



ECOSYSTEMIZING THE CONCEPT OF COMMUNITY THERAPY FOR PEOPLE WITH SPECIAL NEEDS

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Introduction

Community therapy is known by many different terms such as community care work, therapeutic community service, community occupational therapy and community service therapy - the list goes on. There are times when it has been mistaken for the provision of palliative care and/or geriatric care for terminally ill people and/or the sick elderly. While community therapy can encompass these specialized forms of care, it offers more than just these services. More often than not, community therapy is associated with therapeutic community living in some kind of nursing home or residential care center involving allied health professionals (e.g., occupational therapists, physiotherapists, speech-language therapists, rehabilitation therapists, counselors and social workers) as well as medical professionals such as nurses, and at least one in-house medical officer on duty at any time of the day or week. However, this should not be strictly the case.

What is special needs community therapy?

When the term *special needs* is added to *community therapy*, it involves more than just those medical and allied health professionals. It also includes the employment of special needs or special education professionals, who are often omitted in such care-based therapy. They are the trained or qualified people who understand, and are experienced in working with people with special needs ranging from the savant and crypto-savant to profoundly disabled, and who know what to do with such individuals to meet their needs and wants.

According to Giangreco (1986), the research literature (e.g., Albano et al., 1981; Bray, Coleman, & Gotts, 1981; Golin & Duncan, 1981; Hart, 1977; Peterson, 1981) clearly supports the idea that therapeutic services for people with special needs require “the involvement of a variety of disciplines with these individuals, since no single discipline embodies all of the varied skills necessary to meet the intense and multiple needs of this population” (p.5). Advocates and activists who have been pushing for such therapeutic community services should be applauded for their efforts but merely to provide such programs is not enough. Giangreco (1986) argued that “Parents, advocates, and professionals have the responsibility to work jointly in an effort to ensure that the services which are provided are appropriate and efficient in attaining a higher quality of life for the person being served” (p.5-6).

We have coined the term *special needs community therapists* to describe this unique group of professionals. They can be occupational therapists, rehabilitation therapists, nurses, counselors or doctors who have chosen to be trained in special needs education in order to understand people with special needs so that they know what and how to provide quality care for people with special needs. According to Lim (2017), special needs community therapy (also known as community therapy for people with special needs), or SNCT for short, is a participatory community-based trans-disciplinary person-centered treatment (involving intervention, rehabilitation and/or management) for short-term (acute cases) and long-term (chronic cases) intellectual and developmental disabilities (see the IDEA 2004 classification of disabilities in Pierangelo & Giuliani, 2007, for detail). This is done within a therapeutic residential context, where the clients (we prefer to use this term instead because we treat these individuals as our customers) and the therapists, as well as some clients’ family members (depending on the policy of each community home) live and work together. Special needs community therapy can be provided through one of the two main management systems – clinically based case management (institution-centered) and/or person-centered care management (client-centered) – and several different service models such as standard community treatment with high client-therapist ratios, and intensive community treatment where the emphasis is on community involvement and lower client-therapist ratios (Wykes, Leese, Taylor, & Phelan, 1998).

To better understand what special needs community therapy can provide and what it is all about, there is a need for us to understand the ecosystem (a term used by Bronfenbrenner, 1995) of a therapeutic community which forms the sociocultural context where this group of people with special needs will be living and/or working with others, i.e., other residents, some of their family members and the therapists as well as other professionals. The ecosystem (also known as ecological or environmental system) will show us how different levels of ecosystem influence these residents with special needs and their interaction with one another as well as with the therapists who are providing this form of care-based therapy for them. Hence, we need to ecosystemize the therapeutic community for our understanding in order to conceptualize special needs community therapy.

Ecosystemizing the Therapeutic Community

Briefly, we define an ecosystem as a system or a group of interconnected elements formed by the interaction of a community of individuals with their environment or context. The theory of ecosystems postulates that everyone encounters different and diverse environments or contexts throughout his/her lifespan that may, in turn, affect his/her behavior in varying degrees (Bronfenbrenner, 1995). When this theory is applied to special needs community therapy, the environment or context is the therapeutic community. There are five levels of ecosystem in the therapeutic community: microsystem, mesosystem, exosystem, macrosystem and chronosystem (see Figure 1).

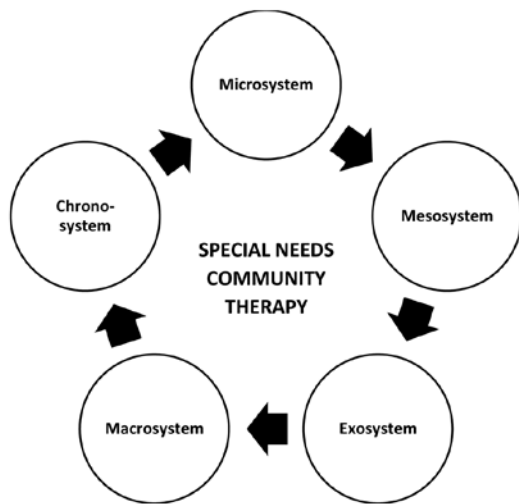


Figure 1. Ecosystemic Understanding of Special Needs Community Therapy

To provide adequate community therapy to these people, the therapists must always keep in mind the five different ecosystemic levels and how each level can affect different people with special needs differently. The reasons are twofold. First, no two individuals with special needs are alike because each has his/her own unique needs and wants. Second, as unique individuals, all people with special needs will interact differently with the five environmental systems that they encounter resulting in varied experiences.

Theory of Ecosystems

The theory of ecosystems developed by Bronfenbrenner (1979) focuses on the development in context or human ecology theory. It identifies five environmental or ecological systems with which an individual interacts. This theory provides the framework that enables us to study and understand the relationships between individuals' contexts within their therapeutic community and beyond. The five ecosystems are discussed below.

Microsystem. This refers to the direct context the residents with special needs have in their lives residing in the therapeutic community home. Their direct contact will be with other residents with special needs living together in the same home as well as the therapists and other professionals working there. In other words, they have direct interactions with these social agents (i.e., other residents and therapists). None of them will be just mere recipients of the therapeutic community living experiences they have when interacting with these people in the microsystemic context; they are also contributing to the socio-emotional construction of

such a community.

The microsystem “can be further divided into intra-microsystem and inter-microsystem” (Ng & Chia, 2009, p. 62). The former has to do with the innate or genetically determined abilities of an individual with special needs. The latter is concerned with the adaptive-behavioral skills of the individual with special needs to function normally in his/her daily life while residing in the therapeutic community. According to Chia (2008), “Significant limitations in adaptive behavior may impact his/her daily life and affect the ability to respond to a particular situation or environment” (p.28). This is one reason why the principles of Universal Design for Living (UDL) and Universal Design for Living Environment (UDLE) must be incorporated into the design of a therapeutic community home for individuals with special needs to cater to the wide range of varying degrees of severity in terms of the capacity (innate competence), ability (acquired competence) and capability (level of performance) of these people.

Mesosystem. This ecosystem refers to the connection or relationship between and among immediate contexts (microsystems) such as working with therapists, eating together with other residents, receiving visitors as well as in the kitchen where they learn to cook, at the laundry where they wash their clothing, and out in the farm where they plant their vegetables, all within the therapeutic community. As an example, take the case of a resident with severe emotional-behavioral disorder (intrasystem within one microsystem); s/he feels awkward in the presence of peers (first intersystem with other microsystems) and/or therapists (second intersystem with other microsystems). As a result, s/he may resort to withdrawal from other residents/therapists (a breakdown in mesosystem where no interactions take place between two or more microsystems) living/working in the therapeutic community.

Exosystem. This ecosystem is made up of social contexts (e.g., neighborhood) or social structures (e.g., mass media) where any change taking place can affect an individual with special needs living in the therapeutic community. Consider, for instance, a group of people with special needs staying in a therapeutic community home which happens to be located in a neighborhood that is not particularly welcoming of their presence. The neighborhood eventually decides to petition the mayor to have the community home closed and its residents transferred elsewhere. For a non-verbal individual with autism who has been ritualistically taking strolls every morning and evening in a very familiar neighborhood, such a change is likely to lead to a sensory meltdown. This will in turn lead to a breakdown in exosystemic activities affecting the autistic individual's social interaction with peers living in the new therapeutic community.

Macrosystem. This ecosystem “consists of the values, laws, customs and resources of the wider community in which a therapeutic community co-exists affecting the activities and interaction at all lower or inner ecosystems” (Ng & Chia, 2009, p.63). The priority that the macrosystem gives to the needs of the residents of the therapeutic community affects the support they receive at lower or inner levels of the ecosystem. In the macrosystem, the special needs community therapists play a very important role to ensure that the economic conditions and political decisions, to give just two examples, do not adversely affect the quality of living and therapy services in the therapeutic community.

Chronosystem. According to Ng and Chia (2009), chronosystem refers to “the dynamic, ever-changing nature of the environment” (p.63), i.e., the therapeutic community home, where the individual with special needs is residing. It also includes the transitions and shifts in the lifespan of the individual with special needs, i.e., from the time when s/he is a youth with severe disability and residing in the community home, until s/he grows old and becomes elderly disabled. An elderly disabled person must not be confused with a disabled elderly (Chia, 2013). The former is a person who has been born with a disability (e.g., autism and dyslexia) or acquired a disability (e.g., brain damage as a result of an accident) and has now aged; the latter is an elderly person who suffers some form of disability (e.g., dementia and osteoporosis) as a result of aging. One example of this chronosystem, and its practical implication, is how the death of an aged parent may affect the person with special needs residing in the therapeutic community home because the deceased parent is no longer able to visit him/her again.

Value of the Theory of Ecosystems

The key value of using the theory of ecosystems to conceptualize the special needs community therapy is that it highlights the importance of functional applicability of the therapy within five different ecosystems to meet the special needs of these people residing in the community home, as well as the efficacy of the therapy catering to the different needs of people with different forms of special needs that vary in different degrees of severity.

It is not sufficient to rely solely on the theory of ecosystems to delve deeper into content knowledge and operational application of special needs community therapy. We need to be well informed of the three main models of special needs (i.e., medico-therapeutic, socio-jurisprudential, and socio-economic) to understand and use them as tools to define “impairment and, ultimately, for providing a basis upon which government and society can devise strategies for meeting the needs” (Michigan Disability Rights Coalition, 2017, para.1) of people with special needs. However, that is beyond the scope of this paper and we shall deal with it the next time in another paper.

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