



Utilizing Structured Activities to Enhance Learning: a Review of Recreational Therapy Services From a Global Perspective

Alexis McKenney¹, Candace Ashton², Monique Garcia¹

¹Florida International University; ²University of North Carolina Wilmington (United States of America)
mckenney@fiu.edu, ashtonc@uncw.edu, msgarcia@fiu.edu

1. Introduction

Presently, there are approximately 600 million people throughout the world classified as having a disability, and that number is increasing [1]. The World Health Organization (WHO), which was formed by the United Nations in 1948, set in motion a global view of health from a holistic approach. The WHO parlayed this effort into the development of a standardized form of communication within healthcare by publishing the *International Classification of Functioning, Disability and Health (ICF)*. The aim of the *ICF* is “to provide a unified and standardized language and framework for the description of health and health-related states” [2]. Central to the *ICF* model is the goal of using an integrative model, one that incorporates aspects of both the medical and social models. By doing so, one must look at the importance of all aspects of a person’s life when looking at disability, including recreation and education as cooperative human service providers.

Structured and unstructured recreational activities have been shown to improve an individual’s functional and learning abilities, recreation skill attainment, and social learning [3]. Despite progress in the area of *inclusion*, individuals with disabilities continue to be excluded from recreation activities in all settings in the U.S. and internationally [3]. A model for how to combine the education and recreation services can be found in a law specific to the U.S. referred to as the Individuals with Disabilities Education Act (IDEA). The IDEA requires that all states and territories provide a free and appropriate public school education in the least restrictive environment to all children ages 3 to 21, regardless of abilities. This paper presents an argument for the provision of structured and adapted recreational activities as a mechanism for transcending culture and geography. These activities are offered through the profession of recreational therapy (RT) in combination with education services as a mechanism for improving, and advocating for, the lives of individuals with disabilities across international education settings.

2. Recreational Therapy

Within the U.S., RT is a growing profession comprised of approximately 23,000 Recreational Therapists (RTs) employed in settings ranging from rehabilitation facilities to schools [4]. RTs use activity and community based interventions to improve the physical, cognitive, emotional, social, and recreation needs of their participants [5]. RTs teach life skills that are necessary for full community participation; therefore, they incorporate a participant’s interests into program planning to assist them in achieving outcomes needed when functioning in real life situations.

RT grounds its practice in a variety of theoretical paradigms that serve as guides for services for people with disabilities, including: health, leisure, inclusion, and strengths-based practice [6]. *Health* is defined as a state of complete physical, social and mental well-being, and not merely the absence of disease [2]. *Leisure* is viewed as the quality of an activity or experience and is characterized by freedom and intrinsic motivation [7, 8] and as an experience that inherently promotes health [9]. *Inclusion* centers on the argument students with disabilities should be provided with the same life experiences as people without disabilities [6]. The *strengths-based perspective* is solution focused and is based on the idea that all people are resilient, resourceful, have the ability to develop competencies [10].

3. Recreational Therapy and U.S. Schools

Recreation was identified as a relevant aspect of public education as early as 1916 [11]. Mandated services and related services are outlined in the IDEA. Related services (e.g., psychology, physical therapy, recreation [including RT]) are those services considered to be developmental, corrective, or other supportive, and are provided to assist students with disabilities in meeting the goals of an Individual Education Plan (IEP), progressing in education curricula, and participating in school and inclusive extracurricular activities [12]. Recreation services include assessment of leisure functioning, leisure education, RT services, and recreation programs in schools and communities, all with the outcomes being specific to helping students achieve educational goals [13]. Because students are documented as being better prepared for academic activities as a result of receiving recreation as a related service, recreation is provided when a student’s IEP team (e.g., teacher, related service providers) determines that IEP goals can be met through the provision of recreation-related services, such as RT [14].

When offered as a related service, recreation can help students develop the skills necessary for functional development [11]. For example, when recreation activities are planned based on individual student goals, they assist with the learning of academic, decision-making, problems-solving skills [11], and appropriate social and communication skills [15].

Research has shown that these services are primarily offered to students who are diagnosed as having emotional and behavioral disorders, developmental disabilities, and/or multiple disabilities [15, 16]. These studies,



furthermore, revealed that RTs generally work in self-contained classrooms. Recreation services identified included: (a) assessment and planning, (c) direct service interventions, and (d) evaluation.

3.1 Assessment and Planning

When a student is assessed, information is gathered and analyzed for the purpose of program placement [17]. RTs use assessment tools evaluate behavioral, physical, and affective functioning, recreation participation patterns, and students' level of education and recreation participation [14]. In addition, an RT might review a student's educational records, interview the student, parent(s), teachers, and/or community RT service providers, conduct observations, and administer standardized assessment tools [11]. Results are then presented to the IEP team who then plan for recreation to be provided as a related service.

3.2 Direct Service Intervention

Direct service interventions include RT, leisure education, and school and community recreation participation. RT services involve the implementation of goal-oriented activities designed to improve students' functional abilities and are planned based on educational goals set as part the IEP. Because RTs are positioned to serve as consultants to teachers, parents, and community RT providers, it is logical to call upon them to facilitate recreation services in least restrictive environments, including school and community agencies. RTs locate school and community recreation resources, assess students' strengths and needs, recommend accommodations, and provide students' direct support that facilitates independent functioning. Furthermore, RTs facilitate transition-planning activities designed to help students move into post-school activities, such as employment, community participation, and independent living.

3.3 Evaluation

Evaluation involves systematically gathering and analyzing information about a student in order to make decisions about the effectiveness of the program [17]. The RT documents outcomes specific to the student's IEP goals at the end of the program. If improvement is not evident, the RT then determines whether changes are necessary and then presents these changes to the IEP team.

It is estimated that the number of RTs employed in schools will increase as a result of the expansion of the school-age population and federally funded services for students with disabilities [4]. Further, although data are not available, one might surmise that interest in this area of service is growing. Over the past two decades, several university RT programs have included curricula to prepare students to provide services that meet the educational and recreational needs of students with disabilities in school-based settings [11]. To foster such programs, grants from the U.S. Department of Special Education and Rehabilitation Services have been awarded to support their development.

4. Recreational Therapy and Education Internationally

Outside of the U.S., RT can also be found primarily in Canada and South Korea [18]. Nevertheless, related disciplines can be found in Australia, Finland, France, Great Britain, Germany, Japan, New Zealand, and Switzerland. One example of a related discipline is Psychomotricity. Practiced primarily in Great Britain, France, and Germany [19], Psychomotricity involves treating the body as a whole through techniques such as, games, relaxation, and physical activities [20]. In Australia, similar services are referred to as, "Diversional Therapy" [21]. Diversional Therapy involves the use of recreation to promote self-esteem and facilitate decision-making and activity participation [21].

Despite the growth of RT in select regions internationally, and the increasing number of RTs providing services in U.S. schools [11], examples of school-based recreation programs outside of the U.S. are difficult to locate. Nevertheless, with research demonstrating that students are better prepared for academic tasks as a result of participating in RT as a related service, and with the IDEA providing an example of how to develop related legislation, programs within the U.S. provide ideal models for expansion of similar services in school-based settings internationally. This argument is substantiated by a recent call for RTs to learn more about the potential for RT services internationally that includes increasing collaborative efforts with professionals in similarly disability centered professions [22], in combination with the use of the ICF that has recently gathered momentum in standardizing language and a framework for health-related services [2].

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