

Therapeutic Recreation for Handicapped Youth Offenders: A Multimodal Approach

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A variety of treatment approaches have been developed internationally to combat the serious problem of juvenile crime. The most traditional approach has been to place the offending youth in a correctional institution or training school with the expectation that rehabilitation or habilitation will change his or her behavior and provide experiences for successful reintegration into the community.

A majority of correctional facilities for youth offenders provide educational, vocational, psychological and recreational programs needed to attain rehabilitation goals and objectives. Recreation and leisure experiences have been recognized as essential aspects of the correctional treatment process (Munson, 1984, 1988; Munson, Baker, & Lundegren, 1985; Reynolds, 1982). Correctional recreation programs have focused on the provision of a variety of traditional activities such as art, crafts, dance, drama, outdoor, music, sports and games, and social

recreation (Munson, 1989). Most youths benefit from these activities, which are largely planned and implemented for enjoyment or diversion. Other youths, particularly those with special needs or handicaps (i.e., mentally retarded, learning disabled or behaviorally disordered), need to be provided individualized therapeutic recreation programs (Munson, 1989).

Therapeutic recreation is "a process which utilizes recreation services for purposive intervention in some physical, emotional, and/or social behavior and to promote the growth and development of the individual" (Peterson & Gunn, 1984:2). Such services can be used effectively in the rehabilitation of handicapped youth offenders by improving cognitive, affective and psychomotor functioning and enhancing leisure well-being. It is a necessary component of the treatment process because handicapped youth offenders frequently do not function effectively in regular institutional recreation



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programs. They lack the necessary physical, social and behavioral skills (Munson, 1989). Comprehensive therapeutic recreation services can be used to help develop the skills handicapped youth offenders need for participation in regular institutional programs and later reintegration into community recreation activities.

Handicapped Youth in Corrections

During the last ten years several studies have investigated the incidence of handicapping conditions in juvenile corrections. Morgan (1979) surveyed 204 state juvenile institutions in America and found that of 28,710 youth in his sample, 11,333 or 42% were handicapped according to PL 94-142 guidelines (The Education for All Handicapped Children Act). Karniski's (1981) research indicated that 45% of youth offenders have at least one area of developmental lag while 20% have multiple dysfunctions.

In the most recent study of state correctional institutions for juveniles in America, Rutherford, Nelson and Wolford (1985) found the incidence of handicapping conditions to be approximately 28%. Thus, research indicates that incarcerated youths have a significantly higher incidence of developmental disabilities than the general population and that prevalence estimates in correctional settings range from 30% to 60% (Murphy, 1986).

Those with severe disabilities are not likely to commit crimes and thus are rarely placed in correctional institutions. Most often such individuals are referred to agencies designed to treat their specific disability (mental health agencies, etc.). Persons with disabilities in correctional settings are most frequently those with mild to moderate handicaps: persons with mental retardation, learning disabilities and behavioral disorders (Nelson, 1987).

Prevalence of mental retardation in corrections is approximately three times greater than

that found in the general population (Santamour & West, 1979). It was asserted by Murphy (1986) that youth offenders have IQs about eight points lower than nondelinquents. Using PL 94-142 guidelines, Morgan (1979) indicated that adolescent offenders with mental retardation comprise about 10% of the incarcerated population.

It is estimated that youth offenders with learning disabilities range from 12% to 70% while those with behavioral disorders range from 0% to 80%. The average for the latter is approximately 16% (Morgan, 1979).

While exact estimates of incidence rates of handicapping conditions in juvenile corrections are difficult to obtain, completed research to date indicates that a significant proportion of incarcerated youths are developmentally disabled and that they require special services. Despite this and other evidence that have demonstrated a relationship between developmental disabilities and juvenile delinquency, the problem is often ignored or mismanaged (Amster & Lazarus, 1984). Efforts are currently being made to alleviate or counteract the current situation by providing special education and vocational training programs, however, little evidence exists regarding the provision of therapeutic recreation services for handicapped youth offenders. This is difficult to understand and to accept because such services are mandated in the Education for All Handicapped Children Act (PL 94-142) in America. In fact, section 1412 (6) applies specifically to students in institutional settings; specific reference is made to correctional facilities (Wood, 1987). Recreation, defined as a related service in the law, specifies that it should include therapeutic recreation.

The Therapeutic Recreation Process

Therapeutic recreation programs generally follow a systematic process which includes: (a) assessment of client needs; (b) development of

goals and objectives; (c) development and implementation of a plan to meet objectives; and (d) evaluation of the effectiveness of the process (O'Morrow & Reynolds, 1989). This process can be particularly appropriate for meeting the treatment goals of youth offenders because of their "action orientation" (Sarason & Ganzer, 1969). Many of these adolescents have intensified needs for constructive and enriching recreation and leisure outlets (Munson, 1989). To meet all of their needs, specially designed, individualized comprehensive programs must be provided. The strength of the comprehensive approach is that delinquency is a multifaceted problem that is the result of a complex interaction of psychological and sociological variables requiring a variety of interventions (Gleuck & Gleuck, 1974). A multimodal approach to TR programming is a logical and effective way to provide these services.

Multimodal Therapy

Adapted from Lazarus' (1978) and Keat's (1978) multimodal counseling models, multimodal therapeutic recreation can provide a theoretically based, holistic, yet manageable alternative to traditional therapeutic recreation approaches. Multimodal therapy is based on the premise that humans are complex biological beings who think, feel, move, sense and imagine in a variety of ways. Based on social learning theory, multimodal therapy is supported by 20 years of clinical research and has proved successful with adults (Lazarus, 1973), adolescents (Keat, 1979) and children (Keat, 1976) with a variety of problems and disabilities. A strength of the model is that the therapist's own theoretical orientation can be infused (Keat, 1979).

Both Lazarus' (1978) BASIC I.D. and Keat's (1978) HELPING model are used for grouping human functioning into seven modes or categories (see Table 1). In the former case, behavior

refers to overt responses, acts, habits, gestures and reactions an individual might demonstrate. Affect represents emotions, moods and intense feelings people experience. Sensation or sensorimotor refers to touching, tasting, smelling, seeing, hearing and moving. Imagery involves the attainment of a realistic and positive self-image. Cognition includes values, beliefs, attitudes, decision-making and problem-solving skills, opinions and reasoning powers. Interpersonal relations considers a person's interactions with significant others (e.g., peers, parents, school, etc.). The final mode, diet or drugs, relates to the individual's biological functioning including foods and substances consumed and exercise. The first letter of each forms the acronym BASIC I.D. as in "identity." Lazarus found BASIC I.D. more meaningful when working with professionals, while Keat preferred HELPING when communicating with children and the significant others in their lives. No matter which acronym is used, it is important to remember that the modes are interactive and that change in one can influence change in another. It is the therapist's responsibility to investigate each mode and intervene using appropriate strategies when necessary (Munson, 1985).

Multimodal Therapeutic Recreation

Multimodal TR can be used effectively with handicapped youth offenders because of its comprehensive or multimodal perspective. By focusing on the seven BASIC I.D. modes, therapeutic recreation specialists can assist youths in identifying areas of concern, setting realistic goals, developing strategies to attain them and monitoring progress. Thus the modes can be used effectively to enable youths to become fully functioning individuals who are able to use leisure effectively and derive satisfaction through meaningful leisure experiences both in the institution and later reintegration into community settings.

Table 1
Multimodal Therapy

<u>Letter</u>	<u>Basic I.D. Modes</u>	<u>HELPING Modes</u>
B	Behavior	Guidance of ABCs (G)
A	Affect	Emotions (E)
S	Sensory/Motor	Learning (L)
I	Imagery	Imagery (I)
C	Cognitions	Need to Know (N)
I	Interpersonal Relationships	Personal (P)
D	Drugs - Diet	Health (H)

Application of the BASIC I.D. Model

The multimodal TR process can be broken down into four phases: (a) assessment or examination of individual modes; (b) establishment of goals and objectives; (c) development of intervention strategies; and (d) monitoring of progress (i.e., evaluation). During the assessment phase it is important for the TR specialist to develop a helping relationship by incorporating "facilitative behaviors" (e.g., using appropriate attending and responding skills such as open posture, eye contact, use of paraphrase, reflection of feelings, clarification, summarization, etc.) (Munson, Zoerink, & Stadulis, 1988; Munson, Stadulis & Munson, 1986). In other words, rapport must be established with the client prior to and during the examination of the seven modes.

During assessment, the TR specialist can write the seven letters of each mode down the left column of his or her notebook and enter relevant information, or can wait until after the interview to make notes. At the conclusion, the TR specialist summarizes findings and discusses with the client what might be done in prob-

lem areas. In this, or subsequent sessions, standardized instruments may be incorporated to examine modes in greater detail (e.g., self-esteem, leisure attitudes, etc.). Before the next session, the TR specialist writes specific measurable objectives for each of the problem areas and selects appropriate intervention strategies. The result is a comprehensive BASIC I. D. profile (see Table 2).

With each client contact the model evolves. It does not matter whether a problem is placed in one category over another as long as it is included. The primary task is to identify problem areas and to ameliorate them using appropriate TR strategies. Following each intervention, progress can be monitored formatively and summatively.

Summary and Conclusions

Therapeutic recreation is a needed component in handicapped youth offenders' treatment or rehabilitation plan. The multimodal approach to TR programming is a viable alternative that is both comprehensive and manageable. By focusing on seven interactive modes of functioning, it is possible to identify the multiple problem areas of the youth, design appropriate intervention strategies and monitor progress. The ultimate goal is to improve leisure functioning of the adolescent within the institution and promote reintegration into community programs during and after the transition process.

References

- Amster, J. and P. Lazarus, "Identifying Learning Problems in Youthful Offenders: Rationale and Model," *Journal of Offender Counseling Services and Rehabilitation* 6:65-77, 1984.
- Gleuck, S. and E. Gleuck, *Delinquency and Crime*, Springfield, IL: Thomas, 1974.
- Karniski, W., *A Report of a Collaborative Investigation of Health and Neurodevelopmental Factors Associated with Delinquent Behavior in Early Adolescence*, Ford Foundation Grant #780-0243.
- Keat, D. B., "Multimodal Therapy with Children: Two Case Histories," in A. Lazarus, Editor, *Multimodal Behavior Therapy*, New York: Springer, 1976.
- Keat, D. B., "Multimodal Evolution," *Elementary School Guidance and Counseling* 13(1):12-15, 1978.
- Keat, D. B., *Multimodal Therapy with Children*, New York: Pergamon Press, 1979.
- Lazarus, A. A., "Multimodal Behavior Therapy: Treating the BASIC ID," *Journal of Nervous and Mental Disease* 156:404 - 411, 1973.
- Lazarus, A. A., "What is Multimodal Therapy? A Brief Overview," *Elementary School Guidance and Counseling* 13(1):6-11, 1978.
- Morgan, D. J., "Prevalence and Types of Handicapping Conditions Found in Juvenile Correctional Institutions: A National Survey," *Journal of Special Education* 13:283-295, 1979.
- Munson, W. W., "HELPING: Multimodal Leisure Counseling with Delinquent Youths," *Expanding Horizons in Therapeutic Recreation* 12:184-213, 1984.
- Munson, W. W., "Effects of Leisure Education versus Physical Activity or Informal Discussion on Behaviorally Disordered Youth Offenders," *Adapted Physical Activity Quarterly* 5(4):305-317, 1988.
- Munson, W. W., "Therapeutic Recreation for Handicapped Youth Offenders (Part 1)," *Correctional Recreation Today* 4(11):3-4, 20, 1989.
- Munson, W. W., "Therapeutic Recreation for Handicapped Youth Offenders (Part 2)," *Correctional Recreation Today* in press.
- Munson, W. W., S. B. Baker and H. M. Lundgren, "Strength Training and Leisure Counseling as Treatments for Institutionalized Juvenile Delinquents," *Adapted Physical Activity Quarterly* 2(1): 65-75, 1985.
- Munson, W. W., D. A. Zoerink and R. E. Stadulis, "Training Potential Therapeutic Recreators for Self-Efficacy and Competence in Interpersonal Skills," *Therapeutic Recreation Journal* 20(1): 53-62, 1986.
- Munson, W. W., R. E. Stadulis and D. G. Munson, "Enhancing Competence and Self-Efficacy of Potential Therapeutic Recreators in Decision-making Counseling," *Therapeutic Recreation Journal* 20(4): 85-93, 1986.
- Murphy, D. M., "The Prevalence of Handicapping Conditions among Juvenile Delinquents," *Remedial and Special Education* 7:7-17, 1986.
- Nelson, C. M., "Handicapped Offenders in the Criminal Justice System," in C. M. Nelson, R. B. Rutherford and B. I. Wolford, Editors, *Special Education in the Criminal Justice System*, Columbus, OH: Merrill, 1987.
- O'Morrow, G. S. and R. P. Reynolds, *Therapeutic Recreation: A Helping Profession* 3rd ed., Englewood Cliffs, NJ: Prentice-Hall, 1989.
- Peterson, C. A. and S. L. Gunn, *Therapeutic Recreation Program Design: Principles and Procedures*, Englewood Cliffs, NJ: Prentice-Hall, 1984.
- Reynolds, R. P., "Leisure Services: An Essential Aspect of Offender Rehabilitation," in L. P. Hippchen, Editor, *Holistic Approaches to*

- Offender Rehabilitation*, Springfield, IL: Thomas, 1982.
- Rutherford, R. B., C. M. Nelson and B. I. Wolford, "Special Education in the Most Restrictive Environment: Correction/Special Education," *Journal of Special Education* 19(1): 59-71, 1985.
- Santamour, M.B. and B. West, *Retardation and Criminal Justice: A Training Manual for Criminal Justice Personnel*, Washington, DC: President's Committee on Mental Retardation, 1979.
- Sarason, I. G. and V. J. Ganzer, "Developing Appropriate Social Behaviors of Juvenile Delinquents," in J. A. Krunboltz and C. E. Thoresen, editors, *Behavioral Counseling: Cases and Techniques*, New York: Holt, Rhinehard and Winston, 1969.
- Wood, F. H., "Special Education, Law and Correctional Education," in C. M. Nelson et al. editors *Special Education in the Criminal Justice System*, Columbus, OH: Merrill, 1987.

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Table 2
Multimodal Profile
BASIC I.D.

Mode	Concern/Problem	Intervention Strategy
Behaviors	Does not talk in social groups Negative self-statements	Assertiveness training Positive self-talk assignments
Affect	Anxiety and stress Negative attitudes toward leisure	Relaxation training Values clarification
Sensations/- Sensorimotor	Tension headaches Lacks activity skills	Relaxation training Leisure education
Imagery/interests	Low self-image/identity crisis Lacks leisure interests	Self-image enhancement Explore new interests
Cognitions	Perceived incompetence in leisure activities Inability to make decisions	Self-efficacy training Problem solving/decision-making training
Interpersonal Relationships	Loss of friends Negative family interactions	Friendship training Role playing
Diet/Drugs	Lacks a balanced diet Physical inactivity Alcohol abuse	Nutrition information, learning to cook for one; Progressive fitness Alcoholics Anonymous

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