

# Come Saturday Morning... at Bridgewater State College

Joseph H. Huber  
with Jamie L. MacKool



## PROLOGUE

*Until the latter part of the 20th century, many individuals with disability were institutionalized and those who lived in the community were often excluded from mainstream activities and chronically underemployed in a manner similar to other minority groups. In an effort to change a public attitude of indifference and correct mistakes and injustices of the past, society has recently turned to educating children with disabilities so they might gain equity and social justice.*

*Starting in 1973, the U.S. Congress passed legislation to provide children with disabilities opportunities to participate in a full range of school activities (Section 504 of the Rehabilitation Act and Individuals with Disabilities Act) and required employers to make reasonable accommodations for adults to assure their employment upon graduation (Americans with Disability Act).*

*This trend of deinstitutionalization and normalization was an effort to move individuals with disabilities into society equipped to live lives as independently and productively as possible. As this effort to assist children with formidable intellectual and physical disabilities evolved, education and rehabilitation specialists designed critically needed programs to facilitate development of physical and motor fitness, movement skills and patterns, as well as programs for participation in aquatic, dance, games, and sports. These changes in curriculum and programs to address the needs of children with disabilities not only prepared them to participate in physical education and athletics with their normal peers while in school but, upon graduation, enabled many of them to achieve gainful employment thereby helping to assure both their success and happiness.*

*In the early 1970's, Dr. Catherine Comeau, Chairperson of the Bridgewater State College's Health, Physical Education, and Recreation Department and an astute observer of societal educational trends, realized a growing national trend in higher education—the establishment of clinics on university*

*campuses to better prepare students intending to teach and work with children and youth with developmental disabilities. Dr. Comeau envisioned a clinic program at Bridgewater State College similar to those found at various universities throughout the country.*

*During the fall of 1973, Dr. Joseph Huber and Professor Johanne Smith began development of Bridgewater's clinic program. The vision was to establish a clinic in which students*

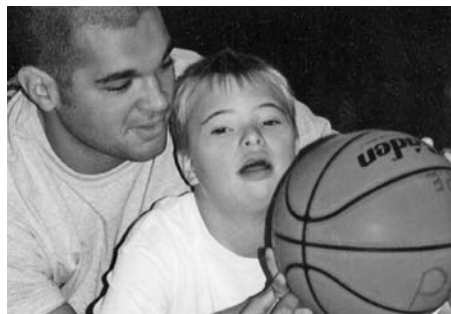
*would learn academic content, be given opportunities to improve professional skills, and be provided a "real-world" experience. Bridgewater's clinic opened its doors in January 1974 to 20 children with disabilities and 25 BSC college students.*

## SATURDAY AT THE CPDC

On most college and university campuses throughout New England, Saturday mornings tend to be uneventful. The majority of students catch up on their sleep. A small minority participate in interscholastic sports, rising early for practice or to board a bus for an away game. Bridgewater offers an alternative. On our campus, over 100 students elect to rise early and arrive at Kelly

Gymnasium by 7:30AM to participate in the *Children's Physical Developmental Clinic (CPDC)*. CPDC is conducted for two eight-week sessions during the academic year. It is a unique college sponsored academic program designed to foster professional development and community service skills of undergraduate students. At the same time, CPDC addresses developmental needs of 55 children with disabilities between the ages of 18 months and 18 years.

Each Saturday morning is tightly scheduled (*Table I*). Students arrive prepared to engage in a rigorous sequence of tasks including meetings, discussions, guest lectures, and most importantly, activities with children. Students, known as clinicians, are charged with the challenging task of improving the "total development" of children by enhancing vital physical, motor,



and aquatic skills. In addition, the program stresses improvement of children's self-esteem by strengthening emotional-social aspects of their personalities through involvement in play and sport activities.

The clinic program also addresses the recreational needs of children by teaching them to use leisure time in a satisfying and constructive manner, thereby opening doors to a fuller quality of life both now and, ultimately, as adults. This goal is achieved through group activities in which children become aware of their ability to learn rules of games and interact successfully with others.

#### STUDENTS SERVING AS CLINICIANS

Students applying to serve as clinicians are highly motivated undergraduates chosen from numerous departments on campus. To be accepted, students must show an eagerness to take on a challenging educational experience, a willingness to stimulate and teach children with varying developmental disabilities, and a commitment to accept the serious task of ensuring a successful learning atmosphere for the children.

An initial orientation of new clinicians, as well as weekly staff meetings, are conducted to instill safety measures and provide learning experiences tailored to children performance capabilities and special needs. Staff meetings enable an on-going dialogue between administrators and clinicians to resolve many complex issues related to children served by the clinic.

Another key component of the program includes weekly lectures in medicine, rehabilitation, psychology, and teaching strategies many of which are presented by professionals from colleges, universities, teaching hospitals, and governmental agencies throughout New England (*Table II*). These professionals provide valuable teaching strategies and suggestions for working effectively with children who have a myriad of developmen-

tal challenges. Furthermore, lectures teach clinicians strategies needed to draw children into play activities, maintain their interest in various activities, and develop methods to guide them to higher levels of performance and self-appreciation. Students wishing to revisit a topic presented during a lecture can view the videotaped presentation on CPDC's website ([www.bridgew.edu/cpdc/](http://www.bridgew.edu/cpdc/)) or listen to the audio presentation through the new podcasting initiative—programs downloaded and played back on portable mobile devices (e.g., iPod).



During program sessions, clinicians are responsible for assessing the physical, motor, and social skill capabilities of their child, thinking critically, and viewing play activities in terms of developmental sequences from basic to increasingly complex skills. At the end of each Saturday, the culminating experience for a clinician is to log anecdotal notes summarizing their child's progress and refining terminal goals and short-term measurable instructional objectives. Each semester ends with a detailed case study report on

their child and an oral presentation of that report before a group of fellow clinicians. These important tasks provide students opportunities for reflection—a time designed to help students find meaning to working with their children.

#### LEADERSHIP DEVELOPMENT

For many years there has been one common denominator helping to ensure success of the CPDC—students serving in an administrative role known as group leader. They are exemplary junior and senior clinicians who



have previously volunteered in the clinic for a year or more and are deemed capable of assisting with training, supervision, and evaluation of five to eight clinicians. Students aspiring to become group leaders register for a three credit seminar affording them an opportunity to explore issues related to the complex task of teaching children with disabilities (*Table III*). Group leaders also learn to explore and support ideas, share solutions, and

apply strategies related to safety, organization, management, communication, and leadership.

Group leaders do not just supervise, they also coach their clinicians to see and understand their assigned child's abilities, developmental level, and motor needs with sensitivity and respect.

Group leaders have a familiarity with games, sports, and swimming progressions, and assist in the selection of culminating activities to meet the wide range of skill levels found among children served by the program. Group leaders also further the development of clinician teaching styles, strategies, and the logical progression of skills.

With few exceptions, clinicians respond quite enthusiastically to technical support and feedback offered by their experienced group leader. Clinicians see their group leader as a mentor, a resource, and a friend—one who is always nearby to offer advice and support. Clinicians mature and grow professionally because of this relationship, develop an understanding of children with disabilities, and learn effective teaching skills that enable them to become valuable members of the clinic staff.

#### DEVELOPING RELATIONSHIPS WITH PARENTS

Parents of children participating in the program play an important role in the success of the CPDC. In order to enhance children's involvement and progress in the program, the clinic emphasizes that close lines of communication be established and maintained between clinicians and parents. Clinicians are asked to keep parents informed of progress made, introduce them to play equipment and activities, and assist them in meeting play needs outside of the CPDC. This goal is achieved through clinician/parent dialogue at the close of each week's session and sometimes by telephone during the week to discuss sensitive issues. Parents are also encouraged to observe their child's participation in the clinic program. Moreover, parents are requested to invite clinicians to their home once a semester, enabling them to observe children in different play environments.

On the last day of each semester, parents are invited to have lunch with clinicians. The majority of parents take advantage of this opportunity to discuss their

child's progress. Clinicians benefit too. This occasion provides time for clinicians to communicate to parents the child's physical and emotional-social progress and to address future goals and behavioral objectives. As clinicians mature and gain experience, they increasingly

become more sophisticated and confident interacting with parents. Parents grow in confidence as well because of relationships developed with clinicians and, over time, appreciate the importance of play in the overall development of their child. It is hoped that contact with parents will help foster an active play lifestyle at home.

#### SERVICE LEARNING

Students see volunteering in the CPDC as a means of self-enrichment and professional preparation. The outcomes are valued by students and are qualities consistently attracting well over 100 students to the program each semester.

In addition to serving the needs of children, the CPDC nurtures volunteerism and leadership development. Most importantly, it is a powerful service learning tool for transforming students from passive

recipients of service to active learners and providers of service. Students in the clinic learn through hands-on participation by identifying and analyzing children's



Table I

#### CPDC SATURDAY MORNING SCHEDULE

6:30AM	Administrative meeting
6:55AM	Initial group leader staff meeting
7:30AM	Arrange program equipment
7:50AM	Breakfast served to clinic staff
7:55AM	Initial student clinician staff meeting
8:15AM	Guest lecture presentation to clinic staff
9:15AM	Start of clinic activities for children
11:00AM	Conclusion of clinic activities for children
11:05AM	Parent conferences
11:15AM	Store program equipment
11:30AM	Comments to student clinicians by administrative staff and group leaders
11:40AM	Final student clinician staff meeting
NOON	Final group leader staff meeting
1:00AM	Clinic program ends
1:15AM	Final administrative staff meeting

Table II

SAMPLE, CPDCGUEST LECTURE

Presentations

- Physical and Motor Characteristics of Children with Downs Syndrome
- Orientation and Mobility Training for Individuals with Visual Impairments
- Educating Children with Autism: Program and Teaching Strategies
- Revolutionary Mobility System: Greater Independence for Those with Neuro-muscular Disease
- Child Sexual Abuse and Neglect: Implications for Professionals
- Positioning and Handling of Children with High and Low Tone
- Early Speech and Language Development
- Challenges and Practices in Ostomy Care
- Cooperative Games and Activities for Children with Developmental Disabilities
- Hepatitis B Virus: A Major Health Concern—Guidelines for Prevention
- Prader-Willi Syndrome: Medical and Educational Implications
- The Role of Parents and Advocates in the Education of Children and Youth with Disabilities

deficiencies and as a team work together to ameliorate weaknesses. Service learning at the college level further supports the importance of the clinic program to Bridgewater—mentoring students for their future crucial role of “civil servant” upon graduation.

THE CLINIC’S STRATEGIC EDUCATIONAL VALUE

There are nearly 270 colleges and universities in New England—an extraordinary concentration of institutions in an area smaller than the state of Missouri (The Annual Directory of New England Colleges and Universities, 2006). In addition, more than 131,000-plus collegians annually come from around the world to the Boston area in pursuit of higher education (Connection’s Trends and Indicators in Higher Education, 2006). Many graduates of these institutions remain in the Boston area to vie for jobs along with Bridgewater State College graduates.

CPDC’s pursuit of academic excellence helps BSC students to successfully compete against many talented students attracted to the United States education Mecca—that is Boston and Eastern Massachusetts. Over the years, BSC students have determined that CPDC not only augments their professional development, but is most critical to them at the point of graduation—when seeking employment and entrance to graduate school.

Table III

GROUP LEADER ADMINISTRATIVE AND MANAGEMENT SKILLS

- Maintain focus on safe and successful participation
- Extend commitment to the children, parents, and student clinicians
- Make well thought out and informed decisions
- Contribute actively
- Resolve issues and conflicts
- Manage time
- Reinforce appropriately
- Conduct consistent professional demeanor
- Meet or exceed performance expectations
- Pursue excellence in all areas of involvement

EPILOGUE

*What started 33 years ago as a pilot program has increased steadily in size and scope of service over the years. The value of the clinic experience today is well-known to BSC students, and the number of participating clinicians makes this the largest student organization at Bridgewater State College. The program’s objectives that were established in 1973 remain key to the CPDC’s success today, they are:*

- *To provide an educational climate enhancing both personal confidence and professional competence of undergraduate students;*
- *To foster an atmosphere in which communication between students and faculty is both recognized as important and nurtured;*
- *To assist students to be competitive professionals, yet instill in them an appreciation for developing both positive and cooperative relationships among those with whom they work.*

*These early program objectives continue to be common threads helping to attract a student population heterogeneous in character, field of study, and professional ambition. After all these years, the CPDC continues to serve the many interests of students by providing a democratic, pragmatic, challenging, and broadening experience.*

*—Dr. Joseph H. Huber is Coordinator of the Adapted Physical Education Concentration within the Movement Arts, Health Promotion, and Leisure Studies Department, and Program Director of the Children’s Physical Developmental Clinic (CPDC).*

*—Jamie L. MacKool is a special education teacher in Duxbury Public Schools, Duxbury, MA. She is also a member of CPDC administrative staff.*