

Therapeutic Recreation in Harford County, Maryland Internship: An Evaluation of Existing Programming and an Assessment of Future Needs

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Abstract

Although employment, housing, education, health care, transportation, and long-term services and support are all pressing issues for people with disabilities, recreation, and in particular therapeutic recreation, has increasingly been viewed as a pathway to improved quality of life. But less understood are the factors associated with engaging in therapeutic recreation.

The Harford County Therapeutic Recreation (HCTR) Study used structured interviews, focus groups, and a questionnaire collect primary data applicable to our specific aims. The study addresses two specific aims:

- evaluate therapeutic recreation behaviors, attitudes, and perceptions among people with disabilities in Harford County
- examine environmental and social factors that influence therapeutic recreation patterns among people with disabilities in Harford County.

The study found that the community of Harford County citizens with disabilities and their caregivers share a strong positive perception of the County's TR program. The positive perception was reflected in the finding that a large proportion of the community plans to participate in County TR programming in the future. Good communication, new programs, and positive perceptions of staff were cited by the community as major enablers of participation.

The data indicate room for improvement. Improvements in therapeutic outcomes for physical fitness and overall health and well-being were noted by fewer than half of all participants. Also, there are barriers to participation in TR programming. To improvement the programming, the community suggested new and more targeted activities, and improved outreach, suggestions that are in line with best practices of other counties' TR programs. Among factors that can be changed easily, communication appears to be key in minimizing barriers and facilitating participation in future therapeutic recreation programming.

Table of Contents

| | |
|--|-----------|
| Abstract..... | 3 |
| Introduction | 6 |
| Figure 1. Ecological model of therapeutic recreation behavior..... | 6 |
| Methods..... | 7 |
| Subjects..... | 7 |
| Structured Interviews | 7 |
| Questionnaires..... | 7 |
| Focus Groups..... | 7 |
| Data Analysis..... | 8 |
| Community Engagement | 8 |
| Results..... | 9 |
| Demographics | 9 |
| Table 1. Demographic Data of Program Participants Compared with | 9 |
| All Harford County Citizens with Disabilities..... | 9 |
| Table 2. Structured Interviewees' County Characteristics Compared with Harford County..... | 10 |
| Questionnaire Results: Evaluating Past Performance | 11 |
| Figure 2. Therapeutic recreation programs participated in over the last 12 months: (n = 50) | 11 |
| Figure 3. Overall feelings about Harford County TR programming (n = 51)..... | 12 |
| Figure 4. Responses to statements about the TR program (n = 47, 49, and 49) | 12 |
| Figure 5. Responses to statements about staff and instructors (n = 50, 50, and 49) | 13 |
| Figure 6. Therapeutic outcomes from participation (n = 48, 47, 49, 48, and 48)..... | 14 |
| Questionnaire Results: Future Participation..... | 14 |
| Figure 7. Likelihood of attending therapeutic recreation activities in the future (n = 54) | 15 |
| Figure 8. Types of therapeutic recreation activities of interest (n = 42, 41, 42, 45, and 49) | 15 |
| Community Comments: Things Done Well and Needing Improvement | 15 |
| Table 3. Enablers of Participation | 16 |
| Table 4. Barriers to Participation | 17 |
| Community Comments: Suggestions for New Directions..... | 18 |
| Table 5. Suggested New Directions | 18 |
| Practices in Other Counties..... | 19 |
| Table 6. Practices Followed in Other Counties..... | 20 |
| Discussion and Conclusions | 22 |
| References | 23 |

Introduction

Although employment, housing, education, health care, transportation, and long-term services and support are all pressing issues for people with disabilities, recreation, particularly therapeutic recreation, has increasingly been viewed as a pathway to improved quality of life. Therapeutic recreation “is a systematic process that utilizes recreation and other activity-based interventions to address the assessed needs of individuals with illnesses and/or disabling conditions, as a means to psychological and physical health, recovery and well-being” (ATRA, 2019).

However, the environmental and social factors associated with engaging in therapeutic recreation are not well understood. Public transportation accessibility, neighborhood street connectivity, land use, family time constraints, caregiver and participant perceptions of therapeutic recreation, and the quality and variety of therapeutic recreation activity offerings can influence therapeutic recreation uptake patterns among people with disabilities.

This study uses an ecological model (Figure 1) to describe enablers and barriers to participation in therapeutic recreation in Harford County.

Figure 1. Ecological model of therapeutic recreation behavior

| Examples of Multi-Level Influencing Factors | |
|--|---|
| Individual: Convenience Cost Driving distance | Social Environment: Parental preference Social interaction Peer pressure |
| Built Environment: Destination distance Public transportation Walkable neighborhoods | Policy Environment: Parks and Recreation Department policies Americans with Disabilities Act |

Most of the research on recreation for people with disabilities has focused on specific populations, such as mental health patients in a clinical setting. This Harford County Therapeutic Recreation (HCTR) Study explores therapeutic recreation in a community setting.

In Harford County, 10.9 percent of the population reported a disability, with the rate among adults ranging from 8.9 percent of people 18 to 64 years old to 29.9 percent of those 65 years of age and older (U.S. Census Bureau, 2019). The County government recently began expanding its offerings of therapeutic recreation opportunities through its Parks and Recreation Department and provides opportunities for children and adults to engage in therapeutic recreation at its recreation and activity centers.

This HCTR Study used structured interviews, focus groups, and a questionnaire to collect primary data applicable to the specific aims. The Study addresses two specific aims:

- evaluate therapeutic recreation behaviors, attitudes, and perceptions among people with disabilities in Harford County
- examine environmental and social factors that influence therapeutic recreation patterns among people with disabilities in Harford County.

Methods

Subjects

The study's 108 subjects are county residents who are caregivers of children with disabilities and adults identified as living with a disability. Potential participants were contacted by email and via postings on social media accounts accessible to the Harford County Office of Disability Services and Harford County Parks and Recreation Department's TR Program. People who were not adults or who were adults but had legally authorized representatives who did not consent to their participation in the study were excluded.

Structured Interviews

The study records three interviews with leaders of therapeutic recreation programs in Maryland counties who were recruited with the help of the Harford County Parks and Recreation Department's TR program. Interview questions focused on communities served, outreach, program planning, assessment practices, staffing, financial aid, and program evaluation.

Questionnaires

Using information derived from structured interviews of therapeutic recreation staff, the questionnaire was developed to ask questions on therapeutic recreation behaviors, attitudes, and perceptions, as well as social and environmental factors relevant to therapeutic recreation. Potential participants were recruited through emails to the listserv of past registrants for Harford County therapeutic recreation activities and via flyers at therapeutic recreation programs. All past registrants within the study's age range or their parents/guardians were able to participate either via the online format, accessed from the informational email as a Qualtrics link or a QR code, or in hard copy made available at therapeutic recreation programs. Results from hard copy forms were transcribed by the researchers to Qualtrics.com. The questionnaire examined perceptions and attitudes toward therapeutic recreation and evaluated program outcomes. Attitudes toward potential future activity offerings also were explored.

Focus Groups

Using the results of the structured interviews, a semi-structured focus group guide was developed addressing all domains of the ecological model of therapeutic recreation (see Figure 1). The guide posed open-ended questions to foster a free-flowing and flexible conversation about participants' views. Probes and clarifying questions were used as needed to expound on individual experiences and ideas.

For the focus groups, the two in-person focus groups (between three and eight participants/in-person group), plus two one-on-one telephone interviews, were conducted at central locations in Bel Air, the county seat. Potential participants were recruited via emails sent to listservs or social media posts on accounts accessible to the Harford County Office of Disabilities Services and Harford County Parks and Recreation Department's TR Program, as well as in person at a local resource fair and HCTR program.

Because transportation and respite care might have been a barrier to participation, respondents were given the opportunity to respond to the focus group questions one-on-one via telephone. For telephone interviews, respondents were required to send a copy of their signed consent form to the researchers via mail or email prior to the interview.

Each focus group session lasted approximately 20-40 minutes. Only focus group participants and the HCTR Study researcher leading the focus group were present during the group session. Focus groups were audio recorded.

Data Analysis

Focus group responses, responses to open-ended questionnaire questions, and structured interviews were transcribed verbatim. To analyze the qualitative data—written and oral comments—we used NVivo software that helped organize data from the interviews, focus groups, and the questionnaire's open-ended questions according to themes that addressed the research questions.

The questionnaires' quantitative data were analyzed using descriptive statistics. Patterns, attitudes, and perceptions of therapeutic recreation, as well as social and environmental influences, were summarized.

Community Engagement

The study's results were summarized in a presentation to the Harford County Parks and Recreation Department. Based on the results of the qualitative and quantitative data analyses, themes and potential future actions by the department were proposed. These results were published online as a summary presentation and a more detailed written report. Publication of these results was publicized via email and social media posts. Responses to the results were solicited from the community at meetings in Harford County of the Commission on Disabilities and the Friends of TR.

Results

Demographics

The questionnaire was intended to obtain information about the community served by Harford County's TR program. In Table 1, demographic data about program participants are compared with data on all citizens with disabilities in Harford County.

Citizens with disabilities represent 11.4 percent of Harford County's noninstitutionalized population (U.S. Census Bureau, 2017). Compared with the general population of citizens with disabilities, Harford County program participants are less likely to be African American, they are younger, they are more likely to have a cognitive difficulty and less likely to have a hearing, vision, or ambulatory difficulty. The respondents to the questionnaire were predominantly parents or guardians responding on behalf of program participants (82 percent), although five percent were the program participants themselves.

Table 1. Demographic Data of Program Participants Compared with All Harford County Citizens with Disabilities

| | Program Participants | All Harford County Citizens with Disabilities* |
|-------------------|----------------------|--|
| TOTAL POPULATION | | 11.4% |
| SEX | | |
| Male | 62% | 50% |
| Female | 38% | 50% |
| RACE | | |
| White | 78% | 80% |
| African American | 6% | 12% |
| Asian | 6% | 4% |
| Two or more races | 8% | |
| Hispanic | 2% | 4% |
| AGE | | |
| Under 18 | 36% | 7% |
| 18-21 | 13% | 52% |
| 21-64 | 49% | |
| 65 and older | 2% | 41% |

| | Program Participants | All Harford County Citizens with Disabilities* |
|--------------------|----------------------|--|
| DIFFICULTY | | |
| Hearing | 10% | 30% |
| Vision | 14% | 29% |
| Cognitive | 78% | 44% |
| Ambulatory | 16% | 53% |
| Self-care | 42% | 39% |
| Independent living | 56% | 43% |

*source: U.S. Census Bureau (2017). *2017 American Community Survey 1-Year Estimates*

Thirteen people from the community participated in focus groups. Two in-person focus groups (n = 3 and 8) were conducted, as well as two one-on-one telephone interviews using the focus group guide. Participants were caregivers of citizens with disabilities. They included family members and professionals, with and without experience with Harford County's TR programs.

For the structured questionnaire, three TR program leaders from nearby Maryland counties: St. Mary's, Baltimore City, and Montgomery, were interviewed. St. Mary's County was the most similar to Harford in income, disability rate, and population size (Table 2).

Table 2. Structured Interviewees' County Characteristics Compared with Harford County

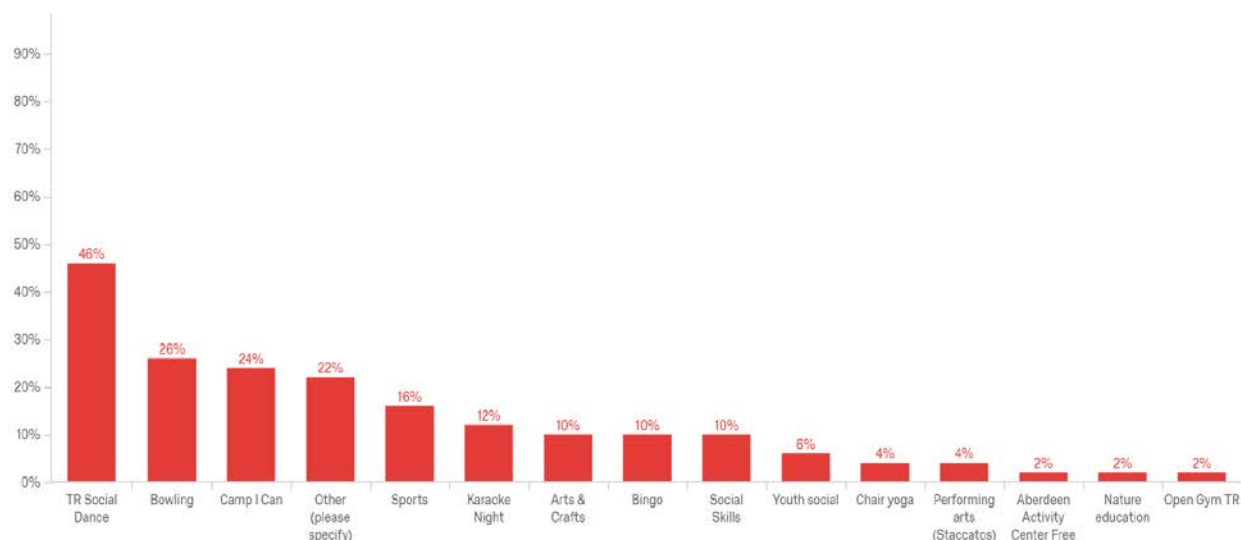
| | Harford | St. Mary's | Baltimore City | Montgomery |
|-----------------------------|----------|------------|----------------|------------|
| Population | 244,826 | 105,151 | 620,961 | 971,777 |
| Per capita income | \$37,972 | \$37,528 | \$28,488 | \$51,162 |
| With a disability, under 65 | 7.60% | 8.40% | 11.70% | 4.90% |
| Population per square mile | 560 | 294 | 7,672 | 1,978 |
| Square miles | 437 | 357 | 81 | 491 |

source: U.S. Census Bureau, 2019

Questionnaire Results: Evaluating Past Performance

Questionnaire respondents reported participation in a range of Harford County TR programs during the past 12 months. As shown in Figure 2, social dances had the highest participation rate of all TR programs, but bowling and CampI Can also were popular.

Figure 2. Therapeutic recreation programs participated in over the last 12 months: (n = 50)



The questionnaire asked about overall feelings about Harford County's TR programming, as well as feedback on the program and staff. When asked about their overall feelings, 80 percent of respondents were satisfied with County TR programming (Figure 3). Regarding the program, the community agreed that the registration process was relatively easy (70 percent) and that the TR program met their expectations (76 percent). Also, 73 percent would recommend similar TR programs to others (Figure 4). In response to statements about staff and instructors, the community agreed that staff treated participants with respect (88 percent), encouraged participation (80 percent) and were knowledgeable (78 percent) (Figure 5).

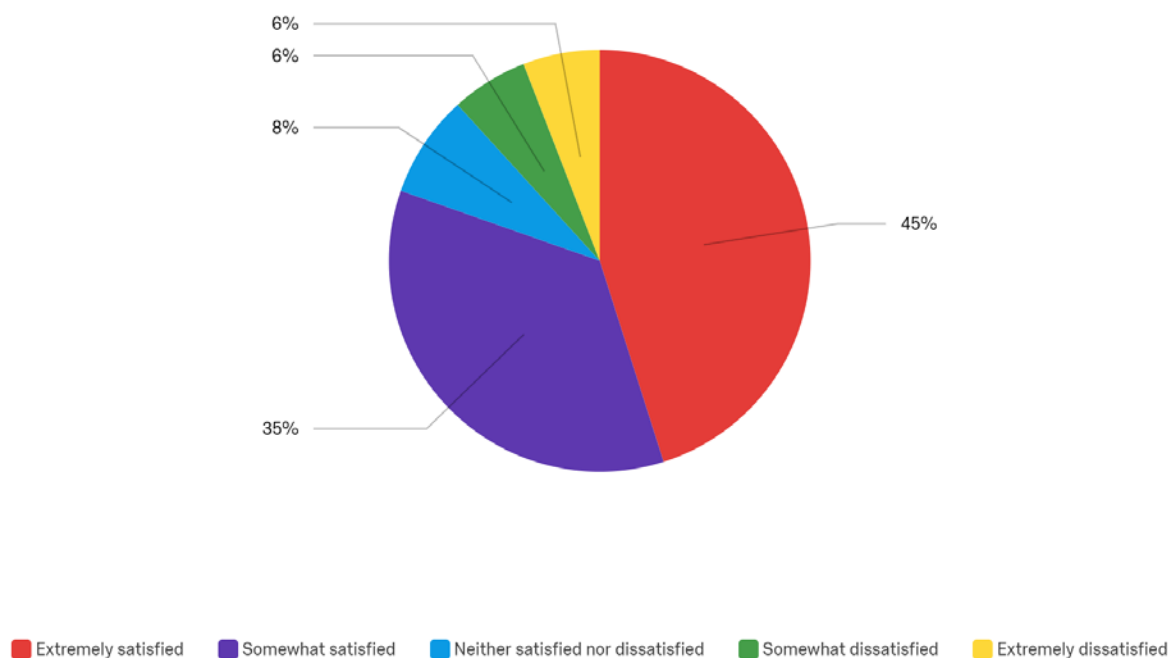
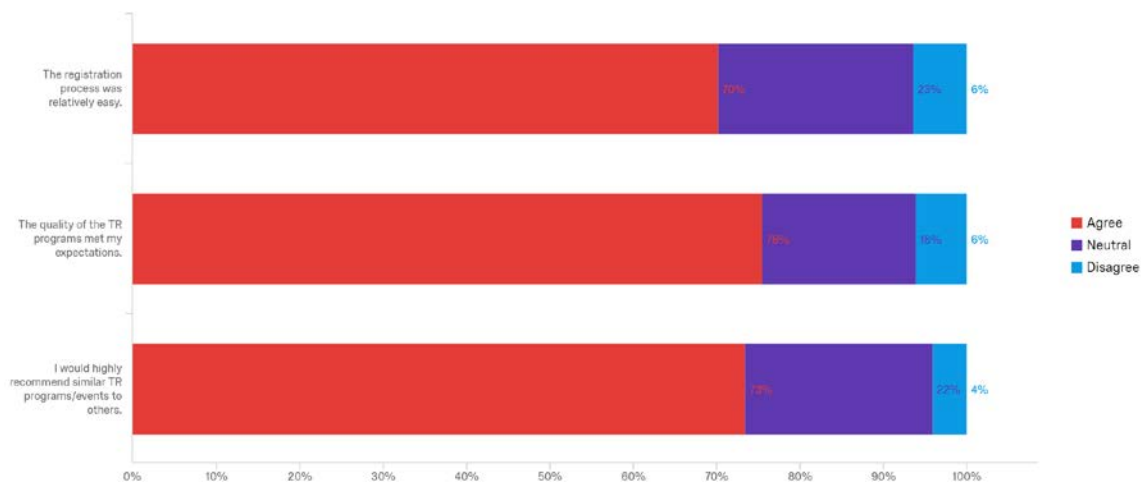
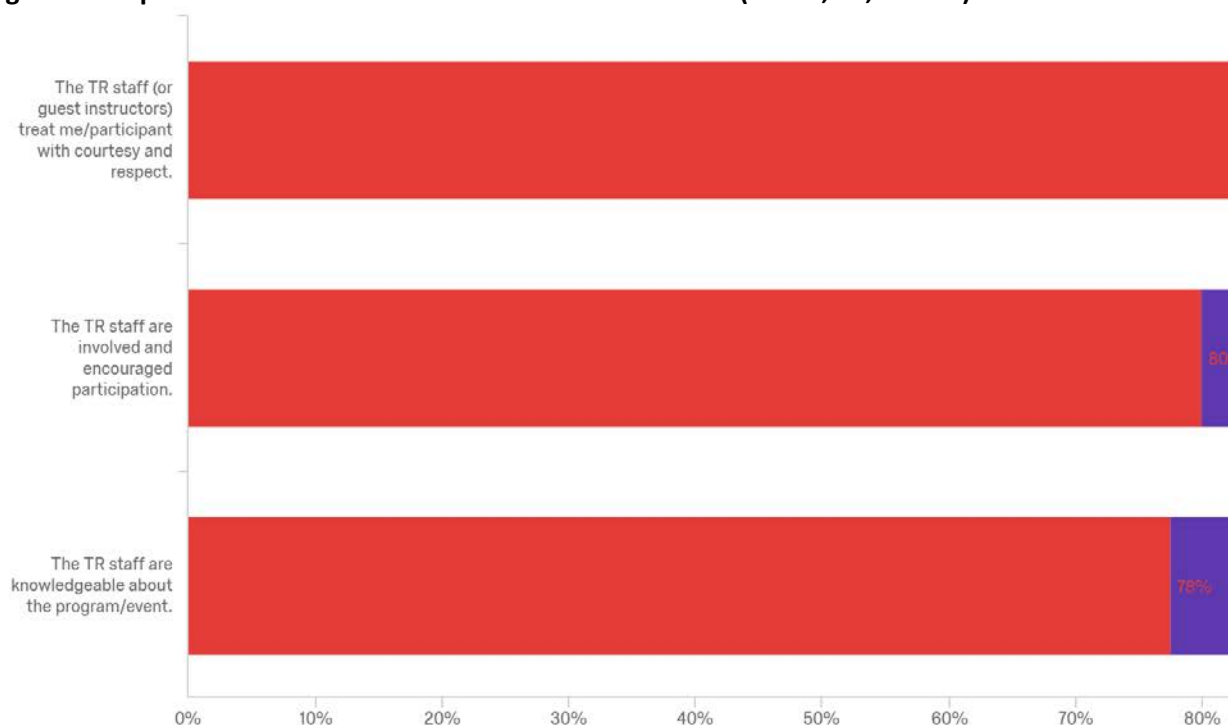
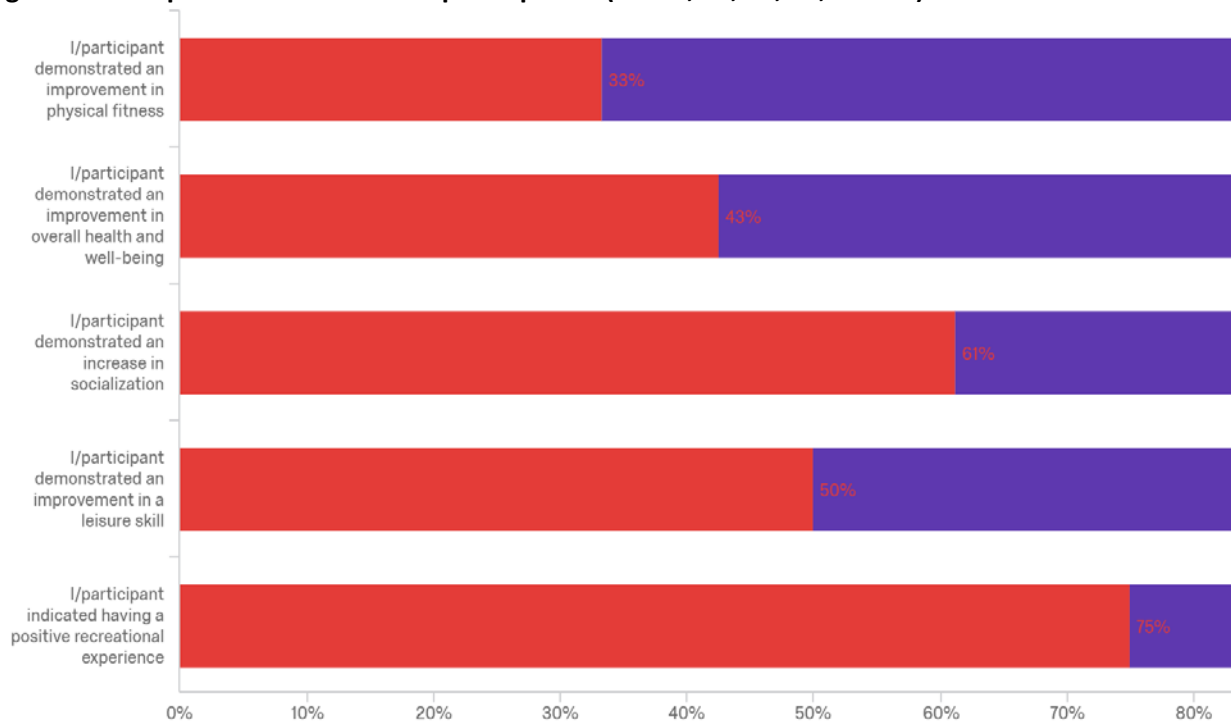
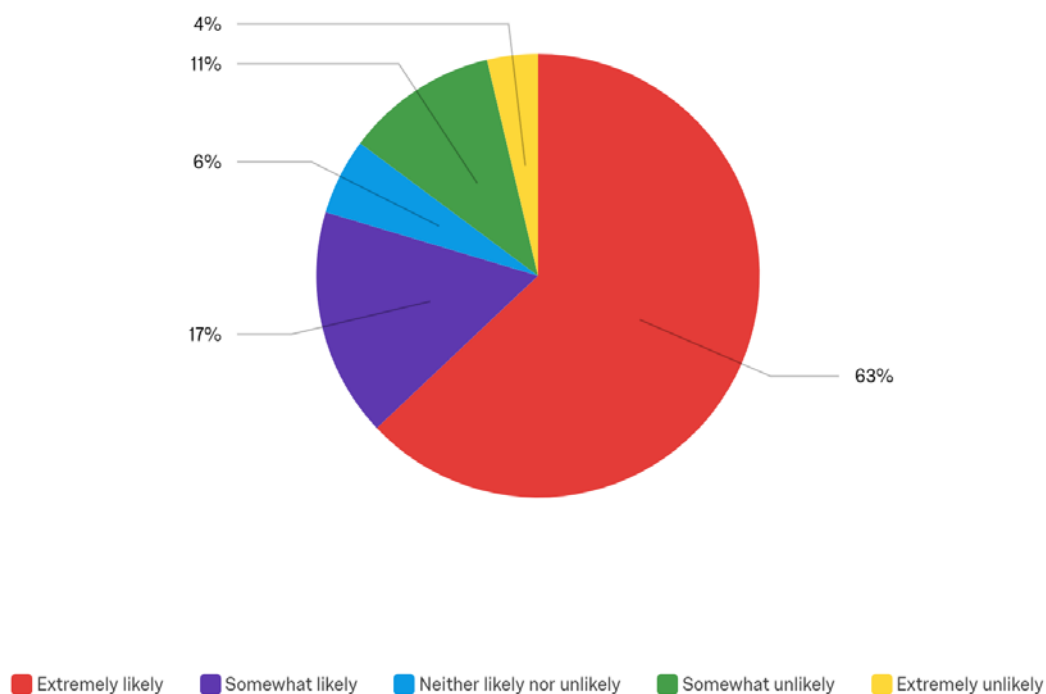
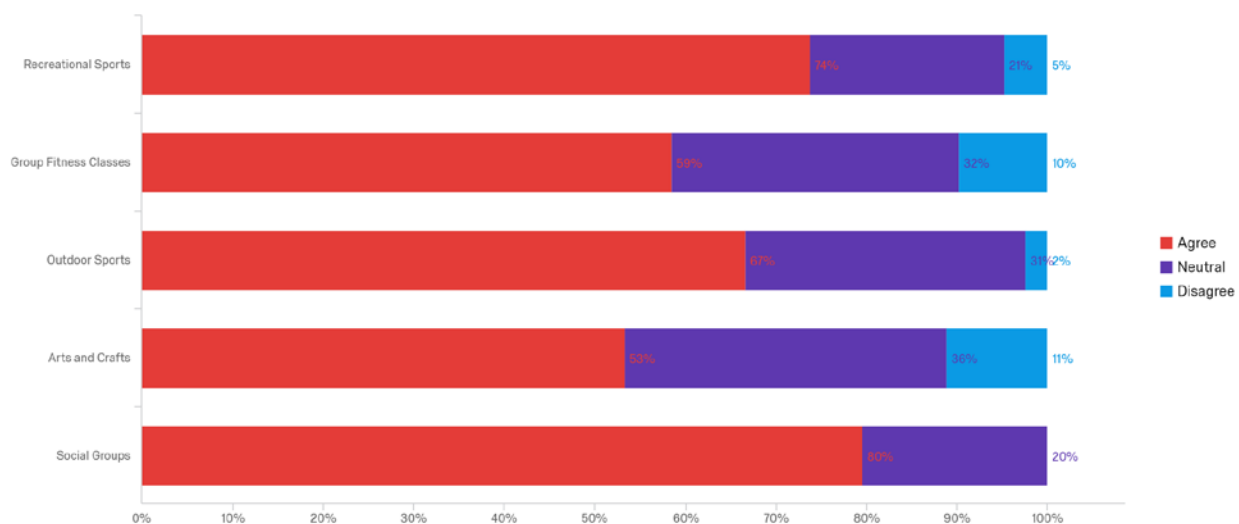
Figure 3. Overall feelings about Harford County TR programming (n = 51)**Figure 4. Responses to statements about the TR program (n = 47, 49, and 49)**

Figure 5. Responses to statements about staff and instructors (n = 50, 50, and 49)

The questionnaire asked about therapeutic outcomes from the TR programming. The proportion who had a positive recreational experience was 75 percent. Therapeutic outcome improvements, however, varied from to a high of 61 percent (socialization) to 50 percent (leisure skill) to 43 percent (overall health and well-being) to a low of 33 percent (physical fitness) (Figure 6).

Figure 6. Therapeutic outcomes from participation (n = 48, 47, 49, 48, and 48)**Questionnaire Results: Future Participation**

When the community was asked, “How likely are you to participate in Harford County TR in the future?” 80 percent replied that they were likely to participate. Of the respondents, 63 percent were extremely likely, and 17 percent were somewhat likely (Figure 7). The respondents were most interested in social groups (80 percent) followed by recreational sports (74 percent) and outdoor sports (67 percent) (Figure 8).

Figure 7. Likelihood of attending therapeutic recreation activities in the future (n = 54)**Figure 8. Types of therapeutic recreation activities of interest (n = 42, 41, 42, 45, and 49)**

Community Comments: Things Done Well and Needing Improvement

In spoken and written comments, the community identified areas where Harford County's TR program has performed well and areas with room for improvement. The following tables summarize the themes that emerged from these comments. Numbers in the frequency column reflect comments on the theme

from different speakers and the degree of emphasis placed on it by individual speakers, as expressed by returning to the theme during the course of focus group conversations.

Good communication, new programs, and staff were cited by the community as major enablers of participation (Table 3). Respondents indicated that email and social media communication are effective, and staff are responsive in person, but some are still relatively uninformed about Harford County's TR programming. Regarding new programs, new and more diversified activities are being offered. One respondent stated, "Things that were never offered before are being offered." Positive perceptions of staff include that they are creative, welcoming, and engaging. One participant stated, "Person running program is excited to see the participants, knows their names, and actually engages in the activities with them."

Table 3. Enablers of Participation

| Theme | Frequency | Meaning | Evidence |
|---------------|-----------|--|--|
| Communication | 12 | Email and social media communication are effective, and staff are responsive in person, but some are still relatively uninformed about the County's TR programming | <p>"I'm on the email list, and so there's regular emails that are sent out."</p> <p>"This past year they've done a little bit more with getting it onto Facebook and onto social media. I see it a little bit more frequently."</p> <p>"[Staff name] has been really great about communicating with me and emailing with me and meeting with me and all of this ..."</p> <p>"Um, but since I don't get the newsletter, I have to go online to find it"</p> |
| New programs | 6 | New and more diversified activities are being offered | <p>"Things that were never offered before are being offered"</p> <p>"I've heard good things about more programs are offered"</p> <p>"So I think they're trying new things"</p> |
| Staff | 5 | Positive perceptions of staff include that they are creative, welcoming, and engaging | <p>"I think that she does have some really good ideas. She's very creative."</p> <p>"Person running program is excited to see the participants, knows their names, and actually engages in the activities with them."</p> <p>"She's so nice."</p> |

The registration system and the credit card requirement were viewed as barriers to participation. The challenge of effective communication is illustrated by the fact that although some respondents saw good communication as an enabler, as stated above, others cited poor communication as a barrier to participation (Table 4).

Respondents indicated that the registration system needs improvement because it is difficult to use, especially for people with visual/reading difficulties, and it requires a computer. The data showed that the credit card requirement makes registration more difficult for low-income families and takes away from the independence of clients. One respondent noted that, “It takes away their independence. I mean, [name of client] doesn’t have a lot of independence, but he can go to his piggy bank, he can pull out \$5.00 for a dance ...” Communicating about programming only through social media and the website without a newsletter was characterized as confusing and not optimal. The need for a newsletter was illustrated by the statement, “And I tried to go on and get it and then I would look online for activities, but it’s different if you don’t get the newsletter.”

Table 4. Barriers to Participation

| Theme | Frequency | Meaning | Evidence |
|--------------------------------|-----------|---|---|
| Registration system | 20 | The registration system needs improvement because it is difficult to use, especially for people with visual/reading difficulties, and it requires a computer. | <p>“It can be confusing to figure out what is available”</p> <p>“I had a headache after I signed up this last time.”</p> <p>“The guys that I sign up, they don’t have computers.”</p> <p>“online access is limited by visual/reading disabilities.”</p> |
| Credit card requirement | 19 | The credit card requirement makes registration more difficult for low-income families and takes away the independence of clients. | <p>“Yeah, and I’ve worked with some that have been taken away by the state, you know. They don’t have connections with family members. All they have is their caregivers, you know, the people who help to manage their money ...”</p> <p>“It takes away their independence. I mean, [Name of client] doesn’t have a lot of independence, but he can go to his piggy bank, he can pull out \$5.00 for a dance, and he can go and he can pay for the dance and get his ticket or whatever.”</p> <p>“My daughter earns her own money, and we keep it in an envelope at home ... She counts it out, and now that we have this stupid</p> |

| | | | |
|----------------------|----|---|---|
| | | | credit card, she doesn't know the cost of anything." "Like, you know, managing their money and learning to pay for things, which is also a great way of independence ..." |
| Communication | 18 | Communicating about programming only through social media and the website without a newsletter is confusing and not optimal | "I'm not on Facebook" "And I know that like the website could be maybe a little more user-friendly" "It was confusing even trying to find just the dances." "And I tried to go on and get it and then I would look online for activities, but it's different if you don't get the newsletter." |

Community Comments: Suggestions for New Directions

The community suggested new activities, improved outreach approaches, and more targeted activities to improve the TR program (Table 5). A wide range of activities was suggested, with walking, open gym, Special Olympics, and nights out being most cited. One respondent stated, "Like a walking club would be super cool. I mean there's so many people that need exercise."

A range of ways to promote Harford County TR were suggested, including email blasts, public service announcements, and school-assisted publicity. For citizens with disabilities under the age of 21, one respondent stated, "If you're talking about 0-21, the only way that, I mean, to me it just seems like the way that you would reach people would be: what is the one system we all share? It's the education system." More targeted activities aimed at specific groups were suggested as desirable, including targeting specific disabilities (autism) and age groups ("... offer age-appropriate groups and programs").

Table 5. Suggested New Directions

| Theme | Frequency | Meaning | Evidence |
|-----------------------|-----------|---|--|
| New activities | 88 | A range of activities were suggested, with walking, open gym, Special Olympics, and nights out being most cited | "Like a walking club would be super cool. I mean there's so many people that need exercise." "it'd have to be like really great staff to run it, like to have an open sports time where they can come and hang out." "Then they have bowling tournaments; they have horseback riding, which there used to be a place in Cecil County that did that for therapeutic; then they have softball, which |

| | | | |
|----------------------------|----|--|--|
| | | | <p>they actually just started. So, I mean, really getting Special Olympics back would be something that would be interesting.”</p> <p>“I know they would be interested in maybe having a Girl’s Night Out or a Guy’s Night Out.”</p> |
| Outreach | 56 | A range of ways to promote Harford County TR were suggested, including email blasts, PSAs, and school-assisted publicity | <p>“Have an email blast to send out info.”</p> <p>“That’s another way: TV and radio.”</p> <p>“If you’re talking about 0-21, the only way that, I mean, to me it just seems like the way that you would reach people would be: what is the one system we all share? It’s the education system.”</p> |
| Targeted activities | 17 | More targeted activities aimed at specific groups was suggested as being desirable | <p>“Please offer evening activities for people 21 and over on weeknights”</p> <p>“Suggest adding autism to the list of disabilities.”</p> <p>“More programs for children who are school aged-elementary.”</p> <p>“As long as it’s going to state 3-16 years old, it’s worthless to me. It’s worse than worthless. It’s damaging. It’s damaging to the population.”</p> <p>“If it’s for families then call it families-otherwise offer age-appropriate groups and programs”</p> |

Practices in Other Counties

On those same themes, the practices of other counties were solicited (Table 6). These practices partially aligned with those suggested by the community. For outreach, program leaders serve on boards and commissions, attend resource fairs, and distribute information through schools. New activities are continually introduced based on research, community demand, and staff availability. A program leader stated, “I like to offer at least one new thing each season in each program guide.” Regarding the targeting of their TR programs, they primarily serve people with intellectual and developmental disabilities, not those with physical disabilities.

Table 6. Practices Followed in Other Counties

| Theme | Frequency | Meaning | Evidence |
|-----------------------|-----------|--|---|
| Outreach | 16 | Leaders serve on boards and commissions, attend resource fairs, and distribute information through schools | <p>"...the Commission for Disabilities and the Southern Maryland Center for Independent Living. There are other boards and commissions that I sit on but those two are focused directly on people with disabilities."</p> <p>"And then other than that we go to we are invited to a lot of resource fairs. A lot of different things in the County. So whenever we do that we take a lot of our brochures and booklets and actually can talk one on one with a lot of parents."</p> <p>"For kids, we go through the school system, [Name of public school system] within the Special Education department. We have a number of contacts there who do outreach for us."</p> |
| New activities | 14 | New activities are continually introduced based on research, community demand, and staff availability | <p>"I try to typically set aside one day a week like two hours and just go online and look at things, particularly like around North Carolina, Indiana, Illinois, which are big therapeutic recreation states, and see the kinds of things that they offer."</p> <p>"Most of that is going to come through agencies and parents as opposed to us surveying and things like that ahead of time."</p> <p>"So I am kind of stuck on whatever I can get a qualified instructor for."</p> <p>"Between me and the other full-time person, we kind of just kind of tag team the inclusion part of our job, of our program, which has kind of taken us away from being able to develop other new [activities]"</p> <p>"so many different things. You try and try and try and try."</p> <p>"I like to offer at least one new thing each season in each program guide."</p> |

| | | | |
|----------------------------|---|---|---|
| Targeted activities | 9 | TR programs primarily serve people with intellectual and developmental disabilities, not those with physical disabilities | <p>“So primarily adults with intellectual disabilities. That's the majority. Probably 85%.”</p> <p>“So we've found that our little niche is adults with intellectual disabilities, there's just not a lot of programming in [County name] for them, so we focus on that specifically. We do a lot for during the day, for people who are in the like the adult day care programs because there isn't a lot of programming for them.”</p> <p>“[Adults with physical disabilities] might come to a dance here and there and maybe a class in there but it's a really small group for us.”</p> |
|----------------------------|---|---|---|

Discussion and Conclusions

The community has a strong positive perception of Harford County's TR program. The data reflects this perception, indicating that a large proportion of the community plans to participate in Harford County TR programming in the future. Good communication, new programs, and positive perceptions of staff were cited by the community as major enablers of participation.

However, the data also indicate room for improvement. Improvements in therapeutic outcomes for physical fitness and overall health and well-being were noted by fewer than half of all participants. There are also barriers to participation in TR programming (i.e., the registration system, credit card requirement, and communication). As improvements, the community suggested new and more targeted activities and improved outreach, which is in line with best practices of other counties' TR programs.

The HCTR Study had a number of strengths. The number of responses to the questionnaire was large. It was opened by 95 respondents and ultimately, each question was answered by approximately 50 respondents. The questionnaire's quantitative data was complemented by the in-depth responses to open-ended questions and the focus groups. The focus groups in particular allowed community members to interact and yielded rich data. These data provided information about enablers and barriers to participation in the program, as well as suggestions for improvements to increase participation. In addition, the assistance of Harford County's Office on Disabilities in recruitment for focus groups potentially expanded the scope of the study to include caregivers of citizens who don't participate in Harford County's TR programming. Finally, structured interviews with TR division leaders from other counties were also useful in providing feedback on what has proved feasible and effective in other contexts.

The study also had limitations. Recruitment of respondents at TR programs might have biased results toward those who were satisfied with Harford County's TR program. The second focus group was recruited at a TR program, which also might have introduced a similar bias. In addition, recruitment for both the questionnaire and the focus group occurred primarily via communication modes that require a computer or smart phone, which might have excluded individuals with low incomes who cannot afford to own either. Finally, direct responses from program participants themselves were limited in the questionnaire and did not occur at all in the focus groups. Future research is needed on directly including citizens with intellectual and developmental disabilities in studies such as this one.

The strong and at times passionate engagement of the community of citizens with disabilities and their caregivers points to the potential of therapeutic recreation to improve the lives of a community that has suffered from marginalization. Among the factors that can be changed easily, communication appears to be key in minimizing barriers and facilitating participation in future therapeutic recreation programming.

This researcher was inspired by the love and dedication of caregivers and by seeing the joy clients and family members take in participating in recreation.

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