

Spring 5-12-2017

The Affective Benefits for Children With Specific Disabilities Associated With Attending Therapeutic Respite Summer Camps From a Camper and Parent Perspective

Abigail Stewart

The College at Brockport, stewart.abby@gmail.com

Follow this and additional works at: http://digitalcommons.brockport.edu/pes_synthesis

 Part of the [Sports Studies Commons](#)

Recommended Citation

Stewart, Abigail, "The Affective Benefits for Children With Specific Disabilities Associated With Attending Therapeutic Respite Summer Camps From a Camper and Parent Perspective" (2017). *Kinesiology, Sport Studies, and Physical Education Synthesis Projects*. 16.

http://digitalcommons.brockport.edu/pes_synthesis/16

This Synthesis is brought to you for free and open access by the Kinesiology, Sport Studies and Physical Education at Digital Commons @Brockport. It has been accepted for inclusion in Kinesiology, Sport Studies, and Physical Education Synthesis Projects by an authorized administrator of Digital Commons @Brockport. For more information, please contact kmyers@brockport.edu.

The Affective Benefits for Children With Specific Disabilities Associated With Attending
Therapeutic Respite Summer Camps From a Camper and Parent Perspective

A Synthesis of the Research Literature

A Synthesis Project

Presented to the

Department of Kinesiology, Sport Studies, and Physical Education

The College at Brockport

State University of New York

In Partial Fulfillment

Of the Requirements for the Degree

Master of Science in Education

(Physical Education)

By

Abigail Stewart

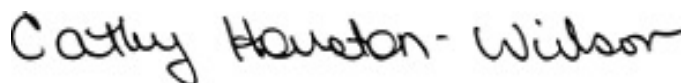
Spring, 2017

THE COLLEGE AT BROCKPORT
STATE UNIVERSITY OF NEW YORK
BROCKPORT, NEW YORK

Department of Kinesiology, Sport Studies, and Physical Education

Title of Synthesis Project: The Affective Benefits for Children with Specific Disabilities
Associated With Attending Therapeutic Respite Summer Camps from a Camper and Parent
Perspective.

Read and Approved by:

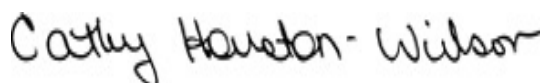


Dr. Cathy Houston-Wilson

Date: 4/11/17

Accepted by the Department of Kinesiology, Sport Studies, and Physical Education, The College at Brockport, State University of New York, in partial fulfillment of the requirements for the degree Master of Science in Education (Physical Education).

Date: 4/11/17



Dr. Cathy Houston-Wilson
Chairperson, Department of Kinesiology,
Sport Studies, and Physical Education

Table of Contents

Acknowledgments.....	4
Abstract.....	5
Chapter 1 – Introduction.....	6-10
Chapter 2 – Methods.....	11-12
Chapter 3 – Literature Review.....	13
Chapter 4 – Results and Discussion.....	26-28
Chapter 5 – Recommendations for Future Research.....	29
Appendix – Article Grid.....	30-38
References.....	39-41

Acknowledgements

I would like to thank all the people who contributed in some way to the work in this synthesis. First and foremost, I thank my mentor and advisor, Dr. Kozub, for the opportunity to attend the College at Brockport, for pushing me to do my best and being helping me through my few semesters at Brockport. You have been a great mentor and supporter of my college career and new career as a teacher. I would like to thank Dr. Huston-Wilson for your continuous support throughout this process. Thank you for pushing me to get everything done and keeping me on track with my writing. I would like to thank my parents, Cliff and Jeanne, for allowing me to pursue my dream of becoming a teacher and encouraging me to continue my education. And last but not least I would like to thank my students, campers, and athletes for being amazing and reminding me why I chose to become a teacher. Thank you all so much for being the most honest and caring people on the planet. I would not be the teacher I am today without your love and support.

Abstract

Therapeutic respite summer camps for individuals with disabilities are a unique opportunity for growth and exploration of one's self. By bringing together individuals with similar disabilities and life experiences, campers can relate and form unique relationships and bonds. Surveys and interviews of campers with disabilities have shown that attending therapeutic respite summer camps increase levels of autonomy, self-esteem, self-efficacy, social acceptance, and relatedness. These affective benefits have been described and felt by both the campers and the parents of campers with disabilities. Therapeutic respite summer camps are beneficial for individuals with disabilities and continue to provide meaningful programming for campers.

Chapter 1 – Introduction

Summer camp is a unique experience for all children. It is a place where self-discovery happens and friendships are made and revisited year after year. For individuals with disabilities therapeutic respite summer camps are vital for social growth and development. Disability-specific residential camps offer unique therapeutic recreation experiences because campers interact with each other for an intense period of time (Dawson, Knapp, & Farmer, 2012).

The purpose of typical summer camps is primarily to provide a pleasant recreationally based experience with other youth (Thurber & Malinowski, 1999). Secondary goals can include the development of activity related skills, the encouragement of self-reliance, enhanced self-esteem, and opportunities for peer relationships (Kiernan & MacLachlan, 2002). An additional reported outcome of the disability specific camps is the mutual self-help that occurs as children share their fears, anger, frustration, loneliness, or guilt and come to realize that they are not alone in their feelings (Maher, 1995; Mulderij, 1996, 1997). Consequently, recreational settings provide a landscape within which youth with disabilities have the opportunity to explore identity alternatives (Groff & Kleiber, 2001; Henderson, Bedini, & Hecht, 1994; Sherrill, 1997; Williams, 1994).

Children and adolescents with significant disabilities have often been at greater risk for lower self-esteem than their peers with mild-moderate disabilities or those without disabilities (Devine & Dawson, 2010). Therapeutic respite summer camps that bring together individuals who share the same or similar diagnosis provide a unique and safe environment for campers. Trends today are pushing for more inclusion but forget about the importance of knowing and feeling just like everyone else in a particular group. Inclusion is important but the distinctiveness

that comes from meeting a group of individuals who share the same struggles and hardships is unparalleled.

The main benefit of a therapeutic respite camp is socializing with other youth who share a common disability or illness. While a therapeutic respite camp provides the benefits typical of summer recreational programs, including fun, enjoyment, friendship, and participation in activities not often encountered the remainder of the year, such camp experiences also provide a valuable therapeutic context for identity exploration and self-definition (Goodwin & Staples, 2005). The safe and accepting environment that is created within a therapeutic respite summer camp is welcoming for campers to make mistakes, learn more about themselves, and grow.

While several leisure contexts have been found to be effective in addressing the self-esteem of individuals with disabilities, camp contexts have an established record for documenting the benefits of engagement, including the promotion of positive self-esteem (ACA, 2005). Engagement and positive self-esteem are integral for individuals with disabilities and these opportunities are not easy to come by.

Devine and Dawson (2010) point out three major themes related to camp benefits, including 1) the opportunity to not be alone, 2) the opportunity for independence, and 3) a chance to discover. All three of these points are specific to therapeutic respite summer camps and are important for campers with disabilities to experience.

The benefits gained from therapeutic respite camps are gained by not only the campers but the parents and family members of campers as well. A major benefit to parents while their child was at camp was that it allowed them to relax, or “recharge their batteries” (Shelton & Witt, 2011). Parents who are capable of letting their child attend camp and trust the camp atmosphere and staff reaped the most benefits from a therapeutic respite camp.

Statement of the Problem

The number of therapeutic respite summer camps in the United States is slim. The ACA has an established accreditation of more than 2400 camps annually and report that 14% of these camps serve individuals with disability in some capacity (Devine & Dawson, 2010). In order for a campsite to be accessible for all campers' layout and design of the campus have to be considered and budgeted for changes. The camp staff also has to be knowledgeable and trained to work with the population of campers. Many camp providers overlook the benefits of a therapeutic respite camp and dwell on the expenses. A limited number of studies have reported the benefits of camp for children with disabilities and can be used to develop a rationale for engagement in such camps as a developmentally and therapeutically valuable modality (Devine & Dawson, 2010). By highlighting the importance and benefits of a therapeutic respite summer camp in this synthesis more organizations should adopt the idea and work towards building more camping opportunities for individuals with disabilities.

Purpose of the Study

The purpose of this synthesis is to review the literature on the affective benefits for children with specific disabilities associated with attending therapeutic respite summer camps from a camper and parent perspective.

Operational Definitions

The following are the operational definitions used in this synthesis:

1. Therapeutic Respite Summer Camps (TRSC) (Medical Specialty Camps): for children who have illnesses or disabilities that may limit their ability to participate in activities that children without those disabilities are able to participate in without facility or program adaptations (Shelton & Witt, 2011).

2. Self-Determination Theory: the ability to foster competence (need to feel capable and have control over the outcome of a situation), connectedness (need for relationships with others), and autonomy (need for control over their life/independence) (Deci & Ryan, 1985).
3. Self-esteem: represents the core sense of self and the degree to which individuals value themselves (Sherrill, 1998).
4. Autonomy: refers to the perceived origin or source of one's own motivation (deCharms, 1968; Deci & Ryan, 1985; Ryan & Connell, 1989).
5. Respite Care: gives parents the opportunity to “recharge their batteries,” spend time with their children who are not ill, or do other necessary tasks, such as work or grocery shopping (Cowen & Reed, 2002; Yun-Hee, Brodaty, & Chesterson, 2005; McNally, Ben-Shlomo, & Newman, 1999)
6. Relatedness: Relatedness refers to the feeling of connection, and the ability to care for and being cared for by others, giving a sense of belongingness with other individuals and with one's own community (Baumeister & Leary, 1995; Bowlby, 1979; Ryan, Plant, & O'Malley, 1995).

Assumptions

For the purpose of this synthesis, the following assumptions were made:

1. The literature review was exhaustive and comprehensive.
2. All participants in the studies completed instruments honestly and truthfully, and to the best of their ability.
3. Results reported were reflective of the population under study.

Delimitations

This study was delimited to:

1. Therapeutic respite summer camps in North America.

2. Campers ages 6-27, both male and female.
3. Campers with disabilities.

Limitations

This study was limited to:

1. Available research on the benefits of individuals with disabilities attending a therapeutic respite summer camp.
2. Peer reviewed articles on the benefits of individuals with disabilities attending a therapeutic respite summer camp.

Chapter 2 – Methods

The purpose of this chapter is to review the methods and procedures used to investigate the affective benefits for children with specific disabilities associated with attending therapeutic respite summer camps from a camper and parent perspective. The studies collected for this synthesis were located using the SUNY Brockport Drake Memorial Library website and the EBSCO Host database. Within EBSCO Host the SPORTDiscus database was searched. The article search within the database provided many relevant articles to this topic. From these searches a total of 76 articles met the criteria for this literature review and of these 10 were selected following the limitations and delimitations. Other articles or sources selected as part of this literature review provided context about the topic, background information and supplemental information to complete the review. All sources are cited in the reference section of this paper.

To begin the data search, keywords and phrases were identified in order to locate relevant research studies. The key words identified were: disabilities, special needs, camp, summer, camp, therapeutic respite camp, and medical specialty camp. Keywords were searched in different combinations, including two to three words simultaneously, in an attempt to generate as many articles as possible. This process was repeated until a sufficient amount of articles were located. When searching “summer camp” 1,099 hits were found. When searching “summer camp” and “special needs” 9 hits were found. When searching “summer camp” and “special needs or disabilities” 76 hits were found which were then searched through using the limitations and delimitations.

For an article to be included in the literature review, it must have met the following criteria. The articles were to be research studies published in a peer reviewed journal. All articles had to be full-text with the references included. Any article that was not provided in its entirety

was not used for the literature review. For articles selected, the subjects used within those articles had to have attended or been the parent of a camper who attended a therapeutic respite summer camp. All therapeutic respite summer camps had to be held within the North America. Ages for the campers had to be between six and twenty seven years old. To be included in the review of literature, articles had to be published between 2001 and 2017.

A total of ten articles represented the criteria and formed the critical mass of the research synthesized for this study. The articles represented the criteria use to formulate the synthesis research study were obtained from the following: Therapeutic Recreation Journal, Palestra, Journal of Leisure and Research, Adapted Physical Education Quarterly, Camping Magazine, and Child & Adolescent Social Work Journal.

The critical mass for this synthesis consisted of 682 total subjects. Five hundred and sixty eight subjects were campers with disabilities. Of those campers with disabilities one hundred and sixty eight of them had Type 1 diabetes. Of the total subjects one hundred and twenty two did not have a disability and twenty two subjects were parents of a child with a disability.

Chapter 3 – Literature Review

The purpose of this chapter is to present a review of literature on the affective benefits for children with specific disabilities associated with attending therapeutic respite summer camps from a camper and parent perspective. Specifically the following topics will be covered: self-determination theory/autonomy; self-esteem /self-efficacy; relatedness/social acceptance; and respite care/parent perspectives.

Self-Determination Theory/Autonomy

Self-determination theory (SDT) is a theoretical framework that addresses motivation. The theory is commonly used in the field of recreation and health care management. Self-determination theory is the ability to foster competence (need to feel capable and have control over the outcome of a situation), connectedness (need for relationships with others), and autonomy (need for control over their life/independence) (Deci & Ryan, 1985). The three elements of SDT allow for increased internalization which then leads to increasing self-determined behavior. Self-determined behavior is vital for individuals with disabilities.

Since autonomy is an element of SDT they are often researched together. Autonomy is the freedom from external control or one's independence. So autonomy refers to the perceived origin or source of one's own motivation (deCharms, 1968; Deci & Ryan, 1985; Ryan & Connell, 1989). TRSC are a unique setting in which autonomy can take place and help individuals grow. At a TRSC opportunities for choice and self-guided activities are numerous which aid in an individual's autonomous feelings.

Hill, published two studies that support SDT and autonomy for individuals with Type 1 diabetes at TRSC. Hill and Sibthorp (2006) examined the effects of an intentionally programmed camp on internalization of diabetes management among adolescents with Type 1 diabetes. For

this study 134 campers were surveyed between the ages of 13 and 18. Sixty of the campers were from the Foundation for Children and Youth with Diabetes (FCYD) in Huntsville, Utah and 74 of the campers were from Camp Hodia in Idaho. A six-point Likert scale was used to score the four dependent variables which include, competence for diabetes management, autonomy for diabetes management in diet, exercise, injections, and glucose, relatedness for diabetes management and perception of autonomy support from camp staff. The scales and questionnaires used in the survey were the Perceived Competence Scale, Treatment Self-Regulation Questionnaire, Basic Psychological Needs Scale, and the Health-Care Climate Questionnaire.

The results of this study concluded that, perceptions of relatedness may be enhanced by an intentionally autonomous, supportive approach (Hill & Sibthorp, 2006). A TRSC brings together individuals who share the same hardships in life allowing them to come together and rely on one another. By creating a setting that is autonomously supportive, campers can learn and grow together. The authors also noted how both camps had choice elements that helped create an autonomy supportive environment. An interesting result that came from this study was a decline in perceived competence for diabetes management over the course of both one week camps (Hill & Sibthorp, 2006). The authors of the study mention that a significant portion of the camp is dedicated to Type 1 diabetes education which could lead campers to realize they do not know as much as they originally perceived about Type 1 diabetes and diabetes management. The results of the study did show that during the follow-up survey there was a decrease in perceptions of relatedness for diabetes management. When an individual leaves camp they enter a less supportive environment in regards to relatedness. The uniqueness that comes from a TRSC for Type 1 diabetics is important because it is a small period of time when a camper can feel normal around their peers instead of isolated and different from the rest of the world. SDT was eminent

at the TRSC because, campers who felt higher levels of autonomy support from the camp staff also perceived themselves as more competent and autonomous, and experienced a greater sense of relatedness for diabetes management (Hill & Sibthorp, 2006). TRSC are important for individuals with disabilities and surveying the campers highlights the benefits that result from and happen while at a TRSC.

In a similar study, Hill, et al. (2015) looked at perceived competence, relatedness, and autonomy support at a TRSC for children and youth with Type 1 diabetes. The study looked at diabetes competence, autonomy support, camper relatedness, and camper satisfaction.

For this study, surveys were given to campers at a three-day family camp in southeast Virginia. The pretest was completed by 23 campers and the posttest was completed by 34 campers, the campers were between the ages of 6 and 17 and all had Type 1 diabetes. The pretest included the four item Diabetes Specific Parental Support for Adolescents (DSPA) and camper satisfaction scale and the posttest included the Basic Psychological Needs Scale (BPNS), Perceived Competence Scale (PCS), and Diabetes Specific Parental Support for Adolescents (DSPA) and camper satisfaction scale.

The results of the study showed the positives of TRSC for Type 1 diabetics. Campers reported an increase in perceived competence with regards to managing their Type 1 diabetes, and individuals who had the newest diagnosis of Type 1 diabetes gained the most from camp (Hill et al., 2015). In contrast to the previous study by Hill and Sibthorp (2006), this camp worked more on helping campers become more confident in their management and skills which in return increased perceived competence. The study also found that, when campers had higher levels of relatedness they were more likely to be satisfied with their camp experience (Hill et al., 2015). When individuals with and without disabilities are surrounded by others whom they feel

connected to they will gain a sense of belonging. This is especially important for individuals with disabilities because much of their time is spent feeling different or isolated from their peers. And finally the study found that, campers who have had diabetes longer, demonstrated higher levels of autonomy support, but did not significantly vary among experience levels. This demonstrates that campers had similar levels of autonomy support while at camp and that the campers who had been diagnosed for a longer period of time had higher levels but were not drastically different from their peers. Overall both studies showed that TRSC for Type 1 diabetics are a perfect environment to study SDT and see autonomy grow.

Another study that supports autonomy by giving campers choices was conducted by Mandigo and Natho (2005). The purpose of this study was to use existing theoretical framework related to motivation and to use psychometrically sound instruments to assess camper's overall experiences during all camping programs. The authors looked at the degree to which campers felt optimally challenged, skillful, intrinsically motivated, and competent about their experiences which have been shown to increase feelings of autonomy.

To collect data for the study campers were given a survey after each camp activity. A total of 104 campers completed a one page questionnaire containing 17 items which had Likert scale. The campers were all children and youths under the age of 21.

Overall the campers reported a high quality of experience during all programs. Participants reported above average level of enjoyment, optimal challenge, competence, and skill while reporting moderate levels of difficulty and challenge (Mandigo & Natho, 2005). Having TRSC programs with appropriate challenges for campers is vital for them to feel accomplished and gain confidence. The campers felt they had the skills to do the programs and that they were adequately supported during the programs. When campers were able to choose programs they

wanted to attend by signing up for them, they reported higher levels of satisfaction. Giving individuals the opportunity to make choices in their own life is power and helps with autonomy and determination. A TRSC is a special place where campers can explore new activities and guide their daily schedule by making choices which empowers and help individuals grow and build self-esteem.

Self-Esteem/ Self-Efficacy

Self-esteem refers to the feeling of satisfaction that a person has about him or herself. Self-esteem represents the core sense of self and the degree to which individuals value themselves (Sherrill, 1997). Individuals with disabilities frequently have a lower level of self-esteem compared to their peers. Crocker and Major (1989) stated that, “instances that have shown a decrease to self-esteem include, but are not limited to, physical, cognitive, or mental health conditions such as obesity or disabilities” (p. 612). TRSC are an ideal place to grow and individual’s self-esteem. The staff hired to work at a TRSC are there to make sure individuals are enjoying their time and participate in appropriate activities with peers who are similar and in their age group.

An important aspect of self-esteem is an individual’s self-efficacy. Self-efficacy plays a central role in the development of human behaviors; it is defined as an individual’s self-perceived capabilities and confidence to complete task successfully and reach goals (Bandura, 1986). Without a strong sense of self-efficacy an individual will have a hard time reaching a high level of self-esteem.

Michalski, Mishna, Worthington, and Cummings (2003), collaborated on a study of the impact of a therapeutic summer camp program for the children and adolescents. The purpose of the study was to focus on three main program objectives. The objectives were increasing

campers' self-confidence and self-esteem, decreasing their sense of isolation in a safe environment, and enhancing social competence.

The study used surveys and interviews of 48 children, 48 adolescents and 30 parents to obtain data. The instrument used to measure self-esteem was the Self-Esteem Index, the instrument used to measure loneliness or social isolation was the Children's Loneliness Questionnaire and to measure social skills a Social Skills Rating System was used.

Since the surveys and interviews were collected at different times the results were compared looking at pre-camp, post-camp and follow up scores. Overall, the results indicated a clear and unequivocal positive experience at the camp under study (Michalski et al., 2003). This was coming from both parents and campers. In regards to self-esteem, self-reported scores of personal security increased over time for both children and adolescents (Michalski et al., 2003). Having a strong foundation of personal security is important for children who have lower self-esteem. Also children and adolescents reported an increase in peer popularity from their pre-camp to post-camp scores (Michalski et al., 2003). Being able to increase popularity among peers is hard in a school environment but at a TRSC this is more easily programmed into the camp atmosphere. Both female children and female adolescents were even more positive than males in their assessments of loneliness while at camp. Since a TRSC brings together individuals with similar disabilities many campers have an easier time making friends while at camp and females being more social often excel at this. Parents indicated that their children displayed more self-control both immediately after camp and in the months since that time. Self-control is a difficult social competence skill to teach but at a TRSC trained staff can help campers reach goals and use different techniques when displaying their needs. Overall the campers at this TRSC showed their self-esteem grew when comparing their pre-camp to post-camp scores.

In support of this study, Van Belois and Mitchell (2009) looked into social interaction and self-efficacy of individuals with disabilities. The purpose of this study was to investigate whether a summer residential camp experience increased levels of social interaction and improved feelings of social-efficacy among adults diagnosed with special needs. The study surveyed and observed 5 campers while they attended a seven-day residential summer camp for individuals with special needs.

The instruments used to collect the data for this study were the Camper Growth Index-Camper (CGI-C) and the Camper Growth Index-Staff Observational Checklist (CGI-SOC). The CGI-SOC assessed four domains, positive identity, social skills, positive values and spiritual growth, and physical and thinking skills.

From the data the study found significant camper growth was found in the four domains. Camper self-reports did not show any significant change across camp since the high initial self-rating at pre-camp left little room for growth (VanBelois & Mitchell, 2009). Previous research has shown that when individuals with disabilities self-report they demonstrate bias. Campers demonstrated a significant increase in social interaction resulting in less solitary behaviors and more group interactions. This was found more through camp staff observations over the seven-day period. Campers discussed their sense of self-efficacy improving across camp with increased feelings of confidence, comfort, and ability to try new activities by overcoming fears or physical limitations (VanBelois & Mitchell, 2009). TRSC are special because they allow an individual's self-efficacy to grow by providing them with new opportunities in a new environment.

In backing how TRSC help individuals with disabilities gain self-esteem, Devine and Dawson (2010) published a study looking into a camp for individuals with craniofacial differences. The purpose of this study was to examine the impact of a 1-week residential camp

experience on self-esteem and social acceptance of youth with craniofacial differences. The study surveyed 31 campers, pre-camp, post-camp, and conducted a follow-up. The instruments used were the Rosenberg self-esteem scale, which is a ten question Likert style self-report questionnaire.

The results of the study showed that participants reported a higher self-esteem score post camp than at their pre-camp score (Devine & Dawson, 2010). The authors discussed how an environment where individuals are surrounded by others with like conditions can serve as protection. A TRSC is the best place to create an environment for individuals who have similar disabilities and to create a safe place for them to grow. Campers perceived greater social acceptance at a significantly higher level immediately following camp, as compared to pre camp (Devine & Dawson, 2010). Being able to create an environment where individuals can feel socially accepted is a challenge but a TRSC that has programming for individuals is perfect. Overall the campers showed a great increase in their self-esteem proving that TRSC are a positive experience for individuals.

Relatedness/Social Acceptance

Relatedness is often hard for individuals with disabilities to experience due to their limited interactions with similar peers whom they can relate to. Relatedness refers to the feeling of connection, and the ability to care for and being cared for by others, giving a sense of belongingness with other individuals and with one's own community (Baumeister & Leary, 1995; Bowlby, 1979; Ryan, Plant, & O'Malley, 1995).

An element closely studied with relatedness is social acceptance. Social acceptance is the ease and enjoyment of social interaction between people, a sense of belonging, and the opportunity to create relationships of equal status (Schwartz, 1988). Enjoying the peers you are

surrounded by and feeling like you belong are crucial for individuals who have labels that often make them feel isolated or different. Being at a TRSC is an irreplaceable opportunity for individuals with disabilities to be around staff who accept them no matter what they come in with and peers who can relate and empathize with their feelings.

D'Eloia and Sibthorp (2014) examined relatedness among youth with disabilities. The purpose of this study was to test and assess the merits of a recreation program model designed to foster a sense of relatedness among youth with disabilities. To collect data for the study a survey was given to campers at two different camps. Camp A was for youth with disabilities and Camp B was for youth without disabilities. All campers were given a pre-camp survey and post-camp survey. The instruments used were the Mechanisms of Relatedness Scale (MORS) and the Youth Relatedness Scale (YRS).

Results showed that, both youth with and without disabilities have similar perceptions about their experiences with the five mechanisms of relatedness (MOR) (D'Eloia & Sibthorp, 2014). TRSC and summer camps for youth are important because of their unique social dynamic. Being at a camp with peers who are similar in age and sharing the same experiences opens up so many doors for social opportunities. Youth with disabilities experienced greater engagement with peer role models and more social opportunities at camp (D'Eloia & Sibthorp, 2014). Many times schools do not program social time into the day because the school day is short and so much educational programming has to be fit in. At a TRSC socialization is important and encouraged. Many campers with disabilities do not get these opportunities during their regular year.

In support of this study, Devine, Piatt, and Dawson (2015) conducted a study looking at disability recreational camps and their benefits. The purpose of this study was to examine the

relationship between social acceptance and health-related quality of life for youth attending a residential summer camp specifically designed for people with hearing impairments who have cochlear implants or hearing aids.

To collect data for this study, 46 campers were given surveys at three different times. They were given a pre-camp survey upon arrival, a post-camp survey at the end of the session and a follow-up survey ten weeks after camp. The instruments used were the Social Acceptance Scale (SAS) and the Peds QL General Well-Being Scale both of which are Likert Scales.

The results of the surveys showed that, the mean score on the social acceptance scale increased pre to post test (Devine et al., 2015). Being able to increase an individual's social acceptance within a single session of a TRSC is important. For individuals with hearing impairments and individuals with disabilities in general being in a social setting where you can associate and relate to your peers your ability to grow and become socially accepted increases greatly. Mean scores demonstrated an increase in Peds QL scores from post-test to follow-up (Devine et al., 2015). Increasing an individual's quality of life score shows that the TRSC is a positive experience for campers.

Respite Care/Parent Perspectives

Respite care is short or long term care that allows families who live with individuals who have disabilities to have planned breaks. Respite care gives parents the opportunity to “recharge their batteries,” spend time with their children who are not ill, or do other necessary tasks, such as work or grocery shopping (Cowen & Reed, 2002; Yun-Hee, Brodaty, & Chesterson, 2005; McNally, Ben-Shlomo, & Newman, 1999). Many families praise respite care for providing other family members with relief from their usual care routine while still providing quality care for the individual. TRSC are a planned period of time where respite care occurs. A TRSC can either be a

sleep away camp where individuals are dropped off and then picked up after a given period of time or they can be family camps where the entire family attends but family members are allowed to separate during the day and care will be provided for the individual with a disability by a camp staff member.

For this synthesis parent perspectives were also identified. Their perspectives are reflecting their views of the respite care provided while an individual with a disability is at a TRSC. Views from the parents are important for this research due to the amount of time and care a parent dedicates to an individual with a disability in their family.

Goodwin and Staples (2005) studied campers and mothers about TRSC and noted common themes. Data for the study was collected through interviews and field notes. Nine campers and their mothers participated in the study. The authors also looked at photographs taken by the campers while attending camp.

The results showed that, the development of a strong sense of community and social belonging was evident in the participants' portrayals of their camp experiences thereby reinforcing the notion of recreational camps as therapeutic landscapes (Goodwin & Staples, 2005). The establishment of a therapeutic landscape for camper is important when considering it can be used as respite. When campers understand the benefits of camp and enjoy their time they allow themselves to learn and grow while in a recreational environment. Three themes emerged from the data from the campers and parents: (a) not alone (b) independence, and (c) a chance to discover (Goodwin & Staples, 2005). All three of these themes are important and programmed into TRSC planning. Also the three themes are vital for individuals with disabilities. The feeling of not being alone is important and hard to establish without proper planning and layout of a TRSC. Allowing campers to experience independence is a lifetime skills for individuals with

disabilities. And a chance to discover is helpful in self-discovery and growth. Being in a safe environment that supports discovery is important. The camp experience provided a personal, physical, and social landscape from which to learn more about their own capabilities, the capabilities of others, and their physical potential (Goodwin & Staples, 2005).

In support of this study, Shelton and Witt (2011) looked into respite from a parent perspective. Specifically they looked at the value of respite and the unique opportunity of respite care that a TRSC provides for families. The purpose of the study was to understand the respite-related benefits experienced by parents whose children attended this three-day residential therapeutic camp for individuals with disabilities. Unlike the other studies in this literature review, this study only looked at the perspectives of parents.

To collect data for the study, semi-structured interviews of 9 parents of campers were held over the phone and the questions were deliberately open ended. The respite camp was three days long and the parents were contacted in the fall following the spring camp session.

The results showed that, two major themes came out; respite benefits both during and after camp and camp LIFE qualities that contribute to respite benefits (Shelton & Witt, 2011). In regards of benefits that came for parents while their children were at camp, the parents mention being able to rest, spend time alone with their other children and do “adult things.” When children returned from camp, their parents mention they were more relaxed and well rested. The parents discussed how thankful they were for camp. The qualities of Camp LIFE that parents brought praise to included, showing the parents all the things their child can do and the support and confidence of the staff that allowed the parents to feel that their child was being well taken care of while at camp. Camp provided a beneficial experience for their children, one that was enjoyable, but that also taught their children valuable life skills (Shelton & Witt, 2011). TRSC

are powerful because even when a parent does not attend the camp and allows their child to go for a session alone they can still see the benefits that come from their child attending. Respite camps are important for both the families and the camper.

In summary the research concludes that TRSC are beneficial for campers and parents. The unique atmosphere that is created by bringing together individuals with similar disabilities and providing them a camping program catered to their needs is irreplaceable. As a whole, individuals with disabilities who attended a TRSC showed an increase in their levels of autonomy, self-esteem, self-efficacy, social acceptance and relatedness when surveyed or interviewed pre and post camp. A TRSC is a place that is supported by parents and guardians of individuals with disabilities for their expert level of respite care. TRSC are important and remain a staple in the lives of individuals who attend them year after year.

Chapter 4 – Results and Discussion

The purpose of this chapter is to present the results and discuss the affective benefits for children with specific disabilities associated with attending therapeutic respite summer camps from a camper and parent perspective.

The results from data collected at TRSC showed that individuals who attended showed an increase in their feelings of autonomy, self-efficacy, self-esteem, social acceptance and relatedness. Campers were surveyed and interviewed to collect data. TRSC followed the self-determination theory which allowed the campers to experience these affective benefits. Parents of campers were also interviewed and expressed the importance of respite care for individuals with disabilities.

Independence for individuals with disabilities is an important aspect of TRSC. Autonomy support at a camp can help campers feel independence. Campers who felt higher levels of autonomy support from the camp staff also perceived themselves as more competent and autonomous (Hill & Sibthorp, 2006). Helping campers grow and find independence is a characteristic of TRSC that comes from the camp staff and the environment they create for the campers.

Being at a TRSC allows campers with disabilities the opportunity to try new things. Campers discussed their sense of self-efficacy improving across camp with increased feelings of confidence, comfort, and ability to try new activities by overcoming fears or physical limitations (VanBelois & Mitchell, 2009). A camp environment takes campers outside of their daily routines and throws in new activities that are safe and fun. These new activities do come with their challenges but appropriate challenges are healthy. Participants reported an above average level of enjoyment, optimal challenge, competence, and skill while reporting moderate levels of

difficulty and challenge (Mandigo & Natho, 2005). When campers with disabilities experience these challenges and find out that they can do things they did not think were possible they gain self-esteem.

The TRSC environment is distinctive because individuals with disabilities are surrounded by others whom are diagnosed similarly. Being in this setting allows for individuals to feel a sense of relatedness among peers. When campers had higher levels of relatedness they were more likely to be satisfied with their camp experience (Hill et al., 2015). The campers reporting having a high satisfaction rate means that they will keep coming back year after year.

Not only are TRSC important for the campers but they are important for the parents too. Parents are given time to take a break from the demands of raising an individual with a disability. They also give their camper a chance to be independent and be a kid. One mother said, "...it showed me what she can do, because sometime being a mother I may be too overprotective" (Shelton & Witt, 2011). Many times individuals with disabilities are overprotected and kept inside. Everyone should have the opportunity to explore new things and be in the outdoors.

TRSC are considered segregated but they do provide benefits for individuals with disabilities that could not be delivered at an inclusive camp. Having an environment that is specific for a population and allows individuals with a particular diagnosis to be surrounded by others with the same diagnosis is

Campers with disabilities reap more affective benefits from attending a camp than their peers without disabilities. Individuals with disabilities do not have the same social opportunities as their peers.

Having programs specifically designed for populations reaps benefits. Knowing the population coming into a camp or program and preparing and being well equipped to handle a

specific group holds benefits. The individuals in attendance often feel like a burden when changes need to be made for them. Having the changes and adaptations already in place for the individuals allows them to feel welcomed and wanted.

Bringing the results from this synthesis to the professional realm of adapted physical education supports having students make choices and allowing social groups to grow and thrive between individuals with disabilities. Allowing students to make choices during their school days provides them with autonomy and allows them to feel confident and grow their self-esteem. In adapted physical education, giving students a choice of what type of exercise they want to do for warm up or what type of ball they want to use to play catch grows these feelings of independence and fosters development within a healthy and active lifestyle. The research also provides support of having physical education class for individuals with disabilities to allow them to learn without feeling different from their peers. By teaching groups of similar students the students learning can focus more on the task rather than worrying about the others around them.

Chapter 5 – Recommendations for Future Research

The purpose of this chapter is to present recommendations for future research related to the affective benefits for children with specific disabilities associated with attending therapeutic respite summer camps from a camper and parent perspective.

In general, future research should be collected on camp counselor perspectives from working at a TRSC. Research on what activities are more beneficial for campers from the perspective of a camp counselor may give a more honest answer than asking the camper after camp has ended. With camp counselors living and working with campers throughout the week they are more likely to see change in the camper and be able to report it rather than the camper self-reporting.

In regards to parent perspectives of TRSC, future research should be conducted on what effect the type of disability a camper has on the parent's view of sending them to a TRSC. Also more parents should be interviewed about their camper's behavior pre and post camp. More data should be collected that can show what behaviors have changed and have a guideline for parents to follow.

More longitudinal studies should be conducted comparing self-esteem and social acceptance scores of campers with disabilities who did and who did not attend a TRSC. Future research should look at data from campers who did not return to camp the following summer. Looking into patterns of enjoyment level and parent perspective to find a trend in why the individual with a disability did not return.

Lastly future research should be collected on what disability groups benefit the most from TRSC and what grouping of disabilities work well together in a TRSC atmosphere.

Appendix – Article Grid

Author	Title	Source	Purpose	Methods & Procedures	Analysis	Findings	Discussion Recommendations Research Notes
Hill, E., Gagnon, R., Ramsing, R., Goff, J., Kennedy, B., & Hooker, T. (2015)	Measuring the Impact of a Medical Specialty Camp	Therapeutic Recreation Journal	The purpose of this study was to look at perceived competence, relatedness, and autonomy support -Diabetes Competence - Autonomy Support -Camper Relatedness -Camper Satisfaction	Surveys 23 campers (pretest) 34 campers (posttest) Basic Psychological Needs Scale (BPNS), Perceived Competence Scale (PCS), Diabetes Specific Parental Support for Adolescents (DSPSA), camper satisfaction scale	Pearson's correlation (Perceived competence scale and basic psychological needs scale) Levene's statistic (Gains in perceived competence) Linear regression (Competence and relatedness) One-way ANOVA (Autonomy Support)	Campers reported an increase in perceived competence with regards to managing their Type 1 diabetes, and individuals who had the newest diagnosis of Type 1 diabetes gained the most from camp. When campers had higher levels of relatedness they were more likely to be satisfied with their camp experience. Campers who have had diabetes longer, demonstrated higher levels of autonomy support, but did not	Type 1 diabetes 6-17 years Family Camp Medical Specialty Camp Self-Determination Theory Competence, Autonomy, and Relatedness Autonomy Supportive Environments

						significantly vary among experience levels.	
Hill, E., & Sibthorp, J. (2006)	Autonomy Support at Diabetes Camp: A Self Determination Theory Approach to Therapeutic Recreation	Therapeutic Recreation Journal	The purpose of this study was to examine the effects of an intentionally programmed camp on internalization of diabetes management among adolescents with Type 1 diabetes - Competence for diabetes management - autonomy for diabetes management in diet, exercise, injections, and glucose - Relatedness for diabetes	Survey 60 FCYD 74 Hodia Six-point Likert Scale Perceived Competence Scale Treatment Self-Regulation Questionnaire Basic Psychological Needs Scale Health-Care Climate Questionnaire	Analysis of covariance was used to test the statistical significance Three sequential regressions were run Data was entered, cleaned, and screened for univariate outliers through SPSS	Perceptions of relatedness may be enhanced by intentionally and an autonomy supportive approach. The lack of significant differences in perceived competence and autonomy for diabetes management between camps may be attributable to the similarity between the two camps. A decline in perceived competence for diabetes management over the course of both one week camps. Participants felt more competent and autonomous from post	Type 1 diabetes 13-18 years Diabetes camps can benefit from recreation therapists and recreation programmers to help increase the effectiveness of the programs offered.

			management - Perception of autonomy support from camp staff			camp to follow-up.	
Mandigo, J. L., & Natho, K. (2005)	Examining Summer Campers' Quality of Experience	Palaestra	The purpose of this study was to use existing theoretical framework related to motivation and to use psychometrically sound instruments to assess camper's overall experiences during all camping programs. The degree to which campers felt optimally challenged, skillful, intrinsically motivated, and competent	Survey after each camp activity 104 campers One page questionnaire containing 17 items (likert scale)	Each experience was treated as a separate data point. Data was analyzed using straightforward descriptive and univariate statistical procedures using SPSS.	Overall the campers reported a high quality of experience during all programs. Participants reported above average level of enjoyment, optimal challenge, competence, and skill while reporting moderate levels of difficulty and challenge Campers felt they had the skills to do the programs When campers were able to choose programs they wanted to attend by signing up for	Various physical disabilities Under the age of 21 Importance of camping programs for children and youths with disabilities. Autonomy supportive environments High reports of camper motivation throughout all programs

			about their experiences.			them, they reported higher levels.	
Devine, M. A., Piatt, J., & Dawson, S. L. (2015)	The Role of a Disability-Specific Camp in Promoting Social Acceptance and Quality of Life for Youth With Hearing Impairments	Therapeutic Recreation Journal	The purpose of this study was to examine the relationship between social acceptance and health-related quality of life for youth attending a residential summer camp specifically designed for people with hearing impairments who have cochlear implants or hearing aids	46 campers Pre-camp, Post-camp, Follow-up Social Acceptance Scale (SAS)-likert scale Peds QL General Well-Being Scale – Likert Scale	Data from the pre, post, and follow-up research questions were analyzed using descriptive statistics and repeated measure analysis of variance (ANOVA) using SPSS.	The mean score on the social acceptance scale increased pre to post test. Mean scores demonstrated a change in Peds QL scores from pretest to posttest with slight increase from post-test to follow-up. Results demonstrated higher perceptions of social acceptance at post camp and at follow-up compared to pre-camp means.	Hearing impairments -cochlear implants -hearing aids Ages 8-18 Residential or extended length program models are more beneficial than program short in duration to assist in building lasting social capital.
D'Eloia, M. H., & Sibthorp, J. (2014)	Relatedness for Youth With Disabilities	Journal Of Leisure Research	The purpose of this study was to test and assess the merits of a recreation program model	Survey Pre-camp Post-camp Camp A with disabilities Camp B	This study employed two different analyses: a repeated measures multivariate	Both youth with and without disabilities have similar perceptions about their experiences with the five mechanisms	Disabilities and chronic illnesses Youth with and without disabilities Ages 12-17

			designed to foster a sense of relatedness among youth with disabilities.	Without disabilities Mechanisms of Relatedness Scale (MORS) Youth Relatedness Scale (YRS)	ate analysis of variance (MANOVA), or doubly multivariate ANOVA, and a hierarchical regression analysis.	of relatedness (MOR). Youth with disabilities experienced engaged engagement with peer role models and more social opportunities at camp.	Two separate camps surveyed and compared
Goodwin, D. L., & Staples, K. (2005)	The Meaning of Summer Camp Experiences to Youths With Disabilities	Adapted Physical Activity Quarterly	The purpose of this study was to capture the meaning of segregated summer camp experiences to youths with disabilities.	Interviews, documentation, field notes 9 campers Telephone interviews with camper and mothers Photographs taken by	To identify common threads that extended throughout the data, an inductive analytic thematic analysis was conducted.	The development of a strong sense of community and social belonging was evident in the participants' portrayals of their camp experiences thereby reinforcing the notion of recreational camps as therapeutic landscapes.	Cerebral palsy, sensory impairments, multiple disabilities, and autism 14-19 years

				campers		<p>Three themes emerged from the data: (a) not alone (b) independence, and (c) a chance to discover.</p> <p>The camp experience provided a personal, physical, and social landscape from which to learn more about their own capabilities, the capabilities of others, and their physical potential.</p>	
Van Belois, A., & Mitchell, J. B. (2009)	Summer Residential Camps	Camping Magazine	The purpose of the current research study was to investigate whether a summer residential camp experience increased levels of social interaction and improved feelings of	<p>Surveys</p> <p>5 campers</p> <p>Camper Growth Index-Camper (CGI-C)</p> <p>Camper Growth Index-Staff Observational Checklist (CGI-SOC):</p>	Staff observations of camper behavior were analyzed with a series of paired t-tests	<p>Significant camper growth was found in the four domains.</p> <p>Camper self-reports did not show any significant change across camp since the high initial self-rating at pre-camp left little room for growth.</p> <p>Campers</p>	<p>Mild to moderate special needs (mild developmental disabilities, cerebral palsy, anxiety and compulsion, and other cognitive or physical delays.</p> <p>Ages 22-27</p> <p>Small group</p>

			social- efficacy among adults diagnosed with special needs.	Positive Identity, Social Skills, Positive Values and Spiritual Growth, Physical and Thinking Skills		demonstrated a significant increase in social interaction resulting in less solitary behaviors and more group interactions. Campers discussed their sense of self-efficacy improving across camp.	observed and surveyed
Shelton, K. J., & Witt, P. A. (2011)	Therape utic Camps as Respite Care Provider s: Benefits for Families of Children with Disabilit ies	Therap eutic Recrea tion Journal	The purpose of the study was to understan d the respite- related benefits experienc ed by parents whose children attended this three- day residential therapeuti c camp for individual s with disabilitie s.	Semi- structure d interview s 9 parents of campers Deliberat ely open ended	Interview data were transcrib ed after collectio n. ATLAS.t i software was used to assist in the data analysis.	Two major themes came out, respite benefits both during and after camp and camp LIFE qualities that contribute to respite benefits. Camp provided a beneficial experience for their children, one that was enjoyable, but that also taught their children valuable life skills.	Parents of children with disabilities
Devine, M. A.,	The Effect of	Therap eutic	The purpose of	31 campers	Data were	The participants	Cranial facial

<p>& Dawson, S. (2010)</p>	<p>a Residential Camp Experience on Self Esteem and Social Acceptance of Youth with Craniofacial Differences</p>	<p>Recreation Journal</p>	<p>this study was to examine the impact of a 1-week residential camp experience on self-esteem and social acceptance of youth with craniofacial differences.</p>	<p>Pre, Post, Follow-up Rosenberg self-esteem scale Personal qualities, positive attitudes, self-efficacy, pride, self-worth, self-respect 10 question likert style self-report questionnaire</p>	<p>analyzed using repeated measures multivariate analysis of variance (MANOVA) using SPSS</p>	<p>reported a higher self-esteem post camp than at the pre-test. The six week follow up mean was also higher than the pretest. Campers perceived greater social acceptance at a significantly higher level immediately following camp, as compared to pre camp.</p>	<p>differences: Cleft pallet Goldenharr syndrome Amniotic band Syndrome Apert syndrome 18Q syndrome Treacher Collins syndrome Pierre-Robin sequence angolosis of TMJ</p>
<p>Michalski, J., Mishna, F., Worthington, C., & Cummings, R.</p>	<p>A multi-method impact evaluation of a therapeutic summer camp</p>	<p>Child & Adolescent Social Work Journal</p>	<p>The purpose of this study was to examine the degree to which program objectives</p>	<p>Survey and interviews 48 children 48 adolescents</p>	<p>The analysis focused on over time comparisons.</p>	<p>Self-reported scores of personal security increased over time. The results indicate a</p>	<p>Learning disabilities coupled with social, emotional, and behavioral problems</p>

(2003)	program		were achieved.	<p>nts 30 parents</p> <p>Self-Esteem Index</p> <p>Children's Loneliness Questionnaire</p> <p>Social Skills Rating Scale</p>		<p>clear and unequivocal positive experience at the camp under study.</p> <p>Both female children and female adolescents were even more positive than males in their assessments of loneliness while at camp.</p> <p>Parents indicated that their children displayed more self-control both immediately after camp and in the months since that time.</p>	
--------	---------	--	----------------	---	--	---	--

References

- American Camp Association. (2006). *Directions: Youth development outcomes of the camp experience*. Martitsville, IN: American Camp Association.
- Baumeister, R. F., & Leary, M. R. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin*, 117(3), 497.
- Bowlby, J. (1969). *Attachment and loss* (Vol. 1.). New York: Basic Books.
- Cowen, P. S., & Reed, D. A. (2002). Effects Of Respite Care for Children with Developmental Disabilities: Evaluation of an Intervention for At Risk Families. *Public Health Nursing*, 19(4), 272-283. doi:10.1046/j.1525-1446.2002.19407.
- Crocker J., Major B. (1989). Social stigma and self-esteem: the self-protective properties of stigma. *Psychol. Rev.* 96, 608–630
- D'Eloia, M. H., & Sibthorp, J. (2014). Relatedness for Youth With Disabilities. *Journal Of Leisure Research*, 46(4), 462-482.
- Dawson, S. L., Knapp, D., & Farmer, J. (2012). Camp war buddies: Exploring therapeutic benefits of social comparison in a pediatric oncology camp. *Therapeutic Recreation Journal*, 46(4), 313-325.
- deCharms, R. (1968) *Personal Causation*. New York: Academic Press.
- Deci, E. L., & Ryan, R. M. (1985). *Intrinsic motivation and self-determination in human behaviour*. New York: Plenum.
- Devine, M. A., & Dawson, S. (2010). The Effect of a Residential Camp Experience on Self Esteem and Social Acceptance of Youth with Craniofacial Differences. *Therapeutic Recreation Journal*, 44(2), 105-120.
- Devine, M. A., Piatt, J., & Dawson, S. L. (2015). The Role of a Disability-Specific Camp in Promoting Social Acceptance and Quality of Life for Youth With Hearing Impairments. *Therapeutic Recreation Journal*, 49(4), 293-309.
- Goodwin, D. L., & Staples, K. (2005). The Meaning of Summer Camp Experiences to Youths With Disabilities. *Adapted Physical Activity Quarterly*, 22(2), 160.
- Groff, D.G., & Kleiber, D.A. (2001). Exploring the identity formation of youth involved in an adapted sports program. *Therapeutic Recreation Journal*, 35, 318-332.
- Henderson, K.A., Bedini, L.A., & Hecht, L. (1994). “Not just a wheelchair, not just a woman”: Self-identity and leisure. *Therapeutic Recreation Journal*, 28, 73-86.

- Hill, E., & Sibthorp, J. (2006). Autonomy Support at Diabetes Camp: A Self Determination Theory Approach to Therapeutic Recreation. *Therapeutic Recreation Journal*, 40(2), 107-125.
- Hill, E., Gagnon, R., Ramsing, R., Goff, J., Kennedy, B., & Hooker, T. (2015). Measuring the Impact of a Medical Specialty Camp. *Therapeutic Recreation Journal*, 49(4), 310-325.
- Kiernan, G., & MacLachlan, M. (2002). Children's perspectives of therapeutic recreation; Data from the 'Barretstown Studies'. *Journal of Health Psychology*, 7, 599-614.
- Maher, J.T. (1995). Camps: A therapeutic adjunct for children with cancer or HIV/AIDS. In D.W. Adams & E.J. Deveau (Eds.), *Beyond the innocence of childhood - Vol 2: Helping children and adolescents cope with life-threatening illness and dying*. (pp. 152-159). Amityville, NY: Baywood Publishing.
- Mandigo, J. L., & Natho, K. (2005). Examining Summer Campers' Quality of Experience. *Palaestra*, 21(2), 26-31.
- Mcnally, S., Ben-Shlomo, Y., & Newman, S. (1999). The effects of respite care on informal carers' well-being: a systematic review. *Disability & Rehabilitation*, 21(1), 1-14. doi:10.1080/096382899298043
- Michalski, J., Mishna, F., Worthington, C., & Cummings, R. (2003). A multi-method impact evaluation of a therapeutic summer camp program. *Child & Adolescent Social Work Journal*, 20(1), 53-76.
- Mulderij, K.J. (1996). Research into the lifeworld of physically disabled children. *Child: Care, Health and Development*, 22, 311-322.
- Mulderij, K.J. (1997). Peer relations and friendship in physically disabled children. *Child: Care, Health and Development*, 23, 379-389.
- Shelton, K. J., & Witt, P. A. (2011). Therapeutic Camps as Respite Care Providers: Benefits for Families of Children with Disabilities. *Therapeutic Recreation Journal*, 45(1), 17-31.
- Ryan, R. M., & Connell, J. P. (1989). Perceived locus of casualty and internalization: Examining reasons for acting in two domains. *Journal of Personality and Social Psychology*, 57, 749-761.
- Ryan, R. M., Plant, R. W., & O'Mally, S. (1995). Initial motivations for alcohol treatment: Relations with patient characteristics, treatment involvement and dropout. *Addictive Behaviors*, 20, 279-297.
- Schwartz, H. D. (1988). Further thoughts on a "Sociology of Acceptance" for disabled people. *Journal of Social Policy*, 4, 36-39.

- Sherrill, C. (1997). Disability, identity, and involvement in sport and exercise. In K.R. Fox (Ed.), *The physical self: From motivation to well-being* (pp. 257-314). Champaign, IL: Human Kinetics.
- Thurber, C., & Malinowski, J. (1999). Summer camp as a therapeutic landscape. In A. Williams (Ed.), *Therapeutic landscapes: The dynamic between health and wellness*. Lanham, MD: University Press of America.
- Van Belois, A., & Mitchell, J. B. (2009). Summer Residential Camps. *Camping Magazine*, 82(6), 40-43.
- Williams, T. (1994). Disability sport socialization and identity construction. *Adapted Physical Activity Quarterly*, 11, 14-31.
- Yun-Hee, J., Brodaty, H., & Chesterson, J. (2005). Respite care for caregivers and people with severe mental illness: literature review. *Journal Of Advanced Nursing*, 49(3), 297-306. doi:10.1111/j.1365-2648.2004.03287.