

EFFECTS OF SELF ADVOCACY  
TRAINING IN LEISURE ON ADULTS  
WITH SEVERE PHYSICAL DISABILITIES

by  
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(ABSTRACT)

The purpose of this exploratory study was to determine the extent to which a self advocacy training intervention in leisure would alter the pre- and post-scores of tests on knowledge of rights and responsibilities, attitudes toward leisure, and behavior in leisure on adults with severe physical disabilities participating in an adult day care program.

Four one and one half hour training modules focusing on rights and responsibilities (Rights Now) and leisure access in the community (LIFE: Leisure Is For Everyone) were used for the treatment intervention. Thirty nine adults ranging in age from 22 to 80 years and who participate in an adult day care program were selected for study. A nonrandomized pretest-posttest design was used. An experimental group of twenty participants received the treatment, and a control group of nineteen participated in their normal leisure activities. Each participant took a series of pre- and post-tests/assessments consisting of 1) a Knowledge of Rights and Responsibilities test (Browning, Thorin, and Rhoades, 1984) and 2) two scales of the Leisure Diagnostic Battery (Competence and Control). Participant behavior in leisure was assessed pre and post by observers using a Participation Patterns instrument (Brown, 1988). Demographic data was also collected on each participant. Data was analyzed using the following procedures: a t-test on gain

scores, frequencies, means, standard deviations, Cronbach's alphas, and Pearson Product Moment Correlations were utilized. The .05 level of significance was chosen to test whether or not there were significant differences between pre- and post-test measures.

The data revealed by this study indicated that significant differences between experimental and control subjects were detected on the behavior toward leisure variable. Other results, although not statistically significant, widened support for the intervention.



CHAPTER 1  
INTRODUCTION

In recent years, new laws, beliefs, provision of services and policies have brought about radical changes regarding the treatment of persons with severe disabilities. These changes are even reflected in our language. Previously, this group of people was often referred to as the disabled or handicapped. Today, we speak of people with severe disabilities, emphasizing the people rather than disability. This change in language and in the attitude it reflects stresses the belief that people are of primary importance and not how they differ (Greenwood, 1987). The newly accepted beliefs governing the treatment of persons with severe disabilities (Bowe, 1978; Nosek, Narita, Dart & Dart, 1982; Vash, 1981) and the growth and development of "disability systems" serve as guidelines for our rehabilitation programs of today and tomorrow. Of primary importance in these guidelines are the following principles:

1. People with disabilities are entitled to the same basic benefits as others in society;
2. People with disabilities are entitled to experience the same risks as other people and to participate in life as normally as possible;
3. Both the individual with a disability and society must be adapted to allow people with disabilities full participation in the life of the community; and

4. People with disabilities are equal partners in the development of programs designed to benefit them (Bowe, 1978).

These guidelines highlight the concept that persons with severe disabilities have the same rights to which any human being is entitled. In order to help persons with severe disabilities develop ways to achieve and realize these basic rights, organizations are attempting to teach people ways to advocate for their own self determinism (Katz, 1969; Katz, 1970; Gartner, 1971; Miller, 1971; Collard, 1981; Rhoades, 1982; Fedorak and Britlin, 1984; Apollini, 1985; and Rhoades, 1986). The "buzz" word for this type of behavior is self advocacy.

Self advocacy refers to persons being actively involved in decisions related to their rights and to the services aimed at meeting their needs. Self advocacy has been shown to benefit persons with severe disabilities. The research of Rosen, Clark and Kivitz (1977) showed that many problems of independent living stemmed from ineffective coping strategies and behavioral problems rather than from a lack of self help skills. Edmonson (1974) indicated that much has been done to teach self help skills while little has been done to teach persons with disabilities to think and act for themselves. Behaviors crucial to self advocacy include deciding and thinking for oneself. Unfortunately, in many delivery systems, including leisure, persons with disabilities are not provided with opportunities for equal partnership in program decisions (Guess, Benson, & Siegel-Causey, 1985). In fact, many persons find that leisure service providers resist such a partnership. A great deal of resistance and controversy by leisure service providers in some North American communities was noted by Zoerink (1986). Many persons with

severe disabilities are excluded from activities or are offered prescribed activities which deny participants' rights to have freedom to control, to advocate, or to choose for themselves. Such a denial of self determination directly conflicts with modern day leisure theory (Mundy and Odum, 1979; Sylvester, 1985). Current theorists have stressed that leisure is not a thing that an individual accumulates such as free time. Rather, leisure is a "state of mind" brought on by or under conditions of perceived freedom (Murphy, 1975; Godbey and Parker, 1976; Iso-Ahola, 1980; Neulinger, 1981; Kelly, 1982; and Ellis and Witt, 1984). Persons with severe disabilities have the right to control and act competently in leisure -- to truly make free choices about their leisure lifestyles. That is, persons with severe disabilities have the right to participate as normally as possible. They have the right to choose between leisure activities because the opportunity to choose can encourage spontaneous initiation of the activity, engagement in the environment and assertion of a degree of control over one's life (Dattilo and Barnett, 1985). One researcher (Iso-Ahola, 1980) found that if an individual's perceived responsibility and control could be changed or influenced, other areas of life could be enhanced. In a field experiment with nursing home residents, he found a correlation indicating that "when perceived responsibility and control increased, elderly's physical well being, mental alertness, interpersonal activity, involvement in various forms of recreation increased, and most dramatically, mortality rate was reduced" (p. 36).

Some people with severe disabilities need help learning to make leisure choices as they often do not know what their options are. Parents, staff and friends can help people learn about choosing, if they pay attention to the person. Since many people with severe disabilities seldom are asked to express their opinions and their desires, they do not know what the experience of expressing one's choices is like. It is a right and an ability. Some training programs throughout the United States have been designed to help persons with severe disabilities to become self-advocates. Unfortunately, few people are trained to advocate in leisure rights and choices. To correct this deficiency, this investigator combined two field tested training programs to develop a self advocacy training program in leisure for adults with severe physical disabilities attending an adult day care program. Persons with severe physical disabilities were selected as they oftentimes are not provided opportunities for self-advocacy. The study attempted to show people how to train persons in self advocacy techniques in leisure.

This exploratory study was a field trial of the two previously tested training programs (one focusing on self advocacy and a second focusing on leisure integration into the community) which were intended to teach self advocacy skills in leisure. The two training programs had not been used together before. This study intended to determine if test scores in the areas of knowledge of rights and responsibilities, attitudes toward leisure, and behavior in leisure of adults with severe physical disabilities would be positively affected as a result of self advocacy training.

## PURPOSE

The purpose of this study was to determine if the test scores of adults with severe physical disabilities would be altered as a result of participation in a self advocacy training program in leisure. To test this possibility, a group of thirty-nine adults with severe physical disabilities were divided into two groups. One group, the experimental group, received four, one and one half hour training sessions in self advocacy in leisure, and one group, the control group, participated in their normally prescribed leisure activities. At the end of the experiment, participants were rated through the use of two test measures and an observation sheet that looked at their knowledge of rights and responsibilities, their attitude toward leisure, and their behavior in leisure and self advocacy. Data was collected using selected items from the Rights and Responsibilities Instrument (Thorin, Browning, & Irvin, 1984), The Leisure Diagnostic Battery (Witt, Ellis, Howard, Aquila, Forsyth, Niles, & Vostilow, 1982), and The Observation of Participants Sheet (Brown, 1988).

Studies have shown that a large number of persons with severe physical disabilities do not acquire the ability to make knowledgeable choices in life, take charge of their behavior, or advocate for what they want to do with leisure time. It was anticipated that test scores would improve for the experimental group. Self advocacy in leisure training would affect the knowledge, behavior and attitudes of adults with severe physical disabilities.

## STATEMENT OF THE PROBLEM

According to some authorities, persons with severe physical disabilities are frequently deprived of opportunities to make choices for themselves (Page, et al., 1981). There is a tendency to prescribe leisure activities for a person rather than allowing individuals to select their own roles, positions or goals during free time (Anthony, 1985). This pattern of limited choice oftentimes begins in childhood, if the individual is physically disabled at birth, and continues throughout a person's lifetime. Parents may over-protect children with disabilities. Such children may have experienced fewer opportunities to select toys, games or activities. During the formative years, personal dependency upon others for self care, social and play experiences may have been reinforced (Zoerink, 1986). As a person with a disability matures and participates in adult day care programs, public recreation programs or other types of leisure related programs, the opportunities for self advocating choices tend to continue to be limited. Reid (1975) observed that professionals working with severely handicapped individuals typically choose the activity in which the person participates rather than allowing the individual to decide. If persons with disabilities are to learn to choose for themselves, they must first perceive that they can in fact freely make choices in leisure. Some persons with disabilities need to be trained to speak up and self advocate for their leisure choices.

Part of the problem is that leisure service providers have, currently, few programs to promote the development of self advocacy skills in leisure. New ways of training providers and participants are

needed.

Therefore, this research proposed to investigate the effects of a training program for developing self advocacy skills in leisure with adults with severe physical disabilities (disabled at birth or later in life) located in an adult day care setting. The study was a field trial of two previously tested training programs, not previously used in combination with one another, to improve self advocacy skills related to rights and responsibilities and leisure skills. Selected demographic data (age, sex, race, work experience, and onset of disability) was investigated to determine if there were relationships to scores on general knowledge in rights and responsibilities, attitude toward leisure, and behavior in leisure.

#### HYPOTHESIS

In seeking differences among the data collected, the following hypotheses were offered:

- Ho<sub>1</sub>: There are no differences for test of gain scores for general knowledge of rights and responsibilities among adults with severe physical disabilities receiving training in self advocacy skills in leisure and those who do not participate in such a training intervention.
- Ho<sub>2</sub>: There are no differences for test of gain scores in the attitude toward leisure measure of perceived freedom (control and competence) among adults with severe physical disabilities receiving training in self advocacy skills and those who do not

receive such a training intervention.

Ho<sub>3</sub>: There are no differences for test of gain scores for behavior in leisure measuring active vs. passive, player vs. spectator, interaction with people vs. objects, communication of choices vs. none, independent participation vs. dependent, choice in new activities vs. none, and advocacy in leisure vs. none among adults with severe physical disabilities receiving training in self advocacy skills and those who do not receive such a training intervention.

#### SIGNIFICANCE OF THE PROBLEM

The concept that freedom is the essential element in leisure, and that leisure, viewed holistically, can be primarily defined as a state of mind (Witt, et al., 1982) has been evolving since Aristotle and other early philosophers discussed it thousands of years ago. Current leisure philosophers tend to agree upon one definitional element of leisure. That is, they agree upon the concept of perceived freedom (Iso-Ahola, 1980; Kelly, 1982; and Witt, et al., 1982). More specifically, they define leisure as a "sense of personal competence, intrinsic motivation and perceived control" (Ellis and Witt, 1982).

Many agree that leisure is important for all persons whether they are able-bodied or disabled, but approaches to providing leisure programs for the two populations differ greatly. The element of choice is often present for able-bodied, but for the disabled, professionals choose activities for a participant rather than allowing the individual to choose for him/herself (Dattilo and Barnett, 1985). Not allowing



individuals to advocate for their leisure involvements can result in feelings of learned helplessness (Seligman, 1975), and these perceptions of helplessness thus inhibit the feeling of freedom to advocate for leisure rights and activities. If perceived freedom does not exist, leisure does not exist, and prescribed activities by their very nature are not leisure.

To eliminate participation barriers, some professionals recommend that individuals with disabilities be taught to control choice in leisure, to be able to learn to freely choose an activity. In fact, within recent years more attention has been given to the issue of freedom to choose, decision making and self advocacy among persons with severe disabilities (Houghton, Bronicki, & Guess, 1987; Guess, Benson, & Seigel-Causey, 1985; and Zeph, 1984). The result of this new awareness is that the freedom to choose or make one's own decisions has become a valued part of life. Central to this notion is the concept that in all human development is an individual's self perception and worth. If leisure providers deny adulthood by denying choices, their stated aim and their methods conflict radically. Wolfensberger (1972) affirmed the idea that as choice increases so does an individual's sense of self perception and worth.

New self advocacy training may necessitate different approaches by leisure service providers and types of services offered. As a result, it may be important for leisure service providers to have information on the impact of self advocacy training to leisure for individuals with severe disabilities. Furthermore, this research could help professionals better understand the theoretical relationships about psycho-

logical theories of perceived freedom in leisure and theories on leisure services delivery modes for the disabled. Thus, researchers might reconfirm what past researchers have found, or the new knowledge could add to models of leisure theory and leisure delivery service models theory.

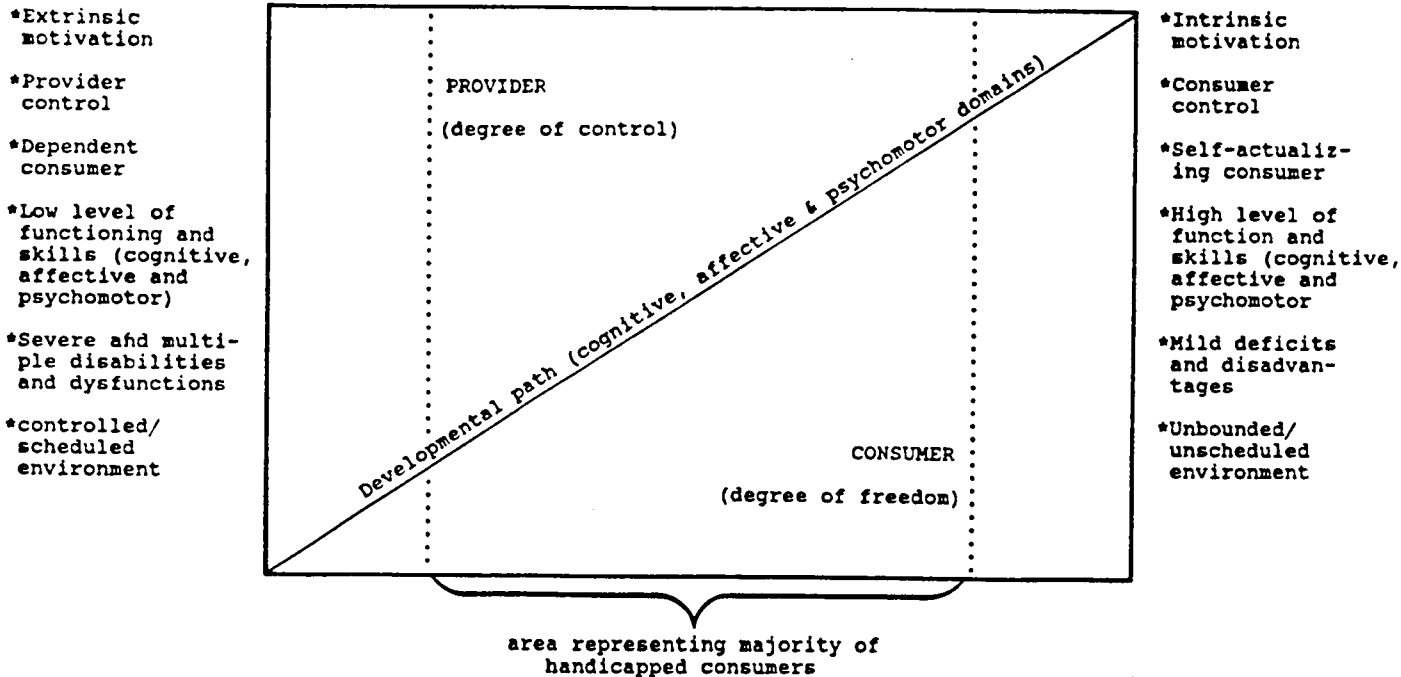
Indirectly, the knowledge could assist therapeutic recreation professional service providers. If such professionals wish to use recreation to encourage normal functioning with society, they must provide services and treatment techniques that train persons with severe disabilities in how to self advocate make and individual choices in leisure.

The overriding task of leisure service professionals has been to develop appropriate programs and services for all segments of the population. This study may help provide a more appropriate direction for the provision of services to persons with severe physical disabilities.

#### THEORETICAL FOUNDATIONS OF THE STUDY

The original philosophical position statement for the National Therapeutic Recreation Society includes a continuum model for delivery of services to special populations (see figure 1). Other variations (Peterson and Gunn, 1984; and others) echo the common theme of the continuum. That is, professionals need to be helping participants increase their level of free choice and advocacy skills in leisure and thereby help them achieve an independent leisure lifestyle (Witt and Ellis, 1985). The leisure service providers' role should be, according to the schematic representation, advocating for rights of persons with

Figure 1  
Model for Delivery of Leisure Services to the Handicapped



AREA OF SERVICE:	THERAPEUTIC RECREATION	LEISURE EDUCATION/FACILITATION	RECREATION
ROLES:	Clinician/therapist	Facilitator counselor    educator    enabler	Advocate/Program provider
FUNCTIONS:	<ul style="list-style-type: none"> <li>*diagnose individual leisure needs</li> <li>*assess cognitive, affective and psychomotor function as a part of total leisure functioning</li> <li>*prescribe and direct specific regimens for treatment</li> <li>*treat specific behaviors which serve as barriers to leisure functioning</li> <li>*evaluate success of application of treatment</li> </ul>	<ul style="list-style-type: none"> <li>*assist in leisure decision making</li> <li>*facilitate the development of leisure values and attitudes</li> <li>*assist in refinement of activity skills necessary to positively engage in leisure pursuits</li> <li>*assist individual in transfer of skills, knowledge, and values to involvement in activity settings</li> <li>*assist individual in identifying and removing barriers to leisure fulfillment</li> </ul>	<ul style="list-style-type: none"> <li>*promote needs and rights of handicapped to leisure</li> <li>*remove ecological barriers to leisure fulfillment, e.g. architectural, economic, etc.</li> <li>*advance concepts of positive and dynamic roles for handicapped in society</li> <li>*provide opportunities and environments for participation in leisure in concert with expressed consumer interests</li> </ul>

This chart was adapted from the Leisure Diagnostic Battery Users Manual by Peter A. Witt and Gary D. Willis, 1987.

disabilities in leisure, removing barriers (physical and programmatic), advancing positive role models, and providing environments for participation expressed by consumer interests.

Preliminary research into the area of self advocacy in leisure has produced limited results (Anthony, 1985). However, a study by Dattilo and Barnett (1985) does indicate that being able to choose leisure activities for oneself brings positive personal rewards to persons with severe disabilities.

Literature in leisure as well as models for leisure service delivery address the importance of professionals providing choice and advocacy for leisure, but few programs provide these services. Accordingly, an understanding of the effects of self advocacy training in leisure and knowledge, behavioral and attitudinal outcome seems to be an appropriate research aim for this study.

The present study was designed to extend the theoretical research on the leisure service delivery model for persons with disabilities related to advocacy roles and functions in several ways, including (a) collecting basic data; (b) training persons with severe physical disabilities in self advocacy skills in leisure -- a much different population trained in a setting (adult day care center) from research previously reported; and (c) measuring generalization of effects of training.

#### THE DEFINITION OF TERMS

Adult Day Care Program. A program located in an environment where adults with severe physical disabilities are provided with leisure

skills and normalizing life experiences and increase skills in activities of independent living.

Leisure. Leisure is a state of mind and is brought about by activities engaged in under conditions of perceived freedom. This state of mind is characterized by a sense of personal control, competence and intrinsic motivation (Ellis and Witt, 1982).

Leisure Functioning. A concept related to how an individual feels about him/herself in leisure experience and what kind of outcome results from these experiences. Examples of conditions that enable a person to function in leisure include: perceived competence, perceived control, leisure needs and depth of involvement in leisure and playfulness (Witt, 1982).

Perceived Freedom. A concept used to describe the characteristics of an individual with perceived competence, perceived control and who has an intrinsic desire to participate freely in leisure (Witt, 1982).

Person With a Severe Physical Disability. Individual who has been medically diagnosed with an impairment to a body organ or member. Usually individuals have significant dysfunctioning in at least three out of seven basic independent functioning areas of life, including: self care, receptive and expressive language, learning ability, self-direction, capacity for independent living, and economic self-sufficiency (Virginia State Office for Rights of the Disabled, 1988).

Recreation. Recreation is activity (either passive or active) that persons engage in while in a state of leisure.

Rights. Rules that make people more equal.

Self Advocacy. A concept meaning the speaking, choosing, or acting for oneself. It means helping persons with disabilities to decide what choices are best, taking charge, solving problems, making decisions, standing up for one's rights as a person and carrying out responsibilities (Rhoades, 1986).

Self Advocacy Training in Leisure. Teaching persons with severe physical disabilities their rights and responsibilities as citizens and how to self advocate for those rights in leisure activities or programs.

#### ASSUMPTIONS

1. Knowledge, attitude and behavior can be assessed using a paper and pencil instrument.
2. Knowledge, attitude and behavior can be changed through a short term educational experience (treatment).

#### LIMITATIONS OF THE STUDY

- Subjects were not randomly assigned to groups, as intact groups were desired in order to obtain a large enough sample of subjects.
- Maturation of participants could have occurred between testings so data was collected in as short a period as possible. Some other intervening variables could have occurred and caused an effect in gain score.

- Population did not include all possible disabilities but did contain subjects typically representative of persons with severe physical disabilities participating in an adult day care leisure program. Because of the nature of the subjects, the results could, however, be generalized to adults with severe physical disabilities.
- The study was delimited to people over the age of eighteen years.
- The study was exploratory in nature.
- The principal investigator as the facilitator/instructor of the group sessions eliminated the confound of differences due to differing instructor, but may have introduced an experimenter bias effect. The same level of motivation to achieve positive results might not have existed in other instructors and, thus, the training program might prove less effective than it was in this study.
- Pretest-posttest design sometimes results in the subjects being sensitized to the test instrument.

## CHAPTER 2

### REVIEW OF THE LITERATURE

This study is an investigation of the effect of a training program for developing self advocacy skills in leisure for adults who are severely physically disabled. The influence or relationship of other variables will also be examined.

The literature reviewed in this chapter includes leisure concepts, disabilities, disability and influence on leisure, leisure perceptions/attitudes and the disabled, self advocacy, self advocacy and choice in general, self advocacy and choice in leisure, background of training materials for persons with severe physical disabilities, training and self advocacy, and a summary.

#### LEISURE CONCEPTS

The term leisure is derived from the Latin *licere* or "to be permitted to abstain from occupation or service" (Murphy, 1975). The importance of the role that leisure plays in the lives of people is not a new concept. Greek philosophers such as Aristotle and Plato believed that the purpose of work was to attain leisure, without which there could be no culture. Furthermore, they felt that the ideal person was one who integrated body, mind and spirit. From this framework, they concluded that leisure was a state of being.

From the early Greek definitions of leisure, "new ideas" have evolved. Scholars have suggested that there are a variety of approaches to the study of leisure, including four popular views:



1. Discretionary Time
2. Activity
3. Condition of the Soul
4. Holistic Construct

A brief review of each concept follows.

Leisure as Discretionary Time. Brightbill (1960), an early American leisure philosopher, described leisure time as a block of unoccupied time, spare time or free time when we are free to rest or do what we choose. He viewed leisure as that time beyond which we must take care of basic subsistence activities. Kraus (1984) discusses leisure as a portion of an individual's day that is not work centered, and Weiskopf (1982) believes that leisure is "freedom of time to choose activity which is voluntary, satisfying and restorative". Shivers and Calder (1974) maintain that "leisure is free time and that is all, and whether it is used for personal indulgence, expressing creation or indulgence is immaterial."

While there is support in the literature for the discretionary time concept, some writers maintain that leisure is more than free time and that an individual engages in activities during free or non-working hours (Iso-Ahola, 1980). For able-bodied persons this concept may be true, but many persons with disabilities do not have jobs and, therefore, find themselves with a great deal of leisure time on their hands. They are forced to find their self-worth in free time (Derlega and Janda, 1981). Therefore, the discretionary time concept is not always appropriate for persons with disabilities.

Leisure as Activity. A number of leisure service professionals are inclined to define leisure as activity. Kelly (1982), Dumazedier (1967), and others include the word activity in their definitions. "Leisure is activity chosen in relative freedom for its qualities of satisfaction" is Kelly's definition (1982).

J. B. Nash (1960) developed a model that illustrates man's use of time based on the types or purposes of activities. He presented a pyramid with four activity levels. The top level contained creative involvement, followed by active, emotional, and passive activities. He felt that the values of activities at the bottom of the pyramid were negative, whereas the top level activities were deemed positive. Finally, Loesch and Wheeler (1982) defined leisure as "any activity an individual knowingly chooses to define as leisure activity."

Leisure as activity is an important concept for the able-bodied and for persons with disabilities. People can participate in activity despite a disability and can be taught through task analysis how to do any leisure activity (Nietupski, et al., 1984).

Leisure as Condition of the Soul. This concept evolved from classical beginnings in Greece. Aristotle regarded leisure as "a state of being in which activity is performed for its own sake" (Kando, 1980). There was a marked contrast implied between work and art and debate and learning. In the 1960's, other modern writers supported this notion. DeGrazia (1962) used the example of leisure as "a state of being in which activity is performed for its own sake or as its own end." Likewise, Pieper (1963) stated that "leisure, like contemplation, is a

higher order than active life. . . it involves the capacity to soar in active celebration, to overstep the boundaries of the workday world."

How does this classical approach of leisure fit into today's lifestyle? The definitions imply that leisure must take place in an unhurried world. We live in a fast paced society where many people are interested in free time pursuits of an active nature. Some people do not have time to be "contemplative." Thus, this concept of leisure has some weaknesses for people living in today's society. Some persons with disabilities, on the other hand, have time on their hands and have time to contemplate leisure, life and its meaning.

Leisure as Holistic. Many modern day writers support the holistic approach to leisure (Kaplan, 1975; Murphy, 1975; Godbey and Parker, 1976; Iso-Ahola, 1980; and Kelly, 1982) that brings together the concepts of activity, attitude and setting (Maclean, Peterson, & Martin, 1985). The holistic view incorporates the notion that everyone has leisure potential and individuals have the potential to determine their activities and experiences during work and leisure (Murphy, 1975). Additionally, the notion that satisfaction from leisure may be social as well as intrinsic and that freedom is relative rather than absolute has been discussed in the literature (Maclean, et al., 1985). The impact of the environment on leisure was introduced by Iso-Ahola in 1980 when he indicated that there were social and psychological "determinants of leisure behavior." These determinants include early socialization experiences, the need for arousal, perceived freedom and leisure needs. The research of this study was chosen to consider the holistic approach

to leisure.

Today, many of these distinctions between leisure are being debated by researchers. Most educational textbooks on leisure highlight the definitions of leisure in the beginning chapters. It could be said that leisure is a state of mind and is brought about by activities engaged in under conditions of perceived freedom. This state of mind is characterized by a sense of perceived control, competence and intrinsic motivation (Ellis and Witt, 1982).

### DISABILITIES

Today we live in a society that places a high value on a healthy body and mind. Throughout the country, health and fitness clubs advertise the idea of the "body beautiful." Because of this value, persons with disabilities are still considered "less than" able-bodied persons. Many of these feelings and attitudes about persons with disabilities result from individuals focusing on the disability rather than looking at a person's capacity to be involved with activities in society (Carter, VanAndel, & Robb, 1985). This devaluing of persons with disabilities has resulted in legislation focusing on persons with disabilities. The Rehabilitation Act of 1973 (P.L. 93-112) and the Education for All Handicapped Children Act (P.L. 94-142) by their nature indicated the presence of unaccepting attitudes toward persons with disabilities (Hamilton and Anderson, 1983). Many persons with disabilities find themselves isolated from educational opportunities, leisure opportunities and the community mainstream because of attitudes towards them.

These negative attitudes are held by employers and have played a major role in restricting employment opportunities (Rubin, Worth, & Emener, 1981). In a study by Rubin, Worth and Emener, results indicated that employers felt disabled persons were less prompt, absent more frequently, less productive and slower than able-bodied workers. This attitude about employability of disabled persons appears to dominate throughout the United States (Lynch, 1986).

The attitude regarding employability of persons carries over to leisure life. Persons with disabilities may experience dependency upon others and live in social isolation. Persons with disabilities may find themselves translating their disability into feelings of intensity and hostility (Zoerink, 1986). These feelings can inhibit the person's ability to relate to peers or others considered equal. Sometimes, as Goffman (1963) suggested, the person with a disability imposes inferior feelings upon self because of a lack of confidence in one's own abilities.

When persons with disabilities lack confidence, they depend on others rather than assuming a quality, independent lifestyle (Page, et al., 1981). The family becomes an important socialization agent for persons with disabilities because, unfortunately, they often do not know how to handle interaction with a disabled child (Battle, 1974).

#### DISABILITIES AND INFLUENCE ON LEISURE

The view that persons who are physically disabled are viewed in a negative way by the public (West, 1984) is found in a variety of research studies. These populations cannot hide their visible disabili-

ties. Because of these negative public attitudes, the physically and mentally disabled oftentimes do not participate in leisure. West (1984) researched social stigma barriers to community recreation participation by mentally and physically disabled. He interviewed 180 persons from community and institutional settings and found that persons with disabilities do perceive and are affected by community stigma. The perception of stigmatized attitudes restricts participation for many persons.

Emphasis of many researchers in the late seventies and early eighties working with the severely disabled was on task analytic recreation/leisure skill instruction. Examples of this skill instruction include: use a telephone to initiate and receive requests to socialize (Nietupski and Williams, 1976), to play table games (Wehman, Renzaglia, Berry, Schultz, & Karan, 1978), to play frisbee, use a cassette recorder and electronic bowling game (Horst, Wehman, Hill, & Bailey, 1981), to use videogames (Sedlack, Doyle, & Schloss, 1982), to teach physical fitness exercises (Stainback, Stainback, Wehman, & Spangiers, 1983), and to carry out leisure skill instruction for severely disabled students between the ages of 4 and 20 years (Wuerch and Voeltz, 1982). Current researchers of today are looking toward the generalizability of these leisure skills to community based integrated settings (Schleien and Wehman, 1979; Nietupski, Nietupski, & Ayres, 1984; Schleien, 1984; Schleien and Larson, 1986).

#### LEISURE PERCEPTIONS/ATTITUDES AND THE DISABLED

Much research has been done on leisure participation and the activities of people. However, Carpenter and Howe (1985) state that "we

know comparatively little about changing motivation and meaning of leisure participation over the life cycle."

As early as 1957, Havinghurst pointed out:

Most of the research on leisure activities has aimed at learning about the concept. There have been a number of studies of what people do in their leisure time and how much they spend on it, while, on the other hand, the significance of leisure has been relatively neglected.

Recent writers echo the early writings of Havinghurst (Kelly, 1982; Iso-Ahola, 1980). This lack of research on motivation, meanings, and the significance of leisure participation holds true of able-bodied as well as disabled people (Beard and Ragheb, 1980). Compton (1984) stated that "Special populations are indeed out of hiding. . . our challenges now reside in the need to more clearly understand the leisure behavior of special populations. . . we need to seek ways to help increase their competence in order to achieve optimal leisure functioning in every individual." One researcher (Iso-Ahola, 1980) found that if an individual's perceived responsibility and control could be changed or influenced, other areas of life could be enhanced. In a field experiment with nursing home residents, he found a correlation indicating that "when perceived responsibility and control increased, elderly's physical well being, mental alertness, interpersonal activity, involvement in various forms of recreation increased, and, most dramatically, mortality rate was reduced."

Clearly, leisure researchers are looking beyond the traditional definitions of leisure and its meaning to able-bodied and disabled adults. Writers such as Iso-Ahola (1980), Bregha (1980), Ellis and Witt (1984), Kelly (1982), and others have expanded the definition of leisure

to include the notion of freedom being central to the leisure experience. This perception to freely choose and participate in leisure activities allows people to be what they want to be (Bregha, 1980). The Philosophical Position Statement of the National Therapeutic Recreation Society appears to be related to this concept. Peterson and Gunn (1984) define leisure behavior as:

The wide range of human expressions that are engaged in voluntarily, possess the elements of freedom of choice, are intrinsically motivated and display the characteristics of being enjoyable and meaningful to the individual (p. 23).

Recent social psychological theory likewise finds the concept of "perceived freedom" to be of significance (Harper, 1986). Neulinger (1981) found perceived freedom "the critical regulator of what becomes leisure in peoples' minds and what does not" (p. 313). Other researchers assert that the importance of a perception of freedom in the experience of leisure has now been widely accepted. However, even though the notion of freedom to participate and choose in leisure is recognized, many studies have focused on quantity of leisure activities (Levitan and Santoro, 1980), and not the quality of adult participation, especially for persons with severe physical disabilities. This situation may have been created by a variety of factors, including architectural and mobility barriers restricting physical accessibility to leisure activities. In any event, Mundy and Odum (1979) indicated that to only consider "the quantity of time in leisure is no longer appropriate. The major focus is the quality of leisure experiences regardless of the time frame." Quality leisure opportunities can serve as a key to independence for persons with disabilities. However, some



disabled persons need to be trained to develop an awareness of their leisure attitudes and taught to advocate for their right to participate, as some lack the confidence to do it on their own (Goffman, 1963).

### SELF ADVOCACY

The concept of self advocacy for persons with disabilities evolved out of the Civil and Consumer Rights Movement of the 1960s. The Civil Rights Movement, known by many as "Power to the People", gained momentum under the leadership of Reverend Dr. Martin Luther King, Jr. Concurrently, the contemporary business/marketing consumer movement demonstrated how consumers in the marketplace were morally and economically victimized. Ralph Nader's Raiders formed collective voices and worked actively to protect their rights (Rhoades, 1986). Clients of social services agencies began to advocate for their human, civil and legal rights; to demand programs that could have an impact on their lives so they could affirm their dignity and increase self confidence (Gottlieb, 1974; Meenaghan and Mascari, 1971). Next, persons with physical disabilities began to organize groups to express their concerns over inequality in education, transportation and other issues (Varela, 1978). The strength of the groups with physical disabilities, followed by support groups for the mentally retarded, became the foundation for the formation of the self advocacy movement for persons with developmental disabilities in the 1970s (Browning, Rhoades, & Crosson, 1980).

One additional reason for persons with disabilities to advocate for themselves evolved with federal legislation. In 1973 Congress passed the landmark Rehabilitation Act of 1973 (P.L. 93-112). Section 501 and

504 of this Act banned discrimination on the basis of handicap, mandated affirmative action, and created the Architectural and Transportation Compliance Board. Several provisions of the Act pertain to self advocacy. Each state vocational rehabilitation agency is required to develop a plan showing how the views of consumers, as well as providers, are taken into account in policy making. Other legislation such as Public Law 94-103 (Developmentally Disabled Assistance and Bill of Rights Act), Public Law 94-142 (Education of All Handicapped Children's Act), and Public Law 93-647 (Title XX-Social Services) mandated consumers' input. One of the outcomes of this legislation was the deinstitutionalization movement. Thousands of people were released from institutions and returned to the community. Unfortunately, most were not given the skills to enable them to secure their rights. Thus, self advocacy groups began to form.

The self advocacy movement for persons with developmental disabilities (including persons with physical and mental disabilities) is generally organized through the assistance of nonprofit organizations of persons with developmental disabilities. Today there are over 5000 active self advocacy groups in the United States and Canada (Browning, Thorin, and Rhoades, 1984). Recently the concept has begun to spread around the world. One of the more popular names for advocacy groups is "People First." A name evolved from an original group in Oregon (Edwards, 1982). The main function of this self help group is to work toward the elimination of prejudice and stigmatization faced by persons with disabilities (Rhoades, 1986).

Self advocacy groups are organized into one of four models according to Rhoades (1986). The models include: the Autonomous Group Model, the Divisional Model, the Coalition Model, and the Service System Model. The Service System Model appears to be the appropriate model as a starting point of a group. It is usually located within a delivery system such as a sheltered workshop, recreation program, institution and so forth. Members can be taught skills needed to advocate for favorable services or programs. Sometimes outside advisors are brought in to work with these self help groups.

In summary, the self advocacy movement is between ten and twenty years old. The movement attempts to work with persons with more severe disabilities and teach them how to know their rights and responsibilities and advocate for their choices, wants and needs. One area of self advocacy that needs developing is the area of leisure advocacy.

#### SELF ADVOCACY AND CHOICE IN GENERAL

The opportunity to make choices is an important component of many people's lives (Bergier, 1981; Siegel and Kantor, 1982; and Shevin and Klein, 1984). Choosing or advocating for one's self can favorably affect an individual's perceived dignity and self concept (Goode and Gaddy, 1976; Mirels and McPeck, 1977). However, published literature in the area of choice or advocacy for persons with severe disabilities is conspicuously absent and receives little attention (Guess and Siegel-Causey, 1985; Guess and Helmstetter, 1986). Oftentimes parents, practitioners and professionals believe that persons with severe disabilities are not capable of making choices like their non-disabled adult peers.

Many professionals, in fact, presume they know what is best for the severely disabled.

Research on choice-making or self-advocacy, although somewhat limited, has shown interesting results. A series of investigations were conducted at Virginia Polytechnical Institute (Monty and Perlmutter, 1975; Monty, Rosenberger, & Perlmutter, 1973; Perlmutter and Monty, 1973, 1977) on the effects of choice on the learning of adults. Results indicated that choosing either stimulus or response items enhanced learning, and allowing even limited choices was as effective in enhancing learning as was allowing the individual to choose all the stimuli or responses, if choice was provided early in the session. Lovitt and Curtis (1969) investigated choice making with a 12 year old child with severe emotional problems who showed improved performance on academic tasks when allowed to determine his own criteria level.

The effect of choice has been studied in relation to work tasks. Mithaug and Mar (1980) investigated the relationship between prevocational preference, as measured by the severely mentally retarded clients, selection of a task object, and the work that followed that choice. Their findings indicated that the clients' object choices were valid indicators of their preference for working different tasks.

#### SELF ADVOCACY/CHOICE IN LEISURE

There is no doubt, as previous studies have highlighted, that persons with severe disabilities do exhibit choice or preference and that these behaviors can effect meaningful choices in the leisure domain. In a study to demonstrate toy preference and free time behavior,

Favell and Cannon (1976) showed that young adults and teens were idle 65% of the time when non-preferred toys were available, but only 25% of the time when preferred toys were provided. Additionally, professionals who know these students well could not predict what the toy choices would be without observing their behavior. Dattilo and Rusch (1985), for example, studied choice among students with severe disabilities. These researchers found greater participation in leisure skills when the students were able to choose the type of activity in which they were interested.

Staff sometimes make or limit choices of participants, and their viewpoints about the capabilities of persons with severe disabilities can produce less than satisfactory results. In a recent study, Houghton, Bronicki, and Guess (1987) found that regardless of age level or setting, that classroom staff responded at very low rates to student-initiated expressions of choice or preference. However, staff initiated opportunities for student expressions of choice or preference were significantly higher in the 0 to 5 age range. The studies were conducted in public schools, institutions and university demonstration sites. Forty-eight staff members and 37 students were involved in the study. The study supports the research of the past two decades. That is, pedagogical approaches to teaching persons with severe disabilities continue to be the norm rather than giving students the opportunity to initiate choice behavior.

The notion of free choice or advocating for one's leisure was studied by Dattilo and Barnett (1985). The focus of the research investigation was on the effect of choice on the behaviors of four school

aged children. Individual effective responses during participation in a chosen leisure activity (contingent participation) were compared to responses during participation in the same activity without the opportunity for choice (noncontingent participation). The subjects were taught to activate a television program by manipulating an electronic switch. A multiple-baseline, single-subject design was used. The research indicated that there was a difference in expressed affect during participation in a chosen leisure activity as opposed to a forced activity. The authors suggested that persons with severe disabilities often lack the necessary skills for participation in traditional activities and that providing subjects with choice allowed them to have a means to control some of their environment. Results of this study support the significance of an individual's sense of control in the acquisition and expression of leisure skills.

#### TRAINING MATERIALS FOR LEISURE PARTICIPATION

The training materials for this research evolved from two previously tested training programs: 1) Rights Now, and 2) LIFE (Leisure is For Everyone): A New Direction. Both of these training programs were developed and field tested so that all or separate parts of the programs could be used at the direction of the trainer. The two programs were integrated in order to achieve the desired effects of the study, namely self advocacy training in leisure for persons with severe physical disabilities.

The Rights Now educational training materials evolved from a series of developments. The prototypes of the materials were originally

developed under a contract with the Massachusetts Department of Mental Health. Further development, field testing, evaluation, revision, and production were done by Social Planning Services, Inc., from the U.S. Department of Health, Education, and Welfare, Regional Developmental Disabilities Office, and through a grant of the Eunice Kennedy Shriver Center.

Rights Now is a training program on rights and responsibilities. It was designed for persons with developmental disabilities who are striving for a fuller, independent lifestyle. Persons with developmental disabilities participated in all phases of the development of the training materials. The training materials include: a slide-tape set focusing on individuals faced with rights issues and how to handle them, tapes presenting stories about someone whose rights are violated, poster illustrations, a leader's guide, and leader's guide on the tapes (Rights Now, 1979).

LIFE: A New Direction is a training program developed and supported by a grant entitled, The Community Reintegration Program, given to the curriculum in Leisure Studies and Recreation Administration at the University of North Carolina at Chapel Hill. The principle of the LIFE program holds to the notion that all people have the right to participate in the recreation activities and programs of their choice. The goal of the training program is to make programs, activities and facilities accessible to all people, including those with disabilities. The training materials include: a selection of information booklets and a training manual entitled, Recreation - The Time of Your Life. The

manual consists of a series of sessions that include forms to provide for individual assessments (LIFE, 1987). These forms provide individuals with information regarding desired leisure interests, anticipated problems for self advocacy, planning tools and resources to aid individuals in their access to desired leisure programs and activities.

#### TRAINING AND SELF-ADVOCACY (DISABLED)

Within the last fifteen years, there has been an upsurge in self determination in the United States by persons with severe physical disabilities. A variety of laws have been developed that provide equal rights for persons with disabilities (the Rehabilitation Act of 1973, Section 504; the Education of Handicapped Children Act, 94-142; the Developmental Disabilities Act, 94-103; and so forth). Because of these new laws, persons with severe physical disabilities have to be trained to advocate for the rights to which they are entitled.

Several efforts have been made to develop training materials related to self-advocacy. Some of the earliest materials were developed by a group of 700 retarded individuals in Oregon, calling themselves "People First" (Smith, 1979). Later, a consumer advocacy curricula was developed to help people become effective self-spokespersons (Hallgren and Neisman, 1977). There were 12-hour sessions designed to look at basic concepts of individual differences, independence, human/civil rights and responsibilities, laws, and self-advocacy.

In an effort to develop more comprehensive self-advocacy training skills, Smith (1979) designed a competency based training program for developing consumer advocacy group skills in retarded adults. Four



groups of six to eight high-moderate to mildly retarded adults were randomly assigned to receive an autocratic or democratic (17 hour) self-advocacy skills training program. The study focused on improvement of consumer advocacy competencies and whether the training had a positive effect upon the subjects' quality of life and locus of control. For all groups, there were significant increases in self expression and decision making, and more social maturity in decision making and ability to define agendas. The groups did not differ significantly on the pre- and post-testing scores or quality of life and locus of control. Although this training was long term, several studies have shown positive effects when conducted for shorter durations (Reuger, 1985; Hayes, 1983; and Mischel, 1978).

The successful effects of short term training for persons with disabilities has been demonstrated in several recent studies. In a study designed to investigate the effects of training learning-disabled adolescents in self-advocacy procedures used in the IEP (Individual Education Plan) Conference, Reuger (1985) found short term treatments to have a positive effect. The research compared the IEP verbal contributions of sixteen learning-disabled adolescents (eight treatment subjects and eight control subjects) during preconference baseline conditions, and contributions made during post-training probes and during each subject's IEP Conference. Each treatment subject was given a total treatment of between two and three hours, over a five week time period. At the conclusion of the study, the treatment subjects were found to have provided more verbal contributions to the IEP Conferences than did the control subjects. The treatment group voiced 42 goals, whereas the

control group verbalized only 9 goals. The treatment subjects were also found to have generalized their self-advocacy training to the IEP process.

Similarly, a training program designed to measure the effects of assertion training upon parental follow-through using a short term treatment, yielded pre-adolescent scores indicating significant learning gains (Hayes, 1983). The study investigated the parameters of a successful assertion training program. The training process involved (a) parental acquisition of assertion skills, (b) parental implementation of skills, and (c) child behavior change. Thirty parents of exceptional children went through three 2-hour classes with homework and one individualized videotaped teaching session.

Short term training was found to produce significant results in a study conducted by Nagel, Cimboric and Newlin (1986). Sixty moderately depressed nursing home residents were given a counseling treatment twice a week for five weeks. Each participant was given the Zung Self-Rating Depression Scale (SDS) as a pre- and post-test. The subjects ranged in age from 64 to 86 years of age. One group received training by volunteer counselors, and the other group received no training. The results showed that participants who received the volunteer counselor training significantly improved in level of depression, compared with the control group.

At California State University at Los Angeles, Mischel (1978) investigated the effects of assertion training on nine handicapped college students and five handicapped discharged rehabilitation out-patients. The subjects were matched on self-reported assertiveness and

were assigned to treatment and control groups. The treatment group received 1 hour treatments for five weeks on assertion training. Pre- and post-test measures revealed that assertion training showed significantly greater gains in assertive behavior and showed greater improvement in performance on seven criteria measures than did control subjects.

In summary, self advocacy training of a short term duration has been shown to have a positive effect on gain scores of participants in a variety of settings, as documented by previous research.

#### SUMMARY

Literature in the areas of leisure concepts, disabilities, disability and influence on leisure, leisure perceptions and the disabled, self advocacy, self advocacy and choice in general, self advocacy/choice in leisure, background of training materials, and training and self advocacy on adults with disabilities was summarized. Researchers have suggested that early research focused on leisure functioning related to activities of able-bodied persons (Havinghurst, 1957; Mobley, et al., 1976) rather than focusing on activities, behavior and knowledge of persons with disabilities. Modern day researchers have focused on the importance of individuals to freely choose activities (Bregha, 1980; Witt and Ellis, 1985), but few researchers have focused on persons with different disabilities and the effect of self advocacy training on their leisure.

## CHAPTER 3

### METHODOLOGY

The principle problem of this study was to investigate the effects of training for self advocacy in leisure on knowledge of rights and responsibilities, attitudes toward leisure, and behavior towards leisure of adults with severe physical disabilities. The procedural steps to be undertaken are described and provide a blueprint for the study. Specific sections deal with the sample, research design, instrumentation, procedures for intervention and treatment of the data, data collection procedures, administration of the instrument, reliability and validity, and an outline of the training sessions.

#### POPULATION AND SAMPLE

The target population consisted of participants of an adult day care facilities which provide services to adults with severe physical disabilities. The accessible population consisted of participants of a quasi-public adult day care facility in a large metropolitan area in central Virginia. A description of the sample follows.

The Sample. Two groups of participants were selected from an adult day care center in Richmond, Virginia. This facility was not chosen at random but was selected to provide a representative sample. An earlier statewide search was conducted to locate a matching sample so that the research could rule out any differences of the effects of treatment due to location, but a similar match was not identified. Instead, two small, separate but equally matched groups were chosen for the study.

The groups were independent of each other and never interacted with one another.

The two sample groups were similar in the fact that they participated in day care activities emphasizing leisure activities. All participants normally participated in a variety of prescribed activities selected by the members of the staff. The participants did not select the activities.

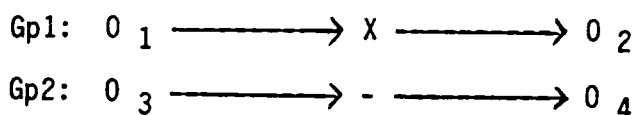
One of the major goals of the center was to empower its clients and to increase self advocacy in the area of leisure time choice, competence, and control in individual lives. One group of approximately twenty adults attended the center on Thursdays. A second group of approximately the same size attended on Fridays. The groups were kept intact for several reasons. Transportation, medical appointments, and activities in which other family members were involved represented barriers to random assignment of subjects an experimental group.

A small sample was dictated, because large numbers of persons with severe physical disabilities do not attend adult day care centers. Kurlinger (1973) identified the sampling techniques used in this study as convenience or accidental sampling. Having a smaller sample size limited the researchers' ability to generalize to large populations, but the information collected, nonetheless, provided self advocacy training instructors with a framework for teaching information about self advocacy rights and responsibilities in leisure.

#### RESEARCH DESIGN

The research design was exploratory in nature and was described as

experimental. Because the sample could not be randomly chosen, the nonrandomized control group pretest-posttest design was used (see Example 1). Because of sampling limitations, Thursday participants (20 in the group) at an adult development center constituted one group, and Friday participants (19 in the group) at the same center constituted the second group. A toss of a coin indicated which group would receive the treatment. The group that threw heads received the treatment. In this case, the treatment (experimental) group was the Thursday group, and the Friday group was the control receiving no treatment.



Example 1

Chart 1. Activity Schedule for Experimental and Control Groups

<u>Week</u>	<u>Time Minutes</u>	<u>Activity Experimental (Thursday)</u>	<u>Activity Control (Friday)</u>
1	25	Pretest	Pretest
2	90	Self Advocacy Training in Leisure	Prescribed Leisure Activity
3	90	Self Advocacy Training in Leisure	Prescribed Leisure Activity
4	90	Self Advocacy Training in Leisure	Prescribed Leisure Activity
5	90	Self Advocacy Training in Leisure	Prescribed Leisure Activity
6	<u>25</u>	Posttest	Posttest
	410 minutes		

For this study, the treatment consisted of four one and one half hour self advocacy training modules consisting of rights and responsibilities and community based leisure integration activities designed for persons with disabilities. Chart 1 outlines the daily activities and the time involved in each activity for both experimental and control groups during the six day experiment. There were six days between each training activity as the participants attended the center only one day per week. Similar pre-tests and post-tests were administered to both the control and experimental groups.

Data on the demographic variables of age, gender, race, onset of disability, work history and leisure participation patterns was collected for each participant in the sample as it was anticipated that these variables might be related to the knowledge, attitudes, and behavior levels of the participants. This information provided a more complete analysis of the data.

#### INSTRUMENTATION

Three instruments were selected for use in this study that proposed to measure the effects of training in self advocacy in leisure related to knowledge of rights and responsibilities, attitude toward leisure, and behavior toward leisure for persons with severe physical disabilities.

Knowledge of Rights and Responsibilities. Knowledge of rights and responsibilities is an important precondition to community involvement and especially for participants in self advocacy groups (Browning, Thorin, & Rhoades, 1984). People who lack knowledge are not prepared to

exercise their rights within a community. Therefore, the Right and Responsibilities Instrument (Thorin, 1984) was selected to measure subjects' knowledge in this area. This instrument was developed in a study conducted by Thorin in 1984. The study was designed to standardize the instrument and to assess the extent to which people with developmental disabilities demonstrate knowledge about citizenship rights and responsibilities (Appendix A). The original test included 83 items related to six content areas (human, civil and legal rights, moral, civil and legal responsibilities). The test was piloted with 236 members of self-advocacy groups for people with developmental disabilities. The final 30 item instrument was standardized with a sample of 391 self-advocates from 13 states (Thorin, Browning, & Irvin, 1988).

Attitude Toward Leisure. Attitudes were measured by collecting data on Appendix B-C. A test instrument entitled "The Leisure Diagnostic Battery (LDB)", long form version B scales A-B, was selected to collect the data for this study (Appendix B-C). The Leisure Diagnostic Battery was chosen as a measure for several reasons: 1) this instrument is suitable for administration to individuals with severe disabilities, 2) the instrument is based on sound theoretical structure and comprehensive validation procedures as its multidimensional perspective uses both human behavior and leisure related philosophies and research in the framework, 3) the central focus of the LDB is that perceived freedom to control and be competent in one's life is an essential element in leisure and is viewed as a state of mind that looks at the outcome of leisure experiences, 4) the diagnostic scales were found to be both



stable and internally consistent and represent the constraint of perceived freedom, and 5) contrary to previous development instruments that measure activity participation and behavior performance, the LDB examines leisure functioning using psychosocial concepts (Dunn, 1987).

Two sections of the Leisure Diagnostic Battery Instrument were used in this study due to the nature of the problem being studied. The scales A-B were designed to measure leisure functioning that includes perceived competence and control. The two scales A-B (37 questions), referred to as diagnostic scales, measured two areas of leisure related to perceived freedom to leisure. Areas included: 1) perceived leisure competence and 2) perceived leisure control. According to Witt, Ellis, Aquilar, Niles, & Costilow (1982), the scales (A-B) specifically measure the following areas:

- |                                 |   |
|---------------------------------|---|
| A. Perceived Leisure Competence | To determine the individual's perception of their own level of physical, social, cognitive, and general competence in leisure experiences.  |
| B. Perceived Leisure Control    | To determine whether individuals believe that their leisure is primarily under their own control or is under the control of events, persons, or circumstances beyond themselves (Witt, et al., 1982). |

Behavior Toward Leisure. Behavior in leisure related to self advocacy was measured by use of the Observations of Participants Worksheet (Appendix D) developed by the primary researcher. The instrument, administered by trained observers, included seven items that measured participation patterns, including: active/passive, player/spectator, interaction with people/things, communicates choices/does not, partici-

pates independently/dependently, chooses new activities/does not, and advocates for leisure by self/others/does not. The seven items were selected after a review of the literature in the field of leisure. The items generated reflect concepts on a continuum highlighting independence (on left) to dependence on the right.

Demographic Data. Some basic demographic data was collected (Appendix E). Data included age, gender, race, onset of disability, work experience, kind of work and participation patterns.

Program Evaluation. Lastly, each adult day care staff member was given an evaluation questionnaire (found in Appendix F) after the training sessions were completed. They were asked to respond anonymously to the questions and return them in the self-addressed, stamped envelope. The staff provided feedback about the effectiveness of the adapted training model. A one hour personal interview revolving around the data on the staff questionnaire was conducted with the executive director of the center to provide additional qualitative data.

In summary, the research instruments (A-F) used in this study included: 1) the Rights and Responsibilities Instrument, 2) the Leisure Diagnostic Battery (Scales A-B), 3) the Observation of Participants Worksheet, 4) the Demographic Information Sheet, and 5) an Evaluation Questionnaire.

#### STATISTICAL METHODS

Prior to treatment, all subjects received a pretest, including the Rights and Responsibilities Instrument, Scales (A-B) Long Form Version A

of the Leisure Diagnostic Battery - Control and Competence Scales, and the Demographic Information Sheet. This data served to give a baseline of performance and to determine differences, if any, between the two groups prior to treatment. These instruments, with the exception of the demographic data, were also administered as a posttest. The data were analyzed utilizing the statistical analysis of distribution frequencies, means, standard deviations, t-tests, Cronbach's alphas, and Pearson Product Moment Correlation Coefficients. Differences were deemed significant at the .05 level. Comparisons were made of the control and experimental groups. Comparisons of mean gain scores were calculated for each of the dependent variables (knowledge of rights and responsibilities, attitudes toward leisure, and behavior in leisure). Qualitative data was collected from the staff at the treatment site. The computer analysis used in this study included SAS and SPSSX packages.

#### PROCEDURES FOR INTERVENTION

This study focused on the effects of training in self advocacy in leisure on persons with severe physical disabilities. Selected demographic data were also studied.

Prior to the administration of the test instruments, consent was obtained from the day care facility research review committee in order to safeguard the rights and welfare of the participants, minimize interference with the ongoing service delivery, determine technical appropriateness of the research design, and to make certain the research fell within the parameters of the institution.

Data necessary for this study was collected by the primary researcher and research assistants at the day care facility during a site visit. The following steps were taken:

1. The researcher obtained a roster of all eligible participants categorized as severely physically disabled. Eligibility criteria were determined by the following conditions: a) currently a participant in a rehabilitation program; b) older than 18 years of age; and c) major diagnosis will be of a physical nature, diagnosed by a physician.
2. A date for administration of the test instrument was discussed with the appropriate staff. The two different groups were each tested during normal recreation and leisure time. Recreation/leisure time was normally set at 10:30 am - 12:00 noon.
3. A verbal reminder about the instrument administration time was presented to participants and staff at the session preceding the test.
4. On the day of the administration of the instrument, release records were checked to make certain that the participants had not been discharged.
5. The test/treatment room was set up so that there were no external factors or conditions that would prove distracting. The session was conducted at the adult day care center in the activity room normally used for recreation and leisure activities.

6. Proper lighting, seating comfort and space was made available for each participant. A group of four participants and one research assistant was located at each round table in the room.
7. The trainer (primary researcher) provided instructional sessions in self advocacy skills in leisure.
8. Prior to beginning the treatment, an orientation session was held for the staff and participants of the adult development center. The purpose of the session was to encourage attendance and cooperation of each participant. The true purpose of each special activity was not revealed until the completion of the project.
9. Prior to the beginning treatment, the research observers were given a training session on how to assist in the administration of the instrument and how to use the observation (Participation Patterns Sheet).

#### ADMINISTRATION OF THE INSTRUMENT

The two instruments and demographic data were administered by the primary researcher and research assistants. The primary researcher stood in front of the room of participants and gave an overview about the purpose of the testing, how it would be scored, and how the results would be shared (Appendix F). Participants were reminded that the scores are individual in nature and that there are no "correct" answers. The test administrator modeled on an overhead projector how to answer the questions. The research assistants and staff were on hand to read tests out loud to those who had difficulty with reading. Additionally,

if dexterity or writing assistance was requested by a participant, an assistant would mark the answers selected by the participants.

Testing time ranged from 20-25 minutes. Participants' names did appear on the scoring sheets. Test instruments were collected and checked to make sure certain responses were recorded accurately. The test instruments were scored by a computer SPSSX and SAS program. Scores for the Rights and Responsibilities Instrument were determined by assigning numbers to letters in the response. True = 1 and False = 0. A total number of true responses was summarized. Scores for the Perceived Freedom Scales (A-B) Long Form Version B were determined by assigning numbers to letters in the response. SA - Strongly Agree = 5; A - Agree = 4; N - Neither = 3; D - Disagree = 2; and SD - Strongly Disagree = 1. All of the 37 coded responses were recorded, and a total tally was made for each participant. A total tally represented the individual's perceived freedom score related to competence and control in leisure.

The observation of participants was conducted for each participant in the control and experimental groups. The observation was taken during the prescribed leisure program. A mean score was calculated for each participant and the total score indicated the individual's behavior score. Additionally, a staff evaluation questionnaire was provided to the staff. The data provided qualitative information about the effectiveness of the program.

## RELIABILITY AND VALIDITY

The Rights and Responsibilities Instrument was standardized with a sample of 391 self advocates with developmental disabilities from 13 states (Thorin, Browning, & Irving, 1988). The psychometric properties of the standardized instrument included: a mean performance level of 77% correct; a mean item - total correlation of  $r_{ij} = .33$ ; and an internal consistency reliability coefficient of  $r_{ex} = .82$ . Since the instrument is new, no comparative studies exist that look at the concepts of reliability and validity (Thorin, Browning, & Irving, 1988). According to Howe (1984), "The LDB has been rigorously developed and falls within the preview of the best scientific method" (p. 20). Several studies have been documented by the LDB developers Ellis and Witt (1980) to establish reliability and validity. The two scales (A-B) were also found to demonstrate high reliability estimates for stability and internal consistency (Dunn, 1987). In addition, in 1987 Dunn extended the validation process and examined the LDB generalizability to an older age group of young adults. Dunn found the LDB reliable and partially factor valid, but each component of the battery could benefit from additional construct validation, and the researcher suggested that the age range should be expanded and social status taken into account. The instrument has been used with persons with disabilities, as well as with able-bodied persons.

The Observation of Participants and Program Evaluation instruments were reviewed by professional leisure experts prior to administration. The observation sheet was also pilot tested on selected persons with severe physical disabilities prior to the beginning of the study.

## CHAPTER 4

### ANALYSIS OF DATA

The primary purpose of this study was to determine whether test scores of adults with severe physical disabilities would be altered as a result of participation in a self advocacy training program in leisure. This chapter describes the analysis of data. Analysis included a descriptive comparison of the treatment and control groups on demographic characteristics, comparison of treatment and control groups on knowledge of rights and responsibilities, attitude toward leisure, behavior in leisure, reliability information on the behavioral variable, and qualitative data collected from staff at the treatment site.

Demographic Characteristics of Participants in Experimental and Control Groups. Selected demographic characteristics of the experimental and control groups are reported in Table I. These data suggest the two groups are comparable somewhat in terms of these measures. For the sample of 39 subjects (20 in experimental group and 19 in control group), the mean age of the experimental group was 47.05, and for the control group it was 42.84 years. The age range for the experimental group was 22-80, and for the control group it was 30-70 years of age.

The sample was nearly equally divided between genders. There were 10 (50%) males and 10 (50%) females in the experimental group, and 10 (52.6%) males and 9 (47.4%) females in the control group.



TABLE I

Demographic Characteristics of Participants in  
Experimental (Thursday) and Control (Friday) Groups

CHARACTERISTICS	EXPERIMENTAL GROUP		CONTROL GROUP	
	f	%	f	%
<u>Age</u>				
Total mean <sup>a</sup>	47.05	100%	42.84	100%
<u>Gender</u>				
Male	10	50%	10	52.6%
Female	10	50%	9	47.4%
Total	20	100%	19	100%
<u>Race</u>				
Black	13	65%	10	52.6%
Native American	1	5%	--	--
White	6	30%	9	47.4%
Total	20	100%	19	100%
<u>Nature of Disability</u>				
Cerebral Palsy	7	35%	8	42.1%
Left Hemiplegia	2	10%	3	15.8%
Right Hemiplegia	5	25%	3	15.8%
Epilepsy	1	5%	1	5.3%
Diabetes	1	5%	--	--
Spinal Bifida	1	5%	2	10.5%
Paraplegia	1	5%	1	5.3%
Multiple Sclerosis	1	5%	1	5.3%
Arthritis	1	5%	--	--
Total	20	100%	19	100%
<u>Onset of Disability</u>				
At Birth	8	40%	10	52.6%
1-20 Years	1	5%	2	10.5%
21-45 Years	7	35%	5	26.3%
46-80 Years	4	20%	2	10.5%
Total	20	100%	19	100%
<u>Work Experience</u>				
0-5 Years	8	40%	10	52.6%
5-20 Years	7	35%	5	26.3%
20-30 Years	1	5%	4	21.1%
30-40 Years	1	5%	--	--
Over 41 Years	3	15%	--	--
Total	20	100%	19	100%

Note: <sup>a</sup> Mean computed using actual ages obtained from permanent records.

There were some differences in the distribution of race between the two groups. The experimental group was predominately black (65%), whereas the control group was more evenly split between blacks (52.6%) and whites (47.4%).

Examination of medical records into the nature of disability data revealed that the largest category was cerebral palsy (35%) for the experimental group, and 8 (42.1%) for the control group. The next most frequent disability categories were right hemiplegia and left hemiplegia. For the experimental group, 5 (25%) were right hemiplegics, whereas 3 (15.8%) were in the control group. Left hemiplegics totaled 2 (10%) in the treatment group, and 3 (15.8%) appeared in the control group. The other severe physical disabilities reported included epilepsy, diabetes, spinal bifida, paraplegia, multiple sclerosis, and arthritis, but their frequencies were not significant.

The age at onset of disability was rather comparable, with about half of each group being disabled from birth.

Work experience was the final demographic variable considered. As Table I shows, all participants in the study had some work experience, but the researcher does not know if the work was for pay or of a volunteer nature. The majority of the participants had 0-5 years of work experience. Prior to pretest administration, a Chi-square test was conducted to determine if any significant differences existed between the experimental and control groups, and no significant differences were noted.

Comparison of Experimental and Control Groups on Knowledge of Rights and Responsibilities. A test consisting of 30 items on knowledge of rights and responsibilities was administered pre and post to each individual in the sample. To test whether there was a significant difference ( $p < .05$ ) between groups on the pre-test and post-test measures in this area, a t-test on gain scores was done. One null hypothesis was constructed to test for differences. The null hypothesis was:

$H_{01}$ : There are no differences for test of gain scores for general knowledge of rights and responsibilities among adults with severe physical disabilities receiving training in self advocacy skills in leisure and those who do not participate in such a training intervention.

The pre- and post-test means, standard deviations, gain scores, and t-tests are shown in Table II. The t-test was used because the sample was normally distributed. There were no significant differences on gain scores between the experimental and control group scores after participation in four 90 minute structured educational training programs on self advocacy in leisure for adults with severe physical disabilities. Both groups had relatively the same pre-test scores. Although on the post-test the experimental group had a higher number of correct scores at 25.55 (85%) as compared to the number of correct scores at 24.74 (82%) for the control group, the statistical differences were not significant. The hypothesis was not rejected.

TABLE II  
Descriptive Statistics for Pre and Post  
Knowledge of Rights and Responsibilities  
Gain Scores Between Groups

Group		Pre Score	Post Score	Gain Score	<u>t</u>	<u>P/t</u>
<u>Control</u>	<u>M</u>	22.00	24.74	2.73		
	<u>SD</u>	6.28	5.46	4.31		
	N = 19 <u>DF</u> = 18					
					0.54	0.59
<u>Experimental</u>	<u>M</u>	22.16	25.55	3.40		
	<u>SD</u>	6.30	4.45	3.36		
	N = 20 <u>DF</u> = 19					

Comparison of Experimental and Control Groups on Attitudes Toward Leisure. A 37 item instrument was administered pre and post to both the experimental and control groups. The Attitude Toward Leisure Instrument taken from the Leisure Diagnostic Battery had two test scales related to perceived freedom in leisure and, more specifically, to perceived competence and perceived control over one's life. A t-test was used to measure the effects of self advocacy in leisure training program. To test if there were significant statistical differences ( $p < .05$ ) between pre- and post-test scores on attitudes toward leisure, a null hypothesis was developed. The null hypothesis was:

$H_0$ : There are no differences for test of gain scores in the attitude toward leisure measure of perceived freedom (control and competence) among adults with severe physical disabilities receiving training in self advocacy skills and those who do not receive such a training intervention.

Table III provides a descriptive summary of the data. There was no significant difference between the experimental and control groups on the gain scores for either competence or control scales. An examination of the means shows that the pre-test scores for both competence and control decreased after the treatment. The experimental group moved from means of 2.50 to means of 2.21 on competence and from means of 2.55 to means of 2.15 on control. For the control group, the means decreased on pre/post-testing for competence, but increased slightly by .02 for control at the post-test. The hypothesis was not rejected.

TABLE III

Descriptive Statistics for Pre- and Post-Attitudes  
Toward Leisure (Competence and Control) Scores by Groups

GROUP		PRE-SCORE	POST-SCORE	GAIN SCORE	<u>t</u>	<u>P/t</u>
<u>COMPETENCE</u>						
<u>Control</u>	<u>M</u>	2.44	2.34	-0.09		
	<u>SD</u>	.49	.41	.48		
	<u>N</u> = 19					
	<u>DF</u> = 17					
					1.58	.12
<u>Experimental</u>	<u>M</u>	2.50	2.21	-0.34		
	<u>SD</u>	.48	.49	.52		
	<u>N</u> = 20					
	<u>DF</u> = 19					
----- <u>CONTROL</u>						
<u>Control</u>	<u>M</u>	2.27	2.30	-0.03		
	<u>SD</u>	.44	.46	.36		
	<u>N</u> = 19					
	<u>DF</u> = 17					
					2.50	.02*
<u>Experimental</u>	<u>M</u>	2.55	2.15	-0.40		
	<u>SD</u>	.59	.54	.58		
	<u>N</u> = 20					
	<u>DF</u> = 19					

Note: \* Significant at the .05 level.

Comparison of Experimental and Control Groups on Behavior in Leisure. A pre-behavioral observation of participants (Participation Patterns) was made before the treatment on each subject in the study by five trained raters (3 in-house and 2 outside). The observations were repeated for a post observation by raters (3 in-house and 3 outside). In both instances, the observations were made during normally prescribed recreation periods.

To test whether or not there was a significant difference ( $p < .05$ ) between the pre- and post-observations of leisure advocacy behavior, a null hypothesis was constructed. The null hypothesis was:

H<sub>03</sub>: There are no differences for test of gain scores for behavior measuring active vs. passive, player vs. spectator, interaction with people vs. objects, communication of choice vs. none, independent vs. dependent, chooses new activities vs. none, advocacy in leisure vs. none among adults with severe physical disabilities receiving self advocacy skills and those who do not receive such a training intervention.

Additionally, to test whether there were significance differences ( $p < .05$ ) between the groups on the pre-observation scores and the post-observation scores on behavior in leisure, a t-test on gain scores was conducted to test the null hypothesis. Table VI provides descriptive data. There were significant statistical differences. Thus, the null hypothesis was rejected. In two instances, the group differences were unequal (independence/dependence and new activities/none) on the basis of the folded form of the F statistic ( $F' = 2.85$ ,  $df = 18$ ,  $p = .0286$ ;  $F' = 2.90$ ,  $df = 18$ ,  $p = .0260$ ). In these cases, the t statistic was computed under the assumption of unequal variance (Standard and Torrie, 1980).

## RELIABILITY

First, the degree of rater agreement for the seven items on the Participation Patterns Observation Sheet was measured by comparing the observations of the five raters' ratings of the 39 subjects by using the Cronbach's alpha coefficient. Each rater was compared with each other rater by item (total = seven).

Two of the observations on the pre-test were not reported as the data were incomplete. The resultant inter-rater reliability coefficients for both pre- and post-test responses are presented in Table IV. All coefficients were above .60, and 4 of the ratings were above .80 on the pre-test. By the post-test, all the reliabilities were above .60, and 6 of the items were above .70. The agreement between raters was reasonably high, considering the fact that two of the raters were from outside the facility.

TABLE IV

Cronbach's Alpha Coefficients for Pre and Post  
Scores on All Behavioral Observers

VARIABLE	PRE-RELIABILITIES	POST-RELIABILITIES
	n = 5	n = 6
1. Active/Passive	.8863	.7921
2. Player/Spectator	.8529	.7602
3. Interacts People/Things	.8253	.7343
4. Communicates Choice/No	.7942	.7244
5. Independent/Dependent	.8050	.6851
6. Chooses New Activities/No <sup>a</sup>	-----	.7168
7. Advocates Leisure/No <sup>b</sup>	-----	.7078

Note: <sup>a</sup> and <sup>b</sup> indicate information was incomplete.

Pearson Product Moment Correlation Coefficients were performed between the in-house and outside rater means. Pearson Product Moment Correlation Coefficients were selected because they are appropriate for describing the relationship between two quantitative variables that are linearly related. See Table V. In the study, correlations were higher at the time of pre-test (ranges 0.47 - 0.81) than at the post-test time (.36-.63). Because reliabilities of all raters (pre- and post- and staff only reliabilities) appeared lower, further analysis employed the means for all raters.

TABLE V  
Pearson Correlation Coefficients for  
In-house and Outside Rater Means

SOURCE		IN <u>M</u>	SD	OUT <u>M</u>	SD	N to r	r	P
active/passive	pre	2.61	1.15	3.18	1.80	39	.8098	.0001
	post	3.03	.99	3.59	.88	39	.6303	.0001
player/spectator	pre	2.56	1.03	3.10	1.22	39	.0707	.0001
	post	3.11	.92	3.61	.94	39	.5063	.0010
interacts people/ things	pre	2.57	.90	3.25	1.07	39	.6606	.0001
	post	3.23	.84	3.72	.83	39	.5364	.0004
communicates choice/no	pre	2.72	.94	3.27	.98	39	.6600	.0001
	post	2.89	.94	3.79	.80	39	.3595	.0246
independent/ dependent	pre	2.31	1.09	3.44	1.02	39	.7317	.0001
	post	2.70	.94	3.92	.75	39	.4260	.0068
chooses new activities/no	pre	1.96	.87	2.92	.89	39	.7185	.0001
	post	2.52	.84	3.64	.83	39	.4213	.0075
advocates leisure/no	pre	1.86	.77	2.85	.74	39	.4723	.0036
	post	3.42	.82	3.59	.81	39	.4713	.0025

Note:  $P < .05$



TABLE VI

Descriptive Statistics for Pre and Post Behavior  
Gain Scores on Behavior Between Groups

BEHAVIOR		PRE SCORES	POST SCORES	GAIN SCORES	<u>t</u>	<u>P/t</u>
Active/Passive Control	M	3.13	3.35	.220	-2.98	.0050*
	<u>SD</u>	1.18	.86	.58		
Experimental	M	2.50	3.25	.755	-4.52	.0001*
	<u>SD</u>	1.09	.85	.55		
Player/Spectator Control	M	3.08	3.32	.24	-5.48	.0001*
	<u>SD</u>	1.03	.80	.49		
Experimental	M	2.44	3.40	.96	-3.91	.0004*
	<u>SD</u>	1.06	.82	.50		
Interaction People/Things Control	M	3.16	3.39	.231	-3.03	.0052*
	<u>SD</u>	1.05	.79	.54		
Experimental	M	2.50	3.56	1.06	-3.89	.0005*
	<u>SD</u>	.81	.68	.41		
Choice/No Choice Control	M	3.05	3.31	.28	-3.65	.0008*
	<u>SD</u>	1.01	.75	.48		
Experimental	M	2.49	3.35	.86	-5.38	.0001*
	<u>SD</u>	.81	.71	.43		
Independent/Dependent Control	M	3.07	3.30	.23	-3.89	.0005*
	<u>SD</u>	1.19	.76	.69		
Experimental	M	2.53	3.31	.78	-3.65	.0008*
	<u>SD</u>	.78	.68	.41		
New Activities/No Control	M	2.32	2.95	.64	-3.89	.0005*
	<u>SD</u>	.97	.69	.16		
Experimental	M	1.83	3.17	1.34	-3.65	.0008*
	<u>SD</u>	.77	.72	.40		
Advocates/No Control	M	2.11	2.79	.67	-3.65	.0008*
	<u>SD</u>	.86	.67	.59		
Experimental	M	1.90	3.18	1.28	-3.65	.0008*
	<u>SD</u>	.86	.69	.44		
Total Mean-Behavior Control	M	19.94	22.45	2.52	-5.38	.0001*
	<u>SD</u>	6.92	5.08	3.07		
Experimental	M	16.20	23.24	7.03	-5.38	.0001*
	<u>SD</u>	5.45	4.83	2.10		

Note: \* Significant at the .05 level ( $p < .05$ )

## PROGRAM EVALUATION

Table VII provides the results of the staff evaluations of the training program in self advocacy in leisure. All of the respondents reported that the research was clearly explained to them, that the training was effective for adults with severe physical disabilities, and that there was a need for persons with disabilities to participate in self advocacy training. Four out of the six evaluators indicated the group liked the research and benefited from the training. Two evaluators thought the group sometimes liked and benefited from the training. Five of the six evaluators thought that the group would meet at least sometimes. One respondent indicated the group would not continue to meet.

TABLE VII

Evaluation Questionnaire for  
Adult Day Care Center Staff

QUESTIONS	RESPONSES		
	YES	SOMETIMES	NO
1. Was the research clearly explained to you at the start?	6	-	-
2. Do you think that the group liked being a part of the research?	4	2	-
3. Do you think that the group members benefited from the training?	4	2	-
4. Do you think the training was effective in teaching self advocacy in leisure skills?	6	-	-
5. Do you see a need for participation by persons with severe disabilities?	6	-	-
6. Do you think that the group will continue to meet as a consumer advocacy group?	2	3	1

The qualitative question number 7 yielded some interesting responses. Table VIII highlights the responses made by the staff. A one hour interview with the executive director resulted in similar observations. Additionally, the director indicated that a majority of the staff had changed their attitudes toward some of the participants with more severe impairments in that they saw more potential in their abilities now. The director stated that before the self advocacy in leisure training some participants were never asked to make choices, solve problems, or give answers to leisure related questions. The trainer asked questions of all participants and received responses from some who never before verbalized feelings about leisure. The director said, "This assertive behavior surprised some of the staff members as they didn't think some participants could express themselves so actively.

TABLE VIII

## Evaluation Questionnaire for Adult Day Care Staff

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N = 6

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Question 7: What would you have done differently, or what comments do you have for any future endeavor of this nature?

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- A majority of the participants changed their behavior in a positive direction. They were more assertive, initiated more conversations, expressed themselves in large groups, spoke out when they didn't like a prescribed leisure activity, and some took steps to change the barriers that inhibited them from participating in a leisure activity.
- There is a definite need for projects of this type to encourage disabled persons to advocate for their leisure rights and skills.
- The group is more cohesive as a result of the training.
- Training has moved the program forward - staff more receptive to the members of the group, work and empowerment of persons with disabilities.
- I think the program should be done again, with even more input done by the participants to see how motivated they are.
- I would like to see a smaller, more controlled group with more privacy. Would be better for members with attention span problems.
- I would like to see this kind of training done over a longer period of time. Perhaps less people in the group with more individual work. Some participants were motivated by the group and are actually taking measures to advocate for themselves.
- We need more groups to continue to learn how to advocate for leisure rights - is very important.
- The participants socialized with each other more during the training sessions.

## CHAPTER 5

### SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

This chapter includes a summary of the study, discussion, conclusions based on results of the study, and recommendations for further study.

#### SUMMARY

A frequent criticism of self advocacy training programs in leisure is that persons with severe physical disabilities cannot be trained in a short time period to advocate for their own rights to participate in leisure programs and activities in the community. To determine the validity of this assertion, a training program was implemented and three hypotheses were tested in this study.

- Ho<sub>1</sub>: There are no differences for test of gain scores for general knowledge of rights and responsibilities among adults with severe physical disabilities receiving training in self advocacy skills in leisure and those who do not participate in such a training intervention.
- Ho<sub>2</sub>: There are no differences for test of gain scores in the attitude toward leisure measure of perceived freedom (control and competence) among adults with severe physical disabilities receiving training in self advocacy skills and those who do not receive such a training intervention.
- Ho<sub>3</sub>: There are no differences for test of gain scores for behavior in leisure measuring active vs. passive, player vs. spectator, interaction with people vs. objects, communication of choices vs. none, independent participation vs. dependent, choice in new activities vs. none, and advocacy in leisure vs. none among adults with severe physical disabilities receiving training in self advocacy skills and those who do not receive such a training intervention.

A total group of thirty-nine persons (20 experimental and 19 control) with severe physical disabilities who were participants in an

adult day care facility in a large metropolitan area in Central Virginia participated in the study. The facility was selected on the basis of three criteria: the large number of a representative sample of persons with severe physical disabilities located in one area, their availability to participate over a two month time period, and the fact that participants had not previously participated in training programs focusing on self advocacy skills in leisure. The two groups meeting on Thursdays and Fridays were not randomly chosen but were left to remain intact because of transportation and other barriers that prevented their assignment to random groups. The experimental group was selected using a toss of a coin. The Thursday group won the coin toss and received the treatment. One trainer from outside of the facility was selected to do the training that included four one and one half hour training modules for four consecutive weeks in May and June, 1988. The essential components included behavioral practice, coaching, modeling and group reinforcement, self reinforcement, and lecture/discussion of attitudinal barriers that interfere with self advocacy in leisure. Two previously researched training programs (Rights Now and LIFE: Leisure Is For Everyone) were placed together to achieve the desired effects of the self advocacy in leisure study.

The Rights and Responsibility Test (Thorin, 1984) and Leisure Diagnostic Battery (Witt, Compton, Ellis, Aguilier & Costilow, 1982) scales of competency and control were used as pre- and post-test measures to measure knowledge of rights and responsibilities and attitudes toward leisure. To measure behavior in leisure, an observation instrument, Observation of Participants (Participation Patterns)

designed by Brown (1988) was used as a pre- and post-measure. Demographic data were collected.

Data were analyzed using the following procedures: a t-test on gain score means between groups, frequencies, means, standard deviations, Cronbach's Alphas, and Pearson Product Moment Correlations. The .05 level of significance was chosen to test whether or not there were significant differences between pre- and post-test measures.

The analysis of data presented in Chapter IV revealed that behavior is easier to change than attitudes and knowledge.

#### SUMMARY OF FINDINGS

Nineteen of the twenty experimental group participants completed all of the four self advocacy in leisure training programs and completed the pre- and post-test instruments (Rights and Responsibilities Test and Leisure Diagnostic Battery, LDB) and the demographic information sheet. All participants were observed before and after the training sessions on the self advocacy in leisure measure. Eighteen of the nineteen control group completed the pre- and post-test instruments on rights and responsibilities, and seventeen out of nineteen completed pre- and post-tests of the LDB. All were observed using the observation of participation instrument (Participation Patterns) before and after the training intervention. Medical illness during the pre- and post-testing sessions accounted for the differences in the numbers of persons completing the assessments.

Although there were no statistically significant differences, analysis of the data between the experimental and control groups on

knowledge of rights and responsibilities revealed that the experimental group (25.55) gain scores increased more than the control group (24.74) on post-test scores. The maximum score possible was 30. The scores were near expected levels when compared with the Thoring (1984) study which had average mean scores of 77 percent. Average in this study was 73 percent. The test instruments used, although standardized for persons with developmental disabilities, might have affected the final results. The lack of significant changes might be explained by the notion of the ceiling effect. The group means for rights and responsibilities were on a similar level (22.00 for control and experimental) in the beginning of the study. Perhaps persons with severe physical disabilities, in some settings, have a higher knowledge level about their rights than might be expected. Persons with severe physical disabilities often have communication problems and are not able to express themselves or advocate based on their actual knowledge level.

In analyzing the data between the experimental and control groups on the dependent variable of attitude toward leisure, no significant differences were found on pre- and post-test measures. The data reveal that the scores on the competence and control scales of the Leisure Diagnostic Battery actually decreased from competence pre- and post-scores of 2.44 to 2.34 (control) and 2.50 to 2.21 (experimental). A total maximum mean of 5.0 was possible. On the control scores, the analysis revealed decreases of 2.27 to 2.30 (control) and 2.55 to 2.15 (experimental). Control scales are based on models of the middle 1970's. The scales were based on the assumption that a perception of freedom is present when individuals believe they have the ability to



influence, initiate, and process outcomes of leisure activities. Although a relatively small amount of research on attitudes toward leisure has focused on the typical, non-disabled adult (Iso-Ahola, 1980 and Park, 1980), even fewer studies have been made on the disabled. Nonetheless, the results of the measure provide interesting data on persons with severe physical disabilities. The treatment for the experimental group appears to have affected the responses of the participants more than those of the control group. Perhaps as more information was provided the experimental group, participants may have changed their minds or may have become more self critical about proper responses. Seligman (1975) stated that persons with disabilities learn to be helpless. In this case, perhaps they learned to control their own attitudes. The researcher observed that numerous respondents would hand in their attitudes in leisure assessments and make statements like, "I feel good as I really answered the questions correctly this time." The respondents appeared to have a need to be consistent in self presentation. Although the researcher was not aware of any major external threats to the research design, participants may have become sensitized to the instrument.

Analysis of data on the measure of behavior in leisure revealed interesting results. The results showed significant differences between the experimental and control groups when pre- and post-observation scores by five (pre) and six (post) observers were analyzed. The experimental group showed significance at the .05 level. Scores were found to have changed more significantly from pre-test scores for the

experimental group when compared with the control group item by item. The greatest significant gain scores were in the area of interaction with people, new activities, and advocates for leisure. The total mean gain for the control group was 2.52, as compared with 7.03 for the experimental group. The treatment intervention appears to have affected the behavior of the participants in a positive direction for the experimental group more than the control group.

The researcher did observe during various training sessions that more than three-fourths of the participants verbalized that they were interested in taking action to change their leisure participation patterns outside the day care setting. During one of the problem solving sessions, the group actually identified a major obstacle to their leisure participation in the community. Transportation to sites was identified as a problem. The group composed a letter to the agency responsible, expressed their concerns, and advocated that their rights were being violated. The treatment appeared to be affecting actual behavior.

Interviews with the executive director of the center where training was conducted and responses on the qualitative evaluation questionnaires demonstrated that participants did change behavior in a positive direction (Tables IX and X). Additionally, the director indicated that some of the staff responded to participants in a more positive manner after they observed changes in participant behavior.

A final analysis by the researcher indicated that perhaps the behavioral assessments (Participant Patterns), a non-standardized instrument, needs further testing. Whether the measures or items

developed reflect the intended behaviors is an empirical question requiring further study. There was a lack of comparability as perceived by the unbiased observers.

In conclusion, some previous research studies show significant learning by participants undergoing short term training using an informational lecture style, and the short term training treatment in this study can show significant differences. In this study, behavior was changed but not knowledge of rights and responsibilities or attitudes toward leisure, indicating a type one error. To explain why no differences were found in these two variables, research by Donaldson (1980) is worth reviewing. In Donaldson's review of several training programs involving persons with disabilities, she concluded that the use of the informational/lecture approach and some types of unstructured group discussions tend to lead to negative shifts in attitudes or support previously held attitudes. Anderson (1980) also supported this notion when he found insignificant differences between control and experimental groups using an information sharing/lecture technique. Perhaps it can be concluded that the teaching technique might have been inappropriate.

### CONCLUSIONS

The findings of this investigation appear to warrant the following conclusions. These must be considered with caution, however, since a nonrandom sampling technique was used, and the research was conducted in a practical setting where there were built-in limitations to external validity. Based on the research of the study, the following conclusions were drawn.

1. Based on pre-test and post-test analysis, the knowledge of rights and responsibilities in citizenship did not appear to have significantly changed for persons with severe physical disabilities in the experimental or control groups.
2. Based on pre-test and post-test analysis, the attitudes toward leisure did not appear to have significantly changed for persons with severe physical disabilities in experimental and control groups.
3. Based on the pre-test and post-test analysis, the self advocacy in leisure training program did result in a change in behavior in leisure self advocacy among persons with severe physical disabilities.

#### RECOMMENDATIONS

This exploratory study was conducted to answer the research question about knowledge of rights and responsibilities, attitudes toward leisure, and behavior in leisure, and the effect of self advocacy training in leisure on persons with severe physical disabilities. The following recommendations for additional research in the same general area were suggested.

1. Conduct similar self advocacy training in leisure over a longer time period to substantiate the positive results of the behavioral training. Research by Smith (1979) conducted over a 17 hour time period yielded positive effects upon the subjects trained in consumer advocacy competencies in general, but few studies exist to support

the notion of self advocacy training in leisure.

2. Conduct follow-up studies to determine how stable the behavior change toward leisure is over a long time period. It would be interesting to see if the change is only for a short term duration or whether new self advocacy skills would be incorporated into the behavioral styles of persons with disabilities.
3. Conduct studies with other populations of persons with different kinds of disabilities. The findings of this study might apply only to persons with similar severe physical disabilities.
4. Use a trainer with a similar disability. A study using similar samples of this study may demonstrate changes not found in the present study.
5. Conduct a replication of the study using subjects of a younger age range. The age range of this study was 22-80 years. Similar studies using subjects of differing age would verify or refute the findings of this study.
6. Conduct the training using smaller sized groups with a trainer for each group. The reduction in size might increase the level of active participation of the trainees. The lecture method with large group discussion tends to reduce active participation.
7. Conduct a study with a larger total sample and assign participants randomly.

8. Although not provided for in this study, it is recommended that after post treatment, questionnaires or interviews of a qualitative nature be developed to allow respondents to express opinions or feelings about training and its effect on personal advocacy actions.
9. Conduct a study using the post-test only design. The pretest-posttest design sometimes results in subjects being sensitized to the test.

#### RECOMMENDATIONS FOR PROVIDERS OF LEISURE SERVICES FOR PERSONS WITH DISABILITIES

1. For persons with disabilities in a segregated adult day care setting, provide opportunities which promote socialization experiences both within and outside the facility. Iso-Ahola (1980) indicated that beliefs and attitudes are formed by either social/situational influences or personal past experiences. An interview with the executive director reinforced the notion that socialization experiences contribute to attitude formation.
2. When conducting self advocacy training in leisure, train a member of the group to conduct the training in a small intimate group setting. Allow participants to individually express opinions and make choices themselves. Staff responses on the qualitative questionnaire reinforced the need for training to be conducted in smaller groups.
3. When conducting self advocacy training in leisure, carry out the training with more than 4 one and one half hour sessions. Staff responses indicated that training should be conducted over longer

time periods. Smith (1979) found that extending training over long time periods can provide significant results.

4. After the training program is conducted, establish a network of people to follow through with the persons being trained. Assist the person in a supported way as he/she advocates for leisure rights to program accessibility. In an interview with the executive director, it was emphasized that follow-through by other professionals be encouraged.
5. Whenever feasible, conduct self advocacy in leisure training sessions in the community setting. Wuerch and Voeltz (1982) have advocated for training in normalized settings. These researchers indicate that skills will not transfer unless training is conducted in normalized settings.
6. Whenever feasible, integrate persons with disabilities into ongoing community activities so that they can act or learn to act in ways more like able-bodied persons. Hamilton and Anderson (1983) support the concept of including persons with disabilities in ongoing programs. Sedlack, et al. (1982) suggest that training should be carefully programmed in settings where generalized skills can be used in normalized ways.
7. Whenever possible when using paper instruments, allow participants to provide verbal responses, as many persons with severe disabilities have difficulty manipulating pencils, even with the aid of adaptive devices. The researcher implementing this study observed

that manipulation of writing objects is sometimes difficult for persons with severe disabilities.

#### SUMMARY

Some researchers (Iso-Ahola, 1980 and Kelly, 1982) have suggested that perceived freedom (control and competency) in leisure is an essential element in leisure. The researcher in this study found that, in general, participants had knowledge about their rights and felt at ease to freely choose to participate in leisure in the community. Behaviorally, mean gain scores in leisure were affected somewhat by these attitudes or feelings, and evidence of self advocacy in leisure emerged.

Evidence related to the relationships between attitude and behavior provides information to suggest that attitudes can predict behavior. To the contrary, some evidence suggests that attitudes cannot predict behavior (Wicker, 1969 and Iso-Ahola, 1980). This contradiction between the correlation that attitude predicts behavior perhaps could be explained by the fact that attitudes are an individual's predisposition. Predispositions do not necessarily suggest that an individual will, in fact, initiate a specific behavior or act in a certain way. In this study, it is not certain whether attitudes towards leisure and knowledge of rights and responsibilities did affect behavior, because participants had high test scores in the beginning of the study.

As noted in the study by Rhoades (1986), persons with disabilities can be taught self advocacy behaviors if the training is located within a service delivery system such as a sheltered workshop or recreation



program. The outcome from this research was consistent with previous research indicating that in recent years more attention has been given to the issue of freedom to choose, decision making, and self advocacy among persons with severe disabilities (Houghton, Bernicki, & Guess, 1987; Guess, Benson, & Seigel-Causey, 1985; and Zeph, 1984). It tended to support the position of the National Therapeutic Recreation Society (1982) that professionals need to be helping participants increase their level of free choice and advocacy skills in leisure, thereby helping them achieve an independent leisure lifestyle. Additionally, the data collected in regard to training persons with severe physical disabilities in self advocacy skills in leisure tended to support the theoretical research on the leisure service delivery model for persons with disabilities on the importance of advocacy roles and functions.

In summary, self advocacy in the area of leisure rights is a relatively new field of research, and additional data are needed. Self advocacy in leisure refers to persons with disabilities who can become actively involved in making choices about unmet leisure needs and asserting themselves in the community so that they can participate in programs as any other person. In states such as North Carolina, efforts are being made at a statewide level to train persons with disabilities to become better consumer advocates for leisure programs and services.

In an effort to help persons with severe physical disabilities advocate for leisure rights, a four session training program was developed. Although not all of the results were significant, the researcher feels strongly that self advocacy training programs in

leisure should be continued. Perhaps if more persons with disabilities could be integrated into existing leisure programs through participants' self advocacy, more persons would become less isolated. Leisure service providers can play key roles in helping persons with disabilities make the transition from a dependent to an independent leisure lifestyle. These providers are constantly being challenged to make programs more accessible to persons with disabilities, but little has been accomplished over the years. Much more needs to be done in the name of community integration. It is important for all providers to remember that everyone, disabled or able-bodied, is entitled "to life, liberty, and the pursuit of happiness."

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APPENDIX A  
RIGHTS AND RESPONSIBILITIES

1. You can't ride the bus without paying for the ride or showing your pass. (Repeat item)
2. You should only do things for your community if you get paid for it.
3. People should do whatever you want them to do.
4. It's okay to cheat at games if you don't get caught.
5. You have to tell strangers anything they want to know about you.
6. If you don't like what other people say, it's okay to disagree with them.
7. You should not bother to tell your government what you think about things.
8. According to the law, people with handicaps have the same rights as people without handicaps.
9. When you make a mistake, it's okay to blame someone else.

Is everyone on number 10 now?

10. If you think you are being treated differently because you have a handicap, you should forget it because there's nothing you can do about it.
11. You have a right to go into other people's homes without asking.
12. It's okay to litter if everyone else does it.
13. People who make the laws are elected by voters.
14. Freedom of religion means you have to go to church or synagogue.

15. You should tell the police if you think someone has committed a crime.
16. Other people should always make decisions for you because they know what's best for you.
17. People can make decisions for you without having to answer your questions.
18. A person should always get permission before spending money.
19. Planning what to do with your money is a waste of time.

Is everyone on number 20 now?

20. You have the right to have things of your own like a TV or stereo.
21. Laws in this country are made to protect everyone.
22. You should think about what will happen before you make a decision.
23. Problems your community has, like litter or crime, are no concern of yours.
24. People who break a law may be put in jail and have to pay money.
25. People have the right to get together in groups if they want to.
26. It's okay to make fun of people who are different.
27. If you think a law is not fair, you should break it.
28. You have the right to have a boyfriend or girlfriend if you want to.
29. People with handicaps can only get jobs where they work with other handicapped people.
30. You have to register before you can vote.

Name \_\_\_\_\_

## Answer Sheet

TRUE <input type="radio"/>	1	FALSE <input type="radio"/>	TRUE <input type="radio"/>	3	FALSE <input type="radio"/>
TRUE <input type="radio"/>	2	FALSE <input type="radio"/>	TRUE <input type="radio"/>	4	FALSE <input type="radio"/>

TRUE 1 FALSE  
TRUE 2 FALSE  
TRUE 3 FALSE  
TRUE 4 FALSE  
TRUE 5 FALSE  
TRUE 6 FALSE  
TRUE 7 FALSE  
TRUE 8 FALSE  
TRUE 9 FALSE  
TRUE 10 FALSE  
TRUE 11 FALSE  
TRUE 12 FALSE  
TRUE 13 FALSE  
TRUE 14 FALSE  
TRUE 15 FALSE  
TRUE 16 FALSE  
TRUE 17 FALSE  
TRUE 18 FALSE  
TRUE 19 FALSE  
TRUE 20 FALSE  
TRUE 21 FALSE  
TRUE 22 FALSE  
TRUE 23 FALSE  
TRUE 24 FALSE  
TRUE 25 FALSE  
TRUE 26 FALSE  
TRUE 27 FALSE  
TRUE 28 FALSE  
TRUE 29 FALSE  
TRUE 30 FALSE

## ANSWER KEY

## RIGHTS AND RESPONSIBILITIES INSTRUMENT

1. F	3. T
2. F	4. F

- |       |       |       |
|-------|-------|-------|
| 1. T  | 11. F | 21. T |
| 2. F  | 12. F | 22. T |
| 3. F  | 13. T | 23. F |
| 4. F  | 14. F | 24. T |
| 5. F  | 15. T | 25. T |
| 6. T  | 16. F | 26. F |
| 7. F  | 17. F | 27. F |
| 8. T  | 18. F | 28. T |
| 9. F  | 19. F | 29. F |
| 10. F | 20. T | 30. T |

APPENDIX B  
ATTITUDES TOWARD LEISURE

**INSTRUCTIONS:** This survey deals with how you feel about your recreation and leisure experiences. These include participation in activities such as reading, hobbies and crafts, social activities, music, sports, etc. Please read each of the following items and circle the response that best reflects your feelings about each item.

	STRONGLY AGREE	AGREE	NEITHER	DISAGREE	STRONGLY DISAGREE
1. I'm good at almost all the recreation activities I do.	SA	A	N	D	SD
2. During competitive activities, if I try, I usually win.	SA	A	N	D	SD
3. I'm good enough to play sports.	SA	A	N	D	SD
4. When participating in group activities, I'm a good leader.	SA	A	N	D	SD
5. I'm good at thinking of new recreation activities to do.	SA	A	N	D	SD
<hr/>					
6. I learn new activities fast.	SA	A	N	D	SD
7. I'm good at doing recreation activities with other people.	SA	A	N	D	SD
8. I'm good at thinking of things that are fun to do.	SA	A	N	D	SD
9. I'm better than most people at doing my favorite recreation activity.	SA	A	N	D	SD

	STRONGLY AGREE	AGREE	NEITHER	DISAGREE	STRONGLY DISAGREE
10. It's easy for me to choose a recreation activity in which to participate.	SA	A	N	D	SD
<hr/>					
11. I'm good at meeting people.	SA	A	N	D	SD
12. I'm good at most of the recreation activities I do.	SA	A	N	D	SD
13. I am able to do all physical activities well.	SA	A	N	D	SD
14. I have the skills to do the recreation activities in which I want to participate.	SA	A	N	D	SD
15. I'm able to play outdoor sports as well as I want to.	SA	A	N	D	SD
<hr/>					
16. I'm usually good at the new recreation activities I try.	SA	A	N	D	SD
17. I'm a better player at most things than most people.	SA	A	N	D	SD
18. I know many recreation activities that are fun to do.	SA	A	N	D	SD
19. I'm satisfied with how well I can do most recreation activities.	SA	A	N	D	SD
20. I'm good at the recreation activities I do with other people.	SA	A	N	D	SD

PROCEED TO SCALE B

## APPENDIX C

INSTRUCTIONS: The statements on this scale are to be marked the same way you did for Scale A. Please read each of the following items and circle the response that best reflects your feelings about each item.

	STRONGLY AGREE	AGREE	NEITHER	DISAGREE	STRONGLY DISAGREE
1. I can do things during a recreation activity to enable other people to enjoy doing the activity with me.	SA	A	N	D	SD
2. I can be as good as I want to be at the recreation activities in which I participate.	SA	A	N	D	SD
3. I can usually convince other people to do the recreation activities I want to do.	SA	A	N	D	SD
4. If someone started an argument with me, I could make them stop.	SA	A	N	D	SD
5. I can do things during recreation activities that will help me make new friends.	SA	A	N	D	SD
<hr/>					
6. I can do things during a recreation activity that will improve the skills of other participants.	SA	A	N	D	SD
7. I can make almost any activity fun for me to do.	SA	A	N	D	SD
8. I usually decide who I will participate with during recreation activities.	SA	A	N	D	SD



	STRONGLY AGREE	AGREE	NEITHER	DISAGREE	STRONGLY DISAGREE
9. I can make good things happen when I do recreation activities.	SA	A	N	D	SD
10. I can do things during recreation activities that will make everyone have more fun.	SA	A	N	D	SD
<hr/>					
11. I can usually persuade people to do recreation activities with me, even if they don't want to.	SA	A	N	D	SD
12. I can make a recreation activity as enjoyable as I want it to be.	SA	A	N	D	SD
13. When I'm doing recreation activities, I can keep bad things from happening.	SA	A	N	D	SD
14. During a recreation activity, I can do things that will make other people better players.	SA	A	N	D	SD
15. I can do things during recreation activities that will make other people like me more.	SA	A	N	D	SD
<hr/>					
16. I can enable other people to have fun during recreation activities.	SA	A	N	D	SD
17. I can do things during recreation activities that will help other people win more often.	SA	A	N	D	SD

APPENDIX D  
OBSERVATIONS OF PARTICIPANTS  
Participation Patterns

1. Rater Name \_\_\_\_\_
2. Name of Participant Observed \_\_\_\_\_

**INSTRUCTIONS:** Please rate each of the program participants on an individual form. You are to indicate where you would place your participant on the scales below. Think about how the participants would be rated in relation to their leisure/recreation participation.

1. Active	5	4	3	2	1	Passive
2. Player	5	4	3	2	1	Spectator
3. Interacts with players	5	4	3	2	1	Interacts with objects
4. Communicates wants/choices	5	4	3	2	1	No communication of wants/choices
5. Participates independently	5	4	3	2	1	Participates dependently
6. Chooses new activities	5	4	3	2	1	Does not choose new activities
7. Advocates for help in leisure activities	5	4	3	2	1	Does not advocate for help in leisure activities

APPENDIX E  
DEMOGRAPHIC INFORMATION SHEET

Directions: Please respond to each of the following questions to provide further information. All responses will be used for research purposes only and be treated confidentially. Fill in the number on this sheet.

38. What is your age?

- 1 = 18 - 35 years
- 2 = 36 - 50 years
- 3 = 50 - 70 years
- 4 = 70 - 85 years
- 5 = 86 - 100 years

39. What is your gender?

- 1 = male
- 2 = female

40. What is your race/cultural group?

- 1 = Asian
- 2 = Black
- 3 = Hispanic
- 4 = Native American
- 5 = White

41. When did you become disabled?

- 1 = at birth
- 2 = 1 - 20 years
- 3 = 21 - 45 years
- 4 = 46 - 80 years
- 5 = 81 - 100 years

42. How many years have/did you work?

- 1 = 0 - 5 years
- 2 = 5 - 20 years
- 3 = 20 - 30 years
- 4 = 30 - 40 years
- 5 = over 41 years

43. What kind of work did you do?

list \_\_\_\_\_

44. In leisure activities, how would you describe yourself?

1 = active

2 = passive

1 = participant

2 = spectator

1 = interacts with people

2 = interacts with things

1 = choice maker

2 = no choices

1 = independent

2 = dependent

1 = advocate

2 = not advocate

## APPENDIX F

## Instructions to Participants

You will be given a question booklet which contains two different sets of questions. One set of scales refers to questions about your basic rights and responsibilities as a citizen. The other set of questions is about your recreation and leisure activities. There are no right or wrong answers. Answer each item according to how you honestly feel. Again, there are no right or wrong answers.

Your table leader will read each item to you, and then you will mark the answer that best describes you. For the first set of questions, you simply mark true or false. For the second set of questions, you mark strongly agree, agree, neither agree or disagree, disagree, or strongly disagree.

Here is an example of how your leader will read the items:

"When you make a mistake, it's okay to blame someone else."  
Mark true or false.

You can ask your leader to help you mark the answer you like best if you have difficulty writing.

In the second set of questions, the questions would sound like this if read:

"I am good at meeting people."  
Mark strongly agree, agree, neither agree or disagree,  
strongly disagree, or disagree.

Tell your leader if you get tired or want to take a break. Be sure to give only one answer for each question.

Remember, there are no right or wrong answers.

Now we will begin.

Begin reading question 1 on Appendix A.

## APPENDIX G

## EVALUATION QUESTIONNAIRE FOR THE ADULT DAY CARE CENTER STAFF

- |   | <u>Yes</u> | <u>Sometimes</u> | <u>No</u> |
|---|------------|------------------|-----------|
| 1. Do you think that the group liked being a part of the research?  |            |                  |           |
| 2. Do you think that the group members benefited from the training?   |            |                  |           |
| 3. Do you think the training was effective in teaching self advocacy in leisure skills?                             |            |                  |           |
| 4. Do you see a need for participation by persons with severe disabilities?   |            |                  |           |
| 5. Do you think that the group will continue to meet as an advocacy group now that the training has been completed? |            |                  |           |
- 
6. What would you have done differently, or what comments do you have for any future endeavors of this nature?

APPENDIX H  
OUTLINE OF TRAINING SESSIONS

Each training session was one and one half hour in length. The essential components of the training included a) behavioral rehearsal/practice, b) coaching, c) modeling, d) group reinforcement, e) self reinforcement, f) elimination of attitudinal barriers that interfere with self advocacy in leisure. Additionally, participants developed a leisure self advocacy plan in which specific objectives were listed.

The general goals, objectives, and training activities of each session are outlined below:

Session I.

- Goals:
1. Introduce participants to an understanding of the concept of self advocacy in general and leisure specifically.
  2. Allow the participants to get to know one another's leisure interests.

Objectives:

- to show a slide set overviewing the universal principles of rights and responsibilities for persons with disabilities.
- to begin teaching persons with disabilities ways to handle general and leisure rights issues.

Procedures/Activities:

- Introduce the slide tape set and show.
- Ask groups to discuss what they learned from the slide/tape set. Summarize on a flip chart.
- Review one of the four stories about people with disabilities.
- Ask the group to pick out the rights and responsibilities in the story.

- Review the list when finished.
- Introduce the notion that in addition to the rights listed, persons with disabilities have leisure rights and responsibilities also.
- Share a short case study to highlight this concept.
- Summarize the training session.
  - Persons with disabilities have the right to:
    - act to get the rights you choose to pursue.
    - express opinions different from others.
    - have the same rights as persons without disabilities.
    - be treated the same as persons without disabilities.
    - make decisions for oneself.
    - protection under the same laws as others.
    - get a job.
    - register to vote.
    - choose their own friends.
    - freedom of speech.
    - freedom of the press.
    - have an advocate to advise them.
    - solve problems for themselves.
    - handle their own problems.
    - choose their own recreation and leisure activities.
- Stress the notion that with rights come responsibilities (Declaration of Rights and Responsibilities Sheet). (Example 1)
- Final activity - Give out homework for the next session. Each individual will be given The Leisure Activity List (Example 2) and asked to write six activities that they enjoy the most on the back of the sheet.



Session II.

- Goals:
1. Review the concepts of rights and responsibilities from previous session.
  2. Train participants how to speak for themselves and express opinions.

## Objectives:

- Increase understanding on how to choose a solution to a leisure rights problem.
- Become familiar with more instances of rights/choice violations.
- Begin building group trust.
- Begin assisting participants in prioritizing self advocacy issues in leisure.
- Practice looking at solutions to leisure rights problems and choosing the best solution.

## Procedures/Activities:

- Reintroduce one section of slide tape set.
- Ask group to pick out rights and responsibilities and list on a flip chart.
- Ask group members to share some of the information about the leisure activities they enjoy the most.
- Next, ask each member to select one activity that he/she wants to do.
- Ask each participant to fill out the Recreation Activity Planning Sheet. (Example 3)
- Ask a group to list on a flip chart some of the physical, attitudinal and resource related barriers associated with the leisure activity.
- Next, go through the Down With Barriers flip chart (Example 4) and listen to the tape until the musical interlude appears.
- Focus the group on the main questions: "What is the problem in this story? What can \_\_\_\_\_ do to solve his or her leisure rights problem? What would you do?"

- Help participants see that there are many possible actions or choices to make in order to work out a problem, not just one.
- Listen to end of story and show illustrations with the tape.
- Summarize the events of the day.

### Session III.

Goal: 1. Review the concepts of the previous session and reinforce the learning.

#### Objectives:

- Practice looking at another rights problem and choose solutions.
- Develop confidence about securing one's rights.
- Increase awareness of responsibility for oneself and others.

#### Procedures/Activities:

- Highlight what everyone learned from the previous session.
- Go through the Diving In (Example 5) flip chart and cassette. Stop it at appropriate points and ask the group, "What is at risk for you?" Next, ask group to discuss the situation.
- Next, play the conclusion of the tape.
- Review with the poster, How Sam Solves a Rights Problem. (Example 6)
- Use the How You Solve A Rights Problem (Example 7). Have an individual in the group come up with a problem related to a leisure activity. Discuss it.
- Next, ask the group to brainstorm a leisure activity they would like to do together. Discuss all the alternatives and come up with one activity.
- Give an assignment sheet to be filled out for the next session entitled Recreation Activity Resource Assessment. (Example 8)

Session IV.

Goal: 1. Plan a group leisure activity.

Objectives:

- Assist participants in prioritizing self advocacy rights issues in leisure.
- Assist participants in developing a plan of action for participating in the activity.
- Teach participants how to get support from others.

Procedures/Activities:

- Review the worksheets.
- Prioritize the rights issues related to the leisure activity.
- Identify the things that need to be completed before the activity is carried out and who is responsible for each duty.
- Summarize the decisions.
- Ask each individual to write up a personal Access Plan (Example 9) for his/her leisure in the future.

## EXAMPLE 1

A DECLARATION OF RIGHTS AND RESPONSIBILITIES  
FOR DEVELOPMENTALLY HANDICAPPED PERSONS

The RIGHTS NOW Program is based on universal principles of rights and responsibilities. This declaration is based on resolutions and policies originally presented by international, regional, and local bodies.<sup>1</sup>

1. As human beings, all people are inherently valuable and have the right to life, liberty, and respect for their human dignity.
2. All people have essential rights and privileges, including, but not limited to, the right to live in the community, the right to vote, and the right to marry and procreate.
3. As part of these rights, all people must have access to a broad spectrum of services and opportunities to ensure their optimum physical, spiritual, social, and psychological development.
4. Such development is enhanced in integrated, open community settings.
5. Such development shall be designed to enable people to become as self-reliant as possible.
6. Citizens who seek human services shall be provided with a series of accessible and appropriate options, from which they may freely select.

7. Any individual affected by a decision will be involved in the process of that decision making. A person unable to act positively to advance his or her own interests shall be represented by a person who is free from conflicts of interest and who can plead the cause of the individual as if it were his or her own.
8. Handicapped persons shall be protected from all exploitation -- from all regulations and any treatment of a discriminating, abusive, or degrading nature.
9. Consumers or providers of services who raise questions or criticisms regarding accountability, discrimination, due process of the laws, treatment, or related issues shall not be subject to retaliatory actions.
10. Handicapped persons shall be able to avail themselves of qualified legal aid when such aid proves indispensable for the protection of themselves and their property. If judicial proceedings are instituted against them, the legal procedure applied shall take their physical and mental condition fully into account.
11. Whenever handicapped persons are unable, because of the severity of their handicap, to exercise all their rights in a meaningful way, or if it should become necessary to restrict or deny some or all of these rights, the procedure used for that restriction or denial of rights must contain proper legal safeguards against every form of abuse. This procedure must be subject to periodic review and the right to appeal to higher authorities.

12. Organizations of handicapped persons may be usefully consulted in all matters regarding the rights of handicapped people.
13. Handicapped persons have the right to economic and social security and to a decent level of living. They have a right, according to their capabilities, to secure and retain employment or to engage in a useful, productive, and remunerative occupation to the fullest possible extent of their capabilities, and to join trade unions.
14. Handicapped people have the right to participate in normal developmental experiences -- even though such experiences may entail an element of risk -- provided, however, that the person's safety and well-being shall not be unreasonably jeopardized.
15. Handicapped persons shall be ensured the opportunity to engage in activities and styles of living that encourage and maintain their integration in the community through individualized social and physical environments, including:
  - a. the right to engage in social interactions which maximize the person's contact with other citizens in culturally typical community settings;
  - b. the right to present an appearance that is appropriate to the person's chronological age and the practices of the surrounding community, and that is consistent with his or her interests;
  - c. the right to be addressed in a manner appropriate to his or her age and the practices of the surrounding community;

- d. the right to live in the most home-like environment possible in terms of number of residents present, physical comfort, style of decor, opportunities for privacy, external appearance, type of surrounding neighborhood, and access to the community;
  - e. the right to own property alone as well as in association with others; possessions owned by handicapped persons shall be appropriate to his or her age and the practices of the local community and consistent with his or her interests; no one shall be arbitrarily deprived of his or her property; and
  - f. the right to privacy, including the opportunity, wherever possible, to be provided with clearly defined living, sleeping, and personal-care spaces.
16. All citizens have the right to be informed of their human and civil rights and to be given the opportunity to understand these rights to the greatest degree possible.
17. These rights are held by all handicapped persons without any exception whatsoever and without distinction or discrimination on the basis of race, color, sex, language, religion, political or other opinions, national or social origin, state of wealth, birth, severity of disabling conditions, or any other situation applying either to the handicapped persons themselves or to their families.

<sup>1</sup>Universal Declaration of Human Rights. Declaration approved by the General Assembly of the United Nations on December 10, 1948.

Declaration of the General and Special Rights of the Mentally Retarded. Adopted by the International League of Societies for the Mentally Handicapped in Jerusalem on October 24, 1968.

Declaration of the Rights of Disabled Persons. Adopted by the General Assembly of the United Nations on December 9, 1975.

A Declaration of Rights and Responsibilities. Statement prepared by residents of Onondaga County, New York, 1977.

Standards to Promote Client Dignity (Section 310). Regulations of the Department of Mental Health of the Commonwealth of Massachusetts, 1978.



## EXAMPLE 2

## LEISURE ACTIVITY LIST

This list of leisure activities is provided as a tool to help you identify the ways in which YOU spend YOUR free time. This is an essential first step in your planning for future leisure activity. What you should be looking for are those activities that you enjoy now, whether or not they are included on this list. Write the six activities you enjoy the most on the back of this sheet.

Pool/Billiards/Snooker	Bowling	Roller Skating
Archery	Riflery	Ice Skating
Pin Ball/Electronic Games	Shuffleboard	Auto Mechanics
Jogging/Running	Yoga	Isometrics
Darts	Horse Shoes	Horseback Riding
Miniature Golf	Golf	Hunting
Bicycling	Motorcycling	Sailing
Canoeing	Boating	Trailer Camping
Tent Camping	Backpacking	Orienteering
Cross Country Skiing	Downhill Skiing	Tabogganing
Snow Shoeing	Fishing	Ice Fishing
Hiking	Bird Watching	Football
Softball/Baseball	Frisbee	Judo/Self Defense
Table Tennis	Handball	Squash
Paddleball/Racquetball	Tennis	Badminton
Basketball	Deck Tennis	Volleyball
Hockey	Meditation	Jigsaw Puzzles
Crossword Puzzles	Reading	Watching Television
Watching Basketball	Touring	Traveling
Watching Baseball	Music Listening	Art Appreciation
Watching Football	Theater Going	Party Going
Watching Other Sports	Euchre	String Art
Dominos	Hearts	Lapidary (rocks)
Chess	Poker	Copper Enameling
Backgammon	Other Card Games	Batik
Checkers	Writing	Photography
Cribbage	Pets	Macrame
Other Table Games	Acting	Jewelry Making
"Ham" or "CB" Radio	Ballroom Dancing	Leather Crafts
Singing	Social Dancing	Pottery/Ceramics
Guitar Playing	Square Dancing	Sewing/Needlework
Horn Playing	Ballet	Knitting/Crochet
Playing Other Instruments	Gardening	Drawing/Painting
Baking/Cooking	Flower Arranging	Other Crafts
Canning	House Plants	Yardwork/Landscape
Woodworking	Swimming	Sweepstakes/Lottery
Sports Officiating	Water Skiing	Volunteer Work
Flying/Gliding	Skin/Scuba Diving	Politics
Sky Diving	Boating/Sailing	Church Activities
Soccer	Walking	"Socializing"

LEISURE ACTIVITY INVENTORY

(what I enjoy doing in my "free time")

1.

2.

3.

4.

5.

6.

EXAMPLE 3  
RECREATION ACTIVITY PLANNING SHEET

1. WHAT I want to do:

2. WHEN I want to do it, for how long, and how often:

3. ADAPTATIONS OR MODIFICATIONS I can or will have to make:

4. WHERE I need to go to do it:

POTENTIAL BARRIERS I might encounter:

Physical

Attitudinal

Resource-related

## EXAMPLE 4

## "DOWN WITH BARRIERS"

"Down with Barriers" examines some physical and attitudinal barriers that handicapped people face, and shows two people overcoming them with courage and maturity. Eileen, who is in a wheelchair, decides to take a cooking course at the local community college, but finds there's no ramp into the building where the class is taught. (Your group is asked to discuss solutions to this problem.) Eileen speaks with the College Director of Disabled Students, who arranges to have a temporary ramp installed. But more barriers await Eileen, and a blind man named Chuck, at the first cooking class. First, the teacher is doubtful that handicapped persons can be taught in her class. Second, the cooking class is not equipped for teaching handicapped people. (Your group is asked to think of adaptations that Eileen and Chuck could make so that they could participate fully in the cooking course.) The story offers several solutions that will make the course workable for Eileen, Chuck, and the teacher.

Note: There are two stops for discussion on this tape.

## EXAMPLE 5

## "DIVING IN"

"Diving In" portrays Don, a young man with a strong desire to learn to scuba dive. Don feels he swims well enough, but wonders whether he has the right to take the risk of learning scuba diving. Don decides to speak with his apartment manager, Lisa, who is somewhat overprotective and also unsure of her responsibility as Don's apartment supervisor. (Your group is asked to decide what steps Don could take to come to a decision about scuba diving.) In the story, Don calls his citizen advocate to get clarification on his right to take risks. He then meets with people in his apartment program to ask their advice. Meanwhile, his apartment supervisor realizes that she is being overprotective and that Don does have the right to decide for himself what risks to take.

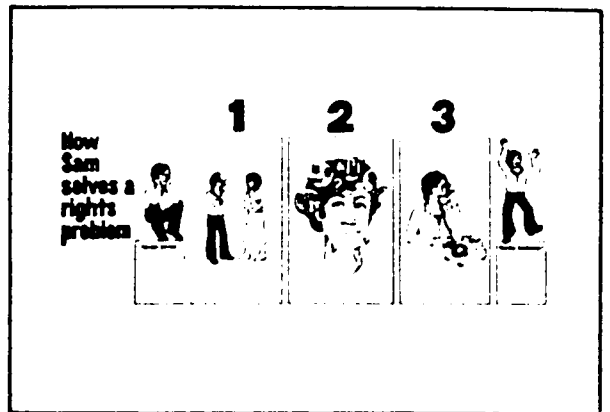
# The Posters

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## Session 1

### Materials provided:

- Poster: "How Sam solves a rights problem"
- Tapes and illustrations from Activity 2
- Slide-tape from Activity 1, if you wish



## Session 2

### Materials provided:

- Poster: "How you solve a rights problem"

### You provide:

- Helpers for people who can't write
- Enough pencils or pens for everyone
- Small note pad or paper
- Large table



## EXAMPLE 8

## RECREATION ACTIVITY RESOURCE ASSESSMENT

This sheet is designed to help you identify those "personal" AND "community" resources you will have at your disposal in your pursuit of a particular recreation activity.

Filling out the form is not required in order to take advantage of it, although a written record may be of considerable benefit for future reference. What is important is that you use it as a guide; consider each of the "resources" mentioned, and assess what they will be for the particular activity you intend to pursue.

Such an assessment can give you an excellent idea of some of the barriers you may have to cope with, if resources are scarce or difficult to find in some areas. It can also provide you with the information you need to feel confident in pursuing a particular recreation interest.

Activity \_\_\_\_\_

## PERSONAL RESOURCES

Financial (money you feel you can spend on this activity):

Transportation (ways you can get where you need to go in order to participate):

Communication (specific ways you can get information concerning this activity):

Equipment (things you own or have access to that can be used by you in participating in this activity):

Other Personal Resources:



COMMUNITY RESOURCES

Agency/Organization:  
Phone:  
Address:

Service Provided

Contact Person

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Agency/Organization:  
Phone:  
Address:

Service Provided

Contact Person

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Agency/Organization:  
Phone:  
Address:

Service Provided

Contact Person

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Agency/Organization:  
Phone:  
Address:

Service Provided

Contact Person

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**EXAMPLE 9**  
**LIFE ACCESS PLAN**

Name \_\_\_\_\_

CATEGORIES	OUTLINE CONCERN OR PROBLEM	ACTION TO BE TAKEN	TIMEFRAME
Transportation			
Communication			
Liability			
Fees			
Architectural Barriers			
Training			
Human Resources			
Other			

This chart was adopted from the LIFE (Leisure is for Everyone) developed by the Community Reintegration Program at the University of North Carolina at Chapel Hill, N.C.

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