

Supporting Individuals With Autism Spectrum Disorder in Recreation

Second Edition

Phyllis Coyne and Ann Fullerton

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*We dedicate this book to the many individuals with ASD
who have been our teachers.*

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Phyllis Coyne and Ann Fullerton

Preface

Recreation is important to everyone's quality of life. This includes over 1.5 million Americans with Autism Spectrum Disorder (ASD) whose lives can be enriched through leisure pursuits and participation in organized recreation. The providers of recreation services must recognize and accept responsibility for serving all people, including those with ASD.

Community and private recreation service providers are being asked to serve more and more individuals with ASD because of the sharp rise in the numbers of individual with ASD in their communities. Since the first edition of this book in 2004, the incidence of ASD has increased from 1 in 150 to 1 in 88. ASD is four to five times more common among boys than girls. Therefore, an estimated 1 out of 54 boys and 1 in 252 girls are diagnosed with ASD in the United States (Centers for Disease Control and Prevention, 2012). There are more individuals with ASD than those affected by diabetes, AIDS, cancer, cerebral palsy, cystic fibrosis, muscular dystrophy, or Down syndrome combined.

We need to consider how to serve individuals with ASD in recreation. Although ASD is the second most common developmental disability, only surpassed by intellectual disabilities, many professionals and family members are unaware of how it affects recreation participation and how they can effectively work with individuals with this disorder in recreation settings. Unfortunately, many recreation service providers currently lack knowledge of effective ways to assist individuals with ASD in recreation activities. Therefore, many community and private recreation services have had varying degrees of success in including individuals with ASD. This book features programs that have successfully included individuals with ASD through the use of best practices.

Until recently little has been known about how to effectively support individuals with ASD in recreation activities. Although literature specific to ASD and recreation is limited, considerable literature and research is available on the general challenges, strengths, needs, and effective interventions for individuals with ASD that provides a compass on how to support these individuals. With appropriate supports, most individuals with ASD can learn lifelong leisure skills through organized recreation programs. In fact, because most of these individuals do not easily develop skills through less formal means, organized recreation is one of the primary means to develop recreation interests and skills. These interests and skills may then continue to be pursued with a group or individually.

This book was developed to assist recreation service providers, as well as families, to understand strategies for supporting individuals with ASD in community and school recreation programs. The ideas have many practical uses in both generic and adaptive recreation programs. A variety of audiences, including teachers, recreation service providers, Certified Therapeutic Recreation Specialists (CTRS), physical education teachers, adapted physical education specialists, occupational therapists (OTR), university students in the previous professions, program directors, residential staff, youth service workers, camp staff, autism consultants, families, and advocates, will find answers to their questions regarding the challenges of supporting individuals with ASD in organized community and school recreation activities. Table 0.1 outlines subject areas in this book about which professionals typically have questions. In addition, recreation service providers and families will learn about their roles and responsibilities in serving individuals with ASD in community and school recreation programs.

Table 0.1
Answers for Recreation Providers and Family Members

Position:	Answers Regarding:
Teachers	ASD, legal mandates, assessment and supports, collaboration, resources
Recreation program staff	ASD, assessment and supports, how other programs are meeting needs, resources
CTRSs	ASD, legal mandates, assessment and supports, staff training, program development, what selected programs are doing, resources
Adapted and regular PE teachers	ASD, assessment and supports
Occupational therapists	ASD, assessment and supports, what selected programs are doing
University students	ASD, legal mandates, program development, assessment and supports, program examples, resources
Program directors	Needs, legal mandates, program development, staff training
Residential staff	ASD, assessment and supports, approaching service providers
Youth service workers	ASD, assessment and supports, how other programs are meeting needs
Camp staff	ASD, assessment and supports, effective approaches used by other camps
Autism consultants	Assessment and program development specific to recreation, examples of effective programs
Families and advocates	Legal mandates, examples of effective programs, supports

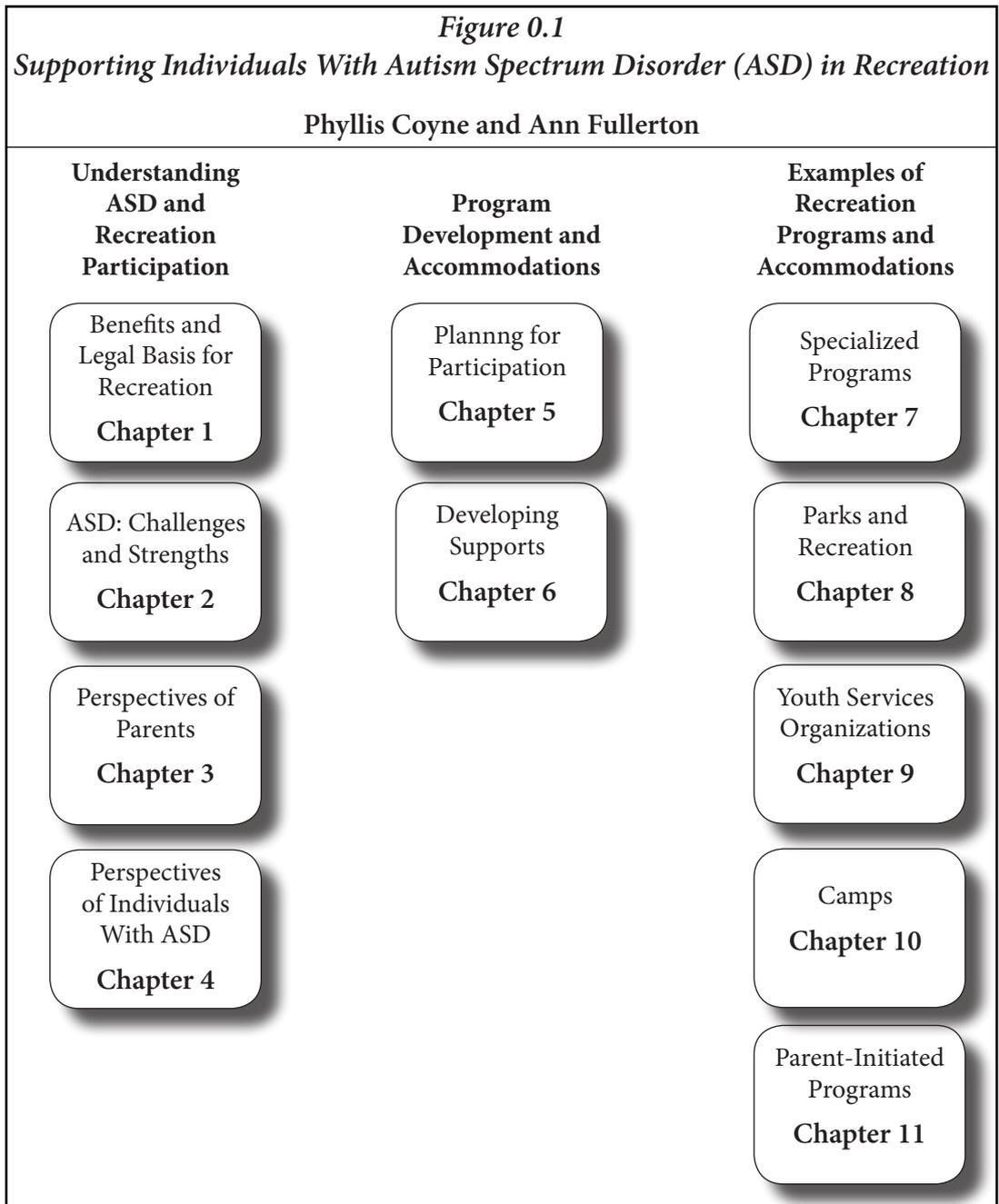
The material in this book is designed to assist in the provision of meaningful and enjoyable recreation services to individuals with ASD aged 5 through adulthood with all ability levels and severity of challenges. The level of functioning and degree of challenge of individuals with ASD are intentionally not specified in this book. All information and strategies are applicable to address the needs of those with any age or level of ability in specialized to generic programs. However, each individual with ASD is unique, so supports must be chosen to meet individual needs.

Understanding ASD, utilizing the individual's existing skills and interests, and providing appropriate supports in organized recreation programs are emphasized throughout the book. This book provides

- information on the impact of ASD on recreation participation,
- suggestions for program development,

- guidelines on how to support individuals with ASD, and
- examples of selected programs that are using promising practices to meet this challenge.

The organization of this book is depicted in Figure 0.1.



In Chapters 7 to 11, success stories from around the country demonstrate that individuals with ASD can participate in community and school recreation programs if sufficient support is provided, all are informed, and proven strategies are used. A variety of programs that represent a continuum of services in providing recreation options for individuals with ASD

from adaptive programs to generic programs are presented to illustrate key features that lead to program effectiveness. Challenges encountered along the way in selected existing programs are also illustrated. Although the examples provided are specific, the approaches described can be applied to most recreation settings.

Community and school recreation opportunities are provided by a variety of organizations. Typically community recreation opportunities are provided by

- city, county, and state parks and recreation departments;
- school and community colleges;
- interest groups, such as dog clubs and hiking clubs;
- religious organizations;
- private organizations, such as country clubs, athletic clubs, YMCAs, and YWCAs; and
- youth organizations, such as Girls and Boys Clubs and sports leagues.

Establishments such as bowling centers, movie theaters, and arcades also provide many community recreation options. Selected programs in the areas of special programs, parks and recreation departments, youth organizations, camps, and programs began by parents, as well as shorter examples from schools, private organizations, and commercial recreation establishments, are featured in this book.

Group recreation activities may always be too uncomfortable for some individuals with ASD, but many uncomfortable situations can be avoided with careful planning and ongoing support. Even given exposure to various organized recreation programs, some individuals with ASD may choose to spend most of or all of their leisure alone. We respect the right of anyone to choose to spend most or all of their leisure alone when the choice is based on having had exposure to recreation options with appropriate support.

Revisions and Additions in the Second Edition

Since the first edition of this book in 2004, there have been major changes in society and the understanding of ASD has grown significantly. The recent professional literature was reviewed and selectively included where it pertained to topics in this book. As a result, a number of revisions and additions have been made in this second edition. The following provides a sample of the new information contained in this edition:

- Explanation of the new diagnostic category of Autism Spectrum Disorder.
- Information on the burgeoning number of individuals with ASD in the United States.
- Updated research on recreation and individuals with ASD, including the pattern of leisure interests and participation, social interaction during play and leisure, increasing interest in leisure materials and activities, and best practices for teaching leisure skills.
- Updated descriptions and examples from the organizations highlighted in each chapter.
- Additional sharing of experiences and perspectives of parents with children across the spectrum of ASD.
- Updated and expanded Appendices.

In the last decade, a large number of resources have become available for professionals regarding the support of people with ASD in the community. Consequently, the content of the Appendices in this edition has grown significantly.

- In Appendix A, the six areas of written resources have been updated and expanded. In addition, a new section has been added for Organization and Structure.
- Appendix B has been enlarged to contain annotated websites with free information and practical resources related to ASD, supports, and recreation.
- Appendix C contains an extensive list of useful organizations related to ASD and recreation with contact information and descriptions of each.

Terminology in this Book

Terminology related to ASD and recreation related areas has been used in different contexts in the literature. The identification of the most preferred terminology is a continuously evolving process. To prevent confusion by the reader, a description of how selected terms are used in this book is provided.

Autism Spectrum Disorder (ASD). Throughout this book, the term *Autism Spectrum Disorder* and/or *ASD* is used. A number of years ago, the concept of Autism Spectrum Disorder was introduced to provide an umbrella term for autism and other disorders that include similar impairments in basic social skills, but vary in severity or the presence of communication delay and repetitive behaviors. In the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5), the American Psychiatric Association made the diagnostic category of Autism Spectrum Disorder official. The umbrella term of *Pervasive Developmental Disorder*, which included autistic disorder, pervasive developmental disorder not otherwise specified (PDD-NOS), Asperger's disorder, and childhood disintegrative disorder, is replaced with only one diagnostic category, Autism Spectrum Disorder.

The most important considerations in devising recreation programs for individuals with ASD have to do with

- recognition of the autism spectrum as a whole, with its challenges in (1) social communication and social interaction and (2) restricted, repetitive patterns of behavior, interests, or activities and
- understanding of the strengths and weaknesses of the individual.

Individuals, people or participants with Autism Spectrum Disorder (ASD). Individuals, people, or participants with ASD is used in this book, except where it is part of an organization's name or a quote, to focus on considering the person's uniqueness and worth first.

Leisure and recreation. A wide range of terms related to leisure is commonly used by professionals in recreation, special education, and Adapted Physical Education (APE), but even these professionals experience difficulties in clearly defining the differences among these terms (Rivco & Davis, 1993; Schleien et al., 1995a). In keeping with common usage, the terms *leisure* and *recreation* will be used synonymously throughout this book to refer to activities or experiences of interest that people choose to participate in for fun, enjoyment, or enrichment during time free from obligations. Hobbies, sports, fitness activities, arts and crafts, music, dance, art, drama, nature experiences, and studying topics of interest are some of the recreation opportunities that are included in this category.

Organized recreation. Organized recreation, as used in this book, refers to community and school recreation programs and activities that are offered by any agency, organization, establishment, or group.

Quality of life. Quality of life is the degree to which a person enjoys the important possibilities of his or her life. Quality of life for people with ASD consists of the same aspects of life as for all other people.

Strategies and Supports. The terms *strategies* and *supports* are used interchangeably in this book to indicate techniques, tools, equipment, and communication style that enable an individual with ASD to increase meaningful involvement in community and school recreation programs. These may also be referred to as modifications, accommodations, or interventions. They are provided to enable the participant to be as successful and independent as possible.

Inclusion. As used in this book, inclusion refers to the participation of those with and without disabilities together in activities of choice. Complete inclusion is achieved when the supports are in place to allow social, mental, and emotional inclusion of all participants. Inclusion is about ensuring choices, having support, having connections, and being valued. In the recent past, this process has also been called mainstreaming and integration.

Pronouns. The pronouns *he*, *she*, and *s/he* are used interchangeably in the text.

Foreword

I met a woman on the autism spectrum approximately 10 years ago who suggested that we become friends. At the time, Margot had four friends; she thought that I might make a pleasing companion, but was not sure that she could “handle” me. I told her that many people felt that way. Despite her concern, we became friends. Margot is brilliant, engaging, and has a great sense of humor. As we were getting to know each other, we exchanged information on a variety of topics, including what we liked to do during our nonwork time. I was surprised and appalled that this very amazing woman engaged in no recreational activities other than having an occasional dinner with her children or her four friends, participating in a quiz bowl once per year, and attending the social associated with a conference focusing on autism. Were these the only activities in which she wished to engage? No.

Most of us work to live and live to enjoy our lives. Phyllis Coyne and Ann Fullerton echo this philosophy in their timely second edition of *Supporting Individuals With Autism Spectrum Disorder in Recreation*. They clearly state that everyone, including persons who may need specialized supports, essentially needs to have access to meaningful recreational activities that provide enjoyment, interactions with friends and acquaintances, and increased health and well-being.

Coyne and Fullerton provide myriad helpful suggestions on ensuring that individuals with autism spectrum disorder can engage in recreation activities, addressing important topics such as (a) universal design, (b) planning, (c) structure, (d) conducting an environmental inventory, (e) matching interests to activities, and (f) sensory and visual supports. In addition, they highlight participation in parks and recreation activities, youth organizations, camp programs, and programs initiated by families.

Everyone who lives with or supports an individual on the spectrum should read this book as a reminder that all people can and deserve to participate in recreational activities of their choice. Its suggestions are meaningful, easy to implement, and embrace the philosophy of full inclusion for everyone.

By the way, my friend Margot now paints, writes poetry, sculpts, attends plays, and has more friends than she ever imagined. She has used many of the strategies in this book to broaden her world.

Brenda Smith Myles, PhD

*Associate Professor, Department of Special Education
University of Kansas*

Introduction

Phyllis Coyne

IN THIS CHAPTER...

- **Need for Community and School Recreation Opportunities**
- **Benefits of Recreation Participation**
- **Legal Basis for Recreation Services in Community and Schools**
- **Summary**

Recreation is an important aspect of quality of life for everyone and plays a major role in the lives of most everyone. According to Edginton, Jordan, DeGraaf, and Edginton (1995), a growing number of people are participating in a multitude of recreation activities. An individual may eagerly wait for the times when he or she can engage in his or her favorite leisure activities. An individual's favorite activities may vary with age and interests and can take place in many community and school settings, such as the following:

- Six-year-old Michelle enjoys taking ballet classes at a community arts center operated by the city's department of parks and recreation.
- Eight-year-old A. J. enjoys taking classes in Taekwondo at a private martial arts school.
- Nine-year-old Tyler enjoys caring for and riding horses as part of a 4-H club.
- Twelve-year-old Micah enjoys playing trumpet in his school band.
- Fourteen-year-old Maya enjoys making beaded jewelry at a local YWCA and hopes to sell jewelry through an online crafts store.
- Sixteen-year-old Gordon enjoys being on a cross-country running team at his high school. His team voted him "Most Improved" last year.
- Nineteen-year-old Juan loves plants and is taking a community education horticulture class at a community college.

- Twenty-two-year-old Derek took drama class as an elective in high school and continues to be in a community theater group.
- Twenty-six-year-old Simon started playing golf in an adapted physical education class in high school and continues to play at local public and private golf courses.
- Thirty-three-year-old Darrell enjoys auto mechanics and participates in a Classic Car Club.

Some people may be astonished to learn the above examples are all individuals with Autism Spectrum Disorder (ASD). They may not know that individuals with ASD can enjoy or participate in community and school recreation activities, such as those listed above. Some people may erroneously believe that only individuals who are mildly affected by ASD can participate in these organized recreation activities. However, these examples represent individuals with the full range of ASD. In some cases, even people who know these individuals with ASD in other environments were surprised by the competence the participants demonstrated when the needed supports were provided during activities of interest.

Given appropriate opportunity and structure, individuals with ASD often enjoy the same recreation activities as others. Yet many of the over 1.5 million American citizens with ASD have been denied access to the full range of recreation opportunities within their communities because of the misconceptions others have about them. Although ASD is the second most common developmental disability, surpassed only by intellectual disability, many recreation providers are unaware of how ASD affects recreation participation and how they can effectively work with individuals in recreation settings. In fact, until recently little was known about effectively supporting individuals with ASD in recreation activities. Therefore, many recreation service providers still lack knowledge and training regarding ASD and the necessary supports in recreation activities.

Supporting individuals with ASD in leisure pursuits is often an adventure with unexpected twists and many rewards. Many of the unexpected twists can be avoided when recreation providers understand ASD and effective strategies for supporting participation in recreation activities. Use of effective strategies and interests can help individuals with ASD develop their interests and skills.

Unlike typically developing people, individuals with ASD do not automatically learn how to play and socialize. Although the individuals with ASD introduced earlier in this chapter participate in a variety of recreation activities and settings, their enjoyable and successful participation did not develop automatically. Their successes are a result of recreation service providers focusing on their abilities and interests while providing structure and support. In fact, these individuals with ASD were previously described as having limited interests and challenging behaviors. They are at their best in their leisure pursuits because they have been given the necessary support to develop leisure interests and skills, as well as to participate in activities that are understandable, comfortable, and enjoyable for them.

- Michelle's successful participation in ballet may surprise those who previously thought of her as being routine-bound, nonverbal, fearful, tactilely defensive, and inattentive to directions. Her ballet classes are successful because they use her desire to move, her excellent coordination, and her need for routine. Expectations to follow verbal directions are minimized for her, and she is supported with a picture sequence of the directions for the class. She thinks of herself, and many others now think of her, as a dancer.
- A. J.'s avid pursuit of Taekwondo belies his reputation as being lethargic, rocking repetitively, being "tuned out", inadvertently hurting others, and persisting in his own agenda. He does well with the predictable routines, repetitive movements, and in-

structions that are precisely broken down into small steps for him. He and his parents are proud of his accomplishments in class.

- Those who have seen Tyler with horses find it hard to believe that he may be physically aggressive, be isolated, be anxious, resist touching “dirty” objects, and be unable to cope with change in other situations. He is good at following the specific rules of horsemanship, as well as predictable routines. He enjoys the warmth and movement of his gentle horse. He tolerates getting his hands dirty while grooming, cleaning feet, and cleaning the stall because he is motivated to take care of her. However, he still washes his hands after he finishes each part of her care.
- Some people at school have described Micah as being a perfectionist, asking repetitive questions, reacting to noise, and blurting out answers in class. The consistent routine of band allows him to demonstrate his natural talent in music. The band teacher does not see the behavior that other teachers describe and is eager to have him continue in his class.
- Maya is known for repetitively lining up objects, twirling, resisting fine motor activities (e.g., writing), and giggling for no apparent reason. She found an outlet for her desire to order things in patterns in making bead jewelry. When she is engaged in making jewelry, she does not twirl or giggle. Friends and family members admire the jewelry that she gives them.
- Gordon is successful in cross-country running despite having been described as having limited safety awareness, hitting himself, not sharing, and crying easily. Others like to be paired with him as a running buddy because of his exceptional ability to memorize courses and “run like the wind.” They are happy to remind him to stop at streets, and he responds well to their reminders. While cross-country running, he never engages in the behaviors that are a concern in other settings.
- Juan frequently irritates people by poking them and repetitively saying, “Cock-a-doodle-do.” Having his hands in the moist planting soil in a horticulture class helps Juan relax. In class, he is focused on planting and any comment he makes is related to plants, the common interest of the group.
- Derek enjoys drama activities despite having been described as fearful of people, sensitive to light, overstimulated, and rote. At first he had a great deal of anxiety around the other people in the class. However, when he demonstrated his strong rote memory to learn scripts, along with an uncanny ability to mimic movements and voice intonation, he received many compliments and acceptance from the group. His intense focus on his part allows him to cope with the bright lights associated with theater.
- People who know Simon have described him as crying when he lost a game, being rigid in routines, saying unkind words to people, disliking crowded environments, and persisting in his own agenda. Golf has allowed Brandon to play a game in which he can choose not to interact or compete. He can play as he wishes in a large open space, as long as it is within the rules of the course he is playing. Other golfers appreciate his focus and lack of idle talk.
- Darrell is known as a loner who unwittingly insults others with his candidness and fixation on his favorite topic, cars. His incredible knowledge of cars and ability to fix anything make him a valued member of the Classic Car Club. Many of the other members listen intently to his “pearls of wisdom” about cars. In this environment of shared interest, his perseverance with cars is appreciated. Others have learned not to take his sometimes inadvertently rude statements personally.

Behind these success stories are careful planning, problem solving, and ongoing support specific to the needs of each individual. Without appropriate supports, they would not have enjoyed these activities and would not have learned the necessary skills for participation. These leisure and recreation activities add to the quality of life that everyone deserves.

Need for Community and School Recreation Opportunities

One of the hallmarks of people with ASD is restricted interests and activities. This often includes an intense preoccupation or fixation with specific topics, objects, or activities. For instance, some individuals with ASD will spend hours on end on a repetitive activity, such as lining up objects. Without assistance to direct existing interests and activities or to develop new interests and activities, individuals with ASD will likely continue to engage in limited leisure pursuits. They need exposure to activities to develop interests and instruction in activities of interest to enable them to pursue the activities as independently as possible.

Unfortunately, recreation opportunities and leisure experiences have been given low priority in the education and preparation of citizens with ASD (Dattilo & Schleien, 1991; Fine, 1991). Characteristics of ASD, such as restricted interests, difficulties in social interaction, and unusual responses to sensory input, often limit opportunities for these individuals to access school and community recreation activities. As a consequence of the lack of attention to this important aspect of life, persons with ASD not only frequently lack leisure experiences and skills but also have not learned to use community or school facilities.

Despite the growing number of individuals identified with ASD and their inordinate amount of free time, there is limited literature and information on ASD and recreation programming. Therefore, recreation professionals may not have knowledge of how to provide supports to participants with ASD.

Benefits of Recreation Participation

All people, including those with ASD, need recreation in their lives and can benefit from having positive leisure experiences. Recreation and leisure fill a significant need in the lives of many. Although a primary focus is to have fun, the benefits from participating in recreation activities are more far reaching. Five major benefits of recreation participation are listed in Figure 1.1 and discussed in the following section.

Figure 1.1
Benefits of Recreation Participation

- Increased quality of life
- Increased social relationships and acceptance
- Decreased inappropriate behaviors
- Increased physical well-being
- Increased skills for accessing the community

Organized recreation activities are important to prepare individuals with ASD to pursue their free time and to achieve an enhanced quality of life. Individuals with ASD can develop important skills during “fun” recreation activities, which motivate them to learn the necessary skills to participate.

Quality of Life

Quality of life is the degree to which a person enjoys the important possibilities of his or her life. Burgess and Gutstein (2007) recommended that interventions for individuals with ASD should be designed to ensure they achieve a satisfactory quality of life. Quality of life for people with ASD consists of the same aspects of life as for all other people, which includes social, leisure, and community activities that are based on the values, beliefs, needs, and interests of the individuals (Howard & Young, 2002; Schalock et al., 2002; Verdugo, Schalock, Keith, & Stancliffe, 2005). Research has demonstrated a positive relationship between leisure participation and quality of life (Garcia-Villamizar & Dattilo, 2010, 2011; Hutchinson, Bland, & Kleiber, 2008; Potvin, Prelock, & Snider, 2008).

The Autism and Asperger's Syndrome Independent Living Association (2002) strongly supported "promoting recognition of the need for inclusive recreation and leisure activities as an essential component of a quality life for people with Autism and Asperger's Syndrome." It further noted that participation in recreation activities augments quality of life in the following ways:

- can increase life and leisure satisfaction;
- can provide a sense of accomplishment or achievement;
- can enhance self-esteem;
- can provide joy;
- can increase choice and control; and
- can enhance the quality of life of families and staff by easing stress and reducing the need for constant, intense supervision.



Box 1.1

The parents of 10-year-old Joel have always had difficulty taking him to activities in the community. Joel screams with gusto when events are new or different than he expects, when he is first asked to do almost anything, and when he is bored. His screaming embarrasses them. As a result, he has had restricted opportunities for community involvement, and his family underestimated his capacity for participation in recreation activities.

When Joel's older brother got a snowboard, the family went to a local ski area. Joel and his family watched as his brother struggled with balance and coordination in this complex activity. At the end of the lesson, Joel got on the snowboard and amazed everyone by executing the basics introduced in the snowboard class. He grinned broadly with apparent joy as he slid down the hill. Meanwhile, his family's shocked expressions transformed to grins as broad as Joel's. They shared in Joel's accomplishment. At that moment, the whole family's quality of life was improved.

Individuals with ASD, regardless of the type or nature of their condition, are likely to face certain challenges as they seek a high quality of life. In spite of this, one study found the general quality of life of individuals with ASD is encouragingly positive (Billstedt, Gillberg, & Gillberg, 2011). However, the study also noted a major need for improvements in the area of recreational and vocational activities (Billstedt et al., 2011).

Social Relationships and Acceptance

Individuals with ASD have higher levels of loneliness and social dissatisfaction than their peers (Huang & Wheeler, 2006). Leisure and recreation activities serve as the primary means by which people come into contact with one another and form relationships (Godbey, 1999; Howard & Young, 2002).

Participation in recreation activities increases social relationships and acceptance in the following ways:

- offers significant opportunities to practice and develop social skills through activities (Baker, 2000; Garcia-Villamizar & Dattilo, 2011);
- encourages social play among younger participants in the parallel, cooperative, and competitive social levels of play;
- provides a way to meet others and form friendships around mutual interests and shared activities (Dattilo, Benedek-Wood, & McLeod, 2010);
- helps people without disabilities learn that people, regardless of abilities, can participate if given an opportunity; and
- improves community members' level of awareness and appreciation of capabilities of participants with ASD (Devine, 2004).

Box 1.2

Andy is a member of a chess club at school. He is one of the best chess players in the club. Everyone enjoys the challenge of playing against him, and a number of the club members study his unique strategies. It does not matter to the chess club members that Andy does not speak and may make unusual sounds or movements. He is a valued member of the club.

As more people with ASD become involved in community recreation, the stigma that often is associated with this disability is reduced. Access and participation in leisure for people with ASD, individually and collectively, may be one of the best measures of acceptance and inclusion within society (Devine & Dattilo, 2000; Devine & Lashua, 2002). Sometimes organizations or the community at large assumes the benefits of participation by individuals with ASD flow in one direction. However, typical participants frequently remark that they learn important life lessons from participants with ASD.

Decrease in Challenging Behavior

Individuals with ASD can exhibit a variety of challenging behaviors. Behaviors, such as physical aggression, self-abuse, and property damage, have been found to decrease when individuals are engaged in appropriate recreation activities (Favell, 1973; Moon, 1994; Roscoe, Carreau, MacDonald, & Pence, 2008; Schleien, Rynders, & Musstonen, 1997; Voeltz, Wuerch, & Wilcox, 1982). Participation in recreation activities also

- can enhance self-control;
- can help calm and relax during times of anxiety (García-Villamizar, 2007; Garcia-Villamizar & Dattilo, 2010; Hutchinson et al., 2008);

- can reduce self-stimulatory behaviors (Favell, 1973; Kern, Koegel, & Dunlap, 1984; Moon, 1994; Schleien, Krotee, Mustonen, Kelterborn, & Schermer, 1987);
- can help refocus through physical exercise; and
- can reduce inappropriate behaviors while increasing alternate, incompatible behaviors (Schleien, Meyer, Heyne, & Brandt, 1995; Schneiter & Devine, 2001; Schleien et al., 1987).

Box 1.3

Everyone in Ruth's life is concerned about her picking her skin until it bleeds. This behavior increases during times of stress. Since she learned to make gimp keychains at camp, she has spent much of her leisure making precisely patterned keychains. Everyone is relieved that this activity appears to relieve her anxiety and decreases the frequency of her picking at her skin.

Physical and Emotional Well-Being

According to the National Therapeutic Recreation Society (1999), leisure, recreation, and play are inherent aspects of the human experience and are essential to health and well-being. Participation in recreation activities

- can provide an outlet for physical energy,
- can develop higher levels of physical fitness and energy, and
- can improve gross and fine motor skills. (Devine, Cory, & Rauworth, 2010)

Box 1.4

Tom enjoys swimming every day at a private athletic club. His family and teachers have noticed that he is less restless, is better able to focus, and sleeps better at night since he began this routine.

Recreation is particularly important as a means to support psychological well-being (Brewster & Coleyshaw, 2011; Poulsen, Ziviani, Johnson, & Cuskelly, 2008). Where opportunities for access to leisure are restricted, there may be increased boredom and aimlessness, as well as depression and anxiety disorders (Brewster & Coleyshaw, 2011). According to Hutchinson et al. (2008), participation in personally meaningful forms of leisure promotes coping with chronic stress and promotes resilience.

Skills for Accessing the Community

Individuals with ASD may have difficulty accessing their communities, in part, because of a lack of skills. Many community skills can be acquired and/or practiced during "fun" recreation activities. Participation in recreation activities

- can promote independent functioning, community inclusion, and mastery of life skills applicable to recreation involvement;
- can prepare individuals to pursue their discretionary time independently;
- can help people with and without ASD to develop skills and attitudes needed to live harmoniously in communities;
- can motivate individuals to learn the necessary skills to perform desired activities;
- can develop skills that can be used for a lifetime;
- can increase social and communication skills;
- can contribute to successful transition to adult life through development of lifetime recreation skills (Sherrill, 2004);

- can alleviate forced and unfulfilling idle periods that occur due to unemployment, underemployment, and community adjustment problems (Dunn, 1996); and
- can result in job opportunities.

Box 1.5

Brent is taking horticulture classes because of his interest in plants. Through this interest, he is advancing his skills in counting, following routines, following a calendar, planning, and more. He had previously resisted learning to use the public transportation system, but he was so motivated by his interest in horticulture and getting to this class that he learned to use the bus to get there. He and his family are planning to use this leisure interest for his vocation. They dream that he will own and operate a small greenhouse business.

Legal Basis for Recreation Services in Community and Schools

The child shall have full opportunity for play and recreation, which should be directed to the same purpose as education; society and public authorities shall endeavor to promote the employment of this right (UN General Assembly, 1948, Principle 7).

Individuals with ASD have experienced dramatic changes in how society views their place in their communities. In the past, society found places apart from the rest of the community for people with disabilities to live, to be educated, to work, and to recreate. In the mid 1970s, a number of developments gradually brought people with disabilities into community recreation programs. The reason for this can be traced to the deinstitutionalization movement and the passage of several landmark pieces of nondiscriminatory federal legislation, including the Rehabilitation Act of 1973 and the Education for All Handicapped Children Act of 1975 (Brannan, 1999; Reynolds, 1995). The civil rights movement for people with disabilities led to the passage of the Americans With Disabilities Act in 1990. These legislative mandates specify the rights of individuals with ASD, along with others with disabilities. These laws have been developed to ensure equal opportunity for all people. For close to four decades, children and adults with ASD have benefited from these changes.

Rehabilitation Act Amendments (Reh. Act), PL 102-569

The Rehabilitation Act Amendments, which were first enacted in 1973 and last reauthorized in 2003, affect a wide range of rights and services, including recreation services. Title V, particularly in Section 504, protects against discrimination in all federally assisted programs and activities. It mandates that federally assisted programs be made accessible to persons with disabilities. Section 504 of this legislation requires public programs, including school inter-scholastic athletics and extracurricular activities, as well as city and county recreation agencies, to allow qualified individuals the opportunity to participate (Brannan, 1999).

Americans With Disabilities Act (ADA), PL 101-336

The Americans With Disabilities Act (ADA), which was first enacted in 1990 and last reauthorized in 2010, extends the reach of Section 504 of the Rehabilitation Act by making similar nondiscriminatory demands of both private and public entities. The ADA ensures equal opportunity for individuals with disabilities in both public and private sectors so that there is no discrimination based on one's disability in any aspect of living, including employ-

ment, housing, education, transportation, *recreation*, and access to all public services. This act defines an individual with a disability as one who has a physical or mental impairment that substantially limits one or more major life activities, such as seeing, hearing, speaking, walking, caring for oneself, working, learning, or *participating* in recreation. Due to the ADA, all private, public, and nonprofit agencies delivering recreation services to the public must supply accommodations and modifications within their programs to persons with disabilities as requested.

Schools, YMCAs, parks and recreation departments, private athletic clubs, and other organizations that provide recreation programs cannot exclude potential program participants from services, programs, or activities based on disability. For instance, due to the ADA, school districts are required to provide nonacademic services and athletics in the manner necessary to afford students with disabilities an equal opportunity for participation in such services and activities (Gorn, 1997).

The ADA describes a potential program participant as a qualified individual with a disability, meaning the person meets the essential eligibility requirements for program participation. These may include residency, ability to pay, willingness to abide by the rules of conduct for the program, and compliance with registration procedures.

Some people erroneously believe the ADA requires that all individuals with disabilities be included in generic programs. Under the ADA, recreation agencies can still offer separate adaptive programs for individuals with disabilities, but these individuals also have the right to choose to participate in a general program.

Programs, services, and activities provided by community recreation agencies must be available in the most inclusive setting possible. Programs have to make reasonable modifications to their policies and practices to integrate participants with disabilities into their programs unless doing so would constitute a fundamental alteration. The organization must modify rules, policies, and/or practices as necessary to enable an individual's participation.

The ADA requires the consideration of accommodations when an individual with a disability meets essential eligibility requirements. Reasonable accommodations must be made to ensure that leisure is as effective for persons with disabilities as it is for everyone else. Programs must remove communication barriers to enable an individual's participation. This includes providing appropriate auxiliary aids and services needed for effective communication with persons with disabilities when doing so would not constitute an undue burden. Additional staff must be provided as needed. It is recommended that agency personnel and volunteers receive appropriate training on supports prior to use. In-service training for personnel should include principles of ADA, use of sensitive language, awareness of attitudinal barriers, and support strategies.

Programs cannot exclude individuals with disabilities unless, after provision of appropriate interventions, their presence would pose a direct threat to the health or safety of others. If a potential program participant has a severe behavior problem, such as a tendency to become physically aggressive toward other people, the agency must provide "reasonable accommodations." Reasonable accommodations for behavioral concerns could include

- providing a 1:1 staff-participant ratio,
- providing training for staff so they can structure activities to avoid incidents that might escalate behavior,
- providing training that will enable staff members to reinforce the positive behaviors and discourage the inappropriate behaviors, and
- consulting with autism specialists, behavior specialists, and other professionals.

However, if accommodations for a person with a disability fail, and the safety of others is at risk, then a participant may be removed from the program.

The ADA defines reasonable accommodation as anything that does not constitute an undue hardship. Providing accommodations in compliance with the ADA on occasion may prove to be an undue burden. These include

- when it constitutes a significant economic burden,
- when it constitutes a significant administrative burden (e.g., shortage of qualified personnel for implementing accommodations), or
- when it poses a significant programmatic burden (e.g., it results in a fundamental alteration of the program).

If a disagreement occurs between a potential participant and a recreation service agency or organization over whether an accommodation is reasonable, the recreation services provider bears the responsibility of proving undue hardship in providing the accommodation. Proving undue hardship is complicated because the ADA regulations lack clarity on what degree of economic, administrative, or programmatic burden constitutes an undue hardship.

Individuals With Disabilities Education Act (IDEA), PL 108-446

In 1972, the first of several class action suits was won that established the right of children with disabilities to a public education. Some states and local communities had previously established services and policies for individuals with special needs, but these policies were limited and widely varied. Congress decided a federal mandate was necessary to provide a more unified approach.

The first key federal legislation relevant to children with ASD was the Education of All Handicapped Children Act (PL 94-142) in 1975. This legislation mandates a free appropriate education in the least restrictive environment for children with disabilities. In the 1990 reauthorization and amendments to this law, the name was changed to the Individuals With Disabilities Education Act (IDEA). It guarantees public education services for children with disabilities, including autism, from birth through age 21 or graduation from high school. The most recent reauthorization of this law in 2004 adds that evaluations must look at all areas of functioning, not predominantly academics.

Typically developing children learn many behaviors without being taught that children with ASD may need to be taught. Therefore, students with ASD often need educational goals in their Individual Education Plan (IEP) to address areas that are not part of the standard curricula. Two sections of IDEA support the consideration of recreation on an IEP. These include recreation as a related service and recreation as an independent living skill in secondary transition plans.

Recreation as a related service. Under first the Education for All Handicapped Children Act and then successive reauthorizations of IDEA, recreation has been included as a related service that should be considered in planning and delivering an appropriate program for a child with special needs. Subpart B of the rules and regulations specifically identify therapeutic recreation specialists as qualified personnel to provide recreation as a related service if it is included in the IEP. The law specifies that recreation as a related service includes

- assessment of leisure function,
- therapeutic recreation services,
- recreation programs in schools and community agencies, and
- leisure education.

Recreation services generally are intended to help children with disabilities learn how to use their leisure and recreation time constructively. Through these services, children can learn appropriate and functional recreation and leisure skills. Recreation activities may be provided during the school day or in after-school programs in a school or a community environment. Some school districts make collaborative arrangements with local parks and recreation programs or local youth development programs to provide recreation services.

Specially designed recreation programs do not necessarily mean separate programs. “Nonacademic services and extracurricular activities” in IDEA include athletics, recreational activities, and special interest groups or clubs the public agency sponsors and may be listed on an IEP under related services although they are not expressly included in “recreation” under 34 C.F.R. 300.6(b)(9). The IEP team has to determine that participation is a necessary component of a Free Appropriate Public Education (FAPE) for an individual student to include recreation participation as a related service in the IEP for interscholastic sport or other extracurricular activity (Gorn, 1997).

According to Gorn (1997), inclusion of recreation services and activities in the educational program for a student with a disability is not mandatory, but may be a part of a student’s IEP. One impartial hearing in Iowa in 1994 confirmed that each IEP team must at least consider whether recreation/leisure needs are a priority area for that student. If they are, recreation/leisure services must be provided. Unfortunately, many IEP teams do not include the interdisciplinary expertise of related services professionals knowledgeable in the assessment of leisure function, such as certified therapeutic recreation specialists (CTRS), adapted physical educators, or occupational therapists (OTR). Therefore, the leisure needs of students with ASD may go unaddressed in the school setting.

Additional information about recreation in the schools can be found at Professionals Allied for Movement (www.maineceph.com). It provides a description of therapeutic recreation in the schools, qualifications of therapeutic recreation service providers, and indicators of a need for therapeutic recreation services. It also compares therapeutic recreation service with the other areas of service with which it is often confused.

Recreation as a goal area in secondary transition plans. The most recent reauthorization of IDEA in 2004 requires that the IEPs of students include transition plans by their 16th birthday. A broader range of life outcomes is now included in the transition process. Independent living skills, including recreation, is one of three potential goal areas the law identified. The National Secondary Transition and Technical Assistance Center (NSTTAC, 2012) defined independent living or life skills as “those skills or tasks that contribute to the successful independent functioning of an individual in adulthood” in the following domains: *leisure/recreation*, home maintenance and personal care, and community participation.

The importance of recreation in preparing for adult life is being increasingly recognized. One survey indicated that 17 states identified leisure/recreation as one of the major domains in transition planning guides (Clark & Patton, 1997). However, each student’s IEP team must decide whether planning for independent living is needed. If the team determines that a student needs recreation programs as he or she moves from school to adulthood, then the providers of these services in the community must be invited to participate in the development of that student’s IEP.

Many improvements in recreation services have been made as a result of legislation over the past four decades, but many forms of discrimination still exist. Participants with ASD still encounter recreation service providers who do not understand disability rights, ASD, or reasonable accommodations.

Summary

- Leisure and recreation activities play a major role in the lives of most community residents. These residents include the over 1.5 million individuals with ASD in the United States.
- Individuals with ASD often enjoy the same recreation activities as others.
- Many professionals, volunteers, caregivers, and family members are perplexed about how to facilitate successful recreation participation for persons with ASD.
- Persons with ASD need structured, organized programs with appropriate supports to discover their recreational interests and to develop leisure skills.
- Although one of the main goals is to have fun, the benefits from participating in these activities include enhancing quality of life, developing social relationships and acceptance, decreasing inappropriate behavior, increasing physical well-being, and developing community skills.
- Recent legislative mandates have given rights to access recreation services to individuals with ASD, along with individuals with other disabilities.
- Schools, YMCAs, parks and recreation departments, and other organizations that provide recreation programs cannot exclude potential program participants from services, programs, or activities on the basis of disability.

Adolescents and adults with an autism spectrum disorder (ASD) who do not have an intellectual impairment or disability (ID), described here as individuals with high-functioning autism spectrum disorder (HFASD), represent a complex and underserved psychiatric population. While there is an emerging literature on the mental health needs of children with ASD with normal intelligence, we know less about these issues in adults. Compared to studies of psychiatric comorbidity in individuals with ASD generally, research on cooccurring psychiatric disorders in adults and teens with HFASD, specifically, has been slower to progress. Request PDF on ResearchGate | Supporting individuals with autism spectrum disorder in understanding and coping with complex social emotional issues | Core deficits in autism spectrum disorder (ASD) center around social communication and behavior. For those with ASD, these deficits complicate the task of learning how to cope with and manage complex social emotional issues. Although individuals with ASD may receive... Although individuals with ASD may receive sufficient academic and basic behavioral support in school settings, supports for dealing with complex social emotional issues are more difficult to access, even though these issues significantly impact student learning. People with an autism spectrum disorder often have a hard time expressing their feelings. Sometimes the emotion felt, in this case grief, is displayed in a manner which is the opposite of the emotion they are feeling. For example, the individual laughs when others around are crying in their grief. Sometimes "atypical" reactions seen in individuals on the autism spectrum are not attributed to grieving, but are seen as behaviors that are inappropriate and interfering and, therefore, need to be stopped as soon as possible. Careful consideration should be given to the possibility of these emotional reactions being part of the grieving process.

Individuals with ASD may be more likely to be overweight or obese than their typically developing counterparts as a result of decreased activity levels. Conflicting findings regarding PA levels in individuals with ASD have been reported. Given mixed evidence, further inquiry is warranted. The present chapter provides a review of literature pertaining to PA in individuals with ASD. Four databases were searched.Â Open access peer-reviewed chapter. Physical Activity in Individuals with Autism Spectrum Disorders (ASD): A Review. By Sara M. Scharoun, Kristen T. Wright, Jennifer E. Robertson-Wilson, Paula C. Fletcher and Pamela J. Bryden. Submitted: May 5th 2016Reviewed: November 2nd 2016Published: April 12th 2017. with Autism Spectrum Disorder: a. Systematic Review. Sudha M. Srinivasan, David.Â Literature on effects of equine therapy in individuals with autism spectrum disorder (ASD) has grown in recent times. Equine. therapy is an alternative multimodal intervention that involves utilizing a horse to remediate core impairments in ASD.Â Promising outcomes support continued investigation focused on standardization, appropriateness, and efficacy. View. Show abstract.