

Relevant Assessment in Leisure Skill Training Programs

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Article:

Assessment is a critical process in planning and implementing leisure skill training programs for handicapped individuals. Two major forms of assessment influence the success of an individual's program. The first is baseline assessment, an initial observation of the client's ability level before actual implementation of a program. A second form of assessment is instructional assessment, an ongoing evaluation of the progress which the client is making throughout the program.

Both forms of assessment are crucial in a leisure skills program because a) without baseline assessment, it will be impossible to determine the individual's skill level on the activities or skills which are to be taught, and b) without instructional assessment, it may be difficult to verify the progress made by clients. Recent special education legislation (Public Law 94-142) has also created a heightened awareness of the importance of assessment by mandating that evaluation data must be provided in the student's Individualized Education Plan (IEP) and periodically updated (Wehman & McLaughlin 1980).

The purpose of the present paper is to discuss relevant assessment in the context of designing and implementing a leisure skill training program. The relationship of assessment to an IEP, frequency, reliability and validity of assessment, an overview of leisure assessment tools and a leisure skills program in the community employing behavioral assessment will be described. Those readers specially interested in behavioral assessment of severely and profoundly handicapped individuals are referred to Wehman and Schleien (1980).

Relationship of the IEP to Assessment of Handicapped Students

Each child's individualized education plan calls for an annual evaluation of short-term instructional objectives. The child's program also must be completely re-evaluated once every three years by the interdisciplinary team of which a recreation specialist is often a member. These are minimal standards for evaluation and, in effect, are far too limited.

In order that a child's IEP is properly developed, it is necessary for the recreation specialist and teacher to make evaluation an ongoing process and not necessarily follow time periods which have been set arbitrarily. The recreation specialist must be able to regularly communicate the student's current level of performance. Evaluation of skill mastery will confirm the individual's strengths and weaknesses in different activity areas (e.g., sports, games) throughout the school year.

Ongoing evaluation is a critical aspect of the IEP for several reasons. After the initial assessment of the child's present performance levels, frequent follow-up assessments provide for tracking overall progress in each activity area. Daily or weekly evaluation of leisure skill objectives indicates the effectiveness of training programs.

The dynamic process of regular evaluation of instructional procedures, as well as short-term objectives, will make the IEP a more viable blueprint of the handicapped student's educational progress and not simply a piece

of paper to be shuffled into one corner of the desk. The progress of each child should be systematically followed throughout the school year and reported periodically to parents.

Considerations in Evaluating a Child's Progress

Frequency of Evaluation. A decision which must be made, usually by the teacher and recreation specialist, is to determine exactly how often short-term instructional objectives will be evaluated. Objectives may be evaluated at the end of each day, weekly, biweekly or once a month. As a general rule, the individual's progress on a specific skill should be monitored frequently enough so that the recreation staff:

1. receives feedback as to the progress of the child. The more frequently the child's skill level is evaluated, the easier it is to assess problem areas.
2. can make necessary modifications in methods or materials and ascertain whether the instructional sequence is effective or not.
3. can verify that the child has attained the objective. Once the child has learned the skill, then the next skill in the instructional sequence can be taught with the newly acquired skill being reviewed periodically.

It is advisable, however, to implement continuous evaluation measures, i.e., evaluate progress each session, with persons who do not display clear-cut gains in their programs (Wehman & Schleien in press). Marks on a chart or a graph will provide a gradual ascending trend of progress, if the program is working, thereby giving indications of the individual's mastery of the skill as well as the rate of learning. For those who work with severely impaired children, this type of evaluative feedback is an important aspect of determining the child's progress.

Reliability of Evaluation. The reliability with which data are collected will be indicative of how accurate the information is. Accuracy of monitoring the student's progress can be influenced by a number of factors. If the child or specialist is ill, if the same person doesn't always do the evaluating or if there is confusion or inconsistency about the method of evaluation, the data collected will be suspect.

One means of increasing the reliability of observations is to have a second person collect data independent of the teacher. For example, in order to achieve a reliability of agreement that the target behavior is actually occurring at a given rate, two or more independent observers must simultaneously view the response (Wellman 1977). In this way, an index of the consistency of agreement may be established. Reliable recording of behavior is the foundation of a good evaluation. Inconsistent agreement between observers casts serious doubt on the credibility of evaluation data.

Validity of Assessment. The validity of the evaluation technique addresses the question: Does the instrument which is used to assess the child's progress measure what it purports to? To a certain extent, this relates to Public Law 94-142 in terms of testing the child in the native language and using culture-fair tests. However, it also reflects the importance of evaluating all children with instruments which will provide a true picture of the child's performance level.

One way to ensure validity of evaluation measures is to employ different types of techniques. For example, if a teacher of retarded children is interested in improvement of the student's dart throwing accuracy, then an observational assessment of percentage of on-target throws might be computed and recorded daily. This would be an example of criterion-referenced evaluation. As an initial evaluation, however, a leisure preference inventory such as McKechnie's Leisure Activities Blank (1975) could be employed. This inventory is norm-referenced, meaning that performance levels are computed on the basis of how a large number of other respondents have performed on the same test.

By utilizing two types of assessment, student performance can be crosschecked. Although improvement on one

measure (observational assessment) might not be mirrored by similar advances in the norm-referenced standardized tests, the use of two different measures allows for independent means of tracking an individual's progress.

Parental Involvement. Parents must also be involved in the assessment process. Since the public law mandates that parents have the right to participate in IEP committee meetings, their input should be actively solicited. Assuming that the recreation specialist knows how and what to ask parents, the information gained through structured interviews can be extremely enlightening. The parents are the only individuals, other than the teacher, who see the child as a whole person and not only as someone with a hearing problem, a motor deficiency or language limitations. They are able to observe how the child uses his or her leisure for long periods of time in a natural context at home; furthermore, they will best understand family dynamics or a neighborhood situation which may be placing undue emotional stress on the child. The IEP committee must carefully interview parents in order to gather data which will either provide new information or cross-validate findings which have already been established.

Who Should Conduct Assessments: Usually a school psychologist will be actively involved in collecting data on the child's behavior for the IEP committee to evaluate. This is done in conjunction with the teacher, who may have specific information about the child's level of functioning in relevant curriculum areas. The recreation specialist will have the responsibility of providing guidelines on what are appropriate leisure activities for instruction.

According to the public law, a variety of professionals representing disciplines such as therapeutic recreation, occupational and physical therapy, social work, nursing and nutrition should be involved in evaluations. Evaluations which meet the previously discussed standards of reliability and validity should be completed. They should be conducted in order to elicit an optimum appraisal of the child's strengths and weaknesses. Experts in each of the speciality areas are required because it is very difficult for a teacher or school psychologist alone to make useful recommendations about the amount and type of special services required to help the child.

Because handicapped children present such a diverse range of learning and behavior characteristics, special consultants may have to be called in for consultation. Consider the difficulty in evaluating the hearing capacity of a nonverbal blind child who is diagnosed as emotionally disturbed. If the child has a hearing impairments clearly it will be difficult to develop effective instructional programs, assuming the teacher is unaware of this deficit.

Evaluating Leisure Skill Assessment Guides

With the above considerations in mind for recreation assessment, we now turn to the selection of different leisure skill assessment tools. It is necessary to consider several criteria, however, before utilizing the variety of tools presently available. These criteria include:

1. norm referenced vs. criterion referenced tests;
2. population the tool is designed for;
3. ease and practicality of repeated administrations;
4. type of response mode, i.e., client vs. direct observation vs. staff/parent;
5. validity and reliability of the instrument.

Listed in Table 1 are several leisure guides. They are discussed in the context of how they relate to the above criteria.

Several instruments have been developed to assist the practitioner in assessing the functioning levels and leisure skill repertoires of the client. Such tools act as guides for selecting the overall goals of therapy for each individual, and at times, for groups. The assessment instruments described below frequently vary as to the populations they were developed for and to the specificity of the behaviors evaluated.

Some of the most widely used tools concern themselves with the individual's overall behavioral functioning. Although the Vineland Social Maturity Scale can be used with a wide variety of populations, it is best employed with the developmentally young (Doll 1965). Items are categorized by developmental level and vary from simple motor tasks such as grasping an object, to more advanced social skills such as making telephone calls.

Table 1.
LEISURE ASSESSMENT TOOLS

Leisure Assessment Instruments	CRITERIA							
	1 Response Mode	2 Target Population	3 Norm Ref.	3 Criterion Ref.	4 Reliability	5 Ease of Administration	6 Validity	7 Individual vs. Group
1. Avocational Activities Inventory (Overs 1974)	S	EMR		X	Good	QA	Good	I
2. Bogan's Group Assessment (Bogan 1974)	D	All		X		TC		I/G
3. Comprehension Evaluation in Recreational Therapy Scale (CERT) (Parker 1975)	D	Short-term Psychiatric		X	Good	TC		I
4. Constructive Leisure Activity Survey (CLAS) (Edwards 1975)	E	Normal		X		QA		I
5. I Can (Wessel 1976)	D	TMR-Children		X	Good	QA	Good	I/G
6. Davis' Recreational Directors' Observational Report (Davis 1957)	D	Psychiatric		X		TC		I
7. Iowa Leisure Education Program Assessment Form (Maddy 1977)	D, S	Hospitalized		X		TC		I
8. Joswiak's Leisure Counseling Assessment Instruments (Joswiak 1975)	E, S	Developmentally Disabled		X		TC	Good	I
9. Knox, Hurff & Takata Deaf-Blind Assessment (Tarata 1974)	S	Deaf-Blind Birth-Adolescence		X		QA		I
10. Leisure Activities Blank (LAB) (McKechnie 1975)	E	Normal	X		Good	QA	Good	I
11. Leisure Interest Inventory (LII)	R	Normal	X		Good	TC	Good	I
12. Linear Model for Individual Treatment in Recreation (LMIT) (Compton 1975)	E, D	Developmentally Disabled		X		TC		I
13. Leisure Skills Curriculum Assessment Inventory (LSCDD) (Wehman and Schleien 1979)	D, S	Developmentally Disabled		X		TC		I
14. Minimum Objective System (MOS) (Williams & Fox 1977)	D, S	Severely Handicapped		X		QA	Good	I
15. Miranda Leisure Interest Finder (Wilson 1975)	E	Normal Intelligence	X			QA	Good	I
16. Recreation Therapy Assessment (Cousins, Brown 1977)	D	Nonambulatory Adult		X		TC		I
17. Self-Leisure Interest Profile (SLIP) (Hubert 1969)	E	Normal Intelligence		X		QA		I
18. Sonoma County Organization for the Retarded Assessment System (SCOR) (Westaway, Apolloni 1977)	E, S	Developmentally Disabled		X		TC	Good	I
19. State of Ohio Curriculum Guide for Moderately Mentally Retarded Learners (1977)	D, S	TMR		X		TC		I
20. Toward Competency: A Guide for Individualized Instruction (Oregon Dept. of Ed. 1974)	E, S	All Special Populations		X		TC	Good	I
21. Vineland Social Maturity Scale (Doll 1965)	S	All	X		Good	QA	Good	I

KEY:

1—Response Mode: E — Examinee; D — Direct Observation by Examiner; S — Staff/Parent
 5—Ease of Administration: QA — Quickly Administered; TC — Time Consuming
 7—Individual vs. Group Assessment: I — Individual; G — Group

Other assessment inventories may be more specific as to the skills evaluated and the populations targeted. The Leisure Activities Blank (LAB) lists 120 activities and the extent of past participation and intended future involvement in those activities (McKechnie 1975). The LAB, which is now available in standardized published form, does not have the established norms for various exceptional groups such as the physically handicapped.

The Linear Model for Individual Treatment in Recreation (LMIT) is a popular and detailed programmatic model, which like the Vineland Social Maturity Scale, measures overall behavioral competency (Compton 1975). Developed for the developmentally disabled, LMIT assesses specific competencies in six developmental areas and consequently determines the client's priority needs.

Often times, assessment tools are developed as part of a curriculum package to facilitate appropriate skill selection. For example, the Sonoma County Organization for the Retarded Assessment System (SCOR) was recently developed as an auxiliary assessment instrument for the SCOR Curriculum (Westaway and Apollani 1977). It exists to initiate programs for the developmentally disabled which promote independence, productivity, self-respect, and deinstitutionalization. To meet these goals, the SCOR assessment identifies program areas, monitors client progress, as well as assessing independent living skills. The I CAN Curriculum, Minimum Objective System, and Leisure Skills Curriculum for Developmentally Disabled Persons also provide assessment tools which aid the programmer in individualized and appropriate skill selection (Wessel 1976).

Some tools, such as the Mirenda Leisure Interest Finder (Overs et. al. 1974), are administered by having the client or examinee respond to the items (e.g., Mirenda Leisure Interest Finder), as opposed to the frequently utilized direct observation technique (e.g., State of Ohio Curriculum Guide for Moderately Mentally Retarded Learners 1977). But many times, the intellectual functioning level of the client does not allow for direct examinee response. In these cases, the examiner may have to collect data from those who are in daily contact with the client, i.e., parents and staff. The Iowa Leisure Education Program Assessment Form uses staff members working with the clients and family as sources of information for assessment purposes (Maddy 1977).

Sometimes it is desirable or necessary to assess individuals' leisure needs and interests as a group. This is because the recreational therapist must program for large numbers of participants simultaneously; and it literally becomes impossible to assess on an individual basis. Additionally, the composition of a leisure-related activity may entail a group effort or response, and, therefore, may require an assessment instrument which examines the group's functioning as a whole. Bogan's (1977) Group Assessment makes selected observations and assumptions concerning the group. These data are combined to describe the participants and the action that could and should be taken. The I CAN Curriculum offers a "Class Performance Score Sheet" which allows the practitioner to easily and objectively assess each individual's ability and entry status on the targeted activity. This group assessment is the basis for planning individualized instructional activities for the daily lesson plan.

Behavioral Assessment in the Community: A Group Home Program

As an illustration of the role which assessment plays in leisure programming, consider a recently developed group home program for six moderately retarded adults (Schleien, Kiernan & Wehman in press). The purpose of the program was to develop a program having instructional elements that were easily replicable by other group home staff and which evaluated quality of resident leisure behaviors.

The leisure program was designed in four phases. Phase I consisted of an initial baseline. Observations were made to determine the extent of the residents' leisure repertoires. The assessment technique employed is discussed in detail in a later section. Phase II involved a weekly leisure counseling session, reinforcement training and an introduction to new recreational materials and equipment. Phases III and IV involved an evaluation of the program employing an A-B-A-B reversal design. Instruction and reinforcement were withheld in a return to baseline in Phase III and were reinstated in the final phase. The results indicated a significant increase in high quality leisure behavior among group home participants when the instructional package of counseling, reinforcement and material exposure were introduced. A concomitant decrease in inappropriate social behavior was noted as well. The assessment techniques used during baselining and as an ongoing

evaluation are discussed below.

Baseline Assessment. Systematic observations, via momentary time sampling, of the participants' behaviors during their free time were made to serve as a pre-intervention baseline. In this manner, accurate and objective assessments were made of the participants' leisure repertoires. At 15-second intervals, the behavior that the participant was emitting at that moment was recorded. Each group member was observed consecutively. Thus, a total of 80 recordings in an hour were made on every participant per evening over five consecutive days. Following a week of baselining, each participant had been observed for 400 intervals. The momentary time sampling assessment chart employed in order to record and determine preinstruction competency levels, i.e., quality of leisure behavior, appears in Table 2.

Table 2.

Leisure Skill Observational Recording Sheet

Instructions: Observe 3 participants at times specified on reinforcement schedule and then record quality of participants' behavior at that moment. If participant is exhibiting high quality leisure behavior (HQ), socially reinforce and participate with each for 30 seconds. If 3 participants are exhibiting HQ, socially reinforce and participate with each for 20 seconds. Immediately following minute of reinforcement, record quality of behavior (HQ, LQ, I) for each participant in appropriate box. Only reinforce HQ leisure behavior. "During 10 minute non-reinforced probes, record quality of 1st participant's behavior at that moment. Then 15 seconds later, record quality of 2nd participant's behavior. Continue recording cycle (1 participant at a time) for 10 minutes."

Specialist's Name _____ Date _____ Day of Week _____

Participant's Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1.																	
2.																	
3.																	

etc.

Participants' Leisure Behaviors

1.	
2.	
3.	

Frequency of Assessment. In order to track overall client progress and to indicate the effectiveness of the training program, data collection/reinforcement sessions were implemented. These occurred three nights per week and entailed use of a variable interval schedule. Each session lasted one hour and was divided into 10 data collection/reinforcement every six minutes. Leisure performance (i.e., high quality [HQ] and low quality [LQ] leisure, inappropriate social behavior [I]) was observed and recorded by project staff at each of the 10 intervals, resulting in 10 data points per session.

During seven of the data collection/ reinforcement sessions, nonreinforced behavior probes were taken. These entailed two 10-minute observation periods per session. Within each period, the participants were observed consecutively at 15-second intervals. Behavior, i.e., HQ LQ I, was then recorded but no reinforcement was administered.

Reliability of Assessment. A reliability check was made by a third trained observer one night per week. Inter-observer reliability ranged from 70 to 100 percent with a mean of .87. Observer agreement was calculated by dividing the number of agreements by the number of agreements plus disagreements. Each observer was responsible for recording behaviors of three participants. The third observer made recordings concurrently with

one of the regular observers on the same three participants and data were compared. The nights of the week and observer checked were arbitrarily selected.

Validity of Assessment. Since project staff were interested in the quality of leisure behavior among group home residents, an observational assessment of percentages of engagement in the qualities of leisure, i.e., HQ LQ I, were computed and recorded. This criterion-referenced evaluation process called for the three categories of behaviors to be operationally defined and coded. The behavioral categories were determined by group home staff following a pre-baseline observation period. During this time, all behaviors emitted by the participants were listed and staff discussion concerning their quality followed. Behaviors representative of each classification are provided below:

High Quality Leisure Behavior (HQ): Speaking on telephone; looking through book/magazine; using camera; playing card game; watering plants; preparing snack.

Low Quality Leisure Behavior (LQ): Television on and not watching; holding book/magazine without turning pages; dancing alone; staring out window; sitting and doing nothing.

Inappropriate Social Behavior (I): Manipulating chronologically age-inappropriate toy (e.g., child's "popcorn popper" toy); talking to oneself; throwing deck of playing cards across room; bowling with miniature toy set; continuous pacing across room.

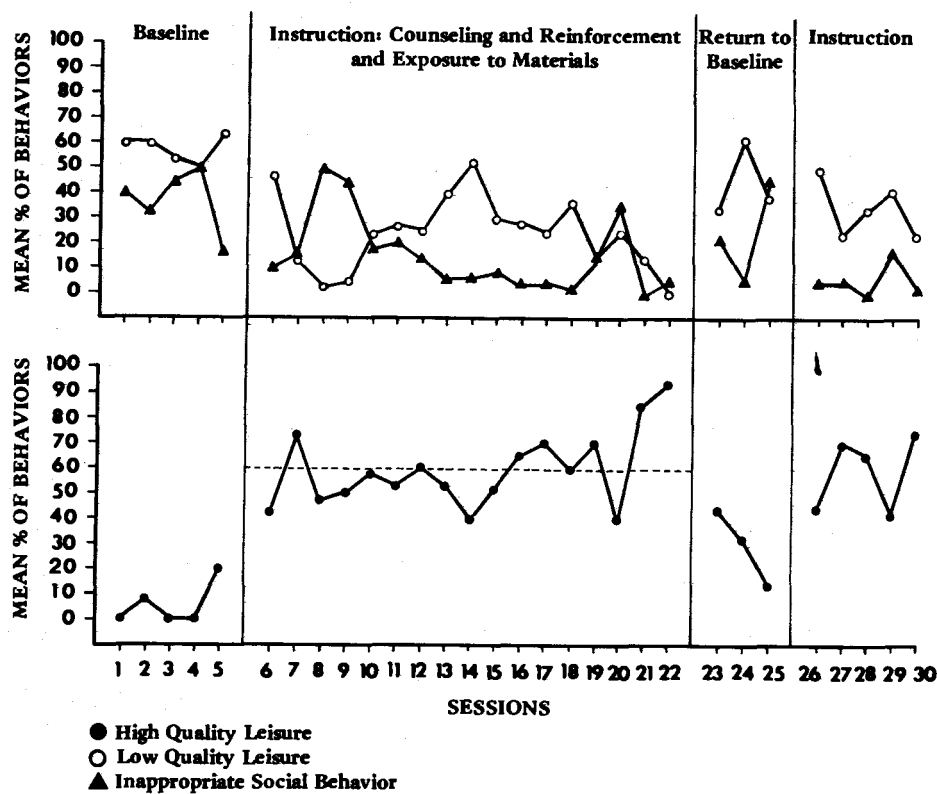


FIGURE 1.

Results

It was evident from the initial baseline observations in Figure 1 that there was minimal high quality leisure behavior (HQ) present among the six group home residents, i.e., approximately six percent before the training's commencement. An ongoing assessment of clients' overall progress throughout the 17 training sessions indicated a significant increase in the targeted high quality leisure behavior, i.e., approximately 54 percent increase. During instruction, on the average, both low quality leisure and inappropriate social behavior decreased significantly. It was concluded that acquisition of age appropriate leisure skills facilitated a decrease in inappropriate social and stereotypic behaviors.

Summary

Two major forms of assessment, baseline and instructional, were described and the rationale for the implementation of these techniques given. Recent federal legislation has additionally called for the increased use of ongoing evaluation of participants' Individualized Education Plans.

The purpose of this paper has been to describe relevant assessment as it relates to recreation programming, including frequency, reliability and validity of assessment. With these considerations in mind, several recreation assessment tools, both criterion and norm referenced, were offered and their individual criteria characteristics explained. Finally, a recreation program in a group home and the roles that various assessment techniques played throughout the program were illustrated.

References

- Began, M., "Diagnosing Groups and Planning from Where They're At," In EXPANDING HORIZONS IN THERAPEUTIC RECREATION II, J. Kelley (ed.), Champaign, IL: University of Illinois, Office of Recreation and Park Resources, 1974, 71.
- Compton, D. & Price, D., Individualizing Your Treatment Program : A Case Study Using LMIT," THERAPEUTIC RECREATION JOURNAL, 9 (4): 127, 1975.
- Cousins, B. & Brown, E., RECREATION THERAPY ASSESSMENT, Jacksonville, FL: Amelia Island ICFMR, 1979.
- Davis, J., "Recreational Directors' Observational Report," OCCUPATIONAL THERAPY: PRINCIPLES AND PRACTICES, Springfield, IL: Charles C. Thomas, 1957.
- Don, E., VINELAND SOCIAL MATURITY SCALE, REVISED, New York, NY: The Psychological Corporation, 1965.
- Edwards, P., LEISURE COUNSELING TECHNIQUES: INDIVIDUAL AND GROUP COUNSELING STEP-BY-STEP, Los Angeles, CA: University Publishers, 1975.
- Hubert, E., THE DEVELOPMENT OF AN INVENTORY OF LEISURE INTERESTS, Doctoral dissertation, University of North Carolina, 1969.
- Jaawiak, K., LEISURE COUNSELING PROGRAM MATERIALS FOR THE DEVELOPMENTALLY DISABLED, Washington, DC: Hawkins and Associates, 1975.
- Middy, B., IOWA LEISURE EDUCATION PROGRAM ASSESSMENT FORM, Iowa City, Iowa: Recreation and Leisure Studies, University Hospital School, University of Iowa, 1977.
- McDowell, C., APPROACHING LEISURE COUNSELING WITH THE SELF LEISURE INTEREST PROFILE, Unpublished Master's thesis, California State University, 1973.
- McKechnie, G., LEISURE ACTIVITIES BLANK, Palo Alto, CA: Consulting Psychology Press, Inc., 1975.
- Ohio Department of Mental Health/Retardation, STATE OF OHIO CURRICULUM GUIDE FOR MODERATELY MENTALLY RETARDED LEARNERS, Columbus, OH: Ohio Department of MH/MR, 1977.
- Overs, R., O'Connor, E. & Demarco, B., AVOCATIONAL ACTIVITIES FOR THE HANDICAPPED, Springfield, IL: Charles C. Thomas, 1974.
- Parker, R, Ellison, C., Kirby, T. & Short, M., "Comprehensive Evaluation in Recreational Therapy Scale: A Tool for Patient Evaluation," THERAPEUTIC RECREATION JOURNAL, 4th quarter, 1975.
- Schleien, S., Kiernan, J. & Wehman, P., "Evaluation of an Age Appropriate Leisure Skills Program for Moderately Retarded Adults," EDUCATION AND TRAINING OF THE MENTALLY RETARDED, in press. Special Education Section, Oregon State Department of Education. TOWARD COMPETENCY: A GUIDE FOR INDIVIDUALIZED INSTRUCTION, Salem, Oregon: State Department of Education, Special Education Section, 1974.
- Takata, N., PLAY AS EXPLORATORY LEARNING, Los Angeles: Sage Publishers, 1974.
- Wehman, P., HELPING THE MENTALLY RETARDED ACQUIRE PLAY SKILLS: A BEHAVIORAL APPROACH, Springfield, IL: Charles C. Thomas, 1977.
- Wehman, P. and McLaughlin, P., PROGRAM DEVELOPMENT IN SPECIAL EDUCATION: DESIGNING INDIVIDUALIZED EDUCATIONAL PROGRAMS, New York: McGraw-Hill, 1980.
- Wehman, P. & Schleien, S., LEISURE AND HANDICAPPED INDIVIDUALS: ADAPTATIONS,

TECHNIQUES, AND CURRICULUM, Baltimore: University Park Press, in press.

Wehman, P. & Schleien, S., "Assessment and Selection of Leisure Skills for Severely Handicapped Individuals," EDUCATION AND TRAINING OF THE MENTALLY RETARDED, 15 (1): 50-57, 1980.

Wehman, P. & Schleien, S., LEISURE SKILLS CURRICULUM FOR DEVELOPMENTALLY DISABLED PERSONS, Richmond, VA: School of Education, Virginia Commonwealth University, 1979.

Wessel, J., I CAN PHYSICAL EDUCATION PROGRAM, Northbrook, IL: Hubbard Scientific Co., 1976.

Westaway, A. & Apolloni, T., SCOR CURRICULUM: VOLUME I. INDEPENDENT LIVING SKILLS ASSESSMENT SYSTEM, Sonoma, CA: Sonoma County Organization for the Retarded and Department of Education, Sonoma State College, 1977.

Williams, W. & Fox, T., MINIMUM OBJECTIVE SYSTEM, Burlington, VT: University of Vermont, Center on Developmental Disabilities, 1977.

Wilson, G., Mirenda, J. & Rutkowski, B., "Milwaukee Leisure Counseling Model," JOURNAL OF LEISUREABILITY, 2 (3): 11-17, 1975.