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Exploring the Relevance of the Personal and Social Responsibility Model in Adapted Physical Activity: A Collective Case Study

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The purpose of this study was to examine the application of the Personal and Social Responsibility Model (PSRM) in an adapted physical activity program. Although the PSRM was developed for use with underserved youth, scholars in the field of adapted physical activity have noted its potential relevance for children with disabilities. Using a collective case study, we explored the relevance and perceived benefits of the PSRM in an adapted martial arts program. Participants were five male children with spastic diplegic cerebral palsy. Data sources included observational field notes, medical records, and interviews with participants' physicians, therapists, and parents. The following themes were generated from the data: increased sense of ability, positive feelings about the program, positive social interactions, and therapeutic relevance. These results indicate that the PSRM can be made relevant to children with disabilities, especially when coupled with appealing and therapeutically relevant content.

Key Words: empowerment, adapted physical education, martial arts, cerebral palsy

The original focus of adapted physical activity was improved physical function and rehabilitation (Mutrie, 1997; Pensgaard & Sorenson, 2002; Winnick, 2002). However, such programs are now challenged to provide more than therapeutic activities. They are recognized for their potential to promote well-being, enhance self-worth, and foster empowerment (Mutrie, 1997; Pensgaard & Sorenson, 2002; Wherrill, 1997; Winnick, 2002). To better address these elements, scholars in the field have turned their attention to psychological constructs such as self-efficacy,

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self-esteem, self-determination, and empowerment (Biddle, 1997; Kosma, Cardinal, & Rintala, 2002; Pensgaard & Sorenson, 2002; Sherrill, 1997). While these concepts provide a framework for analyzing the impact of programs, it is equally important that we study their application. Theory has limited potential to impact individuals with disabilities if it cannot be translated into practice. A model or theory proposed to guide research in adapted physical activity does not necessarily provide guidance in the realm of practice. Without concrete strategies and principles to guide instruction, practitioners may have difficulty implementing programs that provide maximum benefit to participants.

There is an established model for teaching physical activity that employs many of the strategies called for in the adapted physical activity literature. The Personal and Social Responsibility Model (PSRM), developed by Hellison (2003) for use with underserved youth, has been recognized as an exemplary approach to motivating and empowering youth (Bain, 1998; Jewett, Bain, & Ennis, 1995; Steinhardt, 1992). Its effectiveness in promoting personal and social responsibility among underserved youth is supported by empirical studies and program evaluations (Cutforth & Puckett, 1999; DeBusk & Hellison, 1989; Hellison & Walsh, 2002; Hellison & Wright, 2003; Kahne, Nagaoka, Brown, et al., 2001). The value orientation and practical strategies of this model claim to empower participants by providing them with active roles and meaningful choices in a democratic learning environment. The value orientation and characteristics of the PSRM (Hellison, Cutforth, Martinek, et al., 2000, p. 46) include the following:

1. Treat students as whole people, with emotional, social, and physical as well as intellectual needs and interests.
2. Recognize students as individuals with a voice, capacity for decision-making, as well as unique struggles and strengths.
3. Create a psychologically and emotionally safe environment for growth and learning.
4. Establish a personal connection and pedagogical relationship with students.
5. Empower students and give them as much responsibility as they are able to manage.
6. Implement these ideas through the medium of fitness, sport, games, and other human movement activities.

The key responsibility levels (Hellison et al., 2000, p. 38) are as follows:

1. Respect the Rights and Feelings of Others—This includes controlling anger and doing no harm, resolving conflicts peacefully, and including everyone in the activity.
2. Effort—This includes trying hard, focusing on improvement, and persisting in difficult tasks.
3. Self-direction—This includes making choices, working independently, as well as setting and working toward goals.
4. Helping Others—This includes putting others' needs before your own, providing leadership, helping and prioritizing group welfare.
5. Outside the Gym—This involves the transfer of the previous levels into other settings.

These responsibilities (Hellison et al., 2000) include physical activity, group mindfulness talk. This may provide an opportunity to go over the responsibilities in the program. During the class time, the instructor should encourage students to be actively involved, take on leadership roles, and toward the end of the class meeting and reflection time. In the group meeting, they can comment on things they did well on. This is also a time for them to give the group a chance to reflect. Finally, in reflection time they can discuss their progress. Without threat of repetition on the various levels of responsibility on a particular day.

The PSRM was developed for use in urban environments. When they are similar in that they address issues beyond their control related to how they conduct their lives (Hellison, 1997; Loois, 2000) have noted the relevance of the PSRM (Sherrill, 1998).

Wright (2001, 2002) has implemented the PSRM in martial arts programs for underserved youth. In these programs were conducted in the Midwest. Form parents and therapists, were improved social skills and self-esteem.

In the current study with underserved youth with disabilities, the purpose was to implement the PSRM in a martial arts program. Many people have noted that an appropriate activity for underserved youth is martial arts (Wilson, 2002; Winkle & Ozonoff, 2002). Wilson (2002) has associated physical and social skills with martial arts programs, including those using Tai Chi (Ellison, & Coogler, 2003). The therapeutic relevance of using a collective case study approach using the PSRM appear to be relevant to the modified martial arts program.

ment (Biddle, 1997; Kosma, Cardin, 2002; Sherrill, 1997). While these programs have limited potential to impact practice. A model of physical activity does not necessarily require concrete strategies and principles have difficulty implementing programs.

Physical activity that employs the social responsibility model (SRM), developed by Hellison (2003) is recognized as an exemplary approach to physical activity (Jewett, Bain, & Ennis, 1995; personal and social responsibility studies and program evaluations (Hellison, 1989; Hellison & Walsh, 1998; Brown, et al., 2001). The value of the SRM is to empower participants by providing choices in a democratic learning environment. The characteristics of the PSRM (Hellison, 2003) are the following:

- emotional, social, and physical as well as cognitive, capacity for decision-making, and a safe environment for growth and development.
- a positive relationship with students.
- social responsibility as they are able to take responsibility for their own level of fitness, sport, games, and other activities.

(Wright, 2001, p. 38) are as follows:

- This includes controlling anger and resolving conflicts peacefully, and including everyone in the program.
- Focus on improvement, and persisting through difficulties.
- Successes, working independently, as well as with others.
- Addressing others' needs before your own, promoting group welfare.
- Integrating the levels of the previous levels into other levels.

These responsibilities are generally promoted in programs using a set format (Hellison et al., 2000). This basic class format consists of awareness talk, physical activity, group meeting, and reflection time. The class begins with an awareness talk. This may last only a few minutes, but it gives the instructor an opportunity to go over the plan for the day and remind participants of their responsibilities in the program. During the physical activity, which constitutes most of the class time, the instructor must incorporate the responsibility levels. For instance, students should be given opportunities to make choices, work independently, take on leadership roles, include everyone, and resolve conflicts peacefully. Toward the end of the class, several minutes should be reserved for the group meeting and reflection time.

In the group meeting, participants have the opportunity to provide feedback. They can comment on things they did and did not like as well as make suggestions. This is also a time for them to consider how the group did with their responsibilities overall. This is not meant to be a time for blaming or pointing out flaws. It gives the group a chance to debrief and identify opportunities for improvement. Finally, in reflection time the participants are asked to consider their own behavior. Without threat of repercussions, they are encouraged to honestly reflect on the various levels of responsibility and determine how they did on this particular day.

The PSRM was developed through Hellison's work with underserved youth in urban environments. While children with disabilities face different struggles, they are similar in that they have greater needs than most children due to circumstances beyond their control. Moreover, they frequently struggle with life skills related to how they conduct themselves and treat others (Lavay, French, & Henderson, 1997; Loois, 2002). Leaders in the field of adapted physical education have noted the relevance of the PSRM (Lavay et al., 1997; Loois, 2002; Sherrill, 1998).

Wright (2001, 2002) has documented the successful application of the PSRM in martial arts programs for over 100 children with a variety of disabilities. For 5 years these programs were offered through a community-based pediatric therapy clinic in the Midwest. Formative program evaluations, as well as feedback from parents and therapists, were consistently positive. In addition to physical benefits, improved social skills and self-esteem were anecdotally attributed to these programs.

In the current study we explored the relevance of PSRM for learners with disabilities. The purpose was to examine the application of PSRM in an adapted martial arts program. Many physical educators consider modified martial arts practice an appropriate activity for children with disabilities (Lieberman & Houston-Wilson, 2002; Winkle & Ozmun, 2003). Health care professionals and researchers have associated physical and psychological benefits with adapted martial arts programs, including those using Tai Chi (Hain, Fuller, Wiel, & Kotsias, 1999; Wolf, Barnhart, Ellison, & Coogler, 1997; Wolf, Barnhart, Kutner, et al., 1996; Woods, 2002). The therapeutic relevance of this program and perceived benefits were examined using a collective case study. Two research questions were addressed: Does the PSRM appear to be relevant and beneficial for children with disabilities? Does the modified martial arts content appear to be relevant and beneficial for participants?

Method

Design

As the goals of adapted physical activity programs evolve, so must the research methods used to study them. A series of articles in a special issue of *Adapted Physical Activity Quarterly* (1998, Vol. 15, Issue 3) challenged our assumptions about research in this area and called for greater variety in terms of method. The design used in this project was a collective case study. Case study research allows for an in-depth analysis of an individual, a program, or some other bounded entity (Yin, 1989). This general approach can serve various functions. In the current project we took an instrumental approach to case study. This means that a case is explored to enable a better understanding of an issue that is external to the case. According to Stake (2000), "A researcher may jointly study a number of cases in order to investigate a phenomenon, population, or general condition. I call this collective case study. It is instrumental case study extended to several cases" (p. 437).

Setting and Participants

The Developmental Martial Arts Program (DMAP) was offered through the pediatric outpatient unit of a rehabilitation hospital in the U.S. Midwest. This study was approved through the institutional review board of the hospital's academic affiliate, a major university in the Midwest.

DMAP classes were taught each Monday for 13 weeks, beginning in May and ending in August 2002. Students were separated into two small groups based on age. The first group included five younger children ages 4 to 8 while the second group included seven older children ages 9 to 11. Each group met for a 45-min period once a week. The first author was the primary instructor and taught every class with the help of an assistant instructor and one of the two participating physical therapists who was familiar with the students' therapeutic goals. Twelve children participated in the program, nine boys and three girls. All had cerebral palsy.

Participation in the study was voluntary. All DMAP students received the same benefits and engaged in the same activities regardless of their decision to participate in the study. Seven DMAP students (six boys and one girl) originally enrolled in the study, but complete cases could not be developed for two, due to sporadic attendance. Data were collected for the five study participants who gave verbal assent, whose parents/guardians gave their consent, and who attended at least seven classes. This group was diverse in terms of racial and ethnic background. All five study participants were boys and had spastic diplegic cerebral palsy. To assure anonymity, the participants, their parents, and the health care professionals are referred to using fictitious names.

James is an African American boy. At the time he was enrolled in the DMAP, he was 7 years old, wore ankle foot orthoses (AFO), and ambulated with crutches. He attended physical therapy on a regular basis. His normal therapy schedule included one 45-min session per week. James is shy but has no intellectual impairment resulting from his disability.

Brandon is a Chinese American boy. At the time of this study he was 5 years old, wore AFOs, and ambulated without assistive devices. He attended physical therapy, occupational therapy, and speech therapy on a regular basis. At the time of

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the DMAP he was going to physical therapy twice per week. Brandon has no intellectual impairment resulting from his disability.

Jerry is an African American boy. At the time of the DMAP he was 11 years old, wore AFOs, and ambulated without assistive devices. Jerry had been receiving physical therapy on a weekly basis; however, he was not receiving therapy while participating in the DMAP. Jerry has no intellectual impairment resulting from his disability.

Omar is an Arabian American boy. He was 11 years old at the time of the study, wore AFOs, and ambulated with crutches. During the school year Omar received physical therapy, occupational therapy, and speech therapy. During the summer he was receiving physical therapy only. Omar has marked intellectual impairments resulting from his disability.

Gary is an African American boy who joined the DMAP approximately one month after the other boys. He was 4 years old, wore AFOs, and ambulated without crutches at the time of the study. Gary received physical therapy, occupational therapy, and speech therapy. He was scheduled to have eye surgery to correct oculomotor problems often associated with cerebral palsy. In addition, Gary has pronounced difficulties with attention and slight intellectual delays.

Program Description

The PSRM value orientation, class format, and responsibility levels were integrated into the DMAP. To build a personal connection with each student, the instructor made a point of checking in before and/or after class. This was an informal chance to see how things were going, engage in small talk, and provide individual attention to each student. The awareness talk was a quick meeting at the beginning of each class. During this part of the class the students sat on the floor with the instructor, assistant instructor, and physical therapist. The instructor reviewed the plan for the day, incorporated students' ideas, and reminded the students of their responsibilities and/or goals from the previous session. Younger students and those with intellectual impairments received concrete reminders regarding responsibilities such as maintaining self-control, paying attention, working hard, and helping out.

During the physical activity portion of the class, students were given opportunities to take on various responsibilities. Generally each was asked to choose and lead a warm-up exercise. This gave the students an opportunity to work on their leadership skills. They were coached to speak in a loud, clear voice when teaching and to encourage their peers. Next, the basic martial arts techniques were practiced. These basic movements, such as punches, kicks, and knee strikes, are contained in virtually all traditional Asian martial arts. All students were encouraged to choose a technique, demonstrate it, and lead their peers in practicing it. Some students had to be prodded to make their choices, but they all eagerly took on the leadership role.

After practicing techniques in the air, students took turns striking a target pad. Techniques were modified to fit their physical abilities. For instance, those with balance difficulties were given hands-on support when striking the pad. When students struggled with coordination, the instructor encouraged them to slow down the difficult movements and focus on correct form until they became more com-