

Integrating Children with Emotional and Behavioural Disabilities into Community

Recreation Programs: A Handbook for Staff

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Abstract

This study examined the process of integrating children with Emotional Behavioural Disorders (EBDs) with their peers into recreation programs. The purpose was to develop a set of recommendations for the development of a handbook to help workers in recreation with the integration process. To this end, a needs assessment was conducted with experienced recreation workers in the form of semistructured interviews. Participants were recruited from two community centers in a large southern Ontario city. Themes were drawn from the analysis of the interview transcripts and combined with findings from the research literature. The results were a set of recommendations on the content and format of a handbook for integrating children with EBDs into recreation programs.

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Table of Contents

Abstract	i
Acknowledgments.....	iii
List of Tables	vi
CHAPTER ONE: INTRODUCTION TO THE STUDY	1
Background of the Problem	1
Purpose of the Study	5
Objectives	5
Rationale	6
Scope and Limitations.....	9
Outline of Chapters	10
CHAPTER TWO: REVIEW OF THE LITERATURE	12
Perception of Integration.....	12
Communication Facilitates Integration.....	19
Principles to Guide Integration	22
Chapter Summary	78
CHAPTER THREE: METHODOLOGY AND PROCEDURES	29
Research Methodology and Design	29
Pilot Study.....	30
Instrumentation	31
Selection of Site and Participants	33
Field, Classroom, or Laboratory Procedures	35
Data Collection and Recording.....	38

Data Processing and Analysis	39
Methodological Assumptions	43
Limitations	44
Establishing Credibility	45
Ethical Considerations	46
Restatement of the Area of Study	47
CHAPTER FOUR: RESULTS OF THE NEEDS ASSESSMENT	48
Acceptance of Children with EBDs	48
Communication Facilitates Integration.....	58
Principles to Guide Integration	66
Recommendations for a Handbook.....	73
Chapter Summary	78
CHAPTER FIVE: SUMMARY, DISCUSSION, AND RECOMMENDATIONS.....	81
Summary	81
Discussion of Results	83
Recommendations	91
Final Word	99
References.....	103
Appendix: Interview Guide.....	109

List of Tables

Table		Page
1.	Participant Profiles	36
2.	Themes and Subthemes from Interview Transcripts	41
3.	Summary of Findings	79
4.	Benefits and Drawbacks of Different Handbook Formats	94
5.	Handbook Content Recommendations	100

CHAPTER ONE: INTRODUCTION TO THE STUDY

This is a study of how best to integrate children who have emotional and behavioural disabilities (EBDs) into recreational settings with their peers. Emotional behavioural disorders are deviations in the cognitive, emotional, or social functioning for which a child has received a psychological diagnosis (Brennan, Bradley, Ama, & Cawood, 2003). For the purposes of this study, integration refers to providing children who have EBDs the opportunity to participate with nondisabled children with as few restrictions as possible. Recreation staff are usually adolescents or young adults with little experience or formal training integrating children who have EBDs into their programs (Jinnah-Ghelani & Stoneman, 2009; Kishida & Kemp, 2010; Scholl, Smith, & Davison, 2005). In order to better understand the challenges and best practices of integration I conducted a needs assessment with experienced recreation staff. The objective of this study was to combine findings from the needs assessment with existing knowledge in the literature to make recommendations for a handbook that addresses the lack of experience many staff have with integration.

Background of the Problem

The history of integration in Ontario is better documented in the education system than the recreation setting (Blake, 1996). There are nevertheless parallels in how integration was adopted in these two environments. A shift in popular attitude towards the concept of disability and a change in organizational policy brought about changes to integration practice in both fields. A brief history of integration practices in each field will provide context to the issue at hand.

Integration in the Schools

A major landmark for integrated education in Ontario occurred in 1980 when amendments to the Education Act made access to special needs services mandatory for all Ontario school boards (Ontario Ministry of Education, 2001). The amendments were fully implemented 1985, about the same time as the Canadian Charter of Rights and Freedoms was established. Provinces and territories were normally free to develop their own educational policies. However, the federally based Canadian Charter of Rights and Freedoms specifically included a clause that prohibited discrimination based on a person's disability (Jordan, 2001). The changes to Ontario's education policy reflected a growing awareness of special needs issues at a national level.

Educational policy in Ontario now supports integration of children with special needs. For example, the Ontario Education Act states that "before considering the option of placement in a special education class, [a school board committee should] consider whether placement in a regular class, with appropriate special education services would meet the pupil's needs" (Ontario Ministry of Education, 2005). This change reflects a growing public awareness and acceptance of special needs in Ontario over the past decade (Hanna & Law, 2006; Ouellet-Kuntz et al., 2007). For example, in the early 2000s, special needs funding in Ontario was based on the number of children who met certain diagnostic criteria (Daniels, 2005; Grover, 2003). This was seen as a discriminatory policy because it forced children with EBDs to be labeled before they could receive special needs services. The funding formula was revised in 2003 so that school boards were no longer required to reach a certain quota of students labeled with EBDs before receiving funding (Daniels, 2005). Another example of policy shift is

teacher training in Ontario that now has a mandatory special education course (Ryan, 2009). Important steps have thus been made to improve integration in Ontario's education system.

There are still gaps, however, in how students with EBDs are integrated in Ontario classrooms. Brewin, Renwick, and Schormans (2008) found that "when a child has a seemingly normal appearance, many people find it difficult to recognize, and, in some cases, difficult to believe, that the child has a disability" (p. 250). Brewin et al. focused on children with Asperger Syndrome. Many teachers, however, lack the appropriate training necessary to integrate children with EBDs into their classrooms (Brewin et al., 2008; Hundert, 2007; Jordan, Glenn, & McGhie-Richmond, 2010). Integration is also made difficult for teachers in Ontario when class scores on standardized tests are factored heavily into their performance evaluation (Jordan et al., 2010). This occurs when teachers feel additional time and effort to integrate is detracting from the class' overall test scores (Ryan, 2009). Even a dedicated instructor can be limited in his or her efforts to integrate children by bureaucratic constraints.

Integration is a difficult but worthwhile challenge for educators. Research has shown that children with EBDs placed in an integrative setting benefit from the experience. Students' academic performance and level of engagement both increase when they are placed in an integrated environment as opposed to a special education class (Blackorby et al., 2005; Jordan et al., 2010). For example, Blackorby et al. conducted a six year study of 11,000 elementary students receiving special needs services in the United States. They noted that "controlling for differences in disability, functioning, demographic, and household factors discussed thus far, greater participation in general

education classrooms relates independently to the engagement, achievement, and social adjustment of students with disabilities at school” (p. 113). Parents and teachers who previously had written off troublesome behaviours are now seeking advice from healthcare professionals or school counselors (Brewin et al., 2008). Integration is now seen as a valuable asset to the social and intellectual development of children with EBDs.

Integration in Recreational Programs

Children with special needs have taken part in recreational programs in Canada for over 70 years. In 1937, the Halifax YMCA established the first recreational program in Canada that offered childcare to children with special needs (Blake, 1996). It offered a camp setting where children with physical disabilities could share a camp experience together. However, in Ontario, the story of integration in recreational programs was similar to that of integration in the education system (Blake, 1996; Jordan, 2001). Up until the late 1970s, the general attitude was that children with disabilities should take part in recreation separately from their nondisabled peers (Blake, 1996; Hutchison, Mecke, & Sharpe, 2008). Although children with EBDs were always present in small numbers, especially when a progressive program director existed to champion the cause, integration was never overtly part of recreational policy until later.

One of the first documented shifts towards integration in Ontario recreation was the Reach for the Rainbow program. Reach for the Rainbow was established by parents of children with special needs who were tired of seeing their children shut out of recreational activities (Blake, 1996; Reach for the Rainbow, 2011). What began as a single day of organized awareness in 1983 evolved into a program that provides one-on-one support to help approximately 800 children integrate into recreational settings (Reach

for the Rainbow, 2011). Although some camps were informally offering integrated settings, Reach for the Rainbow was one of the first programs in Ontario to adopt integration as an explicit objective (Blake, 1996). Integration came to be seen as an important component in the field of recreation. Children with EBDs have a right to recreation with their nondisabled peers and should reap the developmental benefits of such an experience.

Purpose of the Study

The purpose of this study was to improve the way recreation staff integrate children with EBDs into recreational programs. To accomplish this, it was necessary to determine the main challenges staff face with integration. Strategies that facilitated integration in recreation environments also needed to be identified. Finally, it was important to determine how to disseminate best practice information to recreation staff. Once this information was collected I was able to develop evidence-based recommendations that could be included in a handbook of information on integration for community centre staff. Novice staff and experienced staff alike could use this information to become more effective at integrating children with EBDs. This in turn will improve parents' confidence in placing their child in a program (Jinnah-Ghelani & Stoneman, 2009), increase the diversity of children in recreation programs (Brennan et al., 2003), and improve developmental outcomes for children with EBDs (Hedrick, Howman, & Dick, 2009).

Objectives

This research project was carried out to accomplish the following four objectives:

1. Determine the main strategies and challenges to integrating children with

EBDs within the literature.

2. Determine what recreation staff perceive as the main strategies and challenges to integration of children with EBDs.
3. Collect examples of staff perceptions and experiences to be used as case studies.
4. Make recommendations for a handbook that incorporates material from the previous objectives in order to improve how recreation workers integrate children with EBDs.

These objectives guided the literature search in Chapter Two and were used to develop the needs assessment in Chapter Three.

Rationale

Since 1980, funding for special needs services in Ontario has not increased, resulting in less support available for the rising population of children with EBDs (Manion, 2010). Overburdened healthcare providers have called for a cross disciplinary approach to supporting children with mental health issues. Ian Manion (2010), the executive director for the Provincial Centre of Excellence for Child and Youth Mental Health, stated that an effective system of care “should include a range of coordinated, cost-effective services from community and school-based to the most specialized of mental health services” (p. 55). There is a growing need in Ontario to find inexpensive methods for supporting children with EBDs outside of the healthcare field.

One field that has demonstrated cost-effective, positive development for children is recreation. Children who take part in after-school programs (ASPs) and summer camps have demonstrated marked improvement in their social and emotional development. In an

online survey of 273 parents, researchers found that children who had attended camp rated significantly higher in terms of self-esteem, decision-making, leadership, and social skills (Hedrick et al., 2009). What's more, children who attended camp the longest (6 years) scored significantly higher on all rated skills than those who attended camp for fewer years. Durlak, Weissberg, and Pachan (2010) conducted a meta-analysis of 75 studies that examined the positive impacts of ASPs on children. They found a positive effect on the self-perception, social behaviour, and school performance for children who participated in ASPs. These studies show that recreational programs can have a positive effect on the social and intellectual development of children. It is important that research explores how recreational environments continue to foster these skills, especially for those who face some of the greatest challenges developing them: children with EBDs.

Research in education and recreation contends that an integrated environment leads to the best developmental and social outcomes for children with EBDs (Hutchison et al., 2008; Jordan et al., 2010; Rosenzweig, Brennan, Huffstutter, & Bradley, 2008; Scholl et al., 2005). Several studies have shown that children with EBDs who are integrated into recreation programs demonstrate improvements in their communication skills, independence, and self-esteem (Brannan, Fullerton, Arick, Robb & Bender, 2003; Hutchison et al., 2008; Jinnah-Ghelani & Stoneman, 2009; Scholl et al., 2005). Despite these benefits, parents report that recreation workers are not adequately trained to handle integration (Durlak et al., 2010; Herbert, 2000; Jinnah-Ghelani & Stoneman, 2009). Indeed, recreation staff themselves have expressed a desire for more training in integrating children with EBDs (Herbert, 2000; Scholl et al., 2005). A handbook for

integration would help staff create an environment for children with EBDs to enjoy the benefits of recreation alongside their peers.

Recreation staff would not be the only ones interested in the recommendations from this study. Parents of children with EBDs would also stand to gain from the results of this research. In a survey of 2,585 parents conducted by Brennan and Brannan (2005), 20% had a child who had some form of EBD. Parents who were satisfied with their childcare arrangement reported significantly less strain due to missed work. In addition, one third of parents had to either reduce their work hours or stopped working altogether to take care of their child. Rosenzweig et al. (2008) studied employment and stress levels of 60 parents who had children with EBDs. Sixty percent of parents reported reducing their work hours because of an inadequate childcare arrangement. During nonschool hours, children with EBDs were more likely to be cared for at home than their peers (Rosenzweig et al., 2008). Parents of children with EBDs would benefit from greater childcare support outside of the home. This can only be achieved if staff and parents alike are confident that successful integration can be achieved.

If recreation staff used a set of integration practices based on research-supported techniques, parents could be more confident in sending their children to after-care programs. This would be a benefit to families of children with EBDs in terms of increased household income. In addition, these parents could make a greater contribution to the workforce and be less stressed doing so. Children with EBDs, childcare staff, and parents would all benefit when integration is made easier in a recreational setting. When recreation workers are well equipped to deal with the challenges of integration then there would be a reduced strain on healthcare services and the workforce in general. For these

reasons, improving integration practices is an important area for research. The handbook recommendations made in this study to support integration are a positive step in this direction.

Scope and Limitations

Integrating children with EBDs is a multidisciplinary concept. I therefore included research on integration from the fields of education, recreation, and psychology into the discussion. Since I conducted my research in Ontario, I made every attempt to find integration research from an Ontario context. However, research from the rest of Canada and the US was also included. Although integration can be different depending on where it occurs, there was enough overlap in terms of integration policies and practices for outside research to be relevant to the Ontario context.

Participants in this study were recreation workers at community centers in a large Ontario city. Recreation workers who work in overnight camps and rural community programs were not part of the sample. Staff in different recreation settings face unique challenges integrating children with EBDs. Nevertheless, the core objectives of integration are the same in all recreation environments:

1. Provide safe and positive environment for all children.
2. Give children with EBDs the same experiences as those without EBDs.

Some of the research on integration focused on both children with physical disabilities and children with emotional behavioural disorders. However, I concentrated on integration of children with EBDs in this research. There is certainly overlap in the integration practices used for each group (Brennan et al., 2003; Jinnah-Ghelani & Stoneman, 2009). However, there are also differences when it comes to people's

perceptions and treatment of children with EBDs versus those who have physical disabilities. In one study, recreation staff indicated that they preferred working with children who have physical disabilities versus those with EBDs (Herbert, 2000). Children with EBDs tend to be more difficult to integrate and are perceived as more responsible for their condition than children with physical disabilities (Brennan et al., 2003; Brewin et al., 2008; Herbert, 2000). A handbook that focuses on integrating children with EBDs can address these issues more directly than one that deals with all special needs.

Outline of Chapters

In this chapter, I provided some historical context on integration of children with EBDs into schools and recreational programs. I then explained the purpose of this study and outlined the objectives I hoped to accomplish in creating a handbook for integration of children with EBDs. I also provided a rationale for research on integration. Finally, I detailed the scope and limitations of my research.

In Chapter Two, I review the literature on special needs integration. I examine the primary themes in integration research: the philosophy of integration, the challenges, and the benefits. I also discuss how communication and perception play a role in integration. I conclude with a brief list of strategies to facilitate integration drawn from the literature.

In Chapter Three, I present the methodology and procedures of my needs assessment. I describe the research methodology and the pilot study. The selection of participants, instrumentation, and procedures is discussed. I then detail how the data were collected and analyzed. This is followed by a description of the limitations, how credibility was established, and ethical considerations.

In Chapter Four, I present the results of my needs assessment as recommendations for a handbook for integration. These recommendations incorporate key elements of my discussions with recreation staff. They focus on preparation, running activities, common challenges, and case studies to equip recreation workers with the necessary skills to integrate children with EBDs into their programs.

In Chapter Five, I discuss implications of the needs assessment results for practice of integration in recreation settings. Potential avenues for future research are also highlighted. I then provide a list of recommendations for both the structure and content of a handbook on integration. Finally, I include some closing remarks on lessons learned from conducting this research.

CHAPTER TWO: REVIEW OF THE LITERATURE

In this chapter I review the literature on integration of children with EBDs into recreation programs. I divide the review into three sections. The first section focuses on how perceptions affect the integration process. The role that communication plays in the integration is the subject of the second section. The final section examines the principles that facilitate integration. The literature reviewed in this chapter was used to construct the needs assessment in Chapter Three and provided the foundation for the recommendations made in Chapter Four.

Integration and inclusion have been used interchangeably in the research of emotional behavioural disorders. Inclusion is a more recent term. The term inclusion was coined because it is a word that some believe evokes equality better than integration (Avramidis & Norwich, 2002; Brennan et al., 2003). Integration relates specifically to the practices and logistics of having children with EBDs participate alongside their peers in the same environment (Avramidis & Norwich, 2002). Although both terms are used to describe the same concept in the research, I have chosen to only use the term integration unless directly quoted from a research paper to avoid confusion.

Perception of Integration

There are many benefits to providing an integrated environment for children with EBDs, yet there are also ethical reasons for integration. Experiencing differences is inherently valuable. Integrated recreation programs are important for children because they more accurately reflect the society children will grow and operate in (Brannan et al., 2003; Scholl et al., 2005). According to Fullerton (2003), creating an integrated program involves “making what we do inclusive, it does not mean changing the essence of what

we do” (p. 61). Integration should not be seen as a burden on time and resources. It is successful when it is perceived as something positive, something that adds value to a recreation program.

The following section focuses on perceptions of EBDs and the impact they have on integration. I begin by discussing the impact of staff perceptions on integration. I then describe the impact stigma has on children with EBDs. How to foster positive perceptions is the next topic. The section concludes with an examination of the role one-on-one workers play in influencing perceptions.

Staff Perceptions of Integration

Staff attitudes have practical implications for the success of integration. Jordan and Stanovich (2001) rated elementary school teachers’ beliefs about integration and then examined how teachers’ beliefs related to student self-concept in integrated classrooms. When teachers believed that someone else was responsible for accommodating special needs (i.e., the special needs coordinator), students in their class scored lower on self-concept. When the teacher felt responsible for making accommodations, both students with and without EBDs scored higher on self-concept. Staff who perceive integration as their responsibility will most likely put a greater effort into creating a positive environment where integration can be successful. Training material that illustrates the positive effects of integration will hopefully encourage staff to value it in their practice.

Staff should believe in integration, not just go through the motions because it has become a job requirement. In interviews with 38 recreation staff, nearly 75% brought up a commitment to the idea of integration without being prompted to do so (Brennan et al., 2003). Although staff beliefs on integration were articulated in different ways in Brennan

et al.'s study, they often discussed the notion of unconditional acceptance for any child who attended the program. Staff even highlighted the importance of establishing an inclusive mindset throughout the organization for which they worked. As one interviewee put it, "from the CEO down to the kitchen, everybody here wants kids to succeed in this setting" (Brennan et al., 2003, p. 55). Potential staff were sometimes asked about their attitudes towards integration during the hiring process. When everyone within a program was already committed to the concept of integration, the implementation became much easier. Indeed, in Mulvihill, Shearer, and Van Horn's (2002) survey of 969 childcare workers, they found that those who had received disability-specific training reported more favourable perceptions towards children with EBDs. Commitment to integration also led to greater job satisfaction. Early Childhood Education (ECE) workers who had successful integration experiences reported increased confidence in their teaching abilities in general (Cross, Traub, Hutter-Pishgahi, & Shelton, 2004). Staff beliefs play an important role in how successful they are in facilitating integration.

Stigma

EBDs carry certain stigmas that make fostering a positive recreation environment a challenge. Physically having children with EBDs in a camp with their peers is not as difficult as having them immersed in the social aspects of a program (Hutchison et al., 2008). For one, children with EBDs often have a difficult time initiating social contact with their peers (Brewin et al., 2008; Fullerton, 2003; Scholl et al., 2005). When children with EBDs exhibit odd behaviours other children can be more guarded in engaging with them in camp activities. This in turn leads children with EBDs to be more apprehensive

about participating (Hutchison et al., 2008). They participate less in activities, socialize less with others, and as a result do not benefit from the experience as much as their peers.

It can be tempting for staff to give children who do not want to participate something else to occupy themselves while an activity is running (Hutchison et al., 2008). This requires less effort than encouraging them to take part in an activity with the rest of the group. Kishida and Kemp (2010) trained staff to measure engagement of children with EBDs in an integrated setting. After tracking engagement, some staff were shocked at how little children with EBDs interacted with their peers and other staff. Social interaction was a primary concern for parents of children with EBDs (Jinnah-Ghelani & Stoneman, 2009). Children with EBDs socializing with others is a fundamental part of integration. Unfortunately, it is difficult to address the socialization component of integration at school since education is the first priority (Jinnah-Ghelani & Stoneman, 2009; Siperstein, Glick, & Parker, 2009). Recreation staff need to make an effort to engage children with EBDs in both structured and unstructured play with their peers. This will help reduce stigma and promote healthy social interactions.

Encouraging Positive Perspectives

Recreation workers can create more positive integration results simply through leading by example. Staff who can maintain a positive nonjudgmental attitude towards children with EBDs are modeling behaviour for other children in the program. Hutchison et al. (2008) observed that when counselors actively involved children with EBDs in camp activities, other campers would spontaneously do the same. Modeling desirable behaviour is an accepted strategy for recreation staff. However, it is not used often enough in practice. In a survey of 61 preservice ECE workers, 41% indicated that they

believed children learn social skills when adults model appropriate behaviours (Dellamattera, 2011). However, only 12% indicated modeling as a strategy they would use to promote social development. When staff are positive, nonjudgmental, and make an effort to include children with EBDs in their activities, they provide a model for other children in the camp to follow.

When it comes to social skills, children in recreation environments learn more from each other than they do from recreation staff. Integrating withdrawn children with EBDs into programs was easier when a peer was willing to facilitate the process (Fullerton, 2003). However, Fullerton cautions that staff needed to be careful to select mature peers for support to be effective. Peer support is beneficial for several reasons. First of all, children with EBDs can model the behaviour of their peers (Jinnah-Ghelani & Stoneman, 2009). This helps them engage with activities and learn skills more quickly than they would on their own. The peer helper is also modeling social behaviour for other children in the camp (Miller, Schleien, & Lausier, 2009). Peers are more effective at modeling behaviours than staff because they share the same role as other children in the program. Finally, peer helpers have an opportunity to grow from the mentoring experience. Some researchers have argued that peer support should not be overused because it promotes an unequal relationship between the provider and recipient of the support (Siperstein et al., 2009). However, when used in moderation, the benefits of peer support outweigh its drawbacks. Peer interaction encourages future interactions which can help even the more withdrawn child feel welcome.

Although staff should foster positive perceptions, children will sometimes take the lead themselves. Siperstein et al. (2009) measured social acceptance in 49 children

who participated in a four week sports camp for children 8 to 13 years of age. During the last 2 days of camp, researchers asked each camper “who do you like to hang out with at camp?” (p. 102). There was no significant difference in the degree to which children with an intellectual disability were nominated over their peers. The same result occurred when children were asked who the new friends they had made at camp were. These findings demonstrate the positive social experiences children with EBDs foster in the right recreational environment. One important caveat to Siperstein et al.’s findings is that they were researching children with intellectual disabilities who scored between 50 and 75 on IQ tests. Although children with intellectual disabilities will often have a comorbid emotional behavioural disorder, the two types of disability do not overlap perfectly (Dekker, Koot, van der Ende, & Verhulst, 2002). Another important point is the number of children with ($n = 26$) and without ($n = 33$) intellectual disabilities was approximately the same. It may have been easier to influence positive perceptions than if there were only one or two children with intellectual disabilities in the group. Furthermore, the ratio of staff to children in this camp was one to three. Most integrated settings would have had fewer staff and a lower proportion of children with a disability. Despite these caveats, the results from Siperstein et al.’s study are encouraging to future efforts in integration.

One-on-One Workers

Sometimes a staff member or an outside worker/volunteer is assigned one-on-one to a child with an EBD to support his or her integration into a camp or city program (Brennan et al., 2003; McGhee et al., 2005; Miller et al., 2009; Reach for the Rainbow, 2011). One-on-one workers can be an excellent support for staff, especially when there are many children enrolled in a program. McGhee et al. provided one-on-one support

workers for children with EBDs attending ASPs. The workers were graduate-level students in recreation therapy. This was a novel approach given that recreation therapy is primarily practiced in health care settings (McGhee et al., 2005; Rothwell, Piatt, & Mattingly, 2006). Eight children were assigned one-on-one workers to support them in recreation two hours a week. McGhee et al. found that the children's self-reported emotional wellbeing increased over the eight week session. Centre directors also noted that social and behavioural skills improved. One-on-one support staff help children with EBDs engage more easily in recreational activities.

Fullerton (2003) states that part of successful integration is not having the child “separate from the group in the eyes of their peers” (p. 72). Researchers have cautioned that although one-on-one workers can be helpful, having an adult constantly following a child around can isolate them from their peers (Fullerton, 2003; Hutchison et al., 2008). Hutchison and her colleagues observed at one overnight camp that staff rotated the one-on-one support role so that it was not as obvious. Sharing the one-on-one role also spread out the work for staff. The most important skills for a one-on-one worker to have are:

1. To facilitate engagement with other children in the program (Fullerton, 2003; Hutchison et al., 2008; Miller, Schleien & Bowens, 2010; Miller et al., 2009).
2. To scale back their help as the child they are supporting gains confidence (Fullerton, 2003; Hutchison et al., 2008).

One-on-one support is sometimes the only accommodation provided to recreation staff for integrating a child with an EBD into a recreation program (Miller et al., 2009). It is therefore important to maximize this resource. When support can be provided to children with EBDs unobtrusively, it is easier for the child to integrate into the program.

Section Summary

Perceptions play a huge role in the success of integration in recreation settings. Staff who believe in the idea of inclusive recreation have a positive impact on the process. Part of the challenge for integration is dealing with the stigma associated with EBDs. Positive role models such as staff or mature campers can encourage integration. When used properly, one-on-one staff can also be helpful in shaping positive perceptions and facilitating integration.

Communication Facilitates Integration

Difficulties in integrating children with EBDs arise when information is lacking or unclear. Effective communication helps create a positive recreational experience for children with EBDs. This section deals with communication as it relates to successful integration. It begins with an explanation of the importance of communication between recreation staff and members of a child's family. This is followed by a discussion of communication among staff members.

Parent-Staff Communication

Building a good relationship with parents of children with EBDs is one of the best ways to facilitate integration. Cross et al. (2004) interviewed parents, ECE workers, and therapists involved in integrating seven children with EBDs into preschool programs. They found that a healthy rapport between parents and childcare provider was critical to the success of integration. Family members provide staff with useful information on how their child deals with daily routines, interacts with others, what they enjoy, and what they find challenging (Brannan et al., 2003; Cross et al., 2004; Jinnah-Ghelani & Stoneman, 2009; Mulvihill, Cotton, & Gyaben, 2004). Parents are most often the experts on the

wellbeing of their children (Brannan et al., 2003; Brewin et al., 2008). Therefore, it is important for staff to get the parent's perspective.

It can be difficult for staff to work with parents when parents are mistrustful. As previously discussed in the Rationale section in Chapter One, parents of children with EBDs had a hard time finding care for their children (Mulvihill et al., 2004; Rosenzweig et al., 2008). Parents are sometimes hesitant to share too much information for fear their child will be singled out or barred from the program (Brannan et al., 2003; Brennan et al., 2003). Recreation staff should engage parents early in the process to build trust. An initial way to build parental trust and demonstrate an understanding of integration is for staff to use person-first language when discussing EBDs (Brennan et al., 2003; Miller et al., 2010). Staff should demonstrate to parents that they are focused on the child and not the EBD he or she has. As one camp supervisor put it to staff, "this is Johnny, and he has autism spectrum disorder. I don't want you to be an autism expert. I want you to be a Johnny expert" (Miller et al., 2010, p. 43).

Another way to build a parent's trust is for staff to ensure that communication is ongoing. Brennan et al. (2003) recommend pick-up and drop-off times as a good opportunity for parents and staff to update each other on a child's progress. When staff and parents work together, they can keep behavioural management systems consistent between home and the program. For example, parents could have certain reward systems in place at home if the child meets certain objectives. Staff and parents working together can more easily address the challenges to integration than when they operate apart.

Staff-Staff Communication

Consistency within the recreation environment is another important component to successful integration. This becomes a greater challenge with large programs that require many staff. Recreation workers need to communicate with one another so that everyone stays on the same page. Ideally, much of this communication can occur outside of childcare hours. An initial staff meeting is helpful for sharing information about children with staff before the program begins. For example, two overnight camps in Ontario had a representative from Reach for the Rainbow meet with staff a week before camp (Hutchison et al., 2008). The representative provided staff with a profile of the child with EBD's likes and dislikes, and then suggested some strategies for integration. An initial meeting is also used to set integration goals for children with EBDs. Some examples of integration goals are increased social interaction with peers, greater engagement in camp activities, less aggressive behaviour, and greater ability to follow directions (McGhee et al., 2005). Staff should also establish their responsibilities in the integration process, what modifications to the program they might make, and how they will monitor the success of integration (Mulvihill et al., 2004). After an initial meeting, recreation workers should feel more confident about putting their plan into action.

Research has demonstrated that ongoing staff training is important for integration to be effective. Ongoing meetings are an important way to update staff on new children in recreation programs where the turnover from week to week is high (Mulvihill et al., 2004). Camp coordinators have stressed regular meetings as one of the most important tools for integration (Fullerton, 2003). Regular staff meetings provide staff with ongoing training and allow them to problem-solve as a group. Staff can propose ideas and come to

a consensus on how to address situations. This makes staff members more consistent in how they deal with problems when they do arise.

Section Summary

Communication is an essential part of the integration process. Recreation workers need to be good communicators in order to run an integrated program efficiently. When staff communicate regularly with parents, it builds trust and provides greater consistency between the program and the home. Parents also have a wealth of information that is useful for staff in developing integration strategies and goals. Recreation workers also need to communicate with one another in regular meetings to come to a consensus on integration objectives. These meetings are also a time for staff to share helpful information on children in their program. Meetings also provide an opportunity for staff to improve their integration training by discussing challenging situations and coming up with solutions. Effective communication is an important consideration for recreation workers, especially those seeking to integrate children with EBDs into their programs.

Principles to Guide Integration

Recreation programs differ in terms of the staffing, facilities, and resources they have available to integrate children with EBDs. In a literature review of best practices for integration, Mulvihill et al. (2004) noted “there is not a single comprehensive set of criteria, recommendations, or guidelines for inclusive child and adolescent care programs” (p. 54). Nevertheless, research has shown that there are certain principles recreation workers can focus on in order to facilitate integration. The following section covers the most common principles for integration. First, I explain flexibility as a principle for adapting recreational activities and managing behaviours. This is followed

by a look at how to balance the needs of individuals and groups in an integrated setting. Finally, the role of preparedness in integration is discussed. These principles guide staff in providing an integrated environment.

Flexibility

Every child is different; what works for one child or group of children will not necessarily work for the next. Recreation workers have to be flexible in delivering their program for integration to work. This is especially important when running activities. Children with EBDs may find certain activities more challenging than their peers. Activities need to be adjusted, sometimes on the fly, in order to keep them engaging for everyone in the program (Miller et al., 2009; Mulvihill et al., 2004). To this end, staff can reduce the steps in an activity or make the steps easier so that everyone can still participate. For example, children with fine-motor difficulties could be provided with larger beads so that they are still able to participate in a bracelet-making activity (Fullerton, 2003). The key objective behind these strategies is to keep children with EBDs involved in the activities as much as possible.

Children will not enjoy or be able to participate in every game. Sometimes flexibility is also needed in diverting from a planned activity. For example, staff should recognize when an activity is getting too chaotic for some of the children. In those situations, staff can either slow the activity down or provide a quiet alternative until the activity is finished (Brennan et al., 2003). Staff can also establish a soft room: a place in the recreational facility that is reliably quiet where children who are feeling overstimulated can calm down (Miller et al., 2009). Staff can then gradually scale up the amount of time children with EBDs take part in the more hectic activities; children can

start by taking breaks every 15 minutes, then every half-hour, until eventually they no longer need to disengage from the activities (Hutchison et al., 2008).

Flexibility is especially important when it comes to behavioural management of children with EBDs. Recreation programs will often have a set of rules in place for what is acceptable and unacceptable behaviour (Miller et al., 2009). They need to be consistent in enforcing these rules for the safety of everyone in the program. However, children with certain EBDs may have difficulty following instructions. Staff need to be flexible in helping children internalize the rules. Staff should work with children who have difficulty with the rules to come up with a system. Token rewards to reinforce good behaviour and cool-down time are two approaches that have been effective for children with EBDs (Brennan et al., 2003; Miller et al., 2009). Consulting with parents on what system has worked at home helps build consistency so the child has an easier time internalizing the behaviour (Brennan et al., 2003). Simply anticipating a behaviour ahead of time can diffuse a difficult situation. For example, children are often expected to clean up after themselves. If a child with an EBD takes longer to clean, either the program lags or someone does it for them. A flexible alternative is having the child start cleaning up earlier so that everyone finishes at the same time (Mulvihill et al., 2004). When staff are flexible in the day-to-day aspects of a program, children with EBDs have an easier time adjusting to it.

Balance

In integrated programs, a balance must be struck between the needs of the group and the needs of each individual within the group (Fullerton, 2003). Some children with EBDs will require more attention. However, staff also need to keep the program running

effectively. Balance is achieved when staff evaluate the level of engagement in the activities being run. Indeed, engagement is one method researchers have used to measure the quality of care in a recreation program (Kishida & Kemp, 2010). When everyone in the program is enjoying the activities, then integration is successful. Sipperstein et al. (2009) describe the benefits of a balanced program thus, “fun has often been referred to as a great equalizer because children can experience it together and contribute to it regardless of their intellectual limitations” (p.105). Balance is a goal for which programs seeking to integrate children with EBDs should strive.

Providing a variety of activities is one way to keep children with EBDs engaged. Fullerton (2003) suggests running a passive and a more physical activity simultaneously so that children can participate based on energy level. Children with EBDs who appear to be having difficulty sitting still or conversely those who are too worn out by an active game can be shifted between activities. For the program to be balanced, activities should be challenging for participants but not too challenging for children with EBDs (Mulvihill et al., 2004). Staff can sometimes group children who are more athletic with those who are less athletic to even out teams in competitive game. Alternatively, staff can provide different ways for children with EBDs participate in the activity (Fullerton, 2003).

Balancing competitive and noncompetitive activities is another important consideration for integration. Siperstein et al. (2009) studied the integration of children with EBDs into a sports camp. They found that the camp emphasized personal skill development more than competitive games so that everyone could participate equally. They also found that when staff created experiences that were novel for everyone, the experience was equally enjoyable for all children in the program. For example, children

had never swum in an Olympic-sized swimming pool before attending the sports program (Siperstein et al., 2009). This created a shared new experience for all members of the group. Staff can achieve balance between the needs of the individual and the needs of the group by providing variety and choice in the recreational experience.

Preparedness

As one camp supervisor put it, “programming affects behavior” (Brennan et al., 2003, p. 43). The more recreation staff have prepared before the program begins, the more time they have to facilitate integration while the program is running. The previous section covered communication with parents. Staff should plan ahead by having a list of questions that focus on integration ready before meeting with parents (Miller et al., 2009; Scholl et al., 2005). Information from parents is useful to prepare staff for the upcoming program. This information can be kept on file to help staff prepare future sessions (Miller et al., 2009; Scholl et al., 2005). At the end of each session, a staff member should write a brief update on what was accomplished, what worked, and what the challenges were. A written record of the integration plan is important for transmitting staff knowledge to future staff (Mulvihill et al., 2004). This is especially true for summer camp programs where 10 months passes between sessions and staff turnover rates are high.

Another important point that is often overlooked in planning is how to deal with transitions between activities. This can be especially challenging for children in the younger age groups (Brennan et al., 2003). Children may want to continue a particular activity or act out during the more chaotic transition times. If staff have preassigned roles for a transition period, the transition goes more smoothly. Another group that sometimes has difficulty with transitions is children with Autism Spectrum Disorder (Brewin et al.,

2008). Staff can prepare children for transitions by providing them with a schedule and warning them ahead of time when a change will occur. Staff should have a routine in place for the more chaotic portions of a recreation program.

Preparing children without EBDs for integration is another element discussed in the integration literature (Hutchison et al., 2008; Miller et al., 2009; Mulvihill et al., 2004). There is definitely a debate surrounding this issue. Some camps will prepare other children by providing them with a bit of information about a child's EBD and answering questions (Fullerton, 2003). Staff will use this forum to correct misconceptions and prevent future conflicts. They can also provide suggestions on how to engage with children (Mulvihill et al., 2004). Disclosure beforehand was normally associated with overnight camps where the same group of children would be together for multiple weeks (Miller et al., 2009). These information sessions were only conducted when the child with an EBD exhibited fairly extreme behaviours. Another approach to disclosure was to only have a discussion with other children in the program when a misunderstanding occurred (Fullerton, 2003). For example, if other campers singled out a child with an EBD, then a staff member would step in and discuss differences with the children. Staff should consider whether to disclose information about a child with an EBD with parents. They should only do so if they have good reason to believe that not disclosing would cause greater harm to the child.

Section Summary

The principles discussed in this section have helped facilitate the integration process for children with EBDs. Flexibility in how a children with EBDs interact with activities, balance in the program provided, and preparedness in anticipating the problems

that may arise are three principles that aide integration. This in turn leads to a recreation environment that is both safe and fun.

Chapter Summary

There are several key components that staff should be aware of when creating an integrated environment. Further, they should examine their own perceptions and encourage others to have a positive attitude towards children with EBDs. Recreation workers who meet regularly and discuss issues with parents will bring a more consistent approach to the program. When recreation workers can have a plan for integration ahead of time, be flexible in how they implement the plan, and balance the needs of the program participants, they will see positive results in their integration efforts. Staff should learn these concepts before integration takes place as opposed to learning by trial and error. Children with EBD will thrive in an environment where staff make a coordinated effort to address their needs and are quick to make adjustments when things are not working. This review of the literature provided an overview of current integration practices. In the next section I will discuss how I obtained information from staff who work in integrated settings on a daily basis.

CHAPTER THREE: METHODOLOGY AND PROCEDURES

In this chapter I outline the methodology for my study. I begin with a description of the research methodology and a brief outline of the pilot study. I subsequently outline the selection of the participants for the needs assessment. Instrumentation, data collection, methodological assumptions, limitations, and ethical considerations for the study are then discussed.

Research Methodology and Design

The purpose of my research was to make recommendations for a handbook for integrating children with EBDs into recreation programs by interviewing experienced recreation workers. A handbook on integration for recreation staff will help increase staff confidence and their effectiveness working with children who have EBDs. There have been numerous calls in the literature for recreation workers to be better trained in integration (Brennan et al., 2003; Herbert, 2000; Hutchison et al., 2008; McGhee et al., 2005; Rosenzweig et al., 2008). Unfortunately, the resources necessary to bring experts in to train staff in integration are not always available. Laying the groundwork for a handbook based on expert recommendations is an alternative to costly training.

In order to make recommendations for a handbook that was both practical and informative, I conducted a needs assessment with expert recreation staff using a grounded theory approach. Grounded theory was developed in the 1960s by sociologists Glaser and Strauss (Charmaz, 2006). Grounded theory runs contrary to the more positivist deductive approach where data are collected in order to confirm or disprove a hypothesis that has already been developed; rather, it is a qualitative research method by which data are used as a source to generate themes and theories about a process.

To generate data for my handbook I used a qualitative semistructured interview format targeting recreation workers who had extensive experience integrating children with EBDs. I analyzed the themes that arose from each participant's perceptions of his or her experiences to improve my understanding of the issues surrounding integration of children with EBDs. From these themes, I compiled recommendations for a handbook based on what staff felt was important for integration.

Pilot Study

I developed an initial set of questions for the needs assessment based on reoccurring themes in the research literature. A full description of this process can be found in the next section on Instrumentation. I piloted the list of questions separately with two participants who had experience with integration in recreation settings. One participant was a fellow graduate student at who had several years of experience working with children with EBDs. The other was a recreation staff member who had worked with children with EBDs for nine years. Both participants were over 19 years of age. Neither pilot informant took part in the actual study.

I took the informants through the interview schedule as if I were conducting the needs assessment. I did not, however, record or transcribe their responses. I explained the purpose of the study: to make recommendations for a handbook to help staff integrate children with EBDs into recreation programs. After going through the interview process, pilot study informants were given a copy of the list of questions and asked to suggest any changes that would improve the clarity and quality of the questions. Finally, they were asked if any questions should be added or omitted from the list of questions. The whole procedure took under an hour to complete for each informant.

Based on feedback from the pilot study, I changed the wording of certain questions and removed other questions from my initial interview schedule. For example, I removed a question from the needs assessment that asked “Do you think that integrating children with EBDs into recreation programs is important?” because both my supervisor and one pilot study participant felt the question would not generate good data. The question was replaced with: “What do you see as the biggest benefit of integrating children with EBDs into recreation programs?” After piloting the questions and reviewing the list with my supervisor, I began conducting the needs assessment.

Instrumentation

The initial set of questions for the needs assessment was based on the literature I had collected on emotional behavioural disorders as well as my own personal experiences integrating children with EBDs into recreation environments. The final list of questions is presented in Appendix A. Question 2 was based on anecdotes of successful integration mentioned in certain studies (Brannan et al., 2003; Brennan et al., 2003; Cross et al., 2004; Hutchison et al., 2008). Question 3 was based on research that has pointed to the benefits of integration (Durlak et al., 2010; Hedrick et al., 2009; Hutchison et al., 2008; Rosenzweig et al., 2008). Questions 4, 5, and 6 dealt with challenging behaviours in integration and were all inspired by the following research articles: Brewin et al. (2008), Fullerton (2003), Herbert (2000), Jinnah-Ghelani and Stoneman (2009), McGhee et al. (2005), and Scholl et al. (2005). Question 7 dealt with strategies managing difficult behaviours. This theme was brought up in the literature (Brennan et al., 2003; Miller et al., 2009; Mulvihill et al., 2004). Modeling behaviours was the subject of Question 8 and also a topic discussed in certain researchers (Dellamattera, 2011; Hutchison et al., 2008).

Question 9 was about working with parents (Brewin et al., 2008; Jinnah-Ghelani & Stoneman, 2009; Rosenzweig et al., 2008).

I also included questions based on my own experience working with children with EBDs. I worked for two years as a recreation program coordinator and another 6 years as a recreation staff at a number of community centers. Many of the questions already mentioned also coincided with my personal work experiences. However, one question was based primarily on my experience rather than the literature. Question 10 asked about administering medication. I was part of a program where a child with an EBD did not receive his medication when required and ended up having a strong withdrawal reaction. I therefore included question 10 despite not seeing any reference to it in the literature. Questions 1, 11, 12, 13, 14, and 15 were created more to gather additional data on handbook format as well as general interview questions and not derived specifically from the literature or experience.

After incorporating the suggestions from the pilot study, my supervisor and I reworked the wording of the question list to improve the clarity of the questions. We grouped the questions into the following four sections: benefits, challenges, best practices for integration, and questions on the handbook itself. Other changes to the original interview guide included removing questions that were redundant, adjusting questions to avoid biased language, and changing certain terms so that they would be more familiar to recreation staff.

The validity of the needs assessment was supported through the process of triangulation in the construction of the questionnaire. Triangulation is a process of verifying an observation using at least three separate sources (Yin, 2011). The questions

for the assessment were based on my own experience in the recreation field as well as what was identified in the literature as the most salient issues for integration. These two sources were added to the perspective of knowledgeable others: my supervisor and the two pilot study participants.

Selection of Site and Participants

Each city recreation program is structured differently and operates in a different community context. Previous research on recreation staff has attempted to capture the variation in recreation programs by sampling from multiple cities and locations (De Shipper & Schuengel, 2010; Herbert, 2000), outdoor camps (Brannan et al., 2003), or community centers (Jinnah-Ghelani & Stoneman, 2009; Miller et al., 2010). I selected staff from two different community centers in a large Ontario city. I had previously worked at each community centre. As a result, I had access to e-mail addresses of experienced recreational staff because of previous contact with them or their coworkers. Staff were selected from both centers in order to obtain more diversity in the data gathered. To generate enough credible data from a small number of interviews, I used the following criteria when recruiting participants for the study:

1. Experience: I wished to interview experienced childcare workers. Therefore only recreation workers who had worked for six or more years with children who have EBDs were invited to participate. In addition, participants had to be at least 25 years of age and still be working in the field. This meant that they should be more committed and potentially more reflective about their practice. These criteria established a minimum level of experience for participants included in the needs assessment.

2. Leadership: Camp counselors have valuable information to share for a needs assessment. However, camp coordinators are the ones primarily responsible for training staff, dealing with difficult situations between children in the camp, and talking with parents when issues arise. Camp coordinators normally begin working as camp counselors so they can speak from both perspectives. Part of a coordinator's role is to assess how individual children, parents, and staff impact the program as a whole. This additional scope increased the depth of experience that participants could draw from when responding to questions. For example, Question 9 of the needs assessment was about the challenges of dealing with parents of children with EBDs (see Appendix A). Consequently only participants who had experience as coordinators were selected.
3. City workers: Literature in special needs integration focuses either on overnight camps (Brannan et al., 2003; Brennan et al., 2003; Hutchison et al., 2008) or city recreation programs (Armstrong & Armstrong, 2004; Kishida, Kemp, & Carter, 2008; Raspa, McWilliam, & Ridley, 2001; Scholl et al., 2005). I only asked staff that worked in city recreation programs to participate. This made the data between the two centers more comparable. It also was logistically easier to arrange face-to-face interviews with staff because they would be more likely to be in the city during the summer months when I conducted the interviews.

Four community centre staff who met all the above criteria took part in the needs assessment. Four participants is a small sample size. However, it was sufficient to support the findings of this study. Charmaz (2006) discusses the idea of theoretical saturation in

qualitative research. Theoretical saturation occurs when the data gathered are sufficient to support the level of analysis and ultimately conclusions made (Charmaz, 2006). In order to get a sense of the main issues in special needs integration, four face-to-face interviews with experienced staff were sufficient to achieve theoretical saturation. Before conducting the needs assessment, however, reliability of the instrument was also verified by knowledgeable participants described in further detail in the Pilot Study section.

Field, Classroom, or Laboratory Procedures

Five recreation staff met the selection criteria listed in the preceding section on Selection of Site and Participants. I used my Brock e-mail account to send a letter of invitation informing staff of the purpose of my study and the types of questions I would ask them for the needs assessment. If I had recruited participants by phone or in face-to-face conversation, they might have felt more pressure to participate in the study. By using e-mail as a first point of contact, the pressure potential participants felt to agree to an interview was minimized.

All five individuals responded to my initial e-mail. Four of the five potential participants consented to an interview. The individual who declined cited a lack of time as the reason for not participating. A profile of the participants is displayed in Table 1. The participants were among the longest serving recreation staff at their respective centers. Had I not obtained at least four participants from my original sample I would have continued e-mailing other counselors at each centre who met the selection criteria. I would then have resorted to a snowball-sampling method by contacting program directors at other community centers and asking them to provide recreation staff that met my selection criteria with a copy of my letter of invitation.

Table 1

Participant Profiles

Name	Number of years experience working in recreation	Age group of children most commonly worked with	Positions held in recreation
Participant 1	10	6-14	After-school coordinator Camp counselor Youth camp coordinator
Participant 2	10	9-16	Camp coordinator Camp counselor Youth program director
Participant 3	8	8-14	Camp coordinator Camp counselor Community theatre stage manager
Participant 4	18	3-5	After-school coordinator Camp counselor Preschool coordinator

In the e-mail I included a letter of invitation describing the purpose of the needs assessment and inviting potential participants to take part in an interview. The letter of invitation clearly stated that participation was optional and that all records linked to participants would be kept confidential. In addition, I provided participants with my Brock e-mail address to contact me if they had any questions about the needs assessment. I also promised to send participants written excerpts of any anecdotes that I planned to adapt from their responses. After receiving consent from the participant, I proceeded with the needs assessment.

The primary objective of the assessment was to gather in-depth feedback on the integration process. This line of inquiry is best explored in a method where a two-way interaction between researcher and participant is possible (Charmaz, 2006; Yin, 2011). Therefore, I used a qualitative semistructured interview format to conduct the needs assessment with participants. The semistructured nature of the interview allowed both the participant and I to divert from the schedule when we needed a part of the interview clarified. For example, when discussing modeling important skills (see Appendix A, Question 8) one participant asked:

Participant: What do you mean by important skills?

Interviewer: That's a good question. So looking at important skills I guess in a recreation centre sense deals with more social skills: how you interact with each other as staff, how you interact with the kids, how you go through those day-to-day processes. Like looking at a recreation staff as a model for good behaviour.

Participant: Yeah, ok, that's ok. Patience is one of the most important...

Data Collection and Recording

Once a staff member had expressed interest in being interviewed I replied via e-mail asking them for a time and place that would be most convenient for him or her. I wanted participants to be comfortable in their surroundings so I let participants choose where the interview took place; however, I asked them to select a room that was:

1. Relatively quiet so as not to interfere with the recording.
2. Free of other people so that the interview could take place in privacy.

Two participants chose to be interviewed in their homes; the other two chose private rooms at community centres where they worked. Were I to repeat this study I would have suggested a more neutral setting than the participants' homes because it may have placed me at an unnecessary risk. At the time I was focused on accommodating what was most convenient for participants. In this case I was fortunate because all the participants ended up being deserving of my trust.

I sent an interview guide along with a consent form to those who agreed to participate 24 hours before the interview was scheduled to take place. I went over the consent form with participants and answered any questions or concerns they had. Completed consent forms were stored in a locked room to which only I had access. I reminded participants that the interview would be recorded, that they could refuse to answer any question with which they were not comfortable, and that they could withdraw from the interview at any time without penalty. Once they had completed the consent form, I started the recorder and began the interview following the interview guide found in Appendix A.

The interviews were recorded using an RCA RP5120-A digital voice recorder. The audio files for the interviews were uploaded to a MacBook. The audio recordings of the interviews were kept on a computer in a locked room until I have completed my degree at which point they will be erased. I played the recordings using Quicktime and transcribed them in Microsoft Word. The participants' name and title were asked as part of the interview. I replaced any names, places, or organization with pseudonyms in the transcripts. Participants received a copy of their transcript and a feedback letter within 4 days of the interview via my Brock University e-mail account. I asked participants to indicate any piece of the transcript they wanted changed to protect their identity. Participants could also indicate their interest in receiving a copy of the MRP after it has been finalized and approved by my supervisor and the Department of Graduate and Undergraduate Studies in Education.

Data Processing and Analysis

The goal of the needs assessment was twofold. First, I sought to establish what experts in the field perceived as the main issues for integration. I analyzed the major themes from the needs assessment by comparing the themes between interview transcripts. I then used inductive analysis to identify what material the handbook should provide. Secondly, the needs assessment was a means of collecting key information and case studies to incorporate into a handbook. These were the more concrete examples of integration as opposed to the conceptual ideas sought in the first goal. Challenges to integration in the literature that resonated with the themes from the needs assessment were considered as potential case studies for an integration handbook. Recommendations were therefore a combination of the needs assessments and resources to which

participants referred me. These materials were also supported by information from the recreation, education, and psychology literature.

I initially went through each transcript coding line by line in Microsoft Word. Each of the participants' thoughts I deemed relevant was labeled with a short subtheme. For example, I assigned the subtheme *Child Communication* to the following excerpt: "How do you communicate with this kid when he was too young to read, won't listen to you, won't talk to, doesn't talk to his parents really, right?" [Participant 2]

I coded the transcripts in chronological order of when the interview took place. Once I had completed coding the first transcript, I grouped similar subthemes together into broader themes. For example, *Child Communication*, *Parent Communication*, and *Staff Communication* were all grouped into an overarching theme: Communication. This process was repeated with each subsequent transcript highlighting themes and subthemes that occurred multiple times or in multiple transcripts. The final list of themes is displayed in Table 2. I removed subthemes that appeared fewer than twice throughout the transcripts and assigned multiple subthemes to sections of text where I determined that subthemes overlapped. I assigned the following excerpt the subthemes *ADD/ADHD* (Attention Deficit Disorder / Attention Deficit Hyperactive Disorder) and *Being Organized*:

With ADD and ADHD you're always going to have, you know, particular times where maybe you weren't keeping things (*snaps fingers*) going and there was a drag and then they got distracted and, you know, weren't focusing and then cause either trouble or distractions or whatever. (Participant 1)

Table 2

Themes and Subthemes From Interview Transcripts

Theme	Subtheme	Transcripts where subtheme occurred ^a
Communication	Child communication	1, 2, 3, 4
	Parent communication	1, 2, 3, 4
	Staff communication	1, 2, 3, 4
Facilitators for Integration	Time in program	1, 2, 3, 4
	One-on-one workers	2
Integration Results	Challenge	1, 2, 3, 4
	Success	1, 2, 3, 4
Perceptions	Stigma	1, 2, 3
	Treating all children treated equally	1, 2, 3, 4
Specific Emotional Behavioural Disorders	Autism Spectrum Disorder/Asperger's	1, 2, 3
	Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder	1, 2, 3, 4
	Anger/Violence	1, 2, 3
	Down Syndrome	2
	Oppositional Defiant Disorder	2, 3
	Selective Mutism	2
	Tourette's Syndrome	3
Strategies for Integration	Balance	2, 3
	Being Organized	1, 2

Theme	Subtheme	Transcript where subtheme occurred ^a
	Children Themselves Providing Solutions	2, 3
	Consistency	1, 2, 3, 4
	Finding Outlets	1, 2
	Flexibility	1, 2
	Knowledge	1, 4
	Patience	1, 2, 3, 4
	Recruiting Other Children For Help	2, 3

^a Transcript numbers correspond to the pseudonym assigned to each participant. (i.e., Participant 1 is represented by a 1.

I used the literature review and my own experience to organize and label the themes and subthemes. In addition, I compared each transcript with the list of themes and subthemes to ensure that no important ideas had been left out. Although views differed among participants, the main themes that emerged from the analysis bridged all four interviews.

Methodological Assumptions

This study could not have proceeded without making the following assumptions. First, the study assumed that some form of handbook would be a useful tool for imparting information on integration practices to recreation staff. Recreation staff often work with qualitative information in their practices (Kishida & Kemp, 2010). Therefore, the fact that this study draws on anecdotes from experienced recreation workers should help staff internalize the information. In addition, the recommendations should be useful because many recreation programs experience high turnover rates and incoming staff will have a greater need for guidance in integration than experienced staff who tend to be in the minority (Armstrong & Armstrong, 2004; Brennan et al., 2003; Kishida & Kemp, 2010).

In regards to the interview process, I made several important assumptions. First, I assumed that experienced recreation staff would be able to provide useful data from which to make recommendations on a handbook. Past research has highlighted the importance of recreation workers as a source for studying integration. Herbert (2000) notes “it is important to assess staff perceptions when providing therapeutic adventure” (p. 212). Brennan et al. (2003) also interviewed 38 recreation staff specifically on practice strategies for integrating children with EBDs. Brennan et al.’s research was similar to this study, however they focused on integration in overnight camp staff as opposed to those who work out of community centres. Though overlap exists, the

challenges staff face with integration in these two environments is different. I also assumed that more seasoned staff would have a more useful perspective on recommendations for a handbook on integration than newcomers. One final assumption I made was that a 45-minute interview and subsequent member check would provide me with sufficient opportunity to gather this information from staff.

Limitations

The needs assessment was limited by several factors. The temporal and fiscal constraints of this research meant that the sample size for my needs assessment was small ($n = 4$). This may have limited the diversity of perspectives and experience provided (Yin, 2011). However, because of the purposive sampling strategy used, the four participants all represented a wealth of experience (over 46 years) with integration. The data from their experiences was sufficient to accomplish the research objectives. Each recreation environment is unique so no handbook could accurately represent every situation where integration takes place. I anticipate, however, the recommendations for a handbook are adaptable enough to be useful in many recreational contexts.

The variety of perspectives in my needs assessment was also limited to recreation staff (Law et al., 1998). I would have had a more comprehensive picture of special needs integration if I had conducted a needs assessment with all relevant stakeholders in a recreation program: recreation staff, program directors, parents, and children (Brennan et al., 2003; Scholl et al., 2005). While comprehensive research of this sort is important, another approach has been to focus on recreation staff to develop integration strategies (Herbert, 2000; Hutchison et al., 2008; Kishida & Kemp, 2010). The primary purpose of

this study was to improve the abilities of recreation staff to integrate children with EBDs so it was most important to obtain feedback from staff themselves.

One limitation of this study was the biases that I may have carried with me due to my seven years of experience in recreational settings. For instance, I may have overrepresented the importance of recreation workers in the integration process over that of parents, recreation centre directors, volunteers, and the children themselves. My previous experience, however, was also a strength. It provided me with a solid foundation of knowledge from which to approach research in this area. I also had access to expert staff that outside researchers would have had difficulty obtaining because of my experience working in the recreation field. Despite the limitations listed above, this study generated a significant amount of useful data from which to propose recommendations on training material for integration.

Establishing Credibility

Triangulation, member checks, and participant selection all served to add credibility to the needs assessment. Triangulation of results occurred at several steps in the research process. Perspectives from two community centers and multiple staff helped confirm the importance of certain themes. These findings were also supported by two further sources of data: my own personal experience as a recreation worker and research from the literature.

Member checks occurred promptly after each interview. Participants were sent interview transcripts within four days of the interview. They were instructed to make any necessary changes to the transcripts in order to protect their identity. Credibility of the participants themselves was established through the selection criteria. Participants had all

worked as program coordinators and had all had a minimum of six years experience integrating children into recreation programs. Recreation workers with less years of experience or who had not occupied a leadership role would not provide the same amount of credible information in the same interview format.

Ethical Considerations

This research was conducted with the clearance of Brock's Research and Ethics Board, File 10-222 – Simmons. The primary ethical consideration of this study was the confidentiality of participants. One further consideration was the risk that a participant may feel obliged to participate in the study because of a previous work relationship. To minimize this risk, participants were informed of the nature and duration of the needs assessment ahead of time. The letter of invitation stated that participation was optional. Finally, recruitment was conducted via e-mail so that participants would feel a minimum amount of pressure to take part in the study. Had I recruited participants in person or over the phone, they might have felt more pressure to consent to an interview.

In order to secure participants' confidentiality, all interview data (recordings, transcripts, analysis, etcetera) were kept in a locked room to which only I have access. Furthermore, participants were informed at the outset of the interview that they could refuse to answer questions or withdraw from the study without penalty. Participants were also sent copies of their transcripts and had the opportunity to change any information they felt was too sensitive. To protect participants' confidentiality all personal identifiers were replaced with pseudonyms. This included any mention of names, places, or organizations. All audio and documents containing personal identifiers will be deleted once I have completed my Master of Education degree.

Restatement of the Area of Study

This study was conducted to examine the perspective of experienced staff on best practices for integrating children with EBDs into recreation programs. Face-to-face interviews were conducted with community centre staff selected based on their experience with integration. The case studies and recommendations from these interviews provided a foundation from which to construct a handbook on integrating children with EBDs into recreation programs.

CHAPTER FOUR: RESULTS OF THE NEEDS ASSESSMENT

A needs assessment was performed to gather experienced recreation workers' perspectives on integrating children with EBDs. Semistructured interviews were conducted with four recreation workers who had extensive experience with integration as well as experience leading other recreation staff. I then built categories and themes and subthemes from the interview transcripts using grounded theory (Charmaz, 2006). In this chapter I present the results from this analysis.

The needs assessment results are grouped into four sections. First, I examine what staff had to say about acceptance of children with EBDs. This is followed by a presentation of their thoughts on the role of communication in integration. I then summarize the principles of integration that staff members discussed. Finally, I present participants' recommendations for the format and content of a handbook on integration.

Acceptance of Children with EBDs

Participants in the needs assessment all mentioned the importance of acceptance in an integrated environment. They noted that cultivating acceptance among staff towards children with EBDs was an important consideration in integration. Participants also pointed out that integration is a learning process. They talked about stigma as an obstacle that needed to be overcome for successful integration to take place. Throughout the interviews staff brought up several examples of encouraging positive attitudes towards children with EBDs among the children in their programs. How to handle one-on-one workers in the integration process was also something staff considered over the course of the interviews. When staff fostered an environment of acceptance for children with EBDs the integration process was more successful.

Staff Acceptance of Integration

The participants in this assessment demonstrated an acceptance of integration despite the fact that it could sometimes be challenging. Integration was a challenge but there was a sense of accomplishment in meeting the challenge. All four participants spoke of the satisfaction that came when integration was successful. “It helps the staff because the staff feel great if they can help someone out so that they’re able to enjoy the things that they should be enjoying (Participant 1).” Experience not only teaches recreation workers the necessary skills for integration; they are also more likely to have witnessed examples of its success. This can be a motivating force for staff when they are confronted with future challenges.

By the end of [the program] she was like the child that we used as [an] example to the other kids as far as modeling her behaviour...somebody who might diagnose that child as, like, a problem child to start, to see somebody who goes from that to just the complete opposite and being the one that, you know, children are looking up to. You know, that was a great experience. (Participant 4)

When recreation staff saw the positive effects of integration firsthand, it gave them a positive attitude towards the integration effort. Cultivating positive attitudes towards integration made for a more effective program.

Recognizing the strengths of the recreation setting to provide integration also shaped positive attitudes among staff. One participant described this strength the following way: “The nice part in recreation it, it’s play right? So it’s integrating them...the incentive’s already there. They want to get down to playing and they know

that” (Participant 2). A positive outlook to integration helped staff approach it more effectively.

Integration as a Learning Process.

The participants often pointed out that integrating children with EBDs was a constant learning process. Sometimes their integration efforts were not successful. This was discouraging for some staff. One recreation worker spoke about not being able to get a child engaged in the program. “If you decide that success is, you know, breaking out of a shell or being able to integrate or whatever, then we were unsuccessful” (Participant 1). In spite of this disappointment, unsuccessful integration was also a learning opportunity for staff. They learned to approach the task differently the next time around. In most cases, firsthand experience with integration was valued over written information about EBDs. “We get these blanket terms like Autism Spectrum Disorder, ADHD/ADD. Every single one of them is going to be different every single time and it’s just like you’re constantly kind of filling your arsenal with different strategies” (Participant 2). It is important for staff to reflect on both the successes and failures so that they can modify their approach to integration. They should be ready to find new ways of doing things when their first approach does not seem to be working.

Participants also spoke about how integration seemed more daunting in their early work experiences. One interviewee described an experience he had early in his career with a child who had an EBD that none of the staff had encountered. “Just getting to know, you know [laughs], jumping in the deep end right away dealing with that particular child just because nobody had worked with anybody like that before” (Participant 4). When staff were working with children who have EBDs for the first time, they

sometimes found it intimidating. However, “jumping in the deep end” was seen as preferable to avoiding a challenging situation for fear of making a mistake.

New staff should be encouraged to engage with children with EBDs to increase their confidence. Ideal times for this were when there was an experienced staff close at hand to provide feedback and a safety net. That encouraged new staff not to feel overwhelmed by the challenges of integration.

Stigma

All four participants in the needs assessment mentioned stigma. However, most of the comments made surrounded the positive effect that integrated environments had on combating stigma. Staff saw an integrated program as an excellent opportunity for addressing misconceptions surrounding EBDs. One recreation worker suggested that integration was a learning experience for children in the program who did not have an EBD. “It helps the kids because it teaches them not to prejudge and to have patience with people and to get to know people” (Participant 1). Participating in an integrated environment was already a step towards encouraging greater acceptance of children with EBDs and dispelling stigma.

Staff needed to be quick to observe stigmatizing behaviour and correct it. An interesting point brought up by one participant was that children with more visible EBDs were often more easily accepted by their peers. “It seems that the more I guess visible the impairment is with the child the quicker they are, the kids are, to ‘ok, let’s go partner up with them’” (Participant 2). It was more difficult for children to accept a child with disabilities that were not as visibly obvious. A child with an EBD was sometimes perceived as more at fault because their behaviours were seen as entirely under their

control. These are situations where staff needed to work harder to resolve misunderstandings.

One participant pointed out that integration was a way to combat assumptions about EBDs held by both staff and children.

You learn yourself to deal with people with different views. It's great for the children to learn to deal with somebody who's different than they might be...it's a learning environment for everybody where they can pick up dealing with different types of people in a setting where it's controlled. (Participant 4)

Staff have not necessarily encountered children with EBDs before working in recreation; it was sometimes a learning opportunity for them as well. Another important idea from the previous quote was that a controlled setting helped combat stigma. When a staff member is quick to address problems such as bullying or teasing, then it creates a safer, more controlled environment for children to learn how to socialize.

Parents of children in the program sometimes stigmatized children with EBDs. When asked about working with parents, one staff member had this to say: "There may well be the stigma...you do have other parents who may or may not be able to exhibit a level of understanding themselves. And the 'oh so-and-so's kid, right, that child'" (Participant 3).

Staff should be aware of this and be prepared to address parents' concerns in a courteous but firm manner. However, experienced staff and coordinators were often the ones to deal with major concerns from parents.

No child in a recreation program should have to experience stigmatization. Unfortunately, children with EBDs are often faced with this experience. When staff

worked to dispel stigma, they created a healthier camp environment that taught children in the program acceptance.

Encouraging Positive Perspectives

Recreation workers spoke about fostering positive attitudes for integration. One participant suggested that to foster a positive perspective staff members should focus on what children with EBDs did well as opposed to what they struggled with. “Looking at what they can do versus what they can’t do, playing to their strengths, talking to them and interacting with them like they’re just part of the camp” (Participant 2). When staff found ways for children with EBDs to excel, it promoted acceptance among the other children in the program. For example, one child who struggled in the regular after-care program was also enrolled in a theatre program at the same center.

The enthusiasm and the joy he took out of it was evident and definitely became a well-liked member of the group based on that and had an avenue with which to use his energy and his particular personality condition aside. It was irrelevant in that situation. (Participant 3)

It is interesting to note that theatre was mentioned as an outlet for a child with an EBD at another recreation center as well.

To try and keep him positive with our sort of behaviour managing of him, we found one of his favourite things to do was to put on plays...So at the end of the week it became this, everyone was looking forward to the next Brendon [Name changed] play. It was fun. (Participant 1)

Whatever the outlet might be, for a child with an EBD to be able to share it with the rest of the program was rewarding experience for them. It also helped other children get to

know the children with EBDs and, in the case of Brendon, probably increased his own confidence and comfort level with the program. It is important that staff engage children with EBDs in order to find these outlets.

Recreation workers in the needs assessment emphasized the idea of treating children with EBDs the same as they would any other child in the program. For example, one participant described using this strategy with a child who had Asperger's syndrome. "He was treated no differently than any of the other kids in the program, apart from the fact that sometimes if he just didn't want to or was unable to do some of the things that we were doing" (Participant 1). Both children with and without EBDs will sometimes not feel up to participating in an activity. From time to time staff made allowances for children with EBDs. However, they had to be careful not to make so many allowances that children with EBDs were perceived as receiving different treatment. When one participant was asked about challenges to integration, he spoke about the negative reaction other children had when too many allowances were made for a child with an EBD.

It turns out to be a huge distraction for both staff and the other kids who kind of look at this kid and say 'Well why do I have to play this game, this person can go off and do whatever they want,' right. It's hard to explain. (Participant 2)

When children with EBDs are perceived as constantly getting differential treatment, it can isolate them from other children in the program. Treating children equally also applied to enforcing camp rules. Staff had to ensure that children with EBDs internalized the rules. "Don't let certain things go for certain kids, or don't let them get off on certain things that you wouldn't let other kids get off vice versa. They have to see that it applies

to everybody” (Participant 3). By enforcing camp rules, staff taught children with EBDs important life lessons. It also reinforced the concept of equality among all children in the program. The idea of treating children equally when it came to dealing with difficult behaviours was a reoccurring topic throughout the interviews. “It was just simply I’m going to treat them exactly like I treat everybody else in terms of discipline and I’ll just have to be very patient and precise in some situations” (Participant 3). When children with EBDs are treated equally it improved their self-worth and reinforces the perceptions of equality in the program. Both in making allowances and dealing with behavioural issues, it was important for staff to be as even-handed as possible.

Modeling appropriate behaviour as staff was an important part of integrating children with EBDs into the program. Participants talked about staff engaging with a child who has an EBD as a way of modeling appropriate behaviour to other children in the program.

Talking to them and interacting with them like they’re just part of the camp, you know just another camper. Modeling this as adults passes it on to the kids. ... And if they see that example coming from us it’s more likely to resonate from them as well and show up again in their interactions with this child. (Participant 2)

Children will often take cues from staff in terms of how to behave, especially in novel situations where they may, at first, be uncertain of how to react. One staff member spoke about the importance of modeling engagement as early as possible when children with EBDs arrive in a program.

Engage right away and they feel comfortable right away which is much more likely to curb any potential misbehaviour early and it shows that the child is

interacting with the staff on the first day all the other kids are much more comfortable. (Participant 1)

Recruiting peers to help model behaviour was another strategy used by some participants interviewed.

Kids socialize based on watching peer-groups interact, they see other people there doing this sort of thing, they'll be more inclined to in the future. So you don't have to overly reward it or anything like that, it's just set the, have them help set the example. (Participant 3)

When staff and children modeled positive engagement with children with EBDs, it became the norm for the other children in the program to follow. The more positive examples of engagement children were presented with the greater the chances integration would be successful. Recreation staff suggested finding outlets, treating children equally, and modeling engagement as ways to encourage positive perceptions. Positive perceptions of children with EBDs facilitated integration into the program.

One-on-One Workers

Working with one-on-one workers was only spoken about in one interview transcript. However, the participant mentioned it as an important consideration in the integration process at several points in the interview. For example, he mentioned that there are some times when peer support was not enough and the child needed one-on-one support. "Instances where you have the other children in your program is great but sometimes it just takes a one-on-one interaction with the staff and the child" (Participant 2).

The participant also discussed both positive and negative experiences with external one-on-one staff: workers who were assigned from outside the recreational program to provide support for a child with an EBD. Sometimes these one-on-one workers were trained to support children who had EBDs and were an asset to the integration process.

When we have a child sent to our program with an EBD who has a special needs training support worker, it's no problem integrating them to our camp because they know how to work with that child...the staff learn from them too...But again, I think it's just the availability that needs to pick up. (Participant 2)

Qualified support workers were an educational resource to other staff. They also helped keep children with EBDs engaged in activities and encouraged socialization with other children. However, qualified one-on-one support workers were not always available. Sometimes the quality of the one-on-one support was lacking.

It's kind of fifty-fifty the support staff...I've found when it's a child being sent with say their 15-,16-year-old cousin who knows the child but doesn't necessarily know how to work with the disability on a regular basis that's where it gets a little bit complicated. (Participant 2)

The interviewee went on to say that these one-on-one support workers did not encourage the child they were supporting to join in the activities. They often just stayed apart from the group with the child they are supporting. One-on-one support was more helpful when the support workers had received some training to complement their familiarity with the child who had an EBD.

Section Summary

This section dealt with perceptions and how they influenced the integration process. First, I presented the participants' thoughts about staff attitudes to EBDs in recreation. They also talked about integration as a learning process. The effect of peer and parental stigma on children with EBDs was then discussed. This was followed by an examination of how staff could foster positive perceptions of integration. In closing, I presented the benefits and drawbacks of one-on-one support workers. These were the main issues surrounding acceptance of EBDs that participants discussed with me over the course of the needs assessment.

Communication Facilitates Integration

Throughout the interviews, participants stressed good communication as a criterion for effective integration. There were three main types of communication brought up in the interviews: parent-staff communication, staff-staff communication, and child-staff communication. This section covers what interviewees in the needs assessment had to say about each of these types of communication

Parent-Staff Communication

Staff opened up dialogues with parents right at the outset of the program. Pick-up and drop-off times were often when staff took the opportunity to comment on a child's progress with parents. During these times, it was important to discuss the positive moments as well as any difficulties a child may have had during the course of the day.

It is definitely mentioning the good as well as the bad, right. It's not just coming to them every day and saying 'well it was another one of those days.'...especially when they exhibit something that goes contrary to previous behaviour in a

positive sense...the more you do that, the more comfortable I think they [the parents] are with you, the more likely they are to tell you about other things as well. (Participant 3)

When staff kept a line of communication open with parents, it reinforced the parents' trust. Parents who trusted staff were more inclined to share information about their child with staff.

It was often necessary to keep parents informed when their child was having problems in camp. One participant described a case where he discussed a problem with both child and parent during pickup.

Explaining to him why it wasn't ok when it happened, and then explaining the situation when mom got there and sort of what we had talked about... So the mom didn't feel that sort of we were asking her to discipline the son at home. But that she was aware of the situation and that the child was also aware of the situation. (Participant 1)

It was important that the child was present while the staff was communicating with the parent. This reinforced for the child that there were certain standards of behaviour that were consistent between home and the program.

It is sometimes intimidating to discuss behavioural management with parents. However, when parents were updated on difficulties, it often led to positive outcomes.

When her dad came in she like, running up to her father almost proud to tell him that, you know, she had this problem in camp, she was able to work through it, we wrote down all these strategies that she can deal with it and all this sort of thing

right? And notable improvement throughout the rest of the week and her behaviour and all that. (Participant 2)

Building a good rapport with parents helped staff encourage good behaviour. It also provided them with the parents' knowledge of their child to help problem solve when difficulties arose. When staff and parents kept each other updated, both were better prepared to address the needs of the child.

Interview participants expressed frustration over the fact that certain parents of children with EBDs were difficult to talk to, even when a staff made every effort to engage with parents. It was not always possible to maintain open communication when the parent was unwilling to make an effort. "I find over the last 10 years we've had parents who either will not tell us what the problem is...or they do and it's just written on a piece of paper, there's been no face-to-face, there's been no talking" (Participant 1). "Sometimes parents just don't give us details. That's obviously [*laughs*] very frustrating" (Participant 2).

Accept that parents may just not tell you jack or may not have helped in anyway.

Sometimes you and your staff may well be on your own with it. Whether or not they've been diagnosed, the parent may just 'oh yeah, pills here' [Participant 3]

Parents who communicated with staff provided them with a more complete picture of what their child felt about the program. It was, therefore, frustrating for staff when parents of children with EBDs would not communicate with them. The only information staff then had was what they saw from the child in camp.

We've had incidents where children have been dropped off without any explanation from the parents of any disability or anything...then we have no idea

what we're dealing with until we have a child whose screaming out of frustration and we're not sure where to start. And unfortunately with a couple of those incidents we weren't able to integrate the child because of the parent not communicating with us. (Participant 4)

The negative impact on the child with an EBD was sometimes expulsion from the program. With stakes so high it was important that staff made every attempt to reach out to parents early on in the process. However, staff had to be prepared for situations where parents might not be able or willing to help them with the integration process.

Despite their expressed frustration, participants understood why some parents of children with EBDs were hesitant about disclosing information.

You have a lot of parents who grew up, you know, 20 years ago where it wasn't ok to have emotional behaviour problems it was sort of 'that's a mental problem' you know 'we're not going to talk about that.'...it's almost like they're embarrassed that their child has whatever which really should not be the case (Participant 1)

Mental health issues were perhaps less openly talked about in the previous generation and many parents of children with EBDs grew up in an atmosphere where nondisclosure was the norm. Another reason parents kept information to themselves related to present day negative perceptions.

It, sort of the expectation is with some parents, it's kind of the stigma of, 'my child has this that and the other' and if they, 'if we said it to them they might tell us no, he might not be able to get in.' (Participant 2)

Staff ability to empathize with a parent's situation improved communication even when parents were guarded. Participants valued the benefits of open communication with parents of children with EBDs.

Nobody knows the child better than their own parents, right? So it's having them come and observe the program... give us a little bit of heads up about how we can start those adjustments accordingly ahead of time which gives the staff in turn time to brainstorm. (Participant 2)

Information from parents helps staff better understand where the child is coming from and helps staff plan ahead of time to make integration work.

Staff-Staff Communication

Participants spoke about the confidence that came when staff communicated with each other in early training and throughout the course of a recreation program. They recommended that early meetings be used to familiarize staff about EBDs so that they felt more confident when the program began.

If you had easy to access resources on, you know, explanations of these types of things that you could A) go over in early year meetings and then touch up on at meetings during the year and the staff could look it up if they were ever uncomfortable at home, it would be much easier to integrate. (Participant 1)

At the same time, coordinators had to be careful not to overemphasize a child's EBD.

When children with EBDs did not need special considerations, then a coordinator would briefly mention the disorder but not spend much time on it in a meeting. "The risk is if you sort of, a child gets registered and, boom, right away you have a staff meeting to talk about this one child you put potentially an unnecessary amount of importance,

significance, attention, on that child” (Participant 1). A judgment call was made by the coordinator based on the information he or she had available from parents. As long as it was deemed important enough to bring up in early staff meetings, information about EBDs helped staff to be consistent in how they approached integration.

Participants repeatedly mentioned consistency as a benefit to effective staff communication. They emphasized the importance of staff updating each other throughout the day.

It’s just making sure that everybody’s on the same page...so it’s not just one person who, you know, knows all the information about the child. It’s that everybody knows what we’re dealing with and how, you know, how we can make the experience a good one for the child involved. (Participant 4)

Staff need to be made aware of incidents that occur throughout the day so that they are more alert. In large programs, staff cannot be watching all children at every moment. Cuing staff on who and what to look out for was an effective way to improve overall supervision.

It would be frustrating as a staff when you’d be encouraging him to try one thing and he goes and asks another staff to help him out with it and the other staff just does it for him because he knows that he can. (Participant 2)

Without ongoing communications, staff were sometimes inconsistent in how they dealt with children. Consistent messages from staff could improve what children with EBDs take from a recreation setting.

Staff communication was important for integration because it increased the confidence of less experienced staff. Furthermore, it provided all the children in the

program with a consistent environment. Consistency among staff was important to encourage learning opportunities and reinforce the rules of the program that kept children safe.

Child-Staff Communication

Staff rapport with children was a topic that participants often brought up during the needs assessment. When staff were explaining something they needed to be clear, concise, and try to minimize distractions. “Quite often issues that we’ve had, it’s been because a child has been distracted and then didn’t hear a particular rule to a game or an instruction that was given” (Participant 4). When staff did not have a means to get information across to children with EBDs it was often difficult to integrate them into the program. One participant described the challenges of integrating one child who had Autism.

For all intents and purposes he wasn’t a part of the program. Nobody talked to him, he was unable to talk to anybody, he did not want to talk to anybody. The staff weren’t able to get through to him apart from basic ‘don’t do that’ or ‘please stay here’ (Participant 1)

When children had difficulty communicating verbally they would sometimes express frustration through aggression, especially in younger age groups. One participant described an experience with a noncommunicative child in a preschool program.

Instead of being able to immediately address that using their words, it would be toys getting thrown or screaming at high pitches, that sort of thing where it would be immediately that we would be worried about the safety of that child and the other children. (Participant 4)

While recreation programs can be a good place for children to develop communication skills, staff had to find creative ways of reaching noncommunicative children. Movement and images were two alternatives to more conventional communication.

Being a good listener was another aspect to child-staff communication that participants discussed. Children who had difficulty following instructions were often more attentive if a staff was willing to reciprocate.

The worst thing that can happen is when they have a problem or there's something that's going on and the staff doesn't have time to listen to them or sort of gives them the clear 'I'm listening to you but I'm not really listening to you' and then brushes them off. (Participant 1)

Staff need to be able to pay attention to the needs of an individual while still supervising other children in the program. Sometimes having the time to provide a sympathetic ear was all that was required when a child with an EBD was frustrated.

After about 45 minutes of her screaming about how terrible I was and how terrible the camp was it turned into another 45 minutes of her screaming her head off about how terrible she was and about how much she hated herself. And then when we got past all that, we were actually at a point where we were, like it was time to sit down and have a conversation. (Participant 2)

It is unusual for a staff member to be able to provide one-on-one support for an hour and a half. However, the merits of doing so were demonstrated in this case. Good child-staff communication involved both effective talking and effective listening.

Section Summary

Communication was one of the primary skills participants called for when it came to training staff to be effective in integration. Parent-staff communication provided informed and consistent childcare for children with EBDs. Consistency was also a bonus participants cited for developing good staff-staff communication. Staff-staff communication was also used to build the confidence of inexperienced staff when it came to integration. Finally, child-staff communication skills were important to the progress of children with EBDs. Staff needed to find multiple ways of communicating and time to listen to children's concerns. When communication was effective the integrated program ran smoothly. The next section deals with the principles that lead to successful integration in recreation.

Principles to Guide Integration

Participants never relied too heavily on a single strategy in integration. Instead there were several basic principles that participants recommended for integrating children with EBDs. They pointed to flexibility as a key ability for staff to have in running activities and behaviour management. The ability to balance individual needs with those of the program was also important to integration efforts. Participants talked about preparing for integration ahead of time as much as possible. Finally, patience often emphasized as a must for recreation staff working in an integrated program.

Flexibility

Flexibility in how staff ran activities and dealt with issues was important to a recreation program that included children with EBDs. One participant learned to be more flexible as he gained experience working in the recreation field.

People keep going back to their tried, tested, and true methods. I know I certainly did when I first started working in recreation quickly to find out that, you know what, these aren't going to work, not even only with EBD children generally with your average kid too, you know. (Participant 2)

Interview participants also brought up instances where the program was adapted so that children with EBDs could participate. For example, one child with Down's Syndrome had difficulty participating in an activity that involved a climbing course.

There [were] parts that he couldn't do for one reason or another, you know, putting him on staff's back and going through with the staff was a thrill for the kid...he wanted to interact with it but he couldn't on his own so it was... providing him with the means to do it. (Participant 2)

To be flexible, staff experimented with different approaches and then evaluated their effectiveness. Children with EBDs gave the best feedback when it came to evaluating how well an adjustment worked.

Getting the child's feedback on it, you know. If they have the verbal skills to explain to you what they liked and disliked and what worked for them and what didn't work for them in a game. Get them to come and tell you about it so you can adjust the next game so it fits them a little bit better and then needs if it's similar. (Participant 2)

Staff were often directive in guiding the group through activities or intervening when rules were not followed. As a result, it was sometimes difficult to remember to also seek direction from the children in the program. It was during the most directive situations, those involving behavioural management, that input from children with EBDs was most

important. “Getting them into a spot where they feel safe, are able to calm down, and then once everything is calm and steady being able to talk it out with them and discuss alternatives” (Participant 4). “The more you can tailor any sort of discipline to give meaning to them so they understand, you know, ‘what I’m doing is wrong’” (Participant 2). Both quotes underscore the importance of staff imparting meaning when managing difficult behaviours. If the consequences of an action do not have meaning or children with EBDs are in a state where they cannot discuss their actions rationally, then they will not internalize the message a staff is trying to convey.

Feedback from children with EBDs gave staff insight into how to adjust their program and how to address difficult behaviour in the future. When staff learned flexibility, the activities they provided were more tailored to the children in their program. Flexible staff were also more effective at helping children with EBDs internalize the rules.

Balance

The ability to accommodate the needs of children with EBDs and still attend to the needs of the rest of the program was mentioned several times during the interviews. Participants spoke about balancing activities as a means to integrating children with EBDs into their programs. “Leaving the challenge in the game or the activity for the other kids who are up to the challenge but adjusting it so that the other child is challenged but it’s an achievable challenge for them” (Participant 2). Staff observed how children with EBDs engaged with a game and then assessed whether they should modify it. If children with EBDs were consistently struggling with a game or getting frustrated with it, that is when staff needed to step in and provide them with a different challenge.

Let's say a game, any game regardless of complexity and they're not succeeding at it. Regardless of who else is succeeding or failing at it, meeting the goals of the game. The more frustrated they get, you look and go well can I, am I making this too difficult am I not? Ok and should I be making an exception in certain cases.

[Participant 3]

For staff to balance the difficulty of activities so that it is challenging for everyone, they needed a certain familiarity with a child with EBDs. Staff were prepared to scale the difficulty of activities up and down, especially when children were new to the program and staff did not yet know what their comfort level was.

Balance did not always involve adjusting the difficulty of activities. Sometimes staff would give children with EBDs alternative tasks that kept them engaged with the group.

If we were doing something very active and he just didn't want to participate because he, you know, felt that he couldn't compete or, or whatever it was ah, rather than accepting sort of alternative ways to play the game he was more happy to either help out with one of the stations or help out one of the staff. (Participant 1)

When staff were able to balance the activity so that the experience was challenging for everyone, it improved the experience of children with EBDs.

The other kids would still get their camp experience and wouldn't lose anything and at the same time he'd gain, he'd gain everything that he was there to gain. So I think it was getting that balance that is the challenge. (Participant 2)

Staff found balance to be challenging but, when balance was successful, it improved the overall quality of the program.

Balance in an integrated program occurred when staff were attentive to children's abilities and modified programming in such a way that everyone still had fun participating. Sometimes this involved changing the rules of a game; at other times staff would find alternative ways for children with EBDs to be involved in the activity. Balance made the recreational experience more enjoyable for children with EBDs.

Preparedness

Participants recalled that integration went more smoothly when they spent more time preparing for it. One staff member talked about the struggles inexperienced staff had when he was unprepared for integrating children with EBDs.

You have staff who are 16-year old working a job for the first time, not just with kids for the first time...To sort of throw them in the deep end with children who have these types of disorders, that's asking a little bit much. ([Participant 1])

To resolve those challenges, participants collected information ahead of time when they were told about a child with an EBD who would be attending their program. "Anytime I've come upon somebody where we, we don't know enough about their particular disorder, we've tried as much as we can to find out the backgrounds on that child and whatever they might have" (Participant 4). Being prepared to explain games and keep the program moving quickly was another point discussed by participants. It was particularly significant for certain children diagnosed with ADD or ADHD that things ran quickly and smoothly. "The staff need to make sure that they're prepared and everything's [*snaps fingers*] quick as possible but making sure obviously the information gets across"

(Participant 1). Despite the fact preparedness was not mentioned often in the transcripts, it was still an important principle that staff applied to integrative practices. Staff also cautioned that there were times where no amount of preparation was enough for the situation. One staff described two children with EBDs, one who exhibited particularly violent behaviour and another who had selective mutism (he would only speak to children).

Other ones it was more just strategizing and talking to the parents ahead of time and getting information about it. But these were two where I felt the information didn't really prepare us for it just because they're kind of unique. (Participant 2)

The interviewee found these both difficult to prepare for. These situations are where other principles like flexibility and balance were more applicable than preparedness.

Staff prepared for integration by gathering information on EBDs. This improved their confidence when dealing with EBDs they had never encountered. They also prepared by having activities ready so that things ran smoothly. Preparedness is important but it only went so far in supporting integration.

Patience

Most children needed time before they were comfortable with a recreation program. This was no different for children with EBDs. One mistake that recreation workers sometimes made was expecting integration to be immediately successful. As one said, "But I guess my [*laughs*] difficulty was thinking I could change it overnight or in a short, shorter period of time than actually was required" (Participant 4). It took a certain amount of time working in integrated settings for participants to see the benefits of

integration. Several participants spoke about progress achieved when a child with an EBD was integrated into a program over weeks, months, or even years.

So I see a decline of these incidents which tells me that things are getting better; the child tends to use their words more and more. And over, I think it's just over a period of time it gets better. (Participant 4)

“So basically it was a period of time over it where he had a good sense of who he was, what the condition was, and how to best work with it” (Participant 3). Participants cautioned about getting frustrated when they were not seeing results right away. Frustration was seen as contagious to the children with EBDs with whom they were working, particularly when staff were dealing with behavioural issues.

As a staff member, when they see you calm and collected then you're setting an example for them and, you know, they feed off of that. If you're getting frustrated then that's going to just lead to further frustration on the child's part. (Participant 4)

When asked what the most important skill for staff to model was, participants often spoke about cultivating patience. “Patience is one of the most important if not the most important. Staff who have no patience for kids even without emotional behaviour disorders, they will act out more often than not” (Participant 1). Staff need to develop patience. Patient staff have a much better chance of getting through to children with EBDs who are frustrated. They also will have more realistic expectations in the time it takes to integrate children with EBDs.

Section Summary

A number of principles to effective integration were raised over the course of the interviews. The recreation workers who took part in this interview mentioned flexibility as an important principle for integration. The balance of activities so that children with EBDs could participate but other children in the program were still challenged was another principle for integration. Being prepared with pre-program meetings and information about EBDs helped participants integrate children effectively. Finally, staff needed to be patient when waiting for integration to be successful and managing difficult behaviours. Participants learned these principles over years of integrating children with EBDs into recreation programs.

Recommendations for a Handbook

The needs assessment was not only about recreation workers' perceptions and experiences with integration. They were also asked about what format they would like to see for a handbook. Furthermore, what type of content participants would like to see in training material was a topic of discussion. These two issues are the focus of the next section.

Handbook Format

There was no consensus among participants in terms of what format would be best for a handbook on integration. They did, however, agree that a pamphlet format would be insufficient. "I definitely say not a pamphlet. I don't think you get nearly enough information on that. And then they become flimsy and get thrown out" (Participant 1). "Pamphlets I always see as being to the general public not just staff, right. Which I don't think is a bad thing. But if it's strictly to them, they also lack the

permanency, right, of something like a book” (Participant 3). Participants felt that a pamphlet format would not be informative or permanent enough to be of use to recreation workers. They called for something more substantial.

Participants came up with different formats for imparting information about integrating children with EBDs into recreation programs. One participant was against the idea of written information as a means of conveying information about integration.

I’m of the firm belief that the best way to learn about it is to, you know, work with a knowledgeable other...Booklets and stuff like that, I mean they certainly do have their uses...it’s so individually based I’m not sure if the generalization is the way we should be looking into it. (Participant 2)

This participant acknowledged that learning by doing was a personal preference.

Nevertheless, a written handbook on integration does risk making generalizations. Any written format should include a caution to staff that no integration strategy will work every time.

Other participants were more receptive to the idea of some form of written handbook. A book of information that staff could refer to when onsite was one option put forward.

It would be nice if each community centre had one or two books that got put with all the resource books...if parents came in say sort of “what support do you have for my child with whatever”, boom, pull it out and say “it’s right here”.

(Participant 1)

A book could provide extensive information cross-indexed to the various EBDs so that staff could easily find useful suggestions to help a particular child in their camp. As

Participant 1 mentioned, a book can also be used to quickly show parents what type of strategies and information staff have about their child's EBD. Another participant pointed out the drawback of a book format.

A larger book may be more difficult just cause it requires extensive reading and unless I think they're directed to I don't think most staff would tend to. Especially just, you know, one-summer counselors may not really delve into it too deep.

(Participant 3)

First-time recreation staff may find a book on integration daunting and avoid making use of it all together.

A handbook presented in electronic format was seen as more practical to participants than one presented in paper-based format. "That way I'm able to access from home, from work, wherever I need it to do some research I could do it" (Participant 4). The idea of staff being able to access information on integration whenever they wanted appealed to participants. Some participants suggested a website as a vehicle for training staff and imparting information.

A resource website...with sort of the same information but that staff could access on their own time. So if they were at home and you know, "oh I have this great new game for tomorrow but I want to make sure that it's ok for little Johnny" (Participant 1)

A web-based resource would be easy to update and for staff to have access to at their leisure. However, one participant preferred information to be in a Microsoft Word document format as oppose to a website.

Unless it is of course an easy website to remember I know that we do use websites to research things which is a great tool to use. But if it were something having to do with something we were accessing all the time I think a Word document would do much better. (Participant 4)

Websites are sometimes difficult to access or recall. A Word document sent out to staff at the beginning of the program is a stable alternative. Participants provided useful suggestions for multiple handbook formats. Yet the ideal format for a handbook was not consistent among participants.

Handbook Content

Participants were more consistent in their agreement with the content they wanted in a handbook on integration than they were with the format. For the most part, participants found the information they were currently receiving on EBDs too generic to be useful. “[Integration]’s so individually based I’m not sure if the generalization is the way we should be looking into it” (Participant 2). Each child and each group of children was unique, so participants did not feel that generalized symptoms associated with EBDs were useful to their work.

We’re handed out resources from City 1 [name removed] but it’s very generic and it’s the same stuff every year...it’s all very general sort of, if I were taking an intro to psyc or an intro to whatever this would be sort of the section on autism. (Participant 1)

On the other hand, Participant 1 did concede that some general information on each EBD was still useful as a starting point. “I think any book needs to have the nuts and bolts of

whatever the condition is” (Participant 1). Participants agreed that although basic information on EBDs was important, that alone was not enough for their programming.

Case studies were brought up several times as a useful way to teach staff about integration. When asked what sort of content would be useful for a handbook, one participant suggested using experiences drawn from real-life situations. “Specific stories, names removed, from different community centers or different camp settings...different solutions that were taken, and activities that worked well” (Participant 1). Participants especially wanted to see more examples of activities that have worked in integrated programs. “Explanations of why, here are five different games or activities that work very well with autistic children because of x, y, and z” (Participant 1). “Something that has information how to do noncompetitive games with a group... those of us with experience over the years have come up with many games on [our] own. But just maybe for staff who are beginning” (Participant 4). Sample games in which children with EBDs have an easy time participating would be useful to inexperienced staff. They could add these to their repertoire until they get to the point where they are comfortable creating their own activities. For staff to get to that stage, participants suggested providing examples of modified activities.

Activities that give them, that demonstrate how to adjust properly. And not to say this is the be all and end all and the only way you can adjust a program...to give them examples of how you can adjust it. (Participant 2)

Case studies and sample activities were two areas on which participants felt a handbook on integration should focus.

Section Summary

The recreation workers who took part in this needs assessment provided a number of suggestions on the form and content of a handbook on integration. When it came to handbook format, participants disagreed on what would be most effective. However, they provided useful insights into what paper-based and electronic-based formats had to offer. They also agreed that a pamphlet would not provide staff with sufficient information on integration. In terms of handbook content, participants felt that simply listing the characteristics of various EBDs would not suffice. Rather, staff could learn more from case studies and examples of activities that have worked in integrated programs.

Chapter Summary

The participants interviewed in the needs assessment discussed many areas on which staff should focus to become successful with integration. A summary of the findings is displayed in Table 3. Recreation workers had to learn how to encourage acceptance of children with EBDs. To do so, recreation workers had to consider their own attitudes, those of parents, and those of children in the program. When used properly, peers and one-on-one workers were also helpful in this regard.

The participants also placed great value on communication. Communicating with parents helped give staff and parents a more comprehensive idea of a child's progress. When recreation workers communicated well with one another, they were more informed, confident, and consistent in how they delivered the program. For integration to work, staff also needed to be able to communicate well with children who had EBDs. To this end, staff had to be able to listen to a child's concerns and have multiple ways of conveying a message.

Table 3

Summary of Findings

Section	Sub-section
Acceptance of EBDs	Staff acceptance of integration
	Integration as a learning process
	Stigma towards EBDs
	Encouraging positive perspectives
	One-on-one workers influence on acceptance
Communication	Parent-staff communication
	Staff-staff communication
	Child-staff communication
Principles to guide integration	Flexibility
	Balance
	Preparedness
	Patience

Participants had developed a number of principles to effective integration. They needed to be flexible to keep children with EBDs engaged in camp activities. Staff who was flexible often sought feedback from children themselves. Staff balanced activities to keep games challenging for all children in the program. Participants also endorsed preparing for children with EBDs as much as possible. However, they avoided overemphasizing the importance of a child's EBD in early staff meetings. Difficult behaviours often took a while to change. Recreation workers who were effective integrators needed patience to see the success of their efforts.

Participants learned how to integrate children with EBDs mostly through trial and error or through observing more experienced staff work in an integrated environment. Some experience is needed for recreation workers to internalize many of the lessons mentioned by the interview participants. However, the groundwork for these skills can be laid out through information and activities prior to experiencing the integration process firsthand.

The recreation staff in the needs assessment spoke about the benefits of both paper and electronic-based formats for a handbook on integration. Participants thought that an effective handbook on integration would provide recreation workers with sample activities and case studies. The next chapter combines the information from the needs assessment with the knowledge gathered in the literature review to provide recommendations for such a handbook.

CHAPTER FIVE: SUMMARY, DISCUSSION, AND RECOMMENDATIONS

In this chapter I provide recommendations for a handbook on integration of children with EBDs into recreation programs. First, I summarize the research methodology and results from the needs assessment analysis. I then discuss the analysis in the context of the research literature on integration. This is followed by recommendations made on the form and content of an integration handbook for recreation staff. I then provide a few closing thoughts on the outcomes of this study.

Summary

Integration is important for the developmental outcome of children with EBDs, for cultivating an acceptance of differences within our society, and for the economic livelihood of families with children who have EBDs. This study was conducted to improve the ability of recreation staff to integrate children with EBDs into their programs. To this end, a needs assessment was conducted with recreation staff in order to provide recommendations for a handbook on integration of children with EBDs.

In order to produce recommendations for a handbook on integration, I gathered data from experienced staff using a semistructured interview approach. I created an initial interview schedule for the needs assessment by drawing themes from the research literature on integration as well as my own experiences as a recreation worker. The initial interview schedule was then piloted with two participants. Their suggestions along with those of my supervisor were incorporated into the final interview schedule. The resulting list of 15 questions for the needs assessment dealt with benefits, challenges, best practices, handbook format, and handbook content.

Four recreation workers selected from two recreation centers operating in a large southern Ontario city participated in the needs assessment. They were asked to participate because of their years of experience and their leadership roles in integrated recreation programs. Interviews lasted approximately 45 minutes and were recorded by digital recorder. The interview were then transcribed and coded. Themes were established by comparing the common elements between the transcripts.

Several themes emerged from the analysis of the needs assessment. Acceptance of children with EBDs was a major consideration for participants. They spoke about the need to foster positive perceptions of EBDs among staff. Participants discussed integration as an ongoing learning process. They also talked about the stigma associated with EBDs in the program. Encouraging positive perspectives and utilizing one-on-one support effectively were also talked about in the context of fostering acceptance of EBDs.

Communication was another theme that emerged from the needs assessment. Staff communicated with parents of children with EBDs in order to garner useful information on integration. Staff also needed to communicate well with each other to provide consistency in their programming and improve their ongoing learning of the integration process. Finally, participants considered how staff communicated with children as a central part of the integration process.

A number of principles to help staff with integration were suggested in the needs assessment. Flexibility was a principle that participants used in both running activities and managing difficult behaviours. They also had to consider the balance between individual needs and group needs in an integrated program. Preparedness was brought up over the course of the needs assessment as a principle that facilitated integration of

children with EBDs. Participants discussed patience in both the short- and long-term as a necessary principle for staff to adhere to when working in an integrated program. Finally, they provided a number of suggestions on the format and content of a handbook on integration.

Discussion of Results

In the following section I will compare and contrast the literature on integration to the feedback of the participants in my needs assessment. Acceptance of EBDs, communication, and integration principles were important topics in both the research literature and in my conversations with participants. I discuss each of these in order to identify key information for the recommendations made in the next section.

Acceptance of EBDs

The attitudes of participants in the needs assessment confirmed findings in the literature around beliefs. Staff attitudes towards integration have been studied in school classrooms (Jordan & Stanovich, 2001), in preschool programs (Cross et al., 2004), and in overnight camp (Brennan et al., 2003; Hutchison et al., 2008; Scholl et al, 2005). However, the only examination of staff attitudes towards integration from a recreation center context was a large mail-in survey conducted in the United States by Mulvihill et al. (2004). As with staff in other recreational environments, participants in this study believed in the importance of providing integrated services. They confirmed the positive effect integration had both on the children with EBDs and other children in the program. Besides parents and children themselves, recreation workers were in the best position to observe integration. Their feedback on its positive effects provided additional evidence to the argument that integration should be supported in recreation settings. Researchers have

discussed the importance of fostering an inclusive mindset. Experience with integration may be a way to foster this mindset as all participants in the needs assessment were experienced workers and had positive attitudes towards the process.

Stigma was an issue that came up both in this study and the literature. Participants in this study observed that children reacted more favourably towards children who had more visible disabilities. Herbert (2000) discussed this perception in recreation staff. For staff to observe this perception in children was an interesting finding. Future research could examine peer attitudes towards children with disabilities. If children with less visible EBDs are perceived as responsible for their symptoms, then education initiatives need to be put in place to challenge this misconception.

Despite concerns of stigmatization from both participants in the needs assessment and the research literature, there was a sense of optimism about the recreation setting as a good environment for integration to take place. Findings from both sources support the idea that social aspects of integration are more easily developed in a recreation setting rather than a school setting (Jinnah-Ghelani & Stoneman, 2009; Siperstein et al., 2009). After-school and summer care programs are more than just childcare service for children with EBDs. They provide a social learning environment for children with EBDs that is not available to the same degree elsewhere. Funding decisions to recreational services should be considered in light of the social learning benefits to children with EBDs.

There has been a well-documented effort on the part of recreation staff to promote positive perspectives of EBDs in their programs (Fullerton, 2003; Hutchison et al., 2008; Miller et al., 2009). Participants in the needs assessment recommended some novel ways of doing this that were absent in the literature. For example, two participants mentioned

showcasing a child's strengths through drama or writing. This may be an interesting avenue for future study. Researchers could conduct arts-based activities as a treatment in recreational settings where children with EBDs are being integrated. Peer-attitudes towards the children before and after this intervention could then be documented.

The needs assessment also supported the notion of using peers and staff to model engagement behaviour (Fullerton, 2003; Hutchison et al., 2008; Miller et al., 2009). Research could be conducted to determine the effects staff and peer modeling have on peer engagement with children who have EBDs. For example, researchers could present children with a set of scenarios and ask them to rate on a Likert-like scale how likely they would be to replicate the behaviour. Researchers could then vary the actors in these scenarios to either be another child in camp, the child's best friend, or a recreation staff and observe how this changes responses. Encouraging positive perceptions of children with EBDs is a vital part of integration and a fruitful area for further inquiry.

One disparity between the literature and this study was staff attitudes towards one-on-one workers. Research in integration has been positive when discussing one-on-one support workers (Fullerton, 2003; McGhee et al., 2005). However, the participant in the needs assessment who discussed one-on-one workers was more lukewarm. One-on-one support workers who are trained in integration were seen as a valuable asset. However, the support workers were often untrained relatives of the child with an EBD. More evaluation of one-on-one workers in recreation programs should be done to ensure they have the skills necessary to support integration. Perceptions of EBDs have an impact on integration and should be considered carefully by staff who work in integrated settings.

Communication

Communication was discussed as a factor for integration in both the needs assessment and the literature. Much of the discussion focused on communication between staff and parents. Participants brought up two important points that were not mentioned in the literature. First of all, although there were references made in the literature to the importance of building trust, nowhere did researchers mention how to go about doing so (Brannan et al., 2003; Cross et al., 2004). Participants suggested discussing positive things that children accomplished over the course of the day as a means of building trust. Secondly, the research literature did not mention the challenge of dealing with parents who were unwilling to share information. According to participants, a serious barrier to effective integration was parents who would not provide information to staff. Effective ways around these barriers need to be determined in order to secure the best developmental outcomes for children with EBDs. For example, recreation programs could actively promote the fact that they offer integrated programs in order to encourage parents to disclose more details when they register their child. These are important points about which staff should be aware in their integration efforts.

In most of the research involving staff communication, the emphasis was on early meetings and training. Conversely, participants in the needs assessment spoke about ongoing staff meetings and daily communication with each other as important for maintaining consistency. Team building should be encouraged among staff in an integrated program to promote effective ongoing communication. When it came to staff meetings, both the literature and the needs assessment recommended providing staff with a primer on EBDs before the start of the program (Fullerton, 2003; Hutchison et al.,

2008). One participant suggested looking up disorders online before a child attended the program. A website with reliable information on EBDs that is written in language accessible to recreation staff would be a useful resource in this regard.

Effective child-staff communication was discussed more often in the needs assessment than in the research literature. Being good at listening was a message participants suggested for staff that were not yet experienced in dealing with behavioural management. Participants also proposed that staff be able to explain activities multiple ways. For example, staff could have peers model the activity while explaining the rules so that their instructions are both visual and auditory. Throughout this study communication was brought up as an important consideration for integrating children with EBDs into recreation programs.

Principles to Integration

There were no simple solutions when it came to integration. Therefore, both the research and participants proposed integration strategies in the form of principles that staff could apply to diverse situations. Research on integration highlighted the need for staff to use flexibility in running activities (Miller et al., 2009; Mulvihill et al., 2004). Participants in the needs assessment echoed this need. They suggested that providing concrete examples of activity modifications would be a good way to teach recreation workers about flexibility. Unfortunately, neither the research nor the needs assessment provided much in the way of concrete examples of how activities could be adjusted for EBDs. A focus group of experienced staff would be an effective method of generating examples of activity modifications. These would be useful for teaching staff flexibility in integration.

One aspect of flexibility discussed by participants, but left out of the research, was seeking children's feedback on how to adjust activities. Seeking children's feedback was something on which more research should focus. Researchers will often seek out staff's, parents', and center director's perspectives on integration. Data on children with EBDs themselves usually come in the form of observational studies. The feedback of children being integrated should be sought more often in both research and practice.

Flexible behavioural management was mentioned by several research studies (Brennan et al., 2003; Miller et al., 2009). Participants qualified that behavioural management should not only be flexible but meaningful to the child. A flexible system is one that encourages a child with an EBD to adhere to the rules of a program. A meaningful system, on the other hand, is one where the child not only follows the rules but also understands why the rules should be followed. For example, a child may stop hitting other children if he or she has to take a time-out each time they do so. However, if a staff member does not take the time to explain why the child is sitting out, then the behavioural management was not meaningful. Staff need to be both flexible in imparting meaning in consequences and still be perceived as consistent in how they enforce the rules of the program.

Participants and research findings both emphasized balance in an integrated program. Participants recommended finding alternate ways for children with EBDs to participate as Fullerton (2003) also suggested. Kishida and Kemp (2010) discussed evaluating how engaged children with EBDs were with the program, which was also an evaluation discussed by participants. Furthermore, participants in this study supported the idea of creating personal challenges for children with EBDs and deemphasizing

competition among children in the program (Siperstein et al., 2009). The amount of agreement between research literature and the needs assessment suggests that balance is a well-accepted principle in recreation.

Participants supported the research literature when it came to the principle of preparedness. Recommendations were made in the research and the needs assessment with regards to getting feedback from parents before children attend the program (Miller et al., 2009; Scholl et al., 2005). Participants suggested conducting a web search of resources for integration. Brennan et al. (2003) also provide a list of web-resources that could be helpful to integration. In both cases, recreation workers would have to spend considerable time digging through resources to find information applicable to their particular situation. A comprehensive review of web resources should be conducted to consolidate all useful information on integration into one easily searchable website so that staff have easy access to what they need. Participants also brought up some new thoughts for preparedness that were absent in the research literature. For example, they mentioned having activities and explanations well-prepared in advance so that children with EBDs who are easily distracted can still follow the rules of the game.

One area that was inconsistent in the research literature was whether to disclose or not disclose a child's EBD condition to other children in the program (Fullerton, 2003; Hutchison et al., 2008; Miller et al., 2009; Mulvihill et al., 2004). Participants in the needs assessment did not talk about disclosing a child's EBD, although they unanimously supported the idea of treating all children in the camp equally. This would suggest a stance of nondisclosure on the part of participants. Future need assessments could include a question about disclosure as part of the interview schedule to find out where recreation

workers stand on this issue. Most of the studies where disclosure was recommended were conducted in overnight camp settings where the same cohort of children stayed the same for multiple weeks (Fullerton, 2003; Hutchison et al., 2008; Miller et al., 2009). The decision to disclose or not disclose a child's EBD to others in the group is an important topic for future research in integration.

Patience was a principle that was brought up by participants but not explicitly discussed in the literature. Participants made two points about patience that have implications for the integration process. First of all, participants noted that it could sometimes take weeks or months for integration to be successful depending on the child. Inexperienced staff should be aware of the time it takes so that they are not frustrated when their integration efforts are not immediately successful. Secondly, participants noted that patience was important in managing behaviours of children with EBDs to avoid frustration on the part of both the child and the staff. Training recreation workers to be patient may reduce behavioural incidents and improve integration efforts in a program. On the other hand, experienced recreation staff such as the participants in this study may be more patient than the average recreation worker to have lasted so long in the field.

Section Summary

Participants in the needs assessment agreed with many of the recommendations made in the research literature on integrating children with EBDs into recreation programs. They also provided new insights into many of the common themes that arise in discussions of effective integration. Recreation staff should consider how attitudes towards EBDs will impact children with EBDs, how their ability to communicate will facilitate integration, and how they can incorporate the principles of integration into the

fabric of their programs. These ideas should form the basis of any handbook seeking to educate recreation workers in integration methods.

Recommendations

In the following section, I provide recommendations for a handbook on integration based on the findings from this study. Based on the findings from the needs assessment, recommendations are made on the different formats that could be useful in transferring integration knowledge to staff. Recommendations on content based on the synthesis of needs assessment analysis and findings from the literature are then presented. These recommendations are grouped under attitudes towards EBDs, communication, and principles of integration. These recommendations should guide the development of a handbook for recreation staff on how to integrate children with EBDs into their programs.

Handbook Format

Regardless of the format chosen, a handbook on integration should be able to provide enough space for specific examples and case studies. The smallest formats discussed were pamphlets and booklets. Participants felt that a small pamphlet with bullet points would be too small for useful enough useful information to be conveyed. A ringed booklet could provide slightly more information yet still be easily on hand for staff to refer to in the middle while off site or in the midst of an activity. The drawback of a booklet is that it would still be difficult to provide much depth in terms of case studies or activities. It would mainly be comprised of a summary of teaching points about integration.

A traditional book on integration would be more comprehensive than booklets or pamphlets. It could provide brief summaries of the characteristics of different EBDs

followed by more comprehensive examples of each. Examples of activities for an integrated environment could also be listed. These activities could be cross-referenced to the suggested types of EBDs with which they might work well. The book could be kept onsite at the recreation centre and referred to by staff as necessary. Staff could also refer parents of children with EBDs to such a book. One difficulty of the book format is that it is not easy to update as new information becomes available. New staff may find the amount of information to leaf through daunting in a book format.

Electronic formats for a handbook can overcome some of the limitations of print though they have their own sets of drawbacks. A website could present the same information on integration as a book. Furthermore, a website would be less overwhelming for staff because search functions make it easy for them to find the necessary information. Recreation staff could also provide comments and feedback on case studies and activities. As new information on integration becomes available, it could be incorporated into a website. A website could also be easily accessed from home or by smartphone anywhere and anytime. Conversely, a book on integration may have to stay onsite to avoid it being lost or damaged. However, not every recreation worker would necessarily have access to a smart phone so a website may not be as immediately accessible to staff during the recreation program as a booklet. A reliable website on integration would also require ongoing upkeep from a web developer.

Another electronic format for a handbook on integration is a computer-based text document. Such a document could be downloaded by staff or e-mailed to them so that they could access it at their leisure. As with a web-based format, an electronic document might not be readily accessible to staff while they were running a program. However, the

document could be printed off and kept onsite in much the same way as a book. Unlike a website, an electronic document would still be accessible without internet access. On the other hand, if internet access were available an electronic document could be updated with new information on integration. A computer-based document would lose some of the benefits found in a website, such as sophisticated search functions and online staff collaboration. However, it would still be an alternative to consider in constructing a handbook on integration.

A handbook on integration could be provided in a number of formats. The ideal format is one that is adaptable to different recreation settings. A website that also provides printable materials could be useful to programs with and without regular internet services. Although a booklet could be printed out, it may be useful to create a durable booklet that staff could reference while they are in the middle of running a program.

Table 4 provides a summary of the pros and cons of each format.

Attitudes Towards EBDs

A handbook on integration should include both case studies and sample activities in order to teach staff effective integration. To motivate positive staff perceptions of integration, a handbook should include a few stories of children with EBDs who were successfully integrated into recreation programs. These examples should include what the challenges were at the beginning of the integration process, outline the steps staff took to overcome these challenges, and describe how the child with an EBD participated in the program afterwards. At least one example should include the idea that integration can be a lengthy process. Participants in the needs assessment provided the basis of a few good case studies in this regard:

Table 4

Benefits and Drawbacks of Different Handbook Formats

Format	Benefits	Drawbacks
Pamphlet	-Portable	-Limited space for information -Not recommended
Ringed booklet	-Portable -Could provide teaching points	-Limited space for information -Difficult to update
Book	-Comprehensive information -Reference for parents onsite	-Difficult to update -Daunting for staff to find information
Website	-Comprehensive information -Search functions for information -Easily updated -Accessible from home	-Requires ongoing upkeep -Not necessarily portable
Electronic document	-Comprehensive information -Easily updated (when internet access is available) -Accessible from home -More stable than website	-Not necessarily portable -Less search functionality than a website

1. The child who spent an hour and a half raging at a staff member and then was receptive to changing her behaviour.
2. The two participants who discovered theatre as both an outlet for children with EBDs but also as a way for other children to engage with them.

Another teaching point to come from these success stories is the idea of play as motivator in integration. For example, since theatre was fun for the children with EBDs, they could engage with it more easily. Other children in the program enjoyed these activities as well and would readily participate with children who had EBDs. Examples of successful integration help prepare staff for the fact that integration can be difficult but also a very rewarding experience.

A handbook should also present case studies to teach recreation staff problem solving. To train staff to deal with stigma, the following example adapted from the needs assessment could be used: “You have asked children in your program to find a partner for a game and notice that a child who has Asperger’s does not have a group. What are two ways you could address this problem?” Based on the needs assessment a staff could find a suitable child in the program to provide peer-support or have a staff member partner up with the child for the game. An important teaching point to emphasize for problem situations is that each situation will be different so there are also multiple strategies that would be appropriate. The solutions in the previous example involve either staff or peers modeling engagement behaviour. By applying different conditions to problem situations, a handbook could teach staff about the flexibility and judgment calls involved in integration. For example, if the child with Asperger’s is not comfortable with any children in the program, then having a staff partner may be a better decision. As the child

becomes more comfortable, staff could choose a helpful peer to partner with in the next activity.

Case studies and problem situations are helpful components to a handbook on integration. However, some aspects of integration may be best conveyed through teaching points. For example, a teaching point from the previous problem situation is to be subtle about providing one-on-one support for children with EBDs (Fullerton, 2003; Hutchison et al., 2008). If staff partner with other children in the program during activities, then the child with EBDs is not necessarily seen as receiving special support. Stigma can also be dispelled when staff accentuate positive aspects of children with EBDs and emphasize similarities (Miller et al., 2010). These teaching points are not situation-specific so they are best included in a handbook as general ideas for staff to keep in mind.

Appropriate language is important to convey to staff because it encourages positive attitudes towards children with EBDs (Brennan et al., 2003). Appropriate, person-first language also helps staff create a good first-impression with parents of children with EBDs, which inspires trust. Even experienced staff will sometimes slip up and use disorder-first language as evidenced by this excerpt from the needs assessment: “Here are five different games or activities that work very well with autistic children because of x, y, and z” (Participant 1). A handbook on integration could provide a simple activity where staff have to change excerpts such as *she is disabled* or *the autistic boy* to more appropriate excerpts such as *she has a disability* or *the boy with autism*. This type of languages changes perceptions of children with EBDs because it shifts the emphasis from the disorder to the child. If staff are trained to use person-first language, then

children in the program will naturally pick it up through modeling staff behaviour. It is better to avoid using labels all together but when necessary staff should discuss them using person-first language.

Communication

A handbook on integration should teach recreation staff to be effective communicators. For example, a handbook should provide guidance to recreation staff in how to communicate with parents of children with EBDs. A list of questions to ask parents about their child would help prepare staff for this interaction. A handbook should recommend that staff provide parents with ongoing feedback that is both positive and negative. If a handbook included some sample statements such as *she participated really well in a group game* or *he loved the craft we did*, it would give staff some ideas of how to develop a rapport with parents of children with EBDs. A handbook should also note that parents might not be comfortable disclosing information about their child's EBD. In cases where an EBD is strongly suspected, a handbook could suggest that an experienced staff discretely discuss a child's behaviour with the parent.

Staff need to be consistent when integrating children with EBDs. To this end, a handbook on integration should provide some integration goals on which staff could agree for children with EBDs in their programs. Some good examples of integration goals that could appear in a handbook are increased social interaction with peers, greater engagement in camp activities, more conscientious behaviour towards others, greater ability to follow directions (McGhee et al., 2005). These are goals that staff can evaluate. For instance, staff could observe the number of different peers with whom a withdrawn child with an EBD interacts over the course of a day and compare it to previous days.

Integration goals should be discussed with parents and among staff in order to be tailored to the child. A handbook should also remind staff to inform each other when they have had to deal with a difficult behaviour. When all staff have the same goals and are operating with the same information, then they can provide more consistent integration for children with EBDs.

In an integrated environment, staff should be able to explain activities both concisely and in multiple ways. A handbook could list a number of ways in which something could be explained (e.g., speech, gestures, drawings, peer-demonstration). When it comes to enforcing the rules of camp, children with EBDs need consequences that make sense based on the transgression. A handbook on integration could list a number of common behavioural challenges paired with consequences and appropriate explanations. These two suggestions would help improve staff communication with children.

Principles of Integration

A handbook on integration should also convey the principles of integration discussed in the literature and the needs assessment. To teach staff flexibility in their activities, a handbook should provide sample modifications that could be made to the activity to encourage participation of children with EBDs. In order to promote balance, a handbook could look at ways of making competitive games cooperative (Sipperstein et al., 2009). For example, a soccer game could be changed into a number of skill challenges. Alternatively, a soccer game could incorporate a rule where a goal only counts when scored by a different player each time. After presenting a couple of adapted games, the staff could be presented with a new activity and asked how they might modify

it. A handbook can teach preparedness to staff by providing them with the characteristics of common EBDs and case profiles of each. For additional information on EBDs, a handbook could include a number of links to reliable web resources on EBDs (Brennan et al., 2003). Although patience is difficult to teach as a principle, a handbook can alert staff to the fact that patience is required when dealing with challenging behaviours. If staff find themselves getting impatient with a child, then they should wait until they are calmer before discussing the behaviour with them or recruit another staff for help.

Section Summary

This section provided a number of recommendations for a handbook on integration. First, several formats for the handbook were considered based on recommendations from participants. Then recommendations for handbook content were made based on the three primary themes that arose in the literature and needs assessment: attitudes towards EBDs, communication, and principles of integration. A summary of the content recommendations can be found in Table 5.

Final Word

In reading the research literature and discussing integration with the recreation workers who took part in this study, there was no doubt that integration was challenging. What was interesting is that, despite discussing these challenges, staff did not look at integration that way. Children with EBDs, as well as those without, will present challenging behaviours and have difficulty getting along with each other at times. Staff approached integration as part of the regular process of running a recreation program. This gives hope for the future of integrated practices, not just in the recreation field, but other fields where barriers exist for people with EBDs.

Table 5

Handbook Content Recommendations

Theme	Teaching points	Content
Encourage positive perceptions of integration	<ul style="list-style-type: none"> -Integration can be a lengthy process -The recreation setting motivates integration 	<ul style="list-style-type: none"> -Case studies of successful integration
Stigma	<ul style="list-style-type: none"> -Modeling engagement combats stigma -Each situation is different and may need a different strategy -One-on-one support should be subtle -Emphasize similarities among all children -Use person-first language 	<ul style="list-style-type: none"> -Problem scenarios involving stigma -Modifications to problem scenarios -Samples of disability-first language and how to modify it
Parent-staff communication	<ul style="list-style-type: none"> -Provide parents with positive feedback to establish a rapport -Parents may not be comfortable disclosing information 	<ul style="list-style-type: none"> -Samples of positive achievements that could be commented on
Staff-staff communication	<ul style="list-style-type: none"> -Set common integration goals as staff -Goals should be discussed with parents as well -Staff should inform each other after dealing with difficult behaviour 	<ul style="list-style-type: none"> -Samples of integration goals
Staff-child communication	<ul style="list-style-type: none"> -Be able to explain things concisely and in multiple ways -Consequences should be meaningful 	<ul style="list-style-type: none"> -List alternate ways of communicating message -List of consequences and appropriate reasons
Flexibility	<ul style="list-style-type: none"> -Be able to modify activities 	<ul style="list-style-type: none"> -Sample activities followed by possible modifications
Balance	<ul style="list-style-type: none"> -Encouraging cooperative games 	<ul style="list-style-type: none"> -Sample competitive games modified to be cooperative

Theme	Teaching points	Content
Preparedness		<ul style="list-style-type: none">-List of common EBDs and information about each one-Case profiles of each EBD-Links to websites for additional information
Patience	<ul style="list-style-type: none">-Patience needed when managing difficult behaviour-If frustrated take a break or seek help from other staff	

Acceptance within our social environment will be achieved when integration is ingrained as a commonplace practice as oppose to an additional requirement.

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Appendix

Interview Guide

Date: _____

Job Title: _____

Number of years you have worked in community centre programs: _____

Number of years you have worked with children that have EBDs: _____

Age group you have worked with the most: _____

Introductory statement

I would like to ask you a couple of questions about your work experience in recreational programs with children who have emotional and behavioural disorders (EBDs). I will ask you about the successes and challenges you have experienced including children with EBDs into your programs; what are some of the things you feel worked well; and finally what type of handbook you would see as most useful to recreation staff.

Emotional Behavioural Disorders

For this interview, Emotional Behavioural Disorders (EBDs) will mean problems a child may have interacting with staff, other children, or the recreation program environment in general for which they have received a psychological diagnosis of some kind.

Examples of EBDs include but are not limited to: Attention Deficit Disorder (ADD), Attention Deficit Hyperactive Disorder (ADHD), Autism Spectrum Disorder, Asperger's Syndrome, Down's Syndrome, Learning Disorders, Oppositional Defiant Disorder (ODD), Selective Mutism, and Tourette's Syndrome. EBDs also include instances when a parent may inform you that their child has been diagnosed with something but does not tell you what the child's diagnosis is.

Work experience with children who have EBDs

1. What types of EBDs have you seen the most in the children in your programs?

Benefits

2. Tell me about a success story you or one of your coworkers had integrating a child with an EBD into your program. For example success with:
 - Children in the program
 - Program activities
 - Other staff
 - Parents of the children with EBDs
3. What do you see as the biggest benefit of integrating children with EBDs into recreation programs

- For the children themselves
- For other children in the program

Challenges

4. Are there any types of EBDs that you have seen in children in your programs that you or your coworkers have found particularly difficult to deal with?
5. Describe a challenge you or one of your coworkers had integrating a child with an EBD into your program. For example challenges with:
 - Children in the program
 - Program activities
 - Other staff
 - Parents
6. Were you able to resolve the challenge? If so, how?
7. Have you or your coworker found any strategy or strategies particularly useful when it comes to discipline issues for a child who has an EBD?

Best practices for integration

8. What do you see as the most important skills for a recreation staff member to model when working with a child who has an EBD?
9. Are there any recommendations you would make on how best to work with parents of children with EBDs?
10. Are there any recommendations you would make on how best to work with administering medication to children with EBDs?

A handbook for community centre staff

11. What type of format would be easiest for community centre staff to access and use (i.e. pamphlet, website, Microsoft Word document, portable booklet, etc.)?
12. Can you think of any resources (websites, key organizations, training material, etc.) that would help staff integrate children with EBDs?
13. What information or activities could a handbook include to help staff integrate children with EBDs into recreation programs?
14. Is there anything else you feel would be useful for me to know about integrating children with EBDs into recreation programs?
15. Anything else you would like to mention in relation to this topic that I have not asked you (e.g., suggestions, challenges, concerns)?