

Transition and Integration in Leisure for People with Disabilities

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Article:

With new technological advances and disability legislation, people with disabilities are more interested in participating in community recreation programs than ever before. Many individuals, however, are unable to participate because of inadequate skills and lack of support. Community recreation staff can be instrumental in the successful transition and integration of people with disabilities from hospitals or school programs to their communities. For people with disabilities, graduating from special education classes or being discharged from the hospital begins a difficult process of adjustment. Community support is important for successful integration.

Definition of Transition and Integration

Many definitions exist for the concepts of transition and integration applied to people with disabilities. Originally, the terms were used in reference to people with mental retardation. In the early 1980s, transition was discussed for students with disabilities in schools but only in terms of vocational pursuits. Increasingly, within the last ten years, the concepts of transition and integration have grown to include a broad spectrum of experiences such as avocational or leisure opportunities and pursuits. Dattilo and St. Peter (1991) defined transition as "...the process of moving from being in school [or in a hospital] to actively living in the community." Decker (1987) noted that participating fully in community life is true integration. Additionally, transition and integration are appropriate for all people regardless of disability type; the terms include people who have been incarcerated, or are moving from any institutional setting into their community. Transitional facilities such as group homes, halfway houses and outpatient services exist to aid in this process.

Research on Integration, Transition and Leisure

Research about transition and integration related to leisure represents various perspectives. Some studies tested the effects of improving specific abilities and constructs such as social or leisure activity skills. Other researchers have evaluated the effects of fully implemented leisure education programs within communities or have examined specially established community recreation programs (e.g., Special Olympics, special recreation programs, or integrated camping experiences).

The recent literature identifies leisure as a component of successful transition and integration for people with disabilities. McGrew, Bruininks, Thurlow and Lewis (1992) identified that the factors necessary for community adjustment included social network/integration (i.e., number and variety of friends; social support and safety), recreation and leisure integration, community/economic integration, and need for support services. Overall, most of the studies dealing with leisure found similar components leading to successful community transition and integration. Functional independence, as an end goal of transition and integration, generally addressed the following: leisure activity skills; ability to make choices; social skills and ability to make friends; and support networks.

Leisure Skills--Learning specific leisure skills can be an important component for successful integration into community recreation programs. For many individuals with disabilities, increasing specific activity efficacy through training increased perceived physical competence (Hedrick, 1985). Other studies cited leisure skill

training as contributing to leisure skill acquisition, social interactions and appropriate and cooperative play behavior (Schleien, Cameron, Rynders and Slick, 1988). King and Mace (1990) found specific leisure skills training (e.g., aerobics) using prompts and contingent praise to have long-term positive effects on individuals with mental retardation.

Choice and Decision-making

Several studies addressed the importance of choice in successful transition. Various techniques such as self-scheduling of leisure activities for individuals with moderate developmental disabilities resulted in the long-term maintenance of leisure skills (Bambara and Ager, 1992). Additionally, the subjects in this study increased in frequency, novelty and diversity of self-directed leisure. Mahon (1992) tested a decision-making-in-leisure model to show how training about decisions increased the ability for independent leisure initiations.

Social Skills and Friendship-- Perhaps one of the most important areas of leisure examined in integration research deals with social skills and interactions. Individuals with disabilities have identified, through interviews, the importance of friendships and social interactions in feeling part of the community (Malik, 1990). Cattermole, Jahoda and Markova (1988) found that people with mental retardation who were successful in transition had the widest social experiences prior to initiating transition.

Social skill training was an important facet of successful integration in other ways. Lindsay (1986) found that improved "cognitions" through social skill training substantially reduced anxiety, and increased confidence and self-image. Foxx and Faw (1992) found that the maintenance of social skills training after eight years remained constant and even improved. Consideration needs to be given to social skills training for individuals without disabilities who are part of the integration process. Rynders, Schleien and Mustonen (1990) trained non-disabled peers of youth with disabilities prior to an integrated camp experience. As a result of training, staff noted increased friendships and networks as well as increased skill acquisition. Similarly, Schleien, Krotee, Mustonen, Kelterborn and Schermer (1987) observed that the interactions of children after a "special friends" training were positive.

Families and Support Networks--Families can be instrumental in facilitating factors such as acquiring skills and providing important social networks for individuals with disabilities (Bedini, Bullock and Driscoll, 1993; Kennedy, Homer and Newton, 1990; Schleien et al., 1988). Additionally, the size of the social network had a positive correlation with the frequency and variety of leisure activities (Kennedy et al., 1990).

Integrated Community Programs and Transition

Although researchers have studied skill acquisition prior to transition and integration, several studies investigated the effects of integrated environments (e.g., Special Olympics, integrated camps and special recreation programs) on various factors of independence for individuals with disabilities. Ashton-Shaeffer and Kleiber (1990) concluded that extended involvement contributed to an increase in functional skill development in individuals with mental retardation in special recreation associations. Integrated free play was also studied for its effects on socialization of children with cognitive disabilities. Hoenk and Mobily (1987) found that previous experiences with people with disabilities was important in determining positive attitudes. In other studies, results showed that merely integrating play did not increase socialization nor active participation in play activities (Titus and Watkinson, 1987).

Special Olympics was evaluated in several studies. Wilhite and Kleiber (1992) found organized competitive sports though Special Olympics had a positive impact on moderately to severely retarded individuals but had negative effects on mildly retarded individuals. Other studies noted that perceived competence by the athletes with disabilities and peer acceptance increased as a result of Special Olympics participation (Gibbons and Bushakra, 1989). Several researchers examined the effects of integrated wilderness adventure programs on personality and lifestyle traits of people with and without physical or sensory disabilities. Increased positive attitudes toward each other was a common product (McAvoy, Schatz, Stutz, Schleien and Lais, 1989).

A mainstreaming model applied in a regular camping environment demonstrated how the social interactions between campers with various disabilities and campers without disabilities increased (Edwards and Smith, 1989). Additionally, researchers have found that integrated wilderness experiences contributed to improved interpersonal relationships, confidence levels, feelings of self, leisure skills development and tolerance of stress (McAvoy et al., 1989).

Interventive mainstreaming models that integrated individuals with and without disabilities in community recreation programs through education and training have yielded encouraging results. For example, a model using a "transitional therapeutic recreation specialist" showed increase in behavioral functioning, adjustment to disability, quality of life and autonomy (Bullock and Howe, 1991). For children, carefully structured mainstreamed or integrated play environments improved the attitudes and behaviors of the children without disabilities toward those with disabilities (Rawson and Barnett, 1993; Sable, 1992; Schleien, Fahnestock, Green and Rynders, 1990).

Transition and Integration through Leisure Education

Leisure education is a process that increases awareness, skills and abilities to pursue one's leisure. Dattilo and St. Peter (1991) cited a direct connection between educating for one's leisure and the transitional needs of individuals with mental retardation by noting how lack of knowledge is a constraint to most leisure pursuits. By educating individuals with disabilities about their leisure needs, skills and interests we can make their transition to community and adult life easier.

Research has shown that leisure education/counseling programs positively affected the leisure participation of people with physical and cognitive disabilities (Bedini et al., 1993; Caldwell, Adolph and Gilbert, 1989), and led to the initiation of activities (Bedini et al., 1993; Mahon, 1992). In several studies, however, leisure education/ counseling programs were found to be too short-to meet their goals (Caldwell et al., 1989; Zoerink, 1988; Zoerink and Lauener, 1991).

Implications

The research clearly supports a need for integrated social environments for people with disabilities. First, community recreation programs should strive to provide opportunities for developing and nurturing friendships and social interactions between people with and without disabilities. Based on the research, however, it seems important that community staff encourage acceptance and interaction among those with and those without disabilities.

A second implication from this research concerns proactive transitional services. The research suggested that duration and education helped people without disabilities become more comfortable with those with disabilities, thus enhancing the successful transition of people with disabilities into integrated programs. Community recreation professionals can design opportunities either before programs begin or as independent workshops that can aid people without disabilities in "acclimating" to those who have disabilities. Additionally, community agencies might consider providing able bodied "partners" to help participants with disabilities move from segregated to integrated environments and independent programs.

Third, several of the studies identified the benefits of parental involvement in training and integrating of their children. Workshops for parents and caregivers that address awareness of the importance of leisure are warranted.

A final implication from this research is that leisure education programs within clinical or community settings should be designed to be implemented over a long period of time. Short-term programs seemed to be unsuccessful or in one case actually increased participants' dissatisfaction.

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