis?
2. What are the physical effects of a traumatic brain injury?
3. Who is most often affected by multiple sclerosis and why?
4. Describe the condition known as Muscular Dystrophy.
5. What is the cause of poliomyelitis and what are characteristics of the disease?
6. Spina Bifida is described as?
7. Describe the condition known as Post Polio syndrome.
8. Differentiate between the four different types of Spina Bifida.
9. Distinguish between paraplegia and quadriplegia.
10. What is the major limitation for many people with physical disabilities and what modifications can be made to ensure that an individual with a physical disability can participate in a recreational activity?
11. How can you decide which recreation activity is appropriate for a person who:
 - a. has spina bifida
 - b. has a spinal cord injury
 - c. has multiple sclerosis
 - d. has arthritis
12. List some of the dos and don'ts in the use of wheelchairs.

YouTube Links

Rec Center PSA Arthritis – Pool Therapy 2:28 minutes
<http://www.youtube.com/watch?v=zZDWY7Jzd0o>

Acquired Brain Injury: Teens Talking to Teens 3:42 minutes
<http://www.youtube.com/watch?v=OVfP9wBwVU8&feature=related>

MS and Exercise - Part 1 2:24 minutes
<http://www.youtube.com/watch?v=73MNYGsPzqQ&feature=related>

Paralympic Sport TV Trailer 2008 2:08 minutes
<http://www.youtube.com/watch?v=KT6FST2Cpt0&feature=channel>

Kayla Wheeler One Amazing Young Lady 4:50 minutes
<http://www.youtube.com/watch?v=dRAoQS7xLEI&feature=related>

INSIDE SPORTS - Wheelchair Rugby - (AKA Murderball) 3:43 minutes
<http://www.youtube.com/watch?v=ea0wO34pBQg>

Chapter 10

People with Visual Impairments

Chapter Overview

In this chapter, students will develop an understanding of the nature and extent of visual impairments. The chapter explores different levels of visual capability, as well as causes and types of visual impairments. The chapter also outlines various things to consider in the provision of recreational and leisure services to individuals with visual impairments. In addition, the authors provide sections detailing implications for recreation and health and safety issues for this population.

Instructional Objectives

Upon completion of Chapter 10, students will demonstrate:

1. Quality of vision (visual impairment) referred to as what four items?
2. Knowledge of various levels of visual capability (tunnel vision, legally blind, and totally blind).
3. Knowledge of various causes of visual impairments.
4. Knowledge, different types of visual impairments (cataracts, glaucoma, retinitis pigmentosa, diabetic retinopathy, and retrolental fibroplasia).
5. What is the importance of the uses of additional senses when working with individuals with visual impairments?
6. Knowledge of considerations to be made when interacting with people who have visual impairments. What might you do when interacting?
7. Knowledge of implications for providing recreation services to individuals with visual impairments.
8. Knowledge of health and safety issues related to people with visual impairments.

Estimation of Time to Conduct Session/Chapter

An estimate of the proposed time to conduct this chapter is one to two class periods lasting 50 minutes to 1 hour and 15 minutes.

Learning Activities from Chapter

Items 1-4 found on pages 260 - 261 of the text

1. To practice guiding techniques, blindfold a partner. Guide your partner in various settings, such as outdoor trails, swimming pools, and recreation facilities.
2. Obtain information from your local parks and recreation agency. Review the material to determine whether it is accessible to people with visual impairments (e.g., large print, audio tape, etc.). If it is not accessible, decide how it could be made to meet the needs of people with various levels and types of visual impairments.
3. Choose four or five games or activities that you feel a person who is blind would have difficulty participating in. Discuss how the games or activities could be modified to include a person who is blind while still providing the experience sighted people would expect.

4. Construct a log of one of your recent days. Analyze how much of your activity required sight. Discuss how/if these activities could be modified for a person who is blind.

Key Terms

acuity	field
field of vision	tunnel vision
legally blind	totally blind
cataracts	glaucoma
retinitis pigmentosa	diabetic retinopathy
retrolental fibroplasias	visual impairment

Examination Questions

Short answer/essay

1. Differentiate between acuity and field.
2. Explain the difference between tunnel vision, total blindness, and legal blind.
3. Briefly describe one of the five types of visual impairments discussed in class.
4. If you had only a few minutes to tell a recreation colleague about visual impairments, what would you include about general characteristics, tips to remember, assistive devices, etc.

Multiple Choice

5. Low vision is a general term that describes: **ANSWER B**
 - A. a minor loss of vision that may be hereditary and whose onset may be stress induced or adventitious.
 - B. a serious loss of vision that may be hereditary and whose onset may be congenital or adventitious.
 - C. a minor loss of vision that may be drug reaction induced and whose onset may be after diagnosis.
6. Blindness can be caused by: **ANSWER A**
 - A. diseases, aging, or accident.
 - B. seasonal illnesses, aging, or accident.
 - C. congenital conditions, aging, or accident.
7. Glaucoma is a condition that often results in: **ANSWER B**
 - A. partial blindness.
 - B. permanent blindness.
 - C. pigmentosa blindness.

True/False

8. A person who is legally blind is one whose vision in the better eye, even with glasses or contact lenses, is no better than 20/200. **TRUE**
9. Cataracts are a primary cause of blindness, especially for children under eight years of age. **FALSE**
10. Vision provides people with a great deal of information about their environment and it is not the only source of information. **TRUE**

YouTube Links

Perspective of a blind student 3:32 minutes

<http://www.youtube.com/watch?v=7cP7VqtOLcs&feature=related>

Blind Students Climbs Machu Picchu play for - 9:44 actual minutes

<http://www.youtube.com/watch?v=hfvacSIgYBE&feature=related>

Related Websites

Resources on Visual Disability

<http://www.icdi.wvu.edu/Others.htm#g4>

Visual Impairment Related Sites

http://omni.cc.purdue.edu/~alps/visual_sites.html

Special Education Exchange General Links

<http://www.spedex.com/text/resource/links/general.htm>

Office of Special Education — Visually Impaired

<http://curry.edschool.virginia.edu/go/specialed/categories/vi.html>

University of Kentucky — Visual Impairment Sites

<http://serc.gws.uky.edu>

Chapter 11

People with Hearing Loss

Chapter Overview

In this chapter, students will develop an understanding of the nature and extent of people with a hearing impairment. The chapter provides information about the categories and classifications of hearing loss, as well as causes of hearing loss. Information is also provided about the degrees and effects of hearing loss. Additionally, the authors outline various methods people with hearing loss generally use to communicate with others. The chapter has a section that will assist the student in working or interacting with individuals who have a hearing impairment. Implications for recreation and health and safety issues for persons with hearing loss are also addressed in this chapter.

Instructional Objectives

Upon completion of Chapter 11, students will be able to demonstrate:

1. Knowledge of categories of hearing loss.
2. Knowledge of classifications of hearing loss.
3. Knowledge of degrees and effects of hearing loss.
4. Knowledge of various methods of communication used by people with hearing loss.
5. Knowledge of implications for recreation with individuals with hearing loss.
6. Knowledge of health and safety issues to consider when working with persons who have hearing loss.

Estimation of Time to Conduct Session/Chapter

An estimate of the proposed time to conduct this chapter is one to two class periods lasting 50 minutes to 1 hour and 15 minutes.

Learning Activities from Chapter

Items 1-4 found on page 273 of the text

1. Find out where you can take an American Sign Language (ASL) course. We encourage you to take such a course because it will help you to facilitate the inclusion of people with hearing losses into recreation programs.
2. Do a telephone survey of recreation-related agencies in your area. Determine which of them have TTYs and if any have people on staff who are able to speak ASL. Ask what the agencies' policies are relative to funding for interpreters so that people with hearing losses can be included in their programs.
3. Carry on a conversation in small groups, with each person taking a turn wearing ear plugs and the rest of the group speaking very quietly. After each turn, ask the person with the assumed hearing loss what the group did well to facilitate communication and what they could have done better.
4. Choose a few different recreation activities. Analyze what barriers to communication a person who is deaf might experience in trying to participate in the given activity. Identify some strategies for counteracting the barriers identified.

Key Terms

“hard of hearing”	deaf
hearing loss	speechreading or lipreading
signing	cued speech
text telephone (TTY)	decibel

Examination Questions

Short answer/essay

1. What are program implications and needs for a person who has moderate hearing loss? mild? severe?
2. Briefly discuss one method of communication typically used by a person with a hearing loss.

Multiple Choice

3. The presence of a hearing loss implies: **ANSWER C**
 - A. a split in the physiological mechanisms of hearing and the verbal skill of speaking.
 - B. a break down in the communicative mechanisms of hearing.
 - C. a break down in the physiological mechanisms of hearing.
4. A decibel is a unit used to measure: **ANSWER B**
 - A. the interactivity of sounds.
 - B. the intensity of sounds.
 - C. the intensity of sounds in relation to the ability of the inner ear to receive sound.
5. Cued speech is: **ANSWER B**
 - A. an adaptive phone known as a TTY-based system.
 - B. a phonemically based system.
 - C. signing with finger spelling-based system.
6. Hearing loss is classified as: **ANSWER C**
 - A. infant loss, young adulthood loss, or adulthood loss
 - B. minimal, mono-audiologic, or bilateral loss.
 - C. mild, moderate, or severe

True/False

7. Hearing impairment: general term used to describe and encompass all types of loss, ranging from very mild to profound deafness. **TRUE**
8. Hearing loss is the second most common disability among Americans next to cancer. **FALSE**
9. Depending on the degree of hearing loss, the person actually might hear speech if it is clear and might also speak clearly. **TRUE**
10. External noise distractions have little impact on person with hearing impairments. **FALSE**

YouTube Links

Causes and Types of Hearing Loss 1:05 minutes
<http://www.youtube.com/watch?v=lioNIbtFxSY>

Deaf Awareness Video 1:31 minutes
http://www.youtube.com/watch?v=a8CCZJ_dwdI&feature=related

Notebook: MP3 Players 1:04 minutes
<http://www.youtube.com/watch?v=e0CjGFXtnJY&feature=related>

Related Websites

Alexander Graham Bell Association for the Deaf
<http://www.agbell.org/>

American Speech-Language-Hearing Association
<http://www.asha.org/index.htm>

National Cued Speech Association
<http://www.cuedspeech.org/>

Laurent Clerc National Deaf Education Center
<http://clerccenter.gallaudet.edu/index.asp>

National Association of the Deaf NAD
<http://www.nad.org/>

National Technical Institute for the Deaf
<http://ntidweb.rit.edu>

Self-Help for Hard of Hearing People, Inc.
<http://www.shhh.org/>

Chapter 12

People with Mental Illness

Chapter Overview

In this chapter, students will develop an understanding of the nature and extent of mental illness. The chapter provides a definition of mental illness and discusses the two main divisions of mental illness. The main causes of mental illness are explored as well as brief descriptions of different types of mental illness. The authors also provide a section where myths surrounding mental illness are tackled and refuted. Considerations of things students could do to support individuals with mental illness in our society are given, as well as implications for recreation participation and health and safety issues.

Instructional Objectives

Upon completion of Chapter 12, students will be able to demonstrate:

1. Knowledge of the definition of mental illness.
2. Knowledge of the two main divisions of mental illness (psychosis and neurosis).
3. The ability to distinguish between mental illness and mental retardation.
4. Knowledge of the three main causes of mental illness.
5. Knowledge of different types of mental illness.
6. Knowledge, myths of mental illness and the facts refuting them.
7. Knowledge of things that can be done to incorporate people with mental illness in recreation programs.
8. Knowledge of implications for recreation with people with mental illness.
9. Knowledge of health and safety issues in recreation environments with individuals with mental illness.

Estimation of Time to Conduct Session/Chapter

An estimate of the proposed time to conduct this chapter is two to three class periods lasting 50 minutes to 1 hour and 15 minutes.

Learning Activities from Chapter

Items 1-3 found on page 288 of the text

1. Discuss the similarities and differences between mental illness and mental retardation. Write out how you would explain this information to a friend or relative.
2. Notwithstanding the unidentified needs of individuals with mental illness with whom you may work, how might recreation programming differ for a person with anorexia nervosa as compared to a person who exhibits signs of depression?
3. Assume that you are the program coordinator for a local recreation complex that houses a swimming pool, a gymnasium, an arts and crafts room, and a weight room. How could you structure your programs to ensure that people with mental illnesses would feel comfortable using your facility?

Key Terms

mental illness	psychosis
neurosis	comorbidity
depression	manic depression
schizophrenia	anxiety disorders
eating disorders	bipolar disorder
catatonic schizophrenia	paranoid schizophrenia
disorganized schizophrenia	undifferentiated schizophrenia
residual schizophreniaphobia	panic disorder
cognitive theories	avoidance theories
anorexia nervosa	bulimia nervosa

Examination Questions

Short answer/essay

1. What potential concerns would you have as a recreation director about including persons who have been previously or currently labeled mentally ill? What are the implications of inclusion/exclusion?
2. Describe in detail barriers that inhibit access of individuals with mental illness to recreation programs.
3. The benefits of play and positive leisure for person's experiencing mental illness included?
4. Implications of leisure in relation to the facilitation of recreation and leisure for those with mental illness include?

Multiple Choice

5. The initials DSM-IV from the American Psychiatric Association stand for: **ANSWER C**
 - A. Diagnostic and Safety Manual of Mental Diagnostic Categories.
 - B. Diagnostic and Safety Manual of Multiple Personalities.
 - C. Diagnostic and Statistics Manual of Mental Disorders.
6. Schizophrenia is a psychotic illness in which individuals experience: **ANSWER C**
 - A. harassment, abnormal emotions, impaired judgment, and behavioral insecurities.
 - B. hallucinations, directed emotions, impaired thinking, and behavioral abnormalities.
 - C. hallucinations, abnormal emotions, impaired thinking, and behavioral changes.
7. Anxiety disorders include: **ANSWER A**
 - A. phobias, panic disorders, and obsessive compulsive disorders.
 - B. paranoia, panic delusions, and obsessive competitive disorders.
 - C. phobias, panic disorders, and obsessive complaint disorders.
8. Mental illness can be: **ANSWER A**
 - A. treated and often cured with proper diagnosis and treatment.
 - B. treated and often cursed with improper diagnosis and treatment.
 - C. treated and often abated with a variety of diagnosis and treatment.

9. Co-morbidity is best described as an: **ANSWER B**

- A. overlap of three or more medical and mental disorders in a single patient.
- B. overlap of two or more medical disorders in a single patient.
- C. overlap of two un-related and difficult to treat disorders in a single patient.

10. Three main causes of mental illness are: **ANSWER C**

- A. behavioral disorder, early young adult experience, and one who cannot cope with a stressful situation.
- B. biological disorder, early young adult experience, and one who occasionally copes with a stressful situation.
- C. biological disorder, early childhood experience, and one who cannot cope with a stressful situation.

11. Depressive disorders are usually viewed as a: **ANSWER A**

- A. continuum determined by frequency, duration, and severity of symptoms.
- B. continuous disorder relating to function, duration, and variety of the symptoms.
- C. continuum determined by the function, duration, and variety of the symptoms.

12. Most treatment of depression combines: **ANSWER C**

- A. psychological intervention combined with some level of psychotherapy.
- B. pharmacologic intervention combined with some level of psychiatry.
- C. pharmacologic intervention combined with some level of psychotherapy.

True/False

13. Predisposing factor is a specific event that may cause mental illness. **FALSE**

14. Precipitating factor is a condition that causes onset. **FALSE**

15. Mental illness is not a developmental disability and does not directly impact intellectual capacity. **TRUE**

16. Psychoses is best described as: delusions, hallucinations, disturbances in the thinking process, serious limitations in judgment and insight, and inability to objectively evaluate reality. **TRUE**

17. Neuroses—more common and less severe include: major depression, feelings of tenderness or anxiety, phobias, and objective behavior. **FALSE**

18. Eating disorders are serious, life-threatening illnesses in which people have a premonition with food and a rational fear of becoming fat. **FALSE**

19. Eating disorders present extremely complex challenges with respect to treatment. Typically involve medical, psychological, and interpersonal issues. **TRUE**

YouTube Links

Mental Illness Stigma Commercial (job interview) 1:01 minutes
http://www.youtube.com/watch?v=Dw_I-G1smoo

Mental Illness Stigma Project (no laughing matter) 1:26 minutes
<http://www.youtube.com/watch?v=C0BFzvjkdcc&NR=1&feature=fvwp>

Change A Mind About Mental Illness (friends, family) 1:09 minutes
<http://www.youtube.com/watch?v=WUaXFIANojQ&feature=related>

What if I told you?... (Canada – young adults- no sound) 51 seconds
<http://www.youtube.com/watch?v=AGYseZ0OrvQ&NR=1>

Mental health or illness (Famous people) 2:03 minutes
<http://www.youtube.com/watch?v=sEFILhNF1M4&feature=related>

Related Websites

Disorders and Treatments—Depression
<http://depression.cmhc.com/>

Illness Health Care Information Resources—Depression Links
<http://www-hsl.mcmaster.ca/tomflem/depress.html>

Schizophrenia.com
<http://www.schizophrenia.com/>

Schizophrenia Resource Links Page
<http://www.well.com/user/tow/schizosph.htm>

Anxiety Disorders Association of America
<http://www.adaa.org/>

The Anxiety Panic Internet Resource—Tapir
<http://www.algy.com/anxiety/index.html>

American Anorexia Bulimia Association, Inc.
<http://www.aabainc.org./home.html>

Eating Disorders Online
<http://www.kathy-on-the-edge.com/>

National Alliance for the Mentally Ill
<http://www.nami.org/fact.htm>

What is Stigma?
http://hna.ffh.vic.gov.au/acmh/mh/mental_illnesses/stigma.htm

Chapter 13

Recreation Services

Chapter Overview

In this chapter, students are to develop an understanding of the distinction between recreation that includes people with disabilities and therapeutic recreation. The chapter will discuss what currently occurs in various public recreation programs, highlighting both segregated and integrated/inclusive programs. Chapter 13 will also look at both organizational and individual issues that encourage and inhibit access to recreation programs and services. This chapter will conclude with a review of issues pertinent to recreation services for people with disabilities.

Instructional Objectives

Upon completion of Chapter 13, students will be able to demonstrate:

1. Knowledge of statutory and ethical mandates in the provision of recreational services for people with disabilities.
2. Knowledge of the importance of the provision of full accessibility to recreation programs for individuals with disabilities.
3. Knowledge of how the structure of organizations can either encourage or discourage the provision of inclusive recreation services.
4. Knowledge of the most appropriate process to achieve full programmatic accessibility in recreation and leisure services.
5. Knowledge of the three key elements of the full accessibility process - participant profile, activity profile, and adaptation.
6. Knowledge of the three basic forms of adaptations.
7. Knowledge of potential problems that individuals with disabilities may encounter in order to participate in recreational activities: advertising, participant fees and charges, transportation, legal liability, training, and use of volunteers.

Estimation of Time to Conduct Session/Chapter

An estimate of the proposed time to conduct this chapter is two to three class periods lasting 50 minutes to 1 hour and 15 minutes.

Learning Activities from Chapter

Items 1-8 found on page 332 of the text

1. Think of two examples of segregated recreation programs that would not be violations of the ADA. Explain to a classmate why they are appropriate segregated programs.
2. Get an organizational chart from your local parks and recreation department or some other public or quasi-public recreation agency. Examine it. How does the structure of the organization promote inclusive or segregated services? Give specific examples.
3. Collect examples of advertising from a local recreation agency. Review it for terminology, inclusion, accessibility statement, etc.
4. Interview a special recreation and a regular recreation staff person. What are their similarities/differences in perception, interests, etc.?
5. Write an essay on the pros and cons of providing segregated versus inclusive recreation services.

6. Pick something you enjoy. Do an activity profile, paying particular attention to the skills and capabilities needed to participate.
7. Use the AADAG standards to conduct an accessibility survey of a recreation facility. Found in Appendix A of text, pages 467-485
8. Design a training program for a recreation agency that wants to move away from segregated recreation services and move toward inclusive opportunities.

Key Terms

physical accessibility	full accessibility
activity profile	programmatic accessibility
adaptation	legal liability
participant profile	negligence
legislative mandate	inclusion

Examination Questions

Short answer/essay

1. What are benefits of making recreation programs accessible to people with disabilities?
2. How does the way organizations are structured encourage or discourage the provision of inclusive recreation services for people with disabilities?
3. Describe the three key elements of the full accessibility process.
4. During the inclusion process there are three basic forms of adaption – what are they?
5. Differentiate between legal liability and negligence.

Multiple Choice

6. The National Therapeutic Recreation Society is dedicated to the four inclusion concepts of: **ANSWER A**
 - A. right to leisure, quality of life, support and accommodations, and barrier removal.
 - B. right to play opportunities, quality of life, support and acceptance, and barrier removal.
 - C. right to leisure, quality of life, education and accommodations, and adaptive equipment.
7. The three-step process for inclusion includes: **ANSWER B**
 - A. agency profile, staffing profile, and activity adaption.
 - B. participant profile, activity profile, and adaption.
 - C. participant profile, staffing profile, and adaption.
8. Deinstitutionalization is best described as: **ANSWER B**
 - A. People with disabilities voluntarily moved from institutional and restrictive environments to more exclusive communities.
 - B. People with disabilities were moved from institutional and restrictive environments to hopefully more inclusive communities.
 - C. People with disabilities were transferred from institutional to educational skilled locations that were more inclusive.

9. Lack of transportation will be a major factor in: **ANSWER C**

- A. limiting the locations available for people with disabilities to run private recreation.
- B. enhancing the specialty access of people with disabilities in recreation.
- C. limiting the access of people with disabilities to community recreation participation.

True/False

10. Providing recreation services for people with disabilities automatically means that services provided are necessarily therapeutic recreation services. **FALSE**
11. The American with Disabilities Act (ADA) expects that inclusive services will be provided so that people with and without disabilities will have at least 80 percent access to the same kinds of opportunities and choices. **FALSE**
12. Including people with disabilities in the fabric of society strengthens and sometimes challenges the community and its group members. **FALSE**
13. Long before the ADA, there was an ethic of inclusiveness that was evident in North America. **TRUE**
14. For equal opportunity to become a reality in recreation service provision, full physical and programmatic accessibility must be accomplished. **TRUE**
15. Besides being legislatively mandated, making programs accessible to people with disabilities has both social and practical benefits. **TRUE**
16. The methods and procedures used to publicize are important but not as important as the response from the clientele. **FALSE**

YouTube Links

Inclusion is Belonging 1:51 minutes

<http://www.youtube.com/watch?v=g9-XX9227ek>

Inclusion is Change 2:37 minutes

<http://www.youtube.com/watch?v=4iFQeVdTyNs&feature=related>

Related Websites

None for this chapter

Chapter 14

Therapeutic Recreation

Chapter Overview

In this chapter, students are to develop an understanding of the therapeutic nature of recreation. This chapter includes a working definition of therapeutic recreation and explores various models that describe the therapeutic recreation process. Chapter 14 also describes the process of characterizing therapeutic recreation services and synthesizes principles of person-centeredness, inclusion, and self-determination as they relate to models and practice of therapeutic recreation.

Instructional Objectives

Upon completion of Chapter 14, students will demonstrate:

1. Knowledge of the values of recreation and therapeutic recreation for individuals in many areas of functioning (i.e., physical health and health maintenance, cognitive functioning, psychosocial health, growth and development, personal and life satisfaction, and societal and health care systems).
2. Knowledge of the variety of ways therapeutic recreation has been defined in the literature.
3. Knowledge of the core components of therapeutic recreation (i.e. purpose and direction, enhancement of functioning, quality of life, wellness, and optimal health as core concerns).
4. The ability to describe four models for the way therapeutic recreation interventions are organized and conceptualized (i.e., The Leisure Ability Model, The Health Protection/Health Promotion Model, The Therapeutic Recreation Outcome Model, Therapeutic Recreation Service Delivery Model, Self-Determination and Enjoyment Enhancement, Optimizing Lifelong Health through Therapeutic Recreation (OLH-TR), Leisure and Well-Being Model (LWM) and the Leisure-Spiritual Coping Model)
5. Knowledge of core components or themes of models of therapeutic recreation services and interventions (i.e. a continuum of growth and intervention, a belief in the strengths and abilities of the individual, increasing freedom and self-determination, decreasing therapist control, and increasing involvement and participation in the natural community or inclusion).
6. Knowledge of the phases of the therapeutic recreation process (i.e., assessing the individual and her world, planning the intervention, implementing the intervention, planning for transition, evaluating the intervention).
7. Knowledge of guidelines to follow regarding assessments (i.e., seek input from the individual, assess the physical and human environment as well as the individual's skills and needs, remain focused upon the individual's goals for how she would like to function in her life, and assess strengths, abilities, and desires as well as deficits and needs).
8. Knowledge of phases and components in the design of a complete intervention plan (i.e., stating the desired outcome, developing the intervention strategy, sequencing and structuring the intervention, documenting the intervention plan).
9. Knowledge of commonly utilized therapeutic recreation intervention modalities (i.e., cognitive-behavioral training, relaxation training, adventure/risk recreation, social skills and relationship training, community resource education, community integration interventions, assertiveness training, cognitive training, fitness and health education, and adapted activity skills).
10. Knowledge of various aspects of therapeutic recreation interventions that may be evaluated (i.e., attainment of identified goals, effectiveness of the intervention over time, clients and families' satisfaction with services, and cost effectiveness of services).

Estimation of Time to Conduct Session/Chapter

An estimate of the proposed time to conduct this chapter is two to three class periods lasting 50 minutes to 1 hour and 15 minutes.

Learning Activities from Chapter

Items 1-4 found on page 374-375 of the text

1. Arrange a visitation to a facility that provides therapeutic recreation/recreation therapy services in a community-based setting and a facility that provides treatment from a health care perspective. Discuss with each recreation therapist how they implement the therapeutic recreation process. Discuss the similarities and differences at each facility.
2. Think about someone you know who has a disability or a long-term illness. Divide a piece of paper into two columns, labeled “strength and abilities” and “deficits and disabilities.” Describe a therapeutic recreation intervention for the person, basing your ideas only on the “deficits and disabilities” list. Then, describe an intervention basing your ideas only on the “strengths and abilities” list. Finally, design an intervention based upon information on both lists. How would you evaluate the relative merits of each intervention? What happens when we look only at disability? What happens when we fail to consider the impact of the disability? What happens when we take into account both simultaneously?
3. Interview someone who has gone through treatment or rehabilitation. What changes did he or she experience due to the disability or illness? How did life change? Ask your respondent to discuss how his or her health care treatment changed as well as the health care provider’s response to him or her as a patient. Finally, ask your respondent to identify the most helpful and the least helpful aspect of his or her treatment. What did you learn from your interview?
4. Interview professionals from several different health care disciplines, for example—physical therapy, nursing, occupational therapy, psychology, speech therapy, physical medicine, psychiatry, creative arts therapy, or social work. Ask your respondents, “What do you understand about the profession of therapeutic recreation/recreation therapy and the services they provide?” Ask them to discuss what they know about therapeutic recreation, if it is practiced in the setting in which they work, and how it fits into the total rehabilitation picture. What do you observe about how people from other health care disciplines view therapeutic recreation/recreation therapy? Do you believe that their perceptions are accurate? How might a recreation therapist go about educating other staff members about therapeutic recreation/recreation therapy?

Key Terms

therapeutic functioning	assessment
therapeutic recreation	standardized assessment
holistic process	leisure education
quality of life	enhancement of functioning
APIE	leisure ability model
certification	registration
code of ethics	licensure

Examination Questions

Short answer/essay

1. Describe the values of recreation and therapeutic recreation for individuals with disabilities in many areas of functioning.
2. Describe two ways therapeutic recreation has been defined in the literature.
3. List and briefly explore the core components of therapeutic recreation.
4. Identify the four models for the way therapeutic recreation interventions have been organized and conceptualized, and provide an in-depth discussion of two of those models.

5. What are the five core components or themes of models of therapeutic recreation services and interventions?
6. What are the phases of the therapeutic recreation process?
7. Briefly describe the guidelines to follow when conducting therapeutic recreation assessments.
8. What are four components to keep in mind when designing a complete intervention plan?
9. Briefly describe three commonly-utilized therapeutic recreation intervention modalities.
10. What are various aspects of therapeutic recreation interventions which may be evaluated?

Multiple Choice

11. Professional associations advance the profession. The initials ATRA stand for: **ANSWER A**
 - A. American Therapeutic Recreation Association
 - B. Assistive Therapeutic Recreation Activities
 - C. American Therapeutic Recreation Activity Association
12. Therapeutic recreation developed from two distinct origins: **ANSWER B**
 - A. Recreation as a means for physical justice and recreation as a means of trust and resources.
 - B. Recreation as a means for social justice and recreation as a means of treatment or rehabilitation.
 - C. Recreation as a means for social justice and recreation as a means of equal adaptive equipment.
13. The TR process is a clinical approach, commonly referred to as APIE. The acronym stands for: **ANSWER B**
 - A. Alignment, plan, interpret, and evaluate.
 - B. Assessment, plan, implement, and evaluate.
 - C. Assessment, prepare, implement, and evolve program development.
14. Included to ensure an outcome (goal) is accomplished three criteria must be clarified: **ANSWER A**
 - A. condition, behavior, and criteria.
 - B. client, behavior, and custom equipment.
 - C. condition, baseline functioning, and criteria for adaption.

True/False

15. Nearly all models are founded on: unexpressed assumptions and values, present diverse implications, potent consequences depending on the context in which they are applied. **TRUE**
16. A goal is typically a sequence of steps leading to a goal. **FALSE**
17. Behavior objectives are expected outcomes determined between the client and the TR. **FALSE**

YouTube Links

I Am A Recreational Therapist – APIE (Clinical & Community) 2:08 minutes
<http://www.youtube.com/watch?v=3UFfRCvRp7o&feature=related>

Recreational Therapy (Sample Populations) 2:00 minutes
<http://www.youtube.com/watch?v=m4NLihm7EDA&feature=related>

Therapeutic Recreation Commercial (Will You???) 2:50 minutes
<http://www.youtube.com/watch?v=M9m03Iu2x5A&feature=related>

I'm Going to Major in Recreational Therapy! (Student Finding Self Through RT Major) 5:04 minutes
<http://www.youtube.com/watch?v=TVkf-gxainY&feature=related>

Related Websites

Therapeutic Recreation Directory
<http://www.recreationtherapy.com>

American Therapeutic Recreation Association
<http://www.atra-tr.org/>

Alberta Therapeutic Recreation Association
<http://www.alberta-tr.org>

Therapeutic Recreation Branch—Ontario
<http://www.prontario.org/branches/therptc.htm>

Project TRAIN — Therapeutic Recreation Access to the Internet
<http://perth.uwlab.edu/hper/RM-TR/TRAIN.html>

Project TRIPS—Therapeutic Recreation in Public Schools
<http://perth.uwlab.edu/hper/RM-TR/TRschool.htm>

National Therapeutic Recreation Society, an affiliate of the National Recreation and Park Association.
<http://www.nrpa.org>

(Currently a re-organization of the “parent” association in progress. A search of the link in the coming years may render a different name for the interest area of Therapeutic Recreation or a different level of affiliation)

Chapter 15

Sports and People with Disabilities

Chapter Overview

In this chapter, students are to develop an understanding of the history of sports for people with disabilities. The chapter also provides information related to the benefits that can be derived from participating in sports. Possible benefits include enhanced fitness and physical health (including muscular strength and endurance, cardiovascular endurance and flexibility), skill enhancement, and psychological and social benefits, such as perceived competence and socialization. The delivery system of sports for people with disabilities is also explored in this chapter. Examples of delivery systems of sports for people with disabilities are Paralympic Games, Special Olympics, and Wheelchair Sports. The chapter also provides information regarding controversial issues about the most appropriate manner in which to deliver sport-related services to people with disabilities.

Instructional Objectives

Upon completion of Chapter 15, students will be able to demonstrate:

1. Knowledge of history of sports for people with disabilities.
2. Knowledge of benefits of sports participation for people with disabilities.
3. Knowledge of various organizations and programs developed to provide training and competitive sports opportunities for people with disabilities.
4. Knowledge of common goals of sport organizations for athletes with a disability.
5. Knowledge of the mission of Special Olympics.
6. Knowledge of the rationale for the 10% rule in Special Olympics.
7. Knowledge, philosophy and classification system of Wheelchair Sports.
8. Knowledge of criticisms of Special Olympics related to the principle of normalization.
9. Knowledge of the rationale for developing the Unified Sports Program.
10. Knowledge of the difference between the International Association of Sports for the Mentally Handicapped (INAS-FMH) and Special Olympics.

Estimation of Time to Conduct Session/Chapter

An estimate of the proposed time to conduct this chapter is one to two sessions lasting 50 minutes to 1 hour 15 minutes.

Learning Activities from Chapter

Items 1-3 found on page 403 of the text

1. Read the sports pages in your local newspaper. Identify a minimum of five different positive images of athletes. Are there any negative images? If so, what are they? Is there any coverage of athletes with disabilities?
2. Using the information from the conceptual cornerstones chapter, discuss the positive and negative aspects of Special Olympics and Wheelchair Sports.
3. Participate in a wheelchair basketball game or obstacle course. Discuss your feelings about the experience.

Key Terms

Paralympic games	Special Olympics
Wheelchair sports	10 percent rule
sport Canada	medical classification
normalization	integration
reverse integration	

Examination Questions

Short answer/essay

1. Describe three benefits of sports participation for people with disabilities.
2. Describe three common goals of sports participation for people with disabilities.
3. What is the overall mission of Special Olympics?
4. Explain the 10 percent rule used in Special Olympic competitions.
5. Briefly describe the classification system used for Wheelchair Sports.
6. What are the major criticisms of Special Olympics?
7. Describe the concept of reverse integration in sports for people with disabilities.

Multiple Choice

8. In North America, which organization was the first one for disabled athletes? **ANSWER A**
 - A. The American Athletic Association for the Deaf (AAAD).
 - B. The National Wheelchair Athletic Association (NWAA).
 - C. The International Sports Organization for the Disabled (ISOD).
9. The Year of the Disabled was: **ANSWER B**
 - A. 1990
 - B. 1981
 - C. 1976 (the bicentennial year)
10. According to Depauw (1988), the benefits of exercise derived from sport participation by people with disabilities are: **ANSWER C**
 - A. radically different from those of people without disabilities.
 - B. marginally different from those of people without disabilities.
 - C. similar to those of people without disabilities.
11. Special Olympics uses three criteria are used to classify athletes: **ANSWER C**
 - A. chronological age, gender, and possible sport performance.
 - B. Genetic age, gender, and previous sport performance.
 - C. Age, gender, and previous sport performance.
12. Benefits of sport participation for individuals with disabilities include three main outcomes: **ANSWER B**
 - A. increased range of motion in lower extremities, skill enhancement, and psychological/social benefits.
 - B. exercise, skill enhancement, and psychological/social benefits.
 - C. increase in gross motor and fine motor flexibility, skill enhancement, and psychological/social benefits.

True/False

13. Both in the USA and Canada, there is serious consideration of joining the Paralympic games and Special Olympics in one united sporting event focusing on persons with disabilities. **FALSE**

14. In Canada, all sport organizations for people with disabilities who have affiliation with both a national and international organization are a part of Sport Canada, which is the body that funds and monitors amateur sport in Canada. **TRUE**

YouTube Links

Historical Overview - Special Olympics Canada 2:53 minutes
http://www.youtube.com/watch?v=_5oLEuvRLv8

Special Olympics (personal perspective) 42 seconds
<http://www.youtube.com/watch?v=5Y9k-U67FNg>

Trailer - ParalympicSport.TV 2009 (a taste of the games) 1:38 minutes
<http://www.youtube.com/watch?v=30gTUVoEMtg&feature=channel>

Vancouver 2010 - Become a Fan - Trailer (a taste of the games) 1:32 minutes
<http://www.youtube.com/watch?v=W5vBRk-BvJg&feature=related>

Related Websites

Australian Sports Commission Disabilities Program
<http://www.ausport.gov.au/participating/disability>

Canadian Special Olympics
<http://www.specialolympics.ca/>

Center for Social Development and Education
<http://www.csde.umb.edu/>

International Paralympic Committee
<http://rrtc.tecsinc.com/>

Rehabilitation Research and Training Center on Aging
with Developmental Disabilities
<http://rrtc.tecsinc.com/>

Special Olympics
<http://www.specialolympics.org/>

Steadward Centre for Personal and Physical Achievement
<http://www.steadwardcentre.org/>

Chapter 16

Leisure Education

Chapter Overview

This chapter highlights some of the leisure education models and processes that have been developed and provides an overview of some of the innovative leisure education programs which have been developed in both the United States and Canada during the past decade.

Instructional Objectives

Upon completion of Chapter 16, students will be able to demonstrate:

1. Knowledge of what is meant by leisure education.
2. Knowledge of components incorporated in most leisure education models.
3. Knowledge of Bullock, Mahon, Killingsworth (2010) definition and focus of leisure education.
4. Knowledge of the conceptual model for leisure education.
5. Knowledge of the awareness domain of leisure education.
6. Knowledge of leisure awareness, self-awareness, awareness of resources.
7. Knowledge, skill learning, and rehearsal domain of leisure education.
8. Knowledge of the three components of skill learning and rehearsal: leisure activity skills, community skills, and social/communication skills.
9. Knowledge of the self-determination domain of leisure education.
10. Knowledge of the 3 components of self-determination: decision-making, leisure planning, and self-regulation.
11. Knowledge of the Decision-Making in Leisure Model and its implementation steps.
12. Knowledge of benefits of leisure education for people with disabilities.

Estimation of Time to Conduct Session/Chapter

An estimate of the proposed time to conduct this chapter is two to three sessions lasting 50 minutes to 1 hour 15 minutes.

Learning Activities from Chapter

Items 1-3 found on page 438 of the text

1. Have the class discuss which components of the leisure education model are most important for them, in terms of overcoming barriers and achieving a satisfying lifestyle.
2. Organize the class into small groups. Ask each group to take one component of the person-centered leisure education model and come up with exercises that could be used with people with disabilities to deal with needs that relate to the specific component.
3. Drive or walk around your home community and determine what recreation opportunities exist. Identify which opportunities you were aware of and which you were not.

Key Terms

leisure education	leisure awareness
self-awareness	awareness of resources
skill learning and rehearsal	leisure activity skills
community skills	social/communication skills
self-determination	decision-making
independent leisure initiation	leisure planning
self-regulation	

Examination Questions

Short answer/essay

1. Describe components incorporated in most leisure education models.
2. Describe the conceptual definition for leisure education developed by Bullock Mahon and Killingsworth.
3. Describe the three components of the awareness domain of leisure education and provide an example of each.
4. Describe the three components of the skill learning and rehearsal domain of leisure education and provide an example of each.
5. Describe the self-determination process and discuss why it is important to allow the self-determining process to follow its own course.
6. Describe the four steps involved in the Decision-Making in Leisure Model that was developed by Mahon (1990).
7. What are the processes for facilitating leisure planning in a leisure education program?

Multiple Choice

8. Leisure education is designed to meet the needs: **ANSWER C**
 - A. of individuals and groups.
 - B. of groups interested in similar recreation.
 - C. of individuals.
9. Leisure Education is a: **ANSWER A**
 - A. dynamic process
 - B. consistent process
 - C. radical process
10. Leisure education process is composed of the following three categories: **ANSWER C**
 - A. assessment, skill adaption and rehearsal, and self-determination.
 - B. actualized potential, skill learning and rehearsal, and self-determination.
 - C. awareness, skill learning and rehearsal, and self-determination.
11. Through leisure education a person develops: **ANSWER C**
 - A. an understanding of recreation and leisure.
 - B. an understanding of self and peers.
 - C. an understanding of self and leisure.

True/False

12. Leisure education is a process rather than content. **TRUE**
13. Bullock, Mahon, Killingsworth (2010) were the second set of authors to provide a person centered definition of leisure education. **FALSE**

YouTube Links

Leisure vs. Lazy 2:45 minutes

<http://www.youtube.com/watch?v=GMx1Mg4xAdw&feature=related>

NOTE: If link is inactive, search YouTube using the title above. Options of related to describing leisure may be available with search terms related specifically to the terms used in the chapter.

Related Websites

World Leisure and Recreation Association International

Charter for Leisure Education

<http://www6.huji.ac.il/cosell/wlra/charter.htm>

Recreation and Leisure Time as Part of the Transition Program
for Individuals with Disabilities

<http://www.coe.ufl.edu/special/florida/leisure.htm>

Recreation and Leisure Resource List

<http://www.nau.edu/ihd/aztap/recreation.html>

Leisure Information Network — Leisure Education

<http://www.lin.ca/findrs.htm>

Chapter 17

A Framework for Action: Professionals and People with Disabilities

Chapter Overview

In this chapter, students will develop an understanding of the concepts of advocacy, self-advocacy, inclusive communities, and technology as they relate to the provision of recreation services for people with disabilities. The chapter concludes with a historical and conceptual review of the guiding principles of the book.

Instructional Objectives

Upon completion of Chapter 17, students will be able to demonstrate:

1. Understanding of initiative Healthy People 2010.
2. Knowledge of the definition of advocacy.
3. Familiar with National Council on Disabilities focus of further research.
4. Knowledge of the six principles of advocacy by Knitzer.
5. Knowledge of Austin's five types of advocacy.
6. Knowledge of factors which contribute to the success of advocacy participation.
7. Knowledge of the definition of self-advocacy.
8. Knowledge of specific ways that an effective (inclusive) community deals with conflict and leads to the resolution of challenging issues.
9. Knowledge of Assistive Technology Act "Tech Act" (Public Law 105-394)
10. Knowledge of factors which contribute to self-determination.

Estimation of Time to Conduct Session/Chapter

An estimate of the proposed time to conduct this chapter is one to two class periods lasting 50 minutes to 1 hour and 15 minutes.

Learning Activities from Chapter

Items 1-7 found on page 459-460 of the text

1. Identify advocacy and professional organizations at the local, state/provincial, and national levels that share similar interests with recreation and therapeutic recreation. Do not forget to include self-advocacy and disability support groups or organizations. Review their materials and/or attend a meeting to discover possible shared purposes and avenues for collaboration.
2. Select and read one of the federal reports referenced in this chapter.
3. Contact the state Assistive Technology Department and investigate the services and resources available in your state.
4. Contact a community recreation department or a therapeutic recreation department that relies on a large number of volunteers. Together with an inclusive recreation specialist develop an inservice or training on important points to working with people with disabilities.
5. Select an article from a current TRJ or ATRA Annual and relate the research to the National Council of Disabilities' recommendations for future research.
6. Contact a local rehabilitation center and ask if you can have a tour of the facility and be introduced to the types of assistive technology their facility uses to assist clients in community reintegration.

7. During National Therapeutic Recreation Week, plan with people with disabilities an event that creates awareness and promotion of people with disabilities.

Key Terms

advocacy	community
self-advocacy	case advocacy
internal advocacy	community advocacy
professional advocacy	professional advocacy
legislative advocacy	self-determination
healthy people 2010	assistive technology

Examination Questions

Short answer/essay

1. Discuss Austin's five types of advocacy.
2. Knitzer identifies six principles of advocacy. Describe each principle.
3. What is self-advocacy and what are two limitations to individual self-advocacy?
4. Discuss recent technological advances that provide information about and for people with disabilities.
5. Discuss factors which continue to inhibit the full inclusion of individuals with disabilities in our society.

Multiple Choice

6. Self-Determination is best described as: **ANSWER B**
 - A. engaging in agency-directed, self-regulated, and monogamous behavior.
 - B. engaging in goal-directed, self-regulated, and autonomous behavior.
 - C. engaging in goal-directed, agency-regulated, and autonomous behavior.
7. Legislative advocacy attempts to influence or change: **ANSWER B**
 - A. policies and procedures that affects the lives of people with disabilities.
 - B. legislation that affects the lives of people with disabilities.
 - C. legislation that takes in to account the organizations working with people with disabilities.
8. Internal advocacy takes place when: **ANSWER A**
 - A. policies and practices are addressed that are directly related to the specific department or facility.
 - B. consists of an individual or group of people within the same geographic location coming together to address common concerns.
 - C. consists of members of specific organizations advocating for their clients, profession, services, or practice.

True/False

9. Advocacy is inherently political. **TRUE**
10. Advocacy efforts focused on institutional successes produced and individual advancements. **FALSE**
11. Advocacy, most effective when focused on general disability issues affecting small segments at a time. **FALSE**

YouTube Links

Self-Determination Defined 8:32 minutes

<http://www.youtube.com/watch?v=jBTmiXh-Dtw&feature=related>

Self Determination Part I 8:00 minutes

<http://www.youtube.com/watch?v=GSOO1j4q0rs>

Self Determination Part II 7:59 minutes

<http://www.youtube.com/watch?v=P17hU1NnUWU&feature=related>

Related Websites

Mental Disability Rights International

<http://www.mdri.org/>

Consortium for Citizens with Disabilities Home Page

<http://www.c-c-d.org/>

The International Center for Disability Resources on the Internet

<http://www.icdri.org/legal/natpai.html>

The Institute for Community Inclusion

<http://communityinclusion.org/>

Partnerships in Assistive Technology

<http://www.pat.org>

Adaptive Sports Foundation

<http://adaptivesportsfoundation.org>

Appendix A

The Americans with Disabilities Act Checklist for Readily Achievable Barrier Removal
Checklist for Existing Facilities – description on page 464 of text
Purpose of this Checklist – description on page 464 of text
Technical Requirements – description on page 465 of text
What this Checklist is Not – description on page 465 of text
Priorities – description on page 465 of text
Priority 1: Accessible entrance into the facility.
Priority 2: Access to goods and services.
Priority 3: Access to rest rooms.
Priority 4: Any other measures necessary.
How to Use this Checklist – description on page 465 of text
Get Organized
Obtain Floor Plans
Conduct the Survey
Summarize Barriers and Solutions
Make Decisions and Set Priorities
Maintain Documentation
Follow Up

Additional Information

To obtain additional copies of this checklist for existing facilities, contact our Disability and Business Technical Assistance Center. To find out the name and number of your regional center, call 1-800-949-4ADA or refer to Fact Sheet 6. This checklist may be copied as many times as desired by the Disability and Business Technical Assistance Centers for distribution to small businesses but may not be reproduced in whole or in part and sold by any other entity without written permission of the authors.

Disability and Business Technical Assistance Centers
<http://www2.ed.gov/programs/dbtac/index.html>

Additional Web Link—Americans with Disabilities Act

<http://www.adata.org/Static/Home.aspx>

The ADA National Network provides information, guidance and training on the Americans with Disabilities Act (ADA), tailored to meet the needs of business, government and individuals at local, regional and national levels. The ADA National Network consists of ten Regional ADA National Network Centers located throughout the United States that provides personalized, local assistance to ensure that the ADA is implemented wherever possible. We are not an enforcement or regulatory agency, but a helpful resource supporting the ADA's mission to "make it possible for everyone with a disability to live a life of freedom and equality."