Mental Retardation And Therapeutic Riding

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People with mental retardation are those who develop at a below average rate and experience difficulty in learning and social adjustment. The regulations for the Individuals with Disabilities Act provide the following technical definition for mental retardation:

"Mental retardation means significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period that adversely affects a child's educational performance."

"General intellectual functioning" typically is measured by an intelligence test. Persons with mental retardation usually score 70 or below on such tests. "Adaptive behavior" refers to a person's adjustment to everyday life. Difficulties may occur in learning, communication, social, academic, vocational and independent living skills.

Mental retardation is not a disease nor should it be confused with mental illness. Children with mental retardation become adults; they do not remain "eternal children." They do learn, but slowly and with difficulty. Probably the greatest number of children with mental retardation have chromosome abnormalities. Other biological factors include (but are not limited to): asphyxia (lack of oxygen); blood incompatibilities between the mother and fetus; and maternal infections, such as rubella or herpes. Certain drugs have also been linked to problems in fetal development.

Many authorities agree that people with mental retardation develop in the same way as people without mental retardation, but at a slower rate. Others suggest that persons with mental retardation have difficulties in particular areas of basic thinking and learning such as attention, perception or memory. Depending on the extent of the impairment -- mild, moderate, severe or profound -- individuals with mental retardation will develop differently in academic, social and vocational skills.

From Mental Retardation Fact Sheet, National Information Center for Children and Youth with Disabilities, 800-695-0285.

Medical Considerations for Therapeutic Riding
By Liz Baker, PT, Medical Committee Chairman
There is great variety in abilities, motivation and functional life skills within the group of people diagnosed as mentally retarded. In fact, "People with mental retardation are as different from one another as are people without mental retardation--perhaps even more so." This is a consideration for the therapeutic riding program and its staff planning to serve this population; it is arguably easier to plan for riders who have similarities rather than so much diversity! Careful information gathering and planning can smooth the way to a rewarding experience for all concerned.

While the horse has no misguided preconceptions about MR, many people do. People with MR live with a label that does not take into account their abilities. How we are labeled greatly affects how we are perceived, and therefore how we are treated, by others. The first challenge for the therapeutic riding center, therefore, is to educate itself about current concepts in MR. In doing so, operating center staff will lose their own misconceptions and gain an appreciation for this remarkable group of individuals, who have helped to lead the upheaval in our society that resulted in the Americans with Disabilities Act, our guarantee of equal rights and equal opportunity for people with disabilities. Helpful resources in this area are the local or national Arc (formerly the Association for Retarded Citizens) and the many publications of the President's Committee on Mental Retardation.

Most people with mental retardation grow up and live at home with family. However, large congregate living centers (institutions) for the mentally retarded and/or physically impaired have also been common. Over the past thirty years, our society has recognized that these institutions are exclusionary--that is, large living centers segregated people with MR away from the mainstream of society. Thus, result has been gradual closure of such large facilities. Inhabitants have been moved into small group homes or shared apartments, with a variety of supports. Some people originally placed in an institution have been able to learn to live independently. The move to community living is a reflection of the current philosophy of inclusion throughout the life span for people with MR. Thus, when the therapeutic riding center considers serving people with mental retardation, it is very likely to have groups of consumers living nearby in its own community who are probably looking for interesting recreational opportunities.

Although mental retardation does not imply other impairments, there are many diseases and syndromes which cause mental retardation and associated problems. The problems can be as varied as abnormal muscle tone, heart problems, vision or hearing loss, stereotypical behaviors, mental illness, and others. Thus, the therapeutic riding center's intake information from the individual with MR, the family or home support staff, the physician, and other health care providers is helpful. This information can establish the abilities and needs of the potential rider. Although it is normal for the center to initially screen potential riders, remember that among people with MR there is tremendous diversity of skills and abilities, so this initial information regarding the person's cognitive, physical and mental health/behavioral abilities becomes even more important. It is not the diagnosis "mental retardation" itself that will be helpful to the instructor; it is other information, such as ability to walk, communicate, interact appropriately with others, breathe independently, learn new skills, and others. Keep in mind that mental retardation is defined as "substantial limitations in present function.....It is characterized by significantly sub average intellectual functioning, existing concurrently with related limitations in two or more of the following skill areas: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure and work." (AAMR, 1992). Note that mental retardation is to a great extent described in terms of how you are able to function in your normal environment; it is not simply intellectual ability. When considering how to best serve a person with mental retardation, it may be helpful to ask how the individual functions in some of the areas listed above.

Another consideration is a screening or an evaluation by an appropriate health professional. For example, if the intake information clearly shows that the potential rider walks independently, has good sitting balance, but has a psychiatric diagnosis and a history of poorly controlled behavioral outbursts, the therapeutic riding instructor may need additional information as to the current behavioral management plan for that rider at home or work. Additionally, the instructor may need to consult with a mental health professional as to how to best implement a safe riding program in this situation, consistent with the individual's needs and goals outside of the riding program.

Through the initial evaluations/screenings and intake information, the rider and the center staff can determine which, if any, health professionals should be involved. In any case, the rider should be an active part of the decision-making process as to the program goals and what type of program is most appropriate. Horse care and stable management should be included if at all possible, as many activities in these areas can be directly compared to human concepts and activities pertinent to the rider. For example, horses eat, and their nutrition is important; they and their environment need to be kept clean; they need regular exercise; they have friends, opinions and moods.

Teaching techniques may vary, accommodating the abilities of the rider with MR. However, it is generally appropriate to teach in concrete terms that the individual understands. The words and concepts most familiar to the rider are those that relate to his own everyday life, environment and activities. Often the act of riding is so motivating to the individual that new activities and concepts are learned at the riding center and carry over into everyday life.

In planning and providing a therapeutic riding program for a person with MR, "it is ability, not disability, that counts." The riding center is a wonderful opportunity for persons with MR to learn, grow, and become more fully members of their community. Where possible, the rider with MR should participate in an integrated, inclusive riding class. If the rider becomes ready to move beyond the realm of therapeutic riding, to progress to a quality local riding stable, or even having his own horse, the operating center should responsibly encourage this and recognize it as the significant achievement it is!

References: "The Journey to Inclusion: A Resource for State Policy Makers". Publication of the U.S. Department of Health and Human Services, Administration for Children and Families, 1995.