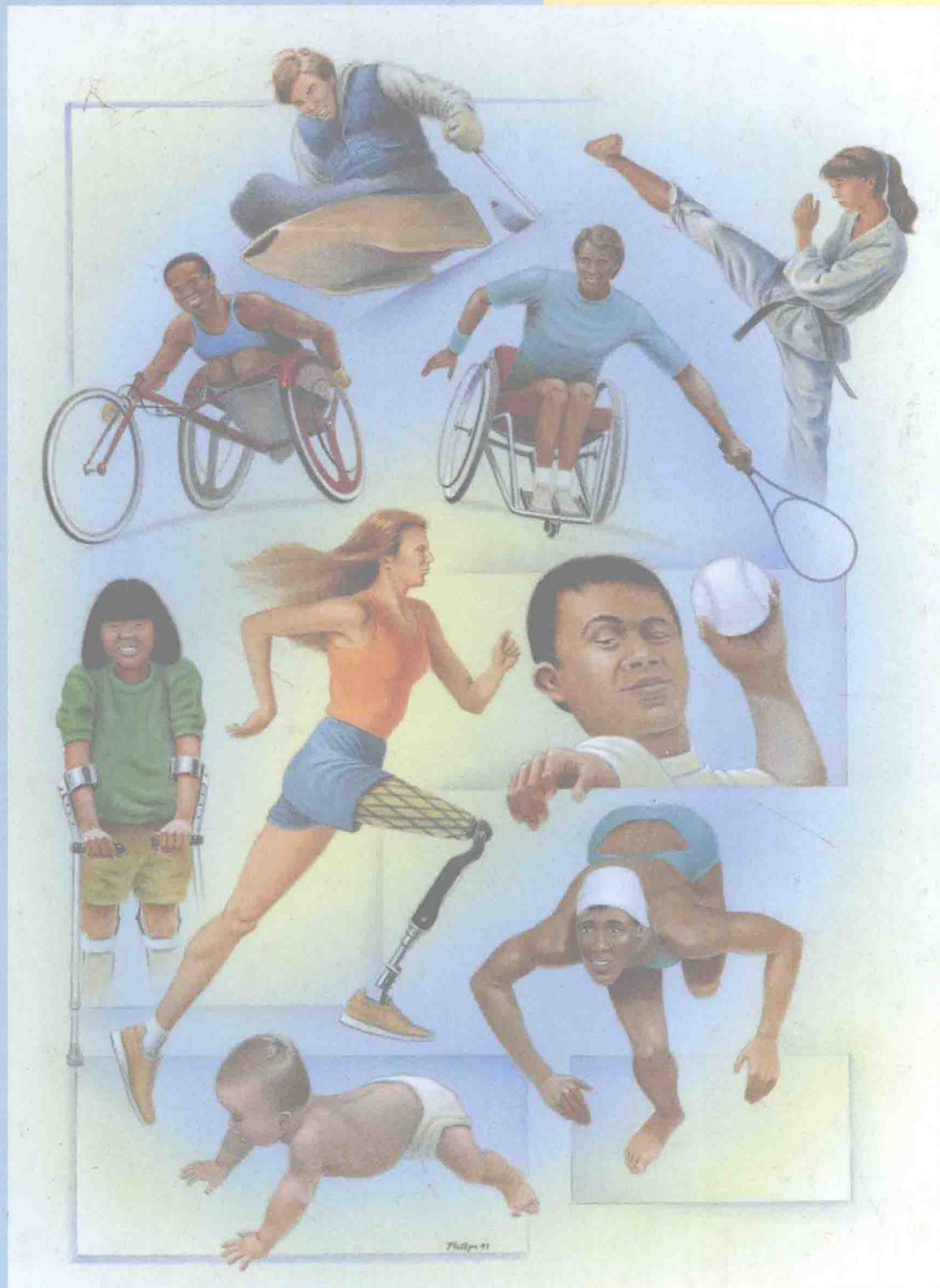


ZUMIEZ
BOARDSHOPS



Adapted Physical Activity, Recreation and Sport
Crossdisciplinary and Lifespan

FIFTH EDITION

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Claudine Sherrill

Adapted Physical Activity, Recreation and Sport

Crossdisciplinary and Lifespan

Fifth Edition

Claudine Sherrill
Texas Woman's University



Boston, Massachusetts Burr Ridge, Illinois Dubuque, Iowa
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CROSSDISCIPLINARY AND LIFESPAN

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P R E F A C E

This fifth edition has been revised extensively to stay abreast of the rapidly expanding knowledge base of adapted physical activity as a profession and an academic discipline. This textbook is designed to develop the beginning-level knowledge and skills of both undergraduate and graduate students who aspire to meet individual needs in physical education, recreation, sport, fitness, or rehabilitation settings. Although the emphasis is on cooperative home-school-community physical education programming for infants, toddlers, children, and youth, this textbook also addresses the competencies of professionals in other settings who work with people of all ages.

NCPERID Standards and Competency Test

Study of this text and use of the multiple-choice questions in the teacher's manual and computer test kit will enable professionals to meet the personnel preparation standards established by the National Consortium for Physical Education and Recreation for Individuals with Disabilities (NCPERID) in 1995 and to pass the new NCPERID National Competency Examination. This optional examination, which has been widely publicized, was developed to assure high-quality performance in school-based adapted physical activity service delivery for individuals from birth to age 21. The author of this textbook is a life member and past president of NCPERID.

Comprehensive, Multipurpose Resource

This textbook is designed to guide study in the basic adapted physical activity course as well as in such specialized courses as (a) assessment, (b) curriculum, instruction, and pedagogy, (c) administration, including consulting, (d) disability sport, and (e) individual differences, including disabilities. The content is purposely broad to afford professors the freedom to select content that meets individual needs and interests. It is not necessary to cover all chapters in every course. The teacher's manual explains how the textbook can be used with different course outlines.

The intent is to save the student both money and time by including all of the essentials of adapted physical activity in one book that can be kept as a reference for on-the-job use. The content can be surveyed rapidly in beginning courses and read again for in-depth competency development in advanced courses. Over 600 photographs and line drawings make the book interesting and user-friendly.

The Role of This Text in Infusion

Adapted physical activity attitudes, knowledge, and skills must be *infused* into all regular education courses. After university students are introduced to the content of this text in a basic course, their competencies should be further enhanced by a teacher-training *infusion model* in which individual dif-

ferences are addressed in every course. *A goal is for this textbook to be used as a resource in every class.* To achieve this, adapted physical activity proponents must share this text with regular education colleagues and emphasize infusion of content into daily lesson plans.

The PAP-TE-CA Model Refined

The content of this text is based on the belief that both regular and adapted physical activity personnel need competencies in seven areas:

- P** Planning
- A** Assessment
- P** Prescription/Placement
- T** Teaching/Counseling/Coaching
- E** Evaluation
- C** Coordination of Resources and Consulting
- A** Advocacy

I call the knowledge comprising these areas the PAP-TE-CA model. It would be helpful if this acronym spelled something meaningful, but we shall have to settle for its spirited rhythm. It is a mnemonic device that effectively assures memory of the services that guide competency development.

In this fifth edition, I have reorganized the content in Part I of the text so as to present PAP-TE-CA roles, functions, and competencies in order. This should make the learning of adapted physical activity service delivery easier. Advocacy (Chapter 4) is, however, still presented first because of my belief that this remains our most important service: advocacy at international, national, state, and local levels, and, most essential, advocacy that regular physical educators in our neighborhood schools assume their responsibility for active, healthy lifestyles for all children.

Practical Knowledge Emphasized

Part II of this fifth edition is extensively revised to focus on physical activity goals and the knowledge that professionals must have to enable individuals of all ages to achieve these goals. Each chapter has been revised to increase the emphasis on assessment and pedagogy specific to a goal. Content on self-concept and attitudes, which previously was in Part I, is now in Chapters 8 and 9.

New Chapters in the Fifth Edition

All chapters in Parts I and II have been revised extensively, but the following chapters are new:

- Chapter 3** Teamwork, Communication, Adaptation, and Creativity
- Chapter 5** Philosophy, Planning, and Curriculum Design

- Chapter 7** Teaching, Evaluating, and Consulting
- Chapter 8** Self-Concept, Motivation, and Well-Being
- Chapter 9** Inclusion, Social Competence, and Attitude Change
- Chapter 15** Play and Game Competence, Active Leisure, and Relaxation

Organization of the Fifth Edition

This textbook's 27 chapters are organized into three sections:

- Part I** Foundations
- Part II** Assessment and Pedagogy for Specific Goals
- Part III** Individual Differences, With Emphasis on Sport

Parts I and II are completely rewritten for this edition; Part III is updated. Part I combined with either Part II or Part III makes an excellent introductory course. The choice depends on whether the professor wishes to emphasize assessment and pedagogy (Part II) or individual differences and sport (Part III). Extra credit for optional reading or oral reports of unassigned chapters is encouraged.

Part I focuses first on an understanding of adapted physical activity, individual differences, and home-school-community teamwork; then introduces advocacy as the first of the PAP-TE-CA services to be taught; and then concludes with sequential coverage of philosophy, planning, curriculum design, assessing, prescribing, writing the IEP, teaching, evaluating, and consulting. Part I thus gives an overview of how regular and adapted physical educators can work together to meet individual needs of students.

Part II presents in-depth coverage of each of 10 goals of adapted physical activity (e.g., self-concept, inclusion and social competence, motor skills and patterns). Each chapter relates to a selected physical education goal. The university student is taught to assess present level of performance, then to write specific objectives based on assessed needs, and then to adapt and create pedagogy so as to help individuals achieve these objectives. This section, in conjunction with Chapter 6 on assessment, can easily serve as the textbook for an assessment course. Likewise, it can serve as a textbook for a curriculum, instruction, and pedagogy course, when combined with Chapters 5 and 7.

Part III presents in-depth coverage of infants, toddlers, and early childhood (Chapter 18), followed by chapters on the disabilities recognized by Public Law 101-476, the Individuals With Disabilities Education Act (IDEA) of 1990. Sport terminology from the worldwide Paralympic movement is used to designate disabilities, and sport classifications used by the International Paralympic Committee (IPC) and its constituent organizations are described. Special Olympics and Deaf Sport are also given strong coverage.

Emphasis on Sports for Individuals With Disabilities

Whereas some authors develop separate chapters and books on sport for athletes with disabilities, this text treats sport as an

integral part of adapted physical activity. Over 150 pages of text on sport have been included in this fifth edition, as well as outstanding photographs of athletes with disabilities in competition.

Pedagogical Devices

This text offers numerous pedagogical devices designed to help students blend theory with practice. These include the following:

- *Chapter objectives to guide study*
Objectives at the beginning of each chapter can be the basis for written assignments or used as essay questions on an examination. An objective can be assigned to a student who prepares an oral report for class, makes a tape recording or videotape, or develops a slide presentation.
- *Learning activities embedded in each chapter*
These activities are designed to ensure that practicum experiences supplement classroom theory. Use of these activities works especially well in contract teaching.
- *Subject index that can be used as a dictionary for looking up spellings of words*
The subject index can also be used as a testing device. A card for every word in the index is made and color-coded (if desired) by chapter. Students randomly draw cards from the stack for a particular chapter and talk or write for 60 sec on the subject drawn. The subject index can also be used in studying for the final exam; students should be able to spell and discuss every word in the index from the chapters they have covered.
- *Name index for becoming familiar with authorities in adapted physical activity and related disciplines*
The name index can be used the same way as the subject index. Emphasis on learning names (i.e., primary sources) is probably more appropriate for graduate than for undergraduate students.
- *Numerous photographs and line drawings*
Approximately 250 photographs and 340 line drawings enrich the text. Test questions can be drawn from figure captions, since these descriptions provide double emphasis of facts.
- *American Psychological Association (APA) format*
Adherence to APA writing style provides a model for students who wish to acquire research and publication skills.
- *Appendixes on definitions, prevalence, and incidence*
Appendix A presents definitions of disabilities as stated in the United States federal law. The prevalence and incidence statistics in Appendix B are helpful in preparing term papers and in documenting the need for adapted physical activity service delivery.
- *Appendixes on sources of information*
Appendixes C, D, and E provide readers with over 100 addresses to write for additional information.

- *Appendix on the history of adapted physical activity, recreation, and sport*

Appendix F presents a chronology of more than 100 events, beginning in 1817 with the establishment of the first residential schools in the United States, including dates for the initiation of services, enactment of legislation, and formation of organizations.

- *References to reinforce understanding of primary sources*

The reference list at the end of each chapter provides direction for persons who wish to get more in-depth coverage through additional reading. Students should be encouraged to learn the names of journals and to stay abreast of new issues as they are published.

A C K N O W L E D G M E N T S

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To Creators of Our Knowledge Base

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Claudine Sherrill

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PART

I

Foundations

CHAPTER 1

Active, Healthy Lifestyles for All

CHAPTER 2

Celebrating Individual Differences and Appreciating Disability Sport

CHAPTER 3

Teamwork, Communication, Adaptation, and Creativity

CHAPTER 4

Advocacy, the Law, and the IEP

CHAPTER 5

Philosophy, Planning, and Curriculum Design

CHAPTER 6

Assessing, Prescribing, and Writing the IEP

CHAPTER 7

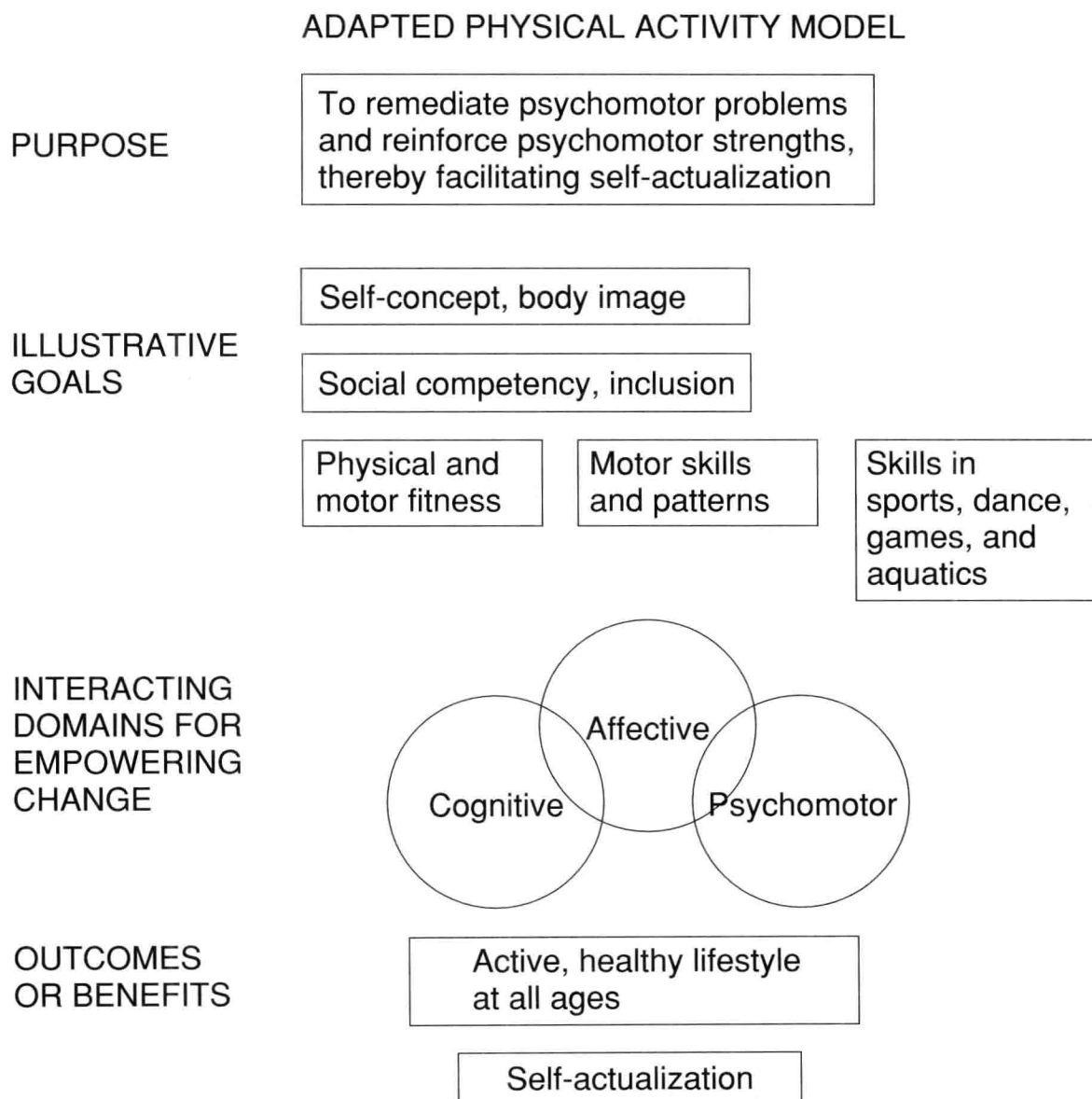
Teaching, Evaluating, and Consulting

CHAPTER

1

Active, Healthy Lifestyles for All

FIGURE 1.1 Holistic model to guide understanding of purpose, goals, domains, and outcomes of lifespan adapted physical activity.



CHAPTER OBJECTIVES

After you have studied this chapter, you should be able to do the following:

1. Understand the many meanings of adapted physical activity and discuss how and why meanings change.
2. Understand the purpose, goals, domains, and outcomes of adapted physical activity and communicate these to others.
3. Critically think about who needs adapted physical activity and why.
4. Identify and discuss basic terms (e.g., *psychomotor problems*, *self-actualization*, *adaptation*, *ecosystems*, *service delivery*, *support services*, *IEP*, *disability*, *individual differences*).
5. Differentiate between such concepts as *adapted* and *adaptive*; *interdisciplinary*, *crossdisciplinary*, and *multidisciplinary*.
6. Consider ways generalists and specialists can work together to achieve active, healthy lifestyles for all.
7. Appreciate the history of adapted physical activity, and use your understanding of the past to critically think about the present and future.
8. List and discuss adapted physical activity organizations.
9. Critically think about zero-reject and zero-fail principles, basic beliefs, and ethics.
10. Critically think about standards, job functions, and competencies, and assess yourself in relation to these, set goals, and develop a personal learning plan.

In physical activity, everyone fails at one time or another—by coming in last on the relay team, by missing the basket or field goal that would have tied or won the game, by choking and struggling in the swimming pool, by letting days go by with no vigorous exercise. Some people, however, fail more than others, and these failures affect all aspects of their lives. Failure often results in labels, such as *clumsy*, *awkward*, *fat*, *lazy*, *disabled*.

How long does a label, once internalized, endure? What effect does a label have on growth and development? In particular, how does failure affect body image and self-concept? What causes failure? How does failure, real or perceived, make people feel different? How do individual differences affect social acceptance and inclusion? This book is about individual differences that interfere with the achievement of physical activity goals and aspirations and the variables associated with success and failure.

Psychomotor Problems and Strengths

Psychomotor problems are specific limitations, barriers, constraints, weaknesses, or delays in self/environment interactions that prevent goal achievement and self-actualization. Figure 1.1 presents some of the goals that must be achieved in order to maintain an active, healthy lifestyle. These goals involve behaviors in all three behavioral domains because it is not possible to separate one domain from another.

The term *psychomotor problems* is really an abbreviation for *integrated cognitive-affective-psychomotor problems*.

Cognitive domain goals include intellectual skills necessary for learning play and game behaviors and sport rules and strategies, for using perceptual-motor function, and for thinking and moving creatively in order to overcome various barriers. **Affective domain goals** include feelings, attitudes, intentions, values, interests, and desires. Among these are self-concept and body image, social competency and inclusion, and fun/mental health. **Psychomotor domain goals** include sensorimotor function, physical and motor fitness, motor skills and patterns, and skills/participation habits in sports, dance, and aquatics.

Psychomotor problems are offset by psychomotor strengths, abilities, competencies, or affordances in

self/environment interactions that promote an active, healthy lifestyle and self-actualization. Good assessment and programming focus on both strengths and weaknesses. We change psychomotor behaviors by addressing specific variables in individual performance and in the environment (both social and physical).

Many professions are interested in concurrently remediate psychomotor problems and reinforcing strengths. Among these are physical education, recreation, special education, occupational therapy, physical therapy, and sports medicine. The purpose, goals, and domains in Figure 1.1 are important to all of these professions. A trend, which influences the content of this book, is the growing ability of these professions to share concerns and work together. Learning cooperation begins early in undergraduate professional preparation and entails understanding and respecting the integrity and separateness of one another's professions. The specific nature, purpose, and goals of various professions are continuously changing, but most professions support self-actualization as a desirable long-range outcome.

Self-Actualization: Purpose and Outcome

Figure 1.1 indicates that self-actualization is the purpose, and therefore the desired outcome, of helping individuals with psychomotor problems. The term **self-actualization**, as used in this text, is defined as making actual, or realizing, all of one's psychomotor potentialities. This term comes from the self-actualization theory of Abraham Maslow (1908–1970), which strongly influences all of the helping professions (see Figure 1.2). Self-actualization, explained in more detail in Chapter 5, means different things to different professions. However, there is agreement on the following:

- * 1. Self-actualization is a lifelong process that begins with dependence and other-directedness in infancy and progresses to independence and inner-directedness.
- * 2. Self-actualization increases as time-competence improves. Time-competence is the ability to use time wisely, to link time usage to goals, and to tie past, present, and future together in meaningful continuity.

FIGURE 1.2 “What an individual *can* be, he *must* be. He must be true to his own nature. This need we may call self-actualization.”—Abraham Maslow (1970, p. 46)



3. Self-actualization increases as self-concept, self-esteem, and body image improve.
4. Self-actualization is closely associated with empowerment, the process by which individuals gain control over their lives, a sense of having power equitable with that of others, and a feeling of responsibility for self, others, and environment. Empowerment occurs through the efforts of both self and others. Professionals help individuals to empower themselves.

With regard to empowering an active, healthy lifestyle, the following self-actualization indicators are helpful in assessment and programming:

1. Feels good about self and has confidence in movement abilities.
2. Demonstrates positive attitudes toward physical activity.
3. Possesses knowledge, skills, and fitness for goal achievement.
4. Has friends with whom to share exercise and physical activity.
5. Finds or creates time for exercise and physical activity.
6. Has the creativity to solve problems and reach goals.

Individuals with psychomotor problems that interfere seriously with goal achievement and self-actualization need particular help with self-concept, self-esteem, and body image.

Self-concept refers to all the opinions, feelings, and beliefs that a person holds about self. The self contains many dimensions (e.g., scholastic, behavioral, physical appearance, athletic, social, global), and persons typically feel better about some dimensions than about others. **Self-esteem**, one aspect of self-concept, is global good feelings about oneself. **Body image** refers to opinions, feelings, and beliefs about the total body and specific parts. This book emphasizes self-concept, self-esteem, and body image. See Chapter 8 for more details.

The Role of Physical Education

Of all the helping professions, physical education is the only one recognized by federal law as a direct service area for individuals with psychomotor problems (called disabilities in the law). Federal law defines **physical education** as follows:

- (i) The term means the development of:
 - (A) Physical and motor fitness;
 - (B) Fundamental motor skills and patterns; and
 - (C) Skills in aquatics, dance, and individual and group games and sports (including intramural and lifetime sports).
- (ii) The term includes special physical education, adapted physical education, movement education, and motor development. (20 U.S.C. 1401 [16]) (*Federal Register*, August 23, 1977, p. 42480)

Figure 1.1 uses the components of this definition as goals, but adds other goals important to an active, healthy lifestyle and self-actualization. Federal law requires that individuals, ages 0–21 years, who meet *special education criteria* indicating that they are disabled in physical education, receive *individualized instruction adapted to their special needs*. This adapted instruction must be delivered in the mainstream (regular physical education setting) unless proof is provided that the student cannot benefit from mainstream instruction.

Physical education thus includes adapted physical education. This has not always been true (see the section on history later in this chapter). Today adapted physical education can occur in either a mainstream or a nonmainstream setting. The meaning of adapted physical education has changed drastically since the 1950s, when it was associated with instruction in a separate class placement. Today, adapted physical education is much broader than instruction. It involves many services, such as assessment, goal setting to promote inclusion, and advocacy for the rights of people who are different from the majority.

This text emphasizes that physical education services must extend beyond students covered by law (designated as special education) to anyone with a psychomotor problem that seriously interferes with goal achievement and self-actualization. Many such individuals need adaptation and individualization as much as or more than special education students do. Moreover, such services may be needed throughout the lifespan.

Central Themes in This Text

The title of this text emphasizes five interrelated themes of great importance. Following are basic definitions that are expanded upon throughout the text.