

Understanding Leisure Services for Individuals With Mental Retardation

By: John Dattilo and [Stuart J. Schleien](#)

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Abstract:

This paper was developed to promote understanding of the complex process of leisure service delivery for children and adults with mental retardation and encourage people to work together to enhance leisure opportunities in integrated settings. The meaning of several terms associated with leisure were clarified and limitations of past and existing leisure services presented. We discussed our belief that all individuals, including those with mental retardation, have the right to experience leisure. Suggestions were made for development of leisure services involving social integration with peers who do not have mental retardation, the facilitation of active participation, development of age-appropriate behaviors, provision of comprehensive leisure education services, encouragement of self-determined leisure participation, and systematic coordination and communication among practitioners and family members.

Article:

Although there is continuing debate over the definitions of the terms recreation, free time, and leisure, there appears to be consensus regarding the meanings of these terms among consumers, practitioners, researchers, and theorists. Recreation is typically defined as an activity that people engage in for the primary reasons of enjoyment and satisfaction (e.g., swimming, table games, aerobic dance). The notion of recreation, therefore, relates directly to the activity and is independent of the participant's feelings and experiences. People who participate in recreational activities may experience enjoyment and satisfaction or may encounter failure, rejection, and feelings of helplessness.

The term free time is often used to describe an individual's unobligated time, time when daily tasks—such as responsibilities associated with family, work, or home maintenance—are not being attended to. Therefore, when people are not busy performing specific required tasks, they possess free time, and, although many people experience enjoyment and satisfaction during their free time, for others this free time may trigger feelings of boredom, anxiety, and despair.

The third term, leisure, describes a person's perception that he or she is free to choose to participate in meaningful, enjoyable, and satisfying experiences. As individuals get in touch with the positive feelings—control, competence, relaxation, excitement—associated with the leisure experience, they will be intrinsically motivated to participate. That is, they will participate in leisure simply to be involved in the experience, not for some tangible out-come or external reward. Leisure, then, is an experience, a process, a subjective state of mind born of psychological involvement. As a state of mind, leisure transcends time, environments, and situations. To fully partake in leisure is to express talents, demonstrate capabilities, achieve one's potential, and experience a variety of positive emotions.

Finally, the profession of therapeutic recreation is devoted to facilitating the development, expression, and maintenance of an appropriate leisure lifestyle for individuals with physical, mental, emotional, or social

limitations (National Therapeutic Recreation Society, 1982). Leisure lifestyle refers to the day-to-day behavioral expression of one's leisure-related attitudes, awareness, and activities within the context of the total life experience (Peterson & Gunn, 1984). Therapeutic recreation places particular emphasis on the development of an appropriate leisure lifestyle as an integral part of independent functioning (American Therapeutic Recreation Association, 1985). According to Peterson and Gunn, the key component of therapeutic recreation is its focus on day-to-day behavioral expression, because an individual's leisure lifestyle is a routine engaged in as part of his or her daily life. Community recreation professionals, including therapeutic recreation specialists, assist other practitioners in providing comprehensive leisure services for individuals with mental retardation. A primary goal of such services should be the development of leisure-related skills that enhance the quality of daily life for those with mental retardation.

Limitations of Leisure Services for People With Mental Retardation

Leisure services for children and adults with mental retardation historically have, unfortunately, had relatively low priority. These individuals currently may lack the skills needed to participate in traditional recreation activities (Wehman & Schleien, 1981). In addition, they may have extensive amounts of free time that is not a source of enjoyment, pleasure, or satisfaction and, thus, may be viewed as negative and undesirable (Rynders & Schleien, 1991). This shortage of appropriate leisure services for those with mental retardation is particularly unfortunate because leisure participation is an important aspect of successful community adjustment (Rynders & Schleien, 1988).

An examination of the leisure services typically available to children and adults with mental retardation reveals a substantial gap between the services needed and those currently offered (Dattilo, 1991a). For example, Schleien and Werder (1985) observed that many leisure services offered for school-age children with disabilities focus on a narrow range of activities that is nearly stereotypic: bowling, swimming, arts and crafts, field-trips. Summer programs offer a similarly restricted range of options (e.g., a "handicapped-only" camp). Finally, many available recreation activities segregate individuals with and without disabilities. "Integrated" experiences that are offered are frequently characterized by strictly hierarchical roles, with those who do not have disabilities serving as helpers and those with disabilities as the recipients of this help. Examples of such "integrated" events include Special Kids Day at the county fair and the Annual Handicapped Christmas Party hosted by local service organizations. Programs that offer segregated and diversional recreation opportunities tend to impede progress toward the development of a meaningful and satisfying leisure lifestyle for individuals with disabilities (Schleien & Mustonen, 1988).

The Right to Leisure for All People

According to Murphy (1975), the fundamental consideration for all human beings is that they should have a measure of freedom, autonomy, choice, and self-determination; and if one considers Bregha's (1985) position that leisure is the most precious expression of our freedom, it becomes clear that leisure is an inalienable human right. Therefore, every effort must be made to help individuals with mental retardation become involved in active leisure participation. The challenge lies in finding a way to remove barriers to participation while providing opportunities to develop the skills, awareness, and understanding needed to freely choose participation in various leisure experiences. The goal in providing leisure services to individuals with mental retardation, then, is to help them develop the skills and opportunities needed to feel free to participate in such chosen experiences (Dattilo, 1991a).

Suggested Procedures to Increase Community Leisure Involvement

Integration

When individuals are assembled in a group and then isolated from others—for whatever reason—their differences rather than their similarities become the focus of attention. This type of segregation is, unfortunately, often a result of misinterpreted philosophy that is ultimately translated into unequal services. Although a successfully integrated program might be characterized as one that maximizes a person's participation in the mainstream of society, integration is meaningful only if it involves social integration and acceptance, not merely physical presence (Wolfensberger, 1972). For instance, two families may choose to

spend the afternoon at a neighborhood swimming pool. For one family, the parents pay the admission fee and purchase all snacks. Under the parents' close supervision, Matthew, their son who is a swimmer, plays alone in the pool without interacting with any children. Matt talks only to his parents the entire time they are at the pool. In the other family, Martin is given money in advance of the trip. He pays his admission and briefly chats with the cashier. As he enters the pool area, he recognizes a member of his scout troop. Marty approaches the boy, and subsequently they spend the afternoon together diving for objects in the shallow end of the pool. After swimming, the boys buy a soda, and Marty talks with the salesperson while paying for his drink. In this example, Matt experienced physical presence, whereas Marty benefitted from meaningful integration involving social integration and acceptance.

The differences in the leisure lifestyle of individuals with and without mental retardation tend to diminish with integrated recreation activities (Knapczyk & Yoppi, 1975). Hutchison and Lord (1979) described the process of integrating individuals with disabilities into recreation activities as one that (a) provides opportunities for them to experience participation and enjoyment similar to that of their peers without disabilities, (b) allows them to develop their skills and confidence, (c) permits their participation in community activities of their choice, and (d) encourages them to develop self-confidence and dignity. For example, Laura likes staying in shape. She is a member of a private health club where she attends aerobic classes and uses some fitness equipment. Laura enjoys her participation as she develops skills that increase her confidence in her physical abilities. She chooses among many different classes and equipment as she pursues her goal of fitness. Her interactions with other members of the club and her fitness regime improves her self-esteem and sense of dignity.

Professionals must prepare individuals with mental retardation for leisure in a way that yields personal rewards and enables them to contribute to the life of their community (Dattilo, 1991b). Therefore, Dattilo suggested that community-based instruction occur in a systematic and deliberate way to provide the support needed by individuals with mental retardation to achieve a standard of living commensurate with their same-age peers without disabilities. An example of a systematic approach to leisure education was presented by Dattilo and St Peter (1991) via their model designed to facilitate independent leisure participation for young adults with mental retardation. The model involves development and implementation of a leisure education course supplemented with community support by a leisure coach and active participation of the person's family and friends. Systematic follow-up of course instruction, leisure coaching, and family/friend support facilitates generalization and maintenance of leisure skills and knowledge.

The benefits of integrating individuals with mental retardation into community recreation activities are not limited to those with disabilities (Howe-Murphy & Charboneau, 1987; Rynders & Schleien, 1991). Following systematic interaction with people who have disabilities, individuals without disabilities have demonstrated an increase in positive attitudes toward such people (Fenrick & Peterson, 1984; Peck, Donaldson, & Pezzoli, 1990; Schleien, Ray, Soderman-Olson, & McMahan, 1987). A critical variable in developing these positive attitudes is the level of competence of the participant with a disability. The more skilled individuals are in leisure, the more likely their peers will perceive them as truly a peer. Consider the following illustration: Erica has learned how to use a video game that is very popular with her peers. Not only does her participation in the game bring her pleasure at home, but her friends recognize her skills and compete with her as they take turns cheering each other on in the video arcade.

Active Participation

Individuals with mental retardation are often excluded from a wide range of recreation activities due to their assumed inability to perform complete skill sequences independently and in the correct order (Ford et al., 1984). However, an individual who is deemed unable to engage in an activity independently should not be denied the opportunity for partial participation (Brown et al., 1979). Partial participation involves the use of adaptations and provides assistance needed to facilitate leisure participation, thereby affirming the right of individuals with disabilities to participate in environments and activities without regard to degree of assistance required (Baumgart et al., 1982). Adaptations to enhance participation or to make partial participation possible include providing personal assistance; adapting activities by changing materials, modifying skill sequences,

altering rules, and using adaptive devices and alternative communications systems; and changing physical and social environments to promote friendships. Through partial participation, individuals with mental retardation may experience the exhilaration and satisfaction associated with the challenge inherent in a particular recreation activity (Dattilo & Murphy, 1987). For instance, Michael and his colleagues at work decided to enter a softball league sponsored by the community recreation and parks department. At the beginning of the season, a few rules were adjusted to facilitate Michael's participation in league play. Instead of the ball being pitched to Michael, he was permitted to hit the ball off a "T" and, following contact, Nicole, who wore the same number as Mike, ran the bases. When Nicole scored a run, teammates gave "high-fives" to both Nicole and Michael.

Age-Appropriate Behavior

Individuals with mental retardation need to develop a repertoire of leisure skills that (a) is appropriate to their chronological age, (b) is based in their community, and (c) will facilitate successful integration into the community (Schleien, Olson, Rogers, & McLafferty, 1985). Cerro, Schleien, and Hunter (1983) suggested that leisure skill instruction for individuals with mental retardation be developed based on activities performed by individuals without disabilities in a wide variety of integrated community environments. Therefore, practitioners should encourage individuals with mental retardation to acquire leisure skills that are appropriate to their age and comparable to those of their peers. Because some people with mental retardation may have difficulty developing accurate perceptions about their capabilities (Kennedy, Austin, & Smith, 1987), practitioners should assist participants in understanding the implications of their leisure choices. For example, as a child, Jason loved to listen to bells ringing and children's tunes. When he got a bit older, his parents bought him a portable pinball machine. This table game was extremely reactive, as its bells rang, lights flashed, and score kept automatically when the game was played appropriately. Jason was highly reinforced for pulling the pinball machine's plunger and pressing its flippers. Now that he is older, Jason enjoys playing with electronic pinball machines with his friends in video arcades, movie theater lobbies, and bowling alleys.

Comprehensive Leisure Education

According to Chinn and Joswiak (1981) the term leisure education refers to the use of comprehensive models focusing on the educational process to enhance a person's leisure lifestyle. Systematic leisure education provides a means for developing awareness of recreation activities and resources and for acquiring skills necessary for participation throughout one's life (Howe-Murphy & Charboneau, 1987). Leisure education programs should be developed to enhance the quality of participants' lives by encouraging them to understand opportunities, potentials, and challenges in leisure; comprehend the implications of leisure for their lives; and acquire leisure knowledge, skills, and appreciations (Mundy & Odum, 1979). According to Dattilo and Murphy (1991), professionals should not only include instruction in leisure skills in services for individuals with mental retardation, but also adopt a more comprehensive strategy geared toward promoting an awareness of self, an appreciation of leisure, self-determination and decision-making relative to leisure, knowledge and utilization of leisure resources, as well as development of skills in the areas of social interaction and recreation activities.

Dattilo (1991b) presented a case study of a leisure education program conducted by a therapeutic recreation specialist to promote the aforementioned goals for James, a 33-year-old man with severe mental retardation, who enjoyed spending free time socializing with his friends and family. The long-range leisure instruction was designed to further develop James' social interaction and communication skills, as well as reduce barriers to initiating participation in his preferred recreation activities.

Self-Determined Involvement

The opportunities for choice often associated with leisure participation must be systemically provided and taught to individuals with mental retardation (Dattilo & Rusch, 1985). Wehman and Schleien (1981) identified the ultimate goal of any leisure program as the facilitation of self-initiated, independent use of free time with chronologically age-appropriate recreation activities. Some families and professionals who assist individuals with disabilities choose activities for them rather than allowing participants to decide for themselves. However, freedom of choice is vital to the pursuit of enjoyable, satisfying, and meaningful experience (Dattilo & Kleiber, 1963). In fact, lack of choice may prevent individuals from experiencing leisure.

In addition, according to Seligman (1975), prolonged involvement in a situation that fails to provide opportunities for choice may result in feelings of helplessness. Garber and Seligman (1980) suggested that people who experience helplessness have difficulty learning that their responses produce outcomes and, therefore, tend to restrict their voluntary participation and exploration. A high incidence of teamed helplessness occurs among individuals with mental retardation because of limited opportunities to exhibit self-determined behaviors. Thus, leisure services that include elements of choice are critical in the prevention and treatment of learned helplessness (Iso-Ahola, MacNeil, & Szymanski, 1980) and encouragement of future leisure participation.

Professionals who provide leisure services should offer opportunities for individuals with mental retardation to make self-determined and responsible choices that reflect their needs to grow, explore, and realize their potential. For instance, one of Anne's favorite recreation activities is doing art work. When attending her art class, Anne is encouraged to select the paper she will use; she chooses between different colors, sizes, and textures. In addition, Anne decides to use watercolors today rather than chalk or markers. After she has her materials, Anne is invited to position her easel where she prefers and begins her chosen project while carefully selecting her color scheme.

Practitioners and family members must maintain a delicate balance between facilitating self-determined leisure participation and encouraging development of culturally normative age-appropriate leisure behaviors for people with mental retardation. Sometimes people choose to exhibit behaviors that society has identified as being offensive or detrimental. At this time, these people are often redirected to participate in socially acceptable activities of their choosing that do not bring psychological or physical discomfort to themselves or other people. Leisure instruction related to helping individuals determine the appropriateness of behaviors is often useful. The appropriateness may vary according to location (bedroom vs. public swimming pool), frequency (asking once vs. asking several times in a brief duration), timing (when someone is laughing vs. when someone is crying), and relationship of people present (brother vs. teacher). All people must learn that human beings are rarely completely free to do anything they wish. To experience leisure on an ongoing basis, people must learn to assert their rights as well as respect other people they encounter.

Cooperation Among Leisure Service Providers

Schleien and Ray (1988) have encouraged practitioners to set the stage for integrated recreation by developing communication links between individuals and agencies concerned about community leisure services (networking). Networking involves establishing and maintaining connections with professionals and paraprofessionals from various disciplines and organizations—including community members, families, and consumers who share a common interest and concern regarding the provision of leisure services in the community at large and for individuals with disabilities in particular (Hamre-Nietupski et al., 1988).

One way to enhance networking and ensure ongoing, accessible, and integrated leisure services is to identify all "key players" and their roles and responsibilities within the community leisure service process (Schleien & Ray, 1988). These individuals may include family members, care providers, consumers with and without disabilities, teachers and day-program personnel, related service professionals (e.g., therapeutic recreation specialists), advocacy groups, commercial recreation agencies (e.g., health clubs, ski areas), youth and family service organizations (e.g., YMCA, Scouts, 4-H, Jewish Community Center), professional and educational resources (e.g., universities, consultants), and community leisure professionals. Each of these players assumes a significant role by providing potential participants with leisure environments and by making pertinent information about individual participants (e.g., needs, preferences, behavioral characteristics) available to community leisure professionals.

To meet the needs of individuals with mental retardation, leisure professionals, educators, and families must work together to improve and expand leisure services. If tasks are distributed among too many agencies, however, it is possible that no one organization will assume responsibility for their completion. Other undesirable outcomes of such a situation are lack of communication among agencies or gaps in services. In

contrast, a lead agency or consortium of agencies that is designated to assume overall programming responsibility can ensure efficient and effective provision of comprehensive leisure services for individuals with mental retardation. This responsibility could be assumed either on the basis of participants' ages or on resources available in the community. For example, responsibility for training school-age children in leisure skills could be assumed by public schools. In addition to promoting motor-skill development and physical fitness during physical education, and activities of daily living during the school day, teachers must also serve as leisure educators. In school, students must learn age-appropriate leisure skills that have the potential to last one's lifetime. A broad menu of board and table games (e.g., pinball), hobbies (e.g., camping), and gross-motor activities (e.g., bocce) should be targeted for instruction and included in students' individualized education plans.

Specific community recreation agencies (e.g., public recreation and park departments, community education agencies) could be responsible for promoting leisure skills development for adults. A wide range of leisure skills could be targeted for instruction in community settings. Adults could learn to cook, participate in organized recreation leagues such as volley-ball and badminton, attend pottery and wood-working classes, snowshoe and cross-country ski in outdoor education centers, and exercise in aerobics classes, just to name a few community activity options. Or responsibility could go to the agency that is best equipped—in terms of facilities, staff, and funds—to promote integrated leisure services. The success of dividing responsibilities depends on the quality of communication among agencies and key people. The committed involvement of families, consumers, and residential service providers at every level is critical.

Although shared responsibility appears to be the natural approach to providing comprehensive leisure services, such practice is fairly uncommon due to the complex communication and shared-resource networks it necessitates. Schleien and Werder (1985) suggested that future integrated leisure programming include (a) a delineation of networks across agencies to reduce duplication of services and complement resources, (b) expansion of activity offerings, (c) encouragement of integration of individuals with mental retardation into leisure services with participants who do not have disabilities, (d) generation of support for increasing the number of specially trained personnel across agencies, and (e) improvement of access and availability of community leisure opportunities.

Conclusion

Leisure is an inalienable human right. Therefore, every effort must be made to help children and adults with mental retardation achieve an active leisure lifestyle. Leisure services should be designed to stimulate interaction between individuals with and without mental retardation in integrated community environments. Practitioners and families need to work closely with therapeutic recreation specialists in meeting the leisure needs of people with mental retardation. With appropriate leisure instruction, comprehensive therapeutic recreation services, and a clear delineation of responsibilities for the provision of leisure services, children and adults with mental retardation will have an opportunity to experience meaningful, enjoyable, and satisfying lives.

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