

Disability and social inclusion

Making friends within inclusive community recreation programs

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Abstract

Until 1990, participation in recreation activities by persons with disabilities generally was assumed to result in the formation of healthy friendships and social relationships with their nondisabled peers. Research has since proven that not all of the relationships formed through inclusion in recreation activities are true friendships in the traditional sense. In this article, varying levels of inclusion are discussed, including physical, functional, and the highest level—social inclusion. Issues of reciprocity, obligation, the inclination of nondisabled peers to take on a “supervisory” role, and other challenges to maintaining meaningful friendships are examined in detail. The importance of friendship as a key component in quality of life is emphasized, with strategies presented for promoting friendships among those with and without disabilities within inclusive community recreation programs that are welcoming, accommodating, and socially inclusive.

Key words: community recreation, disabilities, friendship, inclusive recreation, inclusion, recreation activities, social inclusion

Introduction

Prior to 1990, it was assumed that participation in recreation activities automatically resulted in healthy social relationships for people with disabilities. The major assumption was that when individuals with disabilities were included in community recreation programs, they would begin to make friends with nondisabled peers as they had been making friends with peers with disabilities in segregated environments. As researchers and practitioners began to take a closer look at friendship and recreation’s impact on social relationships, the validity of these assumptions was questioned. Not all recreation

experiences facilitated friendship. Likewise, not all social relationships that resulted from participation in inclusive recreation were truly friendships, at least as “friendship” is traditionally defined. These issues had researchers rethinking friendship and the strategies that facilitated its development. In the past 10 years, efforts to understand this extremely important phenomenon have focused on such issues as defining friendship and related terms,^{1,2} identifying and creating methods for assessing and measuring friendship,^{4,5} and developing strategies for promoting friendships among people with and without disabilities in

inclusive recreation environments.⁶⁻⁸

In addition, research studies have been conducted to distinguish among the types of supports best suited for facilitating the interactions necessary for friendship development,⁹ for examining the ethics of efforts to promote social integration through volunteer experiences,¹⁰ and for establishing the role of therapeutic recreation professionals in the promotion of healthy social lives for individuals with disabilities who are accessing the community.¹¹ In spite of the varying results of these efforts, most researchers agree that friends are a key component in quality of life, and

recreation participation is the primary medium for initiating and developing friendships. The purpose of this article is to take

a careful look at the phenomenon of friendship as it pertains to individuals with disabilities who are participating with nondisabled peers in inclusive recreation environments. We define social inclusion and friendship and discuss the importance of friendship in relation to inclusion and quality of life. As barriers to friendship are identified, strategies are presented for promoting friendships between people with and without disabilities as they jointly participate in inclusive community recreation programs.

Social inclusion

It seems paradoxical that, although recreation seems to be the best medium for meeting people and making friends, it may also be an environment that reinforces social isolation. This occurs when recreation programmers prematurely conclude that efforts to “physically” include individuals in recreation programs will result in social acceptance by peers. In the 1990s, the decade following the passage of the Americans with Disabilities Act (ADA) the impact of the ADA on the inclusion of people with disabilities into the mainstream of community life appears to parallel the impact that the Civil Rights Act had on the inclusion of people of color. In both cases, the Acts were necessary to ensure the legal rights

to access for individuals from traditionally under-represented minority groups. However, in each case, the right to access did not guarantee social acceptance; this level of inclusion cannot be legislated. Consequently, before exploring techniques for promoting social inclusion, it may be necessary to review varying forms of inclusion.

The concept of inclusion may best be viewed as a continuum that includes three levels of acceptance. In the first level, physical integration, an individual’s right to access is recognized and assured. Physical integration was the focus of the Architectural Barriers Act of 1968, which mandated that all buildings receiving federal funds be made accessible to people with disabilities. The ADA then expanded the right of physical integration to include all public facilities regardless of federal funding. Physical exclusion implies intentional or inadvertent practices that prevent individuals with disabilities from entering a facility or joining a program. Sample exclusionary practices include inaccessible facilities and discriminatory eligibility requirements.

The second level of inclusion is functional inclusion. Functional inclusion refers to an individual’s ability to function successfully within a given environment. Community recreation programmers practice functional exclusion when they fail to make the necessary adaptations that allow individuals with varying abilities to participate

in programs or benefit from services. Functional inclusion was partially addressed by Section 504 of the Rehabilitation Act of 1973, which prohibited the denial of benefits under any program or activity receiving federal funding. However, it was the ADA that effectively instigated the functional inclusion of people with disabilities. According to the ADA, programs must provide reasonable accommodations to people with disabilities to ensure equal enjoyment in goods and services.¹² Barriers to functional inclusion include lack of staff skills or knowledge, inadequate resources for adapting activities and including people with disabilities, and failure to provide reasonable accommodations. Finally, physical integration is an obvious prerequisite to functional inclusion.

The third and highest level of inclusion is social inclusion. Social inclusion refers to one’s ability to gain social acceptance and/or participate in positive interactions with peers during recreation activities. Enjoying activities with friends and/or making new friends would be considered a high level of social inclusion. Because it cannot be legally mandated, true social inclusion is contingent upon internally motivated acceptance by peers. Recreation programmers can, however, promote social inclusion through a combination of internal and external facilitation strategies. The full inclusion of people with disabilities in

recreation is not complete until community programs and activities are welcoming, accommodating, and conducive to making friends and sharing experiences.

Friendship

Friendship is a unique, high-level social relationship with a myriad of interpretations. Perceptions of friendship will vary among individuals as a result of different social experiences and expectations.¹³ Most people agree, however, that friendship entails certain common attributes that distinguish friends from acquaintances and other types of social relationships. One definition of friendship is an “affective tie between two individuals.”¹³ Friends choose each other freely,¹⁴ friendship is mutual and reciprocal,¹ and is consistent and enduring.^{15,16} As noted, friendship often is demonstrated behaviorally by shared participation in leisure activities.² Recreation appears to be a medium in which friendships develop and flourish. For example, the word “friend” is partially defined as a person with whom one shares free time and leisure experiences.¹

Friendship plays an integral role in quality of life throughout our lifetime. Rubenstein¹⁷ noted that friendships allow children to share affection, support, companionship, and assistance. Through play, children teach each other social skills and offer each other a sense of belonging. During adolescence, one’s need for intimacy and companionship tends to lead

to relationships with friends who are of similar age, background, and interests.¹⁸ Adolescents spend much of their leisure time with friends, and membership into these social cliques often depends upon an appropriate range of leisure and social skills. Friendship in adulthood appears to build upon a culmination of skills developed during childhood and adolescence. Adult friendship is typically characterized by intellectual stimulation and social interconnectedness,¹⁸ reciprocity in affection,¹ desire and ability to share responsibility for nurturing and maintaining the relationship,¹⁵ and ability to share leisure interests at near-compatible skill levels.²

Friendship and people with disabilities

As expected, people with and without disabilities have similar needs and desires to develop and maintain friendships. For people with disabilities, however, social networks of friends or intimate relationships are substantially smaller than the social networks of people without disabilities, even though people with disabilities often have sufficient opportunities to interact with peers.⁶ People with disabilities often have far fewer relationships than their peers without disabilities.^{7,19} Their relationships are with family members, acquaintances with disabilities, and people who are paid to interact with them. This phenomenon leads one to the conclusion that friendship, and the skills of making

and maintaining friends, may somehow be different for people with disabilities. This difference in perceptions of friendship and the responsibilities associated with developing and maintaining friendship can become a significant barrier to inclusion, as people with disabilities begin to spend more time in inclusive community environments.

In inclusive recreation environments, identified earlier as fertile ground for friendship development, differing perceptions can become a barrier to friendship. Many people with disabilities define friendship in terms of the frequency of interaction that they have with another individual. On the other hand, nondisabled peers who interact often with people with disabilities may perceive a relationship to be something other than a friendship. Oftentimes, relationships between adults with and without disabilities

will lack reciprocity, a key component of friendship. As a result, nondisabled adults will often maintain the relationship only until their sense of obligation has ended.¹⁰

In an attempt to learn more about friendships between adults with and without developmental disabilities, it was found that adults with developmental disabilities living in community residential facilities often do not develop meaningful, reciprocated friendships with nondisabled peers. Rather, they mistakenly perceive staff, family, and other externally

motivated or obligated people to be friends.¹ Similar conclusions were reached in an earlier study of the social interaction patterns of 23 residents of a group home.²⁰ The authors found that the residents had social contact with an average of 63.5 different people (not including people they lived with and people paid to provide support) over a 30-month period. Yet, they predicted that the residents would most likely not sustain relationships with nonfamily members. They concluded that individuals with disabilities had difficulty providing the reciprocity and accepting the friendship responsibilities necessary to sustain an authentic friendship relationship. Although some authors have determined that friendships, although rare, do occur between adults with disabilities and their care providers,²¹ often the continuous process of people entering and exiting their lives can leave one with the false impression that friendship formation has occurred. For the sake of future attempts to assess the existence of relationships, this difference in perspective may be viewed as the result of an inability to distinguish between “friends” and “service providers.”²²

Children appear to be more accepting of their peers with disabilities as compared to their adult counterparts. As noted in one study,¹⁴ this can be explained by the extent to which children both with and without disabilities perceive that they are receiving as much from the relationship as

they are giving. Children’s relationships, however, lack the stability of adult relationships, which often survive changes to individual lifestyles. As children with and without disabilities grow older together, nondisabled peers may begin to replace friendship-like behavior with supervisory behavior as they begin to perceive differences in skills and abilities. The evolution of the relationship from a horizontal friendship to a vertical social/supervisory relationship parallels relationships typically found between siblings of different ages.²³

Friendship and inclusive recreation

We believe that segregated programs, where minimal opportunities exist to interact with nondisabled peers, are more beneficial than the complete absence of recreation services for the disabled. However, a segregated approach does not reflect the legislative, philosophical, and service emphasis of the post-ADA era—that community recreation fully and socially include all of its members. Research suggests that individuals with disabilities are happier and experience an increased quality of life when they are with all peers rather than with peers with disabilities only.²⁴ Discussions by recreation professionals should not center on whether certain people should be served or even whether to provide programs in inclusive or segregated settings. Instead, discussions should focus on the most effective ways to ensure

that opportunities exist for socially inclusive participation. This section briefly describes three approaches to including people with disabilities in existing recreation programs.

Integration of existing recreation programs approach

To facilitate integration of an existing recreation program, an individual who is disabled selects a traditional, age-appropriate recreation program currently existing in the community. A trained inclusion specialist, possibly a certified therapeutic recreation specialist (CTRS) or other professional with skills to effectively serve people with disabilities, and a recreation program leader identify and attempt to ameliorate the discrepancies between the program’s requirements and the individual’s capabilities. In this manner, a person who was formerly excluded may at least partially participate in an age-appropriate activity. This approach provides one framework for an inclusive recreation program and may expand participants’ social networks in the community at large. Although these efforts appear to be exceptionally time-consuming for staff members at first, they should pay great dividends for all participants. A significant advantage offered by this approach is the exposure to a vast potential network of social relationships.

“Reverse mainstreaming” approach

A second approach to inclusive community recreation is what we

refer to as reverse mainstreaming. In this manner, programs that were originally designed only for people with disabilities are modified to attract and serve nondisabled people, too. This approach—practiced by municipal park and recreation agencies when they invite and recruit individuals from the community to participate in their formerly segregated (i.e., for people with disabilities only) summer camps, evening programs, and after-school activities—increases interaction between people of varying abilities. Two essential outcomes are possible. First, the addition of nondisabled participants results in a larger participant base, allowing programs to be divided into groups that are based on chronological age. Individuals with disabilities no longer have to participate with others who are many years their junior or senior. Also, people are provided opportunities to interact with and learn from their peers, oftentimes peers with far broader experiences.

Zero exclusion approach

Administrators of recreation agencies are well aware that their programs are in a constant state of change. Last year's fads quickly become this year's memories.

Constantly changing populations with ever-changing interests demand a continuing influx of new, innovative, and exciting programs. This demand for new programs could be the necessary vehicle to promote full social inclusion. The creation of new inclusive

programs to meet consumer demand is the basis for this third approach. Therapeutic recreation specialists and recreation program leaders do not plan programs in isolation. Instead, they collaborate to design programs that serve people of varying abilities. Since programs are not targeted for a particular group, the agencies practice the art of nondiscrimination, or full inclusion. They aggressively recruit people of varying abilities to participate in their programs. Unlike the other two approaches, zero exclusion can promote equal status among community members. Rather than creating special programs for certain "types" (labels) of people, these programs are designed with a diverse population in mind.

Strategies for promoting friendships in inclusive recreation

One may categorize strategies for helping people make friends into two groups: extrinsic and intrinsic. Extrinsic strategies focus on changing the recreation environment to make it more conducive to positive social interaction and friendship development. One study²⁵ noted that as people with disabilities enter the community in greater numbers, it is often the nondisabled peer that needs to become more competent in social relationships with people with disabilities. The assumption is that people with disabilities often become socially isolated because of environmental

constraints that prevent others from discovering their positive inherent personal qualities. As facilitators manipulate the environment to increase social opportunities, positive social interactions can result that allow members of the group to discover and share common experiences. These common experiences can serve as the basis for friendship.

Extrinsic strategies for promoting friendship include sociometry,²⁶ Circle of Friends²⁷ and cooperative peer companionships.²⁸ Sociometry is a procedure for restructuring large recreation groups into smaller play groups, ensuring isolated members (e.g., individuals with disabilities who have yet to attain social inclusion) the opportunity to interact with those individuals with whom they have the potential to form positive social relationships. Beginning with a sociometric assessment, program leaders identify group members who are isolated and those who are considered popular. Existing relationships among members of the group are also identified. This information is used by program leaders to restructure the playgroups and identify key individuals who may serve as gatekeepers to the social networks. Isolated individuals are placed in groups with peers with whom there is at least minimal attraction (preferably reciprocated attraction) and away from peers who have expressed rejection. As a result, isolated group members are given the

maximum opportunity for positive interactions within their own group. Popular individuals can be recruited to serve as peer companions for those who are isolated. Through acceptance by popular peers, isolated individuals can often overcome initial rejection by social groups, affording them the opportunity to demonstrate their intrinsic qualities to others.

Circle of Friends is an extrinsic strategy designed to assist individuals who may have difficulty entering a group. A small group, or circle of friends, is identified and prepared to assist the target individual to overcome the barriers to group inclusion. The circle of friends is comprised of significant people in the focus person's life. Members typically include family members, friends, and current members of the targeted social group. Program leaders empower the circle of friends to facilitate social inclusion by leading a group discussion focusing on the isolated member's dreams, nightmares, likes, dislikes, strengths, abilities, and needs. The discussion is eventually directed toward barriers to social inclusion, and the support that each member of the group could provide. The circle of friends works with the targeted individual and the new social group to facilitate his or her inclusion in the group's social network.

Cooperative peer companionships supplement the sociometry and Circle of Friends strategies by identifying and preparing a

key, same-age peer to provide support and facilitate the acceptance of the target member into the group. Peers who are already socially accepted are most desirable. The child with a disability is matched with a nondisabled peer companion for participation in activities oriented toward socialization. The nondisabled peer companion is prepared to encourage, prompt, and reinforce cooperative interactions by their peer with the disability. Additionally, by demonstrating acceptance of the child with a disability, peer companions can facilitate social inclusion by breaking down artificial barriers to inclusion.

Intrinsic strategies for promoting friendship are designed to promote change within the individual. As reciprocity is considered a vital criterion for the development and maintenance of friends, an individual's ability to contribute to a relationship is necessary. Environmental changes, while important, may not leave the individual prepared to connect with her social peers. For this reason, extrinsic strategies are most effective when combined with intrinsic ones. Intrinsic strategies are designed to teach age-appropriate, socially valid, recreation and social skills in order to prepare individuals with disabilities to take active roles in establishing and maintaining friendships and other social relationships.

Two intrinsic strategies for developing appropriate social skills within a recreation context

include Friendly Action Circles²⁹ and leisure skills development.³⁰ Friendly Action Circles is a game for children between kindergarten and fourth grade that allows children to practice friendship behaviors within a group of peers. One at a time, children will select a "friendly action card" that illustrates a desirable social behavior. As children act out the behavior, other members of the group try to guess the behavior being demonstrated. Sample friendship skills taught to younger children (i.e., those in kindergarten to grade two) include thanking someone, sharing, and offering help. Older children (i.e., children in grades two to four) are taught these skills, as well as more complicated social behaviors, such as giving a compliment, suggesting an activity, and apologizing to someone.

Teaching age-appropriate leisure skills may be the recreation professional's most critical contribution to an individual's social network. By carefully selecting and teaching age-appropriate and popular leisure skills, participants develop a repertoire of skills necessary for making social connections and developing and nurturing relationships. We offer the following guidelines for selecting appropriate activities that may lead to and support friendships.

For an isolated individual, having leisure interests that are compatible with those of their peers is essential. The task for the recreation leader prior to

instruction is to conduct an inventory of available activities, identifying those activities that are age-appropriate and of interest to the social group being targeted. For example, if John is eight years old and attends third grade, recreation program leaders will want to identify recreation activities that currently appeal to third graders. It should be from this list of activities that skills are targeted for instruction.

Sharing mutual interests is a critical component to positive social interactions. Yet friends will most likely share these interests with others who demonstrate similar skill levels. This allows two people to give and receive equally from the activity (and the relationship), and precludes the need for nondisabled peers to assume “teacher” roles. As skill levels become incompatible, potential friendship relationships often evolve into vertical, supervisory relationships that require nondisabled peers to focus less on mutual satisfaction and more on their obligation to their partner with a disability. To facilitate friendships, program leaders should select activities that are not only popular with the targeted social group, but of high interest to the learner.

Common interests and skill levels alone are not sufficient to sustain friendships. Friendships and other significant relationships require that individuals share equal levels of social skills and graces such as reciprocity,

communication, and appropriate appearances. For individuals with disabilities who are attempting to make social connections in an inclusive recreation environment, deficits in social skills and graces will result in ostracism—as even the most loyal friend will be concerned about her social position in an extended social network. These concerns can be addressed by including social skills training (e.g., Friendly Action Circles) into the instructional program, and by applying extrinsic strategies that prepare peers to accept and support members with diverse skills.

There is no “quick fix” that can be prescribed to enhance friendship development. A program, process, or technique that works with one individual in a particular activity may not be effective with another. Helping an individual realize her personal vision of making friends is therefore likely to require the use of numerous approaches by a variety of key players. Family/ care provider involvement in this complex process is crucial.

Family involvement

Enhancing friendships and the social inclusion of people with disabilities is not the responsibility of service providers only. Family members must also play important roles. They must be initiators in order to obtain supports needed. However, families want and need more genuine help from professionals and community members who can work with them to address friendship issues and the

other complex challenges they encounter each day. Partnerships with professionals such as teachers and community service providers are necessary.³¹

If friendships are to develop and thrive between individuals of varying abilities, friendship development needs to become a top family priority.³² For example, if children’s friendships are to extend beyond the school day, families need opportunities to meet each other, become acquainted, and mutually support these relationships. Parents can become acquainted with other families in the neighborhood who have same-age children by attending school functions and events at community recreation centers. Parents can also take active roles initiating and scheduling play opportunities for their children by exchanging telephone numbers and addresses, and inviting children into their homes and on community outings. Parents can personally contact other parents by phone or letter, make home visits, and host informal social gatherings.

Seventeen families of children, youth, and adults with problem behavior were interviewed, and three different methods were discovered that the families used to help facilitate friendships.³³ These strategies included having the child participate in inclusive settings to have the opportunity to interact socially with peers, paying a companion to spend time with their child, and providing information and skills to peers to

help them interact with their child. Some parents indicated that they had asked the child's teacher for a list of "possible friends" to contact outside of school. Other families expressed problems in finding ways to initiate contact and meet other parents.

For school-age children, school personnel can serve as a common avenue for parents to establish the necessary social connections—through school-sponsored events such as family nights, PTA meetings, open houses, and community education classes. Additionally, parents and school staff can work together to include recreation and friendship goals in Individualized Education Plans (IEPs). Including recreation, friendship, and social interaction goals and objectives in an IEP will ensure that the skills related to these goals will be taught, monitored, and evaluated regularly.¹⁴ Parents should initiate meetings with the school administrators from local school districts who make policy and programming decisions to advocate for their children's need to make friends and to offer to collaborate in establishing friendship goals.

Families can organize family advocacy groups with similar concerns and a strong commitment to friendship development. Advocacy groups can inform others about the benefits of making friends and useful strategies to ensure that friendships are developed and maintained. This group should include a diverse

group of families representing different races, ethnicities, and abilities in the community. The group can also include administrators, teachers, parents, educators, community leaders, and other interested relatives and/or citizens. These key players can have an active role in planning and implementing friendship initiatives.

Parents, families, and/or family advocacy groups can consider making presentations to related organizations, such as parents' groups, local civic groups, and local and state chapters of The Arc (www.thearc.org) about the potential benefits of making friends for their children. Presentations can focus on what friendship is, why friends are important, successful friendship development strategies, and goals for the future. The use of visual aids such as slides and videotapes of students with disabilities interacting with their nondisabled peers as effective strategies to generate community awareness and support was identified in one study.³³

The challenges ahead

The social inclusion of individuals with disabilities in community recreation has become an accepted focus of recreation providers. Practitioners and care providers alike have discovered that participation in inclusive recreation programs provides opportunities to acquire a variety of functional recreation and social skills. However, in spite of these efforts, the social

networks of children and adults with disabilities continue to look very different from the networks of their nondisabled peers. Individuals with disabilities have far fewer relationships, and those relationships are typically restricted to family members, other people with disabilities, and paid staff. Parents, care providers, recreation professionals, teachers, and community members must make it one of their highest programmatic priorities to begin to develop, and then promote, the maintenance of these relationships. It is no longer adequate to consider, for example, the five-week integrated summer camp a success if a camper who is disabled makes a "friend" or two during camp but does not continue to enjoy those relationships during the following school year. The challenge is to create collaborative linkages among all stakeholders—people with disabilities and their families, friends, teachers, administrators, local citizens, and neighbors—to embrace the complexity of friendship development and to devise new supports and services to translate this vision into reality.

It is critical that we begin to take a hard look at current "friendships" that exist between people with and without disabili-

ties and discuss alternative definitions and criteria for judging these relationships. Special attention must be given to planning strategies that increase opportunities to develop and maintain meaningful relationships between people

of varying abilities. If these efforts are not successful, a large segment of our population will most likely remain stigmatized and socially isolated from their nondisabled peers.

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