Occupational Therapy Capstones   Department of Occupational Therapy

2014

Promoting Social Participation, Leisure and Community Integration for Adults with Developmental Disabilities: An Intervention Guide

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PROMOTING SOCIAL PARTICIPATION, LEISURE AND COMMUNITY
INTEGRATION FOR ADUTLS WITH DEVELOPMENTAL DISABILITIES: AN
INTERVENTION GUIDE

By

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A Scholarly Project

Submitted to the Occupational therapy Department

of the

University of North Dakota

In partial fulfillment of the requirements

for the degree of

Master's of Occupational Therapy

Grand Forks, North Dakota
May 17, 2014

This Scholarly Project Paper, submitted by Joelle Evenson and Rebekah Miesbauer in partial fulfillment of the requirement for the Degree of Master's of Occupational Therapy from the University of North Dakota, has been read by the Faculty Advisor under whom the work has been done and is hereby approved.

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Faculty Advisor

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PERMISSION

Title   Promoting Social Participation, Leisure, and Community
                     Integration for   Adults with Developmental Disabilities: An
                     Intervention Guide

Department   Occupational Therapy

Degree   Master's of Occupational Therapy

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ABSTRACT

Upon an initial review of literature, it was found that life expectancy of individuals with developmental disabilities has been increasing which is leading to a greater number of adults with developmental disabilities living in the community. Because these individuals are living longer, it puts an extended burden on caregivers and the adults with developmental disabilities are being placed in group homes. Adults with developmental disabilities have limited access to activities outside of group homes (Mansell, Elliott, Beadle-Brown, Ashman, & Macdonald, 2002; Abbott & McConkey, 2006). They are spending most of their time engaged in more passive activities and have little social interaction with people other than parents, staff, or other adults with developmental disabilities (Felce & Perry, 1995; & Lippold & Burns, 2009). Because of this, opportunities for social participation and leisure activities within the community are limited leading to a lack of community integration.

Occupational therapists can play a vital role in the development of these skills and extend their performance range in order to engage adults with developmental disabilities into leisure activities and integrate them into the community. The product of this scholarly project, which is intended for use by occupational therapists, is an intervention guide focusing on three areas: social participation, leisure exploration and participation, and community integration for adults with developmental disabilities. An in-service presentation was also created to educate administrative personnel and staff about the issues and to advocate for use of the activities in the intervention guide group homes.

The methodology for the project consisted of an extensive review of literature and resources. The interventions in the guide include those created by the authors and others that were adapted using materials from other resources and authors. Cole's Seven Steps were not used in their entirety but were used to guide the structure of the group activities, and the Ecology of Human Performance model was foundational in the development of the product as well (Schwartzberg, Howe, & Barnes, 2009)

The recommendations for this project include: further researching on available programs addressing all areas of occupation in group home settings, completing outcome research on the effectiveness of the interventions included in the guide, expanding the use of the guide to those who reside at home with caregivers, and an addition of more interventions into the guide using evidence-based practice. The limitations of this project are that it has not been implemented into practice and does not address all areas of occupation.

CHAPTER I

INTRODUCTION

The prevalence and life expectancy of adults with developmental disabilities

living in the community is steadily increasing (Fesko, Hall, Quinlan, & Jockell, 2012).

After an extensive literature review, it was found that adults with developmental

disabilities, more specifically those individuals who are living in group homes, are not

engaging in the occupations of social participation and leisure. Although these

individuals are living in group homes within the community, they are not experiencing

community integration. It was also found that the impairment of skills in the occupation

areas of social participation and leisure contribute to the integration of these adults into

the community. Chapter II is a literature review that promotes and demonstrates the need

for skilled occupational therapy services focused on increasing social participation,

leisure, and community integration in adults with developmental disabilities. The

intervention guide included in Chapter IV of this scholarly project is to be used by

occupational therapists that work with adults with developmental disabilities who reside

in group homes to facilitate engagement in social participation, leisure, and community

integration.

The occupation-based model Ecology of Human Performance (EHP) was used to

guide this scholarly project and the product that is included in its entirety in Chapter

IV. The Ecology of Human Performance was developed by Winnie Dunn and her

colleagues at the University of Kansas Medical Center, is centered on the belief that a

person's context and aspects of the environment have a direct role on occupational performance (Cole & Tufano, 2008). According to Cole and Tufano (2008) ecology is defined as "the transactions between persons and their contexts" (pg 117). Dunn, Brown, and McGuigan (1994) stated that if an occupational therapist completes an evaluation of an individual's skills without assessing context, there is a high probability of misinterpreting occupational behavior. Therefore, performance is dependent on the understanding of a person's occupational context (Dunn, Brown, &McGuigan, 1994; Turpin & Iwama, 2011).

According to Dunn, Brown, and McGuigan (1994), person, task, and context are three constructs of EHP that contribute to another aspect, human performance. In EHP, the word "context" is used to describe environment because it allows the therapist to gain a more holistic perspective. Context encompasses a person's temporal, physical, social, and cultural environments (Turpin & Iwama, 2011). The relationship between a person and context is transactional; what happens with one has an impact on the other (Dunn, Brown, & McGuigan, 1994). The impact of context is evident in regard to adults with developmental disabilities and intellectual disabilities. Adults with such disabilities may live in a variety of settings, such as in their home with their family members or in a group home with employees there to aid the adult's participation in daily occupations. Occupational engagement is dependent on the physical, social, temporal, and cultural contexts for adults with developmental disabilities; the physical context could have tangible barriers that prevent or facilitate engagement. For example, a person who uses a wheelchair may not be able to access a building due to the absence of a ramp.

Social context also has a significant impact on the task performance of adults with developmental disabilities or intellectual disabilities. Depending upon the severity of the disability, the individual may require assistance from others to complete activities (Seltzer, Floyd, Song, Greenberg, & Hong, 2011; Walden, Pistrang, & Joyce, 2000). The caretakers, whether they are family members or group home employees, could affect the size of the person's performance range (Haigh et al., 2013).

According to the *Occupational Therapy Practice Framework: Domain and Process, Second Edition* (American Occupational Therapy Association [AOTA], 2008), temporal context encompasses any aspect involving time. For example, developmental stage is considered an aspect of the temporal context and plays an important role in intervention planning (AOTA, 2008). People with developmental disabilities or intellectual disabilities may be at developmental stages that do not correlate with chronological age (Boulet, Schieve, & Boyle, 2011). An occupational therapist must plan an intervention based on the developmental stage to best suite the person. Developmental stage may also impact the amount of time it takes a person to complete a task, also contributing to the temporal context (Felce & Perry, 1995; Hilgenkamp, van Wijck, & Evenhuis, 2011; Mansell, et al., 2002).

A preliminary literature review revealed that people with disabilities encounter stigma and bias in society (Dillenburger & McKerr, 2011; Green, 2007; Lewis & Stenfert-Kroese, 2010). This aspect of the cultural context influences a person's occupational engagement. He or she may not have opportunities to be an active member of the community, therefore narrowing the scope of that person's performance range (Haigh et al., 2013).

All persons have individual qualities and values that make them unique. In this model, the person is made up of sensorimotor, cognitive, and psychosocial skills (Cole & Tufano, 2008). Personal experiences, values, and interests are also a key factor in the person as a whole (Turpin & Iwama, 2011).

Although sensorimotor, cognitive, and psychosocial skills are important aspects to consider, a person is composed of much more complex factors. A person with developmental disabilities often has a wide variety of deficits in those areas, as well as diverse values, beliefs, and experiences (Belva & Matson, 2013; Hilgenkamp, van Wijck, & Evenhuis, 2011). Using EHP allows occupational therapists to gain a complete picture of a person so as to implement interventions to increase the compatibility of person, context, and tasks.

Within each context, there are a wide variety of tasks one can engage in. In order to make EHP an interdisciplinary model, the word "task" is used in place of "occupation." When personal factors and context are congruent, a person will have a larger performance range, or more opportunities to engage in a wide variety of tasks (Turpin & Iwama, 2011).

Appropriate interaction between the three constructs, context, person, and task, results in human performance (Cole & Tufano, 2008; Turpin & Iwama, 2011). When a person is able to adequately meet the demands of their life roles and context, as well as demonstrate diverse abilities, he or she is performing at optimal occupational level. An imbalance between any of the constructs is considered a disability in EHP (Cole & Tufano, 2008).

Five core intervention strategies originated from EHP: establish/restore, adapt/modify, alter, prevent, and create (Dunn, Brown, McGuigan, 1994). These five concepts have been incorporated into *the Occupational Therapy Practice Framework: Domain and Process, Second Edition* (2008) as key intervention approaches. Using the EHP intervention strategies to create an intervention guide will allow the authors to address each construct (person, context, and task) in a holistic manner, as well as implement interventions that can be understood by various disciplines and caregivers of those with developmental disabilities.

This scholarly project contains five chapters. This initial chapter introduces the product with reasoning promoting its development, along with the theoretical model that was used to guide the development of the product. Chapter II is a literature review that investigates the following topics: the definition and types of developmental disabilities, the increase of population and life expectancy, functional impairments, caregiver burden, and barriers to participation. The methodology used to guide the development of the project is described in Chapter III. The intervention guide, *Promoting Social Participation, Leisure, and Community Integration for Adults with Developmental Disabilities: An Intervention Guide,* along with the in-service presentation for group home personnel, is found in its entirety in Chapter IV. A summary of the entire project and further recommendations for the use of the intervention guide is incorporated in Chapter V.

CHAPTER II

LITERATURE REVIEW

Definition

According to the Developmental Disabilities Assistance Bill of Rights Act of 2000, Developmental disabilities was defined as (PL 106-402)

Section 102 (8)

(8) Developmental disability.- -

(A.)   In general, -- The term "developmental disability" means a severe, chronic disability of an individual that –
 (i) Is attributable to a mental or physical impairment or combination of mental and physical impairments;

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 (ii) is manifested before the individual attains age 22;
 (iii)is likely to continue indefinitely;
 (iv)results in substantial functional limitations in 3 or more of the following areas of major life activity:
  (I) Self-Care.
  (II) Receptive and expressive language.
  (III) Learning.
  (IV) Mobility.
  (V) Self-direction.
  (VI) Capacity for independent living.
  (VII) Economic self-sufficiency; and
 (v) reflects the individual's need for a interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

 (Developmental Disabilities Assistance Bill of Rights Act of, 200)

Similar to the Developmental Disabilities Assistance Bill of Rights Act of 2000,

the Center for Disease Control and Prevention (CDC, 2013a) defines a developmental

disability as "a group of conditions due to an impairment in physical, learning, language,

or behavior areas" (para. 1).

Specific Developmental Disabilities

Diagnoses associated with a developmental disability are, but not limited to:

Autism Spectrum Disorders (ASD), Cerebral Palsy (CP), Intellectual Disability, Hearing

Loss, Vision impairments, and epilepsy (CDC, 2013b). More specifically, an ASD

diagnosis is described as deficits in communication, social interaction, and repetitive

behaviors primarily developed before the age of 3 (CDC, 2013b). Functional

impairments that result from an ASD diagnosis range from mild to severe (CDC,

2013b). Members of the Autism and Developmental Disabilities Monitoring (ADDM)

Network (2008) examined various data sources for ASD and other developmental

disabilities to estimate the prevalence of ASD. The population included 333,093 eight-

year-old children from fourteen U.S. states. Of the sample, 3,820 were on the

spectrum. The data for the survey was taken from multiple data sources in which

professional providers completed comprehensive evaluations of children from birth to

age eight. The evaluations were examined for the presence or absence of the ICD-9

code, indicating an ASD. Trained clinicians reviewed the evaluations to ensure the

children with autism spectrum disorder met the criteria from the American Psychiatric

Associations Diagnostic and statistical Manual- IV, Test Revision (DSM-IV-TR). The

results from the study indicated that 1 in every 88 children are on the autism spectrum,

however, the percentage varied based on location (CDC, 2013b). Similarly, Boyle et al.

(2011) conducted a 12-year longitudinal study to determine the prevalence of

developmental disabilities in children ages three to seventeen. From 1997 to 2008, the

researchers used data from the National Health Interview Surveys (NHIS), which is an

ongoing, annual survey conducted by the Center for Disease Control and Prevention,

National Center for Health Statistics. The data was gathered from the Family Core and Sample Child components of the NHIS. The NHIS Sample child components are in-person interviews of adult family members to determine diagnoses of the children. The results indicated ASD has had the most significant increase in prevalence of any other developmental disability, with a 289.5% increase from years 1997-1999 to 2006-2008 (Boyle et al., 2011).

According to Rosenbaum, Paneth, Leviton, Goldstein, and Bax (2006) the previous definition of cerebral palsy (CP) was outdated because new imaging techniques have lead to new information about the pathology of CP. Rosenbaum et al. also did not believe that the definition did not explain activity restrictions, non-motor neurodevelopmental disabilities and behaviors associated with CP. The demands to redefine the definition for CP lead the authors to form an executive committee to collaborate and create a more appropriate definition. The committee developed the following definition for CP: "a group of permanent disorders of the development of movement and posture, causing activity limitations that are attributed to non-progressive disturbances that occurred in the developing fetal or infant brains. The motor disorders of cerebral palsy are often accompanied by disturbances of sensation, perception, cognition, communication, and behavior, by epilepsy and by secondary musculoskeletal problems" (p. 9).

CP begins in early childhood and continues throughout the lifespan (Rosenbaum et al., 2006). Yeargin-Allsopp et al. (2008) used three U.S. locations to estimate the prevalence of CP among eight-year-olds. The information was obtained from the ADDM by data abstraction, case definitions, clinician review, and quality assurance

procedures in northern Alabama, metropolitan Atlanta, Georgia, and southwestern Wisconsin. The population included 114,897 eight-year-olds. The results showed that there was an average of 3.6 out of 1,000 children with CP (Yeargin-Allsopp et al. 2008). Boyle et al.'s (2011) research showed there was a slight increase in the prevalence of CP in children from 1997 to 2002.

According to the CDC (2013b) intellectual disabilities are also included under the scope of developmental disabilities. An intellectual disability can range from mild to severe impairments in the ability to learn and function in daily life. Children with an intellectual disability may demonstrate a delay in their ability to speak, walk, dress, eat, and learn. Intellectual disabilities develop before the age of 18 (CDC, 2013b). Maulik, Mascarenhas, Mathers, Dua, and Saxena (2011) completed a meta-analysis of 52 studies published between 1982 to 2002 to estimate the prevalence of intellectual disabilities in the populations studied. Their results indicated approximately 10.37 out of 1000 people or 1% of the population has an intellectual disability (Maulik et al., 2011).

According to the CDC (2013b) hearing loss affects a person's ability to communicate, resulting in impaired social skills, speech, and language. Hearing loss as a developmental disability may occur anytime throughout childhood. It ranges from mild to profound and can be caused by impairment in the inner, middle, or outer ear, the acoustic nerve, or the auditory system. The cause of hearing loss/deafness in infants due to genetic factors was 50-60% in infants and 25% was from infections during pregnancy, complications during birth, and trauma (CDC, 2013b). Boulet, Boyle, and Schieve (2009) used data from the NHIS from 1997 to 2005 to estimate limitations, needs, and service use among children aged 3 to 17 in the U.S. Their results indicated the

prevalence of hearing loss or trouble hearing was 4.5 out of 1000 children (Boulet al., 2009). Boyle et al. (2011) reported hearing loss decreased 31% from 1997 to 2008; this was the only diagnostic category of developmental disabilities that had a decrease in prevalence in children.

Vision impairments are also categorized as developmental disability. According to the CDC, (2013b) to have a visual impairment, visual acuity must be 20/70 or worse without use of correction lenses. To be considered legally blind, visual acuity is 20/200 or worse. Vision loss as a developmental disability can occur anytime throughout childhood (CDC, 2013b). Boyle et al. (2011) reported a low prevalence of blindness as a developmental disability, with only a small increase of .04% from 1997 to 2008.

According to the Metropolitan Atlanta Developmental Disabilities Study (MADDS) from the CDC, (2013b) epilepsy is defined as having a history of two or more epileptic seizures. Epilepsy affects a person's brain by causing changes in awareness, involuntary movements, or convulsions (CDC, 2013c). The inclusion criterion for epilepsy indicates that the child must have only afebrile seizures, which means seizures without a high fever (CDC, 2013b).

<center>Increase in Population</center>

Overall, there has been an increase in developmental disabilities among children (Boyle et al., 2009; Boulet et al., 2009). The percentage has increased for children aged 3 to 17 from 13.87% in 1997 to 15.04% in 2008 (Boyle et al., 2009). The CDC (2013a) reports that 1 in 6 children have one or more developmental disabilities.

There are many factors that have caused the increase in developmental disabilities. One reason is infant mortality has decreased with preterm and low birth

<center>10</center>

weight infants (Saigal, Stoskopf, Boyle, Paneth, Pinelli, Streiner, Goddeeris, 2007; Moster, Lie, & Markestad, 2008; Boulet, Schieve, & Boyle, 2011). Saigal et al. (2007) conducted a longitudinal study in central-west Ontario to compare the health status, physical limitations and functional limitations of young adults who were born with low birth weights and normal birth weights in 1977 to 1982.   From 2002 to 2004, these now 23-year-old participants were interviewed and completed various assessments, including: the SF-36 (20) questionnaire, Ontario Child Health Study questionnaire, Canadian Community Health survey, Physical Self-efficiency scale, and their grip strength was measured by a dynamometer to indicate health status, physical abilities, functional limitations, and health care use. For participants with severe impairments, parents were interviewed instead. Of these young adults with low birth weights, 27% had a neurosensory impairment, which included developmental disabilities such as cerebral palsy, intellectual disabilities, autism, blindness, deafness and seizures. A minimum of one functional limitation was noted in the population, the majority of which included: visual problems, dexterity, clumsiness, and learning difficulties. These limitations impacted 64% of participant's ability to perform daily activities (Saigal et al., 2007).

Moster, Lie, and Markestad (2008) also studied preterm infants in Norway born between 1967 and 1983 and followed the surviving participants through 2003; 867,692 of those infants survived into adulthood, with their ages grand from 19 to 35 in 2003. The participants were identified through the Compulsory National Registries in Norway and categorized by gestational age. Their results indicated that earlier gestational age lead to a higher mortality rate, with 17.8% survival at 23 to 26 weeks compared to 96.7% survival rate of those born after 37 weeks. Infants born preterm were more likely

to develop CP or an intellectual disability and had a greater risk of impairment in motor, cognitive, behavioral, psychological and social functioning. In adulthood, these participants were more likely to receive a disability pension, have lower levels of education, less income, and were less likely to establish a family (Moster et al., 2008).

Because the number of children with developmental disabilities has increased, so has the population of adults with developmental disabilities. The life expectancy of those with developmental disabilities has also increased, causing an even greater increase in the adult population with developmental disabilities (Fesko, Hall, Quinlan, & Jockell, 2012). For example, Bittles and Glasson (2004) reported the life expectancy for persons with Down syndrome is 60 years of age, which is lower than the general population; however it has increased from the life expectancy of age 12 in 1949. Similarly, Patja, Livanainen, Vesala, Oksanen, and Ruoppila (2000) studied the life expectancy of people with intellectual disabilities in Finland. The population of 416,973 people was examined in 1963 by the National Board of Health to determine the number with intellectual disabilities. There were 2,372 people diagnosed with an intellectual disability within the population. After 35 years, 1,963 individuals within this population were living. Their results indicated the life expectancy of those with mild intellectual disability did not differ from the general population. People with moderate disability had slightly lower life expectancy than the general population, and those with severe or profound intellectual disability had a 20% decrease in life expectancy compared to the general population. The median age for those that had died over the 35-year period was 61.8 years and the median age for those still surviving was 51 years old. (Patja et al., 2000).

Functional Impairments

Adults with developmental disabilities continue to have impairments throughout adulthood. Van Naarden Braun, Yeargin-Allsopp and Lollar (2009) conducted a study to determine if activity limitations were directly related to childhood impairments and compared childhood impairments with activity limitations. Participants in this study were taken from a previous study conducted ten years prior called the Metropolitan Atlanta Developmental Disabilities Studies (MADDS). The MADDS was a cross-sectional study conducted from 1975 to 1977 of 10-year olds with at least one of five developmental disabilities including: intellectual disability, cerebral palsy, hearing loss, vision impairment, and epilepsy. The researchers used information from the MADDS to determine type, severity, and number of impairments in the children with developmental disabilities. Then data was collected to determine activity limitations from the MADDS – follow-up study, which included 635 participants originally from the MADDS participants. Participants were now aged 21-25 years during the follow-up study from 1997-2000, which was 65% of the individuals from the previous study. The participants consisted of 511 people with impairments and 124 people without impairments. The results signified activity limitations are determined by characteristics of the impairment. The researchers determined that approximately 50% of the young adults with developmental disabilities had a minimum of one activity limitation. The results indicated persons with one or more impairment and more severe impairments had more activity limitations than those with one impairment and/or mild impairments. Regardless of severity of impairment, the participants had more difficulty with instrumental activities of daily living (IADLs) than activities of daily living (ADLs). The participants had 48.5%

and 20.5% activity limitations in IADLs and ADLs, respectively (Van Naarden Braun, Yeargin-Allopp & Lollar, 2009).

Belva and Matson (2013) also studied activity limitations in people with profound intellectual disabilities in three separate domains: personal, domestic, and community daily living skills. The population was taken from two large support and service centers in the southeastern region of the U.S. There were 204 participants aged 27 to 85 with a profound intellectual disability included in the study. The Matson Evaluation of Social skills for severely retarded (MESSIER) was utilized to differentiate between profound and severe intellectual disability. The Vineland Adaptive Behavior Scale (VABS) was used to assess adaptive behavior, which consists of: communication, daily living skills, socialization, motor skills and maladaptive behavior domains primarily using the daily living skills domain. The results showed IADLs such as household chores and/or skills that involve time and money were more difficult. However, Belva and Matson also found age to be a factor in differences in abilities. Participants aged 30-39 required less assistance with personal cares than those aged 60 or above; this was also the case in domestic and community skills (Belva & Matson, 2013).

Not only do adults with developmental disabilities have difficulties with ADLs and IADLs, they often have limited social interactions, community integration, and leisure activities. Van Naarden Braun, Yeargin-Allsopp, and Lollar (2006) studied the relationship between childhood impairment and adult social roles in people with developmental disabilities. The researchers used a structured questionnaire to determine the significance of child impairments as an influence on social roles in adulthood. The participants were taken from the MADDS follow-up study of young adults. Participants

were diagnosed with a developmental disability by age 10 and were currently 21-25 years at the time of the study. There were three themes that evolved from their results: social roles were indicative of level of severity of impairments, there was a link between activity limitations and social roles in adults, and adult social roles were more likely to increase with postsecondary education (Van Naarden Braun et al., 2006). Comparably, Lippold and Burns (2009) studied social aspects of adults with intellectual disabilities. The researchers compared the social supports of people with intellectual disabilities and physical disabilities. Participants, 30 individuals with intellectual disabilities and 17 with physical disabilities, were acquired through specialist day centers. The Social Support Self Report (SSSR), Functional Support Inventory (FSI), and the Life Experience Checklist (LEC) were used to measure the participants' social supports, functional supports, and quality of life. Outcomes showed that adults with intellectual disabilities had a smaller social network than those with physical disabilities. Family and caregivers were the intellectual disability group's primary social supports, and they had few relationships with non-disabled people (Lippold & Burns, 2009).

Adults with developmental disabilities have a variety of impairments that affect their daily activities (Van Naarden Braun et al., 2009). Njardvik, Matson, and Cherry (1999) compared social skills in adults with ASD, Pervasive Developmental Disorder not otherwise specified (PDDNOS), and intellectual disabilities. There were 36 adults with intellectual disabilities from residential settings in Louisiana involved in the study. The groups were divided into people diagnosed with both intellectual disability and PDDNOS, intellectual disability and an ASD, and people with only an intellectual disability. The MESSIER and the social domain of the VABS were used to measure the

participant's social skills. The group with an ASD and intellectual disability had significantly poorer adaptive social skills according to the social domain of the VABS. Similar results were found with the General Positive subscale of the MESSIER; the group with ASD and intellectual disabilities had more deficits in the use of positive social skills. Although the group with ASD had greater deficits in social skills than the other two groups, all three groups showed some level of adaptive social skills deficit, indicating the wide range of social limitations in adults with developmental disabilities (Njardvik et al., 1999).

Having limitations in social interactions can also affect people with developmental disabilities abilities to successfully integrate into the community (Verdonschot, de Witte, Reinchrath, Buntinx, and Curfs, 2009). Community integration is often difficult to define due to the differences in research and measurement tool (Cummins and Lau, 2003). Cummins and Lau (2003) found that the literature and service providers define community integration as being in a location of the general public. Researchers argue that community integration is actually having a feeling of connectedness to the community (Cummins & Lau, 2003). For the purpose of this project, the authors are defining community integration as holding a meaningful role as a community member and participating and engaging in meaningful occupations within the community. Verdonschot et al. (2009) examined 23 quantitative studies to determine aspects of domestic life, interpersonal interactions and relationships, major life areas and community, social, and civic life of community integration in people with intellectual disabilities. The researchers found that people with intellectual disabilities had a harder time than people without disabilities integrating into the community because they had

smaller social networks, were less likely to be employed, and were less involved in community and leisure activities (Verdonschot et al., 2009). Thorn, Pittman, Myers, and Slaughter (2009) developed and studied the outcomes of a program to increase community integration in people with intellectual disabilities living in a large residential facility. The researchers used four categories to describe the different aspects of community integration in order to understand their aims. These categories included, "community presence", "community participation", "community integration", and "community inclusion" (p. 894). The 556 participants in the study had intellectual function that ranged from mild to profound intellectual disability. The researchers created a "therapeutic milieu" to provide learning opportunities for practice of skills required for community integration over a 2 year span. Overall, the participants had increases in all four categories of community integration through changing the facilities focus, educating staff, providing resources, and teaching further skills to residents (Thorn et al., 2009)

Leisure activities also have an impact on the ability of a person with a developmental disability to integrate into the community and other aspects of their life (Verdonschot et al., 2009). Several researchers have studied the factors that predict leisure participation in adults with developmental disabilities. Badia et al. (2011) examined environmental and personal characteristics as well as perceived barriers of people aged 17 to 65 with a developmental disability living in the community. The Spanish version of the Leisure Assessment Inventory and a questionnaire were used as outcome measures to determine personal and environmental factors of leisure participation. The results revealed that disability-related factors had no significance in limiting leisure activities at home, in social activities, and physical activities; however,

perceived barriers and personal factors affected the level of participation in leisure activities. Age and type of education had a significant impact on participation in social and at-home activities. Gender differences were evident in regard to physical activity; males were more likely to participate in physical activity than females. Time limitations and fatigue impacted the participant's perceptions for participating in at home activities. Also, participants attributed limited social activities to limited time, age, dependence on others to participate in activity, and fear of being teased (Badia et al., 2011).

Van Naarden Braun, Yeargin-Allsopp, and Lollar (2006) used the International Classification of Functioning, Disability, and Health (ICF) and a structured questionnaire to determine factors connecting childhood impairment and with their leisure activities in young adults at aged 21 to 25. The participants in the study were used from the MADDS follow-up study. Outcomes signified that the young adults without childhood impairments were involved in at least one more activity than those with childhood impairments. The most significant factors affecting the number of leisure activities participants took part in were activity limitations, educational attainment, and ability to maintain social roles in adulthood (Van Naarden Braun et al., 2006). The factors that determine leisure participation in adults with developmental disabilities are also associated with their ability for community integration and social participation. (Van Naarden Braun et al, 2006; Badia et al., 2011). Aspects of leisure, social participation, and community integration are related with the inclusion of people with developmental disabilities within their community (Badia et al., 2011; Verdonschot et al., 2009; & Van Naarden Braun et al., 2009).

Caregiver Burden

Parents who have a child with a developmental disability experience the typical stress of raising a child, with added stress that accompanies having a child with a disability. An adult with a developmental disability continues to live at home far past the time when other children leave the house to establish their own independence from parents (Seltzer, Floyd, Song, Greenberg, & Hong, 2011). Many studies described the benefits of living with an adult child with a disability. Parents feel a sense of fulfillment when they see the adult that their child has become (Rapanaro, Bartu, & Lee, 2008). Parents experience personal growth and an increase in their advocacy skills as a result of having to deal with service providers throughout their child's life (Green, 2007; Rapanaro, Bartu, & Lee, 2008). Parents are not the only family members who are impacted by having a child with a disability. Siblings and other relatives are more tolerant of those with disabilities and all members of the family gain an awareness of what is important in life (Green, 2007). Though these perceived benefits make the parenting experience and sibling relationships worthwhile, there are various negative effects that impact the life of a caregiver.

Rapanaro, Bartu, and Lee (2008) found that there are several chronic demands that caregivers face. Negative emotions such as stress, depression, and resentment, a loss of freedom and independence, burnout, extra demands and pressure, and a negative impact of family members were common adverse consequences experienced by parents and caregivers (Rapanaro, Bartu, & Lee, 2008). Challenging behaviors are highly associated with encountering negative outcomes (Dillenburger & McKerr, 2011; Rapanaro, Bartu, & Lee, 2008; Walden, Pistrang, & Joyce, 2000). Other stressors

include a lack of independence of the adult child, health problems, vulnerability, and overall care requirements (Dillenburger & McKerr, 2011; Rapanaro, Bartu, & Lee, 2008).

Parents and caregivers are mentally and physically impacted by the chronic demands of supporting an adult child with a disability at home. Yamaki, Hsieh, and Heller (2009) investigated the health status of middle age and older adult caregivers as compared to the general population. Researchers discovered that across both age groups, there was a significantly higher incidence of arthritis, obesity, high blood pressure, and activity limitations. Older caregivers also reported having two times the number of mentally unhealthy days than the general population (Yamaki, Hsieh, & Heller, 2009).

Another study by Seltzer et al. (2011) yielded similar results. Co-residing parents were found to have higher mental and physical health problems. They experienced a higher prevalence of depression and obesity, as well as increased functional impairments and poorer health quality of life overall. The results also shed light on the social impact of caregiving for an adult child with a developmental disability. Caregivers were less likely to visit with friends and other relatives. Marital stability was also negatively impacted by the chronic demands of caregiving (Seltzer et al., 2011). Emotional and social support is extremely important, as increased levels of support are connected with a greater psychological well being of caregivers (Walden, Pistrang, & Joyce, 2000).

Along with physical, mental, and social impacts, family finances are also affected by caregiving into later life. Families that had an adult child with a developmental disability living at home had significantly lower levels of job-related socioeconomic status when compared to the general population and when compared to with families

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whose child with a developmental disability lived elsewhere (Parish, Seltzer, Greenberg, & Floyd, 2004; Seltzer et al., 2011). In Parish et al.'s (2004) study regarding the economic impact of caregiving at midlife, results showed that there was a significant difference between the financial situation of families who care for and adult child with a developmental disability and the comparison population. Parents had a mean annual income of virtually $12,000 less than the mean of comparison parents. The mean level of savings was 27% lower than the savings level of other parents. The difference can be attributed to the fact that parents of adult children with developmental disabilities have decreased overall employment rates and are more likely to work part-time (Parish et al., 2004).

A major aspect of the burden that caregivers face is the stress that accompanies constant involvement with health-care systems (Cairns, Tolson, Brown, & Darbyshire, 2012; Dillenburger & McKerr, 2011; Green, 2007; Rapanaro, Bartu, & Lee, 2008). Parents encounter problems with accessing available services and have been dissatisfied with the service provision (Rapanaro, Bartu, & Lee, 2008). Many times, parents are held back from receiving assistance for their child due to insurance, third party payers, and HMOs denying their applications (Green, 2007; Rapanaro, Bartu, & Lee, 2008). Mothers of children with a disability that participated in Green's (2007) study about the benefits and burdens of caregiving noted that treatments are valued; however, advocating, negotiating, and the work involved in receiving those services is taxing and time consuming. The participant's felt that they spent a substantial amount of time energy, and financial resources on advocating and other activities because of the poorly organized and many times unresponsive service delivery system (Green,

2007). Cairns, Tolson, Darbyshire, and Brown's (2012) study provided similar points of

view. The caregivers that participated in that study felt that there was little accessible

support and information and what they were told leaned toward negativity.   The

participants in the study thought that receiving adequate services and support was

advantageous, with some even describing services as life-changing (Cairns et al., 2012).

The dissatisfaction with services has a tremendous impact on the lives of both

caregivers and the adult child. According to Cairns et al. (2012) caregivers may feel ill

informed and let down by services they receive. These experiences create a parental

distrust. Parents do not seek services because of the lack of confidence in what they will

receive, therefore deepening the unawareness of the availability of beneficial services

(Cairns et al., 2012). Due to this lack of trust and unawareness, older adult caregivers are

less likely to make plans for their own child's future as well as their own (Cairns et al.,

2012; Dillenburger & McKerr, 2011). The absence of plans lead to the parents and

caregivers to continue caring beyond the point where it is safe and healthy for them to do

so (Cairns et al., 2012).

Another factor that impacts the families' beliefs about having a child with a

disability is the families' cultural beliefs. Blacher, Begum, Marcoulieds, and Baker

(2013) investigated the extent that the child's disability status and mothers' cultural

backgrounds had on the mothers' perceived positive impact they had on their children.

There were 219 participating families in the study; those with children who have a

disability and those with typically developing children were taken from a previous

longitudinal study about the environmental contributions to behavior disorders. Two

cultures made up the study population: 168 families identified as Anglo and 51 identified

with Latino. The Family Impact Questionnaire (FIQ), a measure of parents' perception of positive impact on their child, was administered to parents for six consecutive years. The FIQ results showed that at each time of assessment, Latino mothers felt they had a higher positive impact than Anglo mothers. This also holds true for Latino and Anglo mothers who had typically developing children; Latino mothers reported a higher positive impact than Anglo mothers in five of the seven years. The results lead researchers to speculate cultural background has an impact on the perceived positive impact. Researchers found that Latino mothers tend to be more positive about their child's potential and do not place blame on the child for negative behaviors. Latino mothers may also positively accept the challenges that accompany parenting a child with a disability (Blacher, Begum, Marcoulides, & Baker, 2013).

<center>Barriers</center>

In Haigh et al.'s (2013) study about what makes a happy and satisfactory life for an individual with an intellectual disability, the researchers investigated the perspectives of 23 individuals with intellectual disabilities through asking a series of questions regarding how they felt about their lives, what is important to them, what happens when they want to make a change in their lives, and what their hopes are for the future. Participants discussed the importance of making their own choices about their lives, such as where they live, and having a sense of independence. They valued participation in meaningful activities, along with being active members of the community. It was important to them to maintain a role that was of value to them or to other people, like having a job. Having good social relationships with friends, family, and staff was also a vital contributor to happiness and satisfaction (Haigh et al., 2013).

Unfortunately, barriers exist that hinder not only happiness and satisfaction, but also functional capacity and overall independence. Parents, family members, caregivers, and residential home staff serve as essential support for adults with developmental disabilities.   They serve as gatekeepers to participation and promote engagement in meaningful occupations (Haigh et al., 2013; Mansell, Elliott, Beadle-Brown, Ashman, & Macdonald, 2002).   Parents and caregivers aid in helping the adult make important life decisions and staff serve the role of a confidant and help the adult manage difficult situations or conflict that may arise in his or her daily life (Docherty & Reid, 2009; Haigh et al., 2013; Power, 2008). However, parents and caregivers can be potential barriers to independence.   Docherty and Reid (2009) completed a qualitative study exploring the experience of mothers of young adults with Down syndrome on their journey of helping their child gain independence. The mothers felt that they needed to push their children to be motivated to do things for themselves because if they did not, their child would never gain full independence. Although the mothers felt that their effort was necessary, some stated that they felt overbearing. The authors found a common belief among mothers to be that they were inadvertently hindering their child because they did not feel that they were ready for the responsibility that accompanies more independence (Docherty & Reid, 2009). Participants from Haigh et al.'s (2013) study stated that they encounter a lack of support from their families or caregivers concerning life decisions such as getting married.   The participants experienced a greater sense of independence when they had moved out of their parents' homes (Haigh et al., 2013).

Power (2008) also examined the care giving experiences of parents of young adults with intellectual disabilities. Through semi-structured interviews, Power captured

the experiences of 25 parents in two counties in Ireland. It was found that parents experienced difficulties discerning between providing assistance and prolonging dependency. Overprotection was common among participants and they admitted that it was something they struggled with. The parents believed they tended to make all the decisions for their adult child instead of enabling them to make a personal choice. The parents felt that they did not receive enough services to help them understand when more independence was appropriate, leading to their unintentional inhibition of their child's self-determination (Power, 2008).

Staff members who work in the group homes where people with developmental disabilities reside have a similar impact on an individual's independence. Group homes are intended to provide stimulating environments that facilitate individual development (Mansell, Elliott, Beadle-Brown, Ashman, & Macdonald, 2002). Staff members control access to materials, activities, and opportunities in the home and community (Mansell et al., 2002).   They serve as outlets for social participation, friendship, and provide feedback and reinforcement that influence a person's behavior (Haigh et al., 2013; Mansell, Elliott, Beadle-Brown, Ashman, & Macdonald, 2002). Unfortunately, evidence exists that demonstrates there is little interaction between staff members and residents of the home, as well as little participation in meaningful activities (Felce & Perry, 1995; Jones et al., 1999). Felce and Perry's (1995) completed a study examining the impact of staffing, the severity of disability, staff interaction, and the degree of resident activity within 15 group homes for adults with disabilities. The researchers went into the group homes and observed resident activity and staff interactions. Results showed that higher resident ability correlated with more staff interaction. Even though the most disabled

resident received increased assistance, the average time spent with a resident regardless

of severity of disability was between two and three minutes per hour. The majority of the

residents time was spent participating in passive activities, such as watching

television. The amount of activity engagement also correlated with the residents'

functional ability. There was little to no resident participation in domestic or functional

activities within the residence (Felce & Perry, 1995).

Staffing in group homes often fluctuates (Felce & Perry, 1995; Jones et al.,

1999). The turnover rate among group home staff is high. In some cases, new staff

members are not adequately trained on how to facilitate activity engagement (Jones et al.,

1999).

Residents are impacted by these environmental and social factors. Participants in

Haigh et al.'s (2013) study described how ending relationships with staff because they

leave is an emotional experience for the person. Another participant felt occupationally

deprived when he could not be taken on desired community outings because of staff

limitations. He stated that he "feels miserable" (p. 26) when he asks staff to go out and

they say no (Haigh et al., 2013).

Having meaningful relationships with family, caregivers, staff members, friends,

and significant others are necessary elements of adults with developmental disabilities'

overall well-being (Knox & Hickson, 2001). Like typical adults, friends for adults with

developmental disabilities are a source of support and share common interests with each

other (Knox & Hickson, 2001).   Social participation is also linked to a reduction in

mortality risk along with benefitting a person's mental health (Seeman,

1996). Nevertheless, there are social barriers experienced by adults with developmental

disabilities that prevent them from full social participation.   The majority of the friends or significant others that a person with developmental disabilities has are family members, staff members, or other people with a disability, not other members of the community (Knox & Hickson, 2001). Abbott and McConkey (2006) explored how adults with developmental disabilities viewed their inclusion into social situations. Through the use of focus groups, researchers interviewed 68 individuals about their social experiences. Responses revealed a sense of exclusion; participants felt they received mixed responses from community members. People either accepted them or did not respond to them, talk to them, or include them in social activities.   Some participants believed they had been ostracized because of their disabilities. Many respondents commented on how they did not think there were an appropriated amount of social opportunities for them in the community. Those who were living in supported living environments expressed that they had more opportunities available. Housing locations, availability of staff, and lack of affordable and accessible transport limited participation (Abbott, S., & Mcconkey, R., 2006).

Not only are these circumstances social barriers, but society itself has a significant impact on the inclusion of people with disabilities.   When exploring parental views of caring for an adult with a disability, Power (2008) also discovered that society has a significant impact on the parents' experience of caregiving. Social norms inferring that people with disabilities are fully dependent on caregivers contribute to the trend of parental overprotection. Parents encountered negative reactions such as: verbal comments, uncomfortable body language, and strange looks, that made them (as a family) feel as if they did not belong in the community (Power, 2008).

These stereotypes and negative beliefs are not only evident in communities, but also in healthcare facilities. Lewis and Stenfert-Kroese (2010) investigated nursing staff attitudes and emotional reactions concerning patients with an intellectual disability as compared to a patient with a physical disability in a typical hospital setting. After analyzing the responses from the nursing staff of six general hospitals, the results were less than positive. The results indicated that nursing staff members had a significantly less positive attitude about patients with an intellectual disability than a patient with a physical disability. Nursing staff disclosed that patients with an intellectual disability would more likely be segregated in a corner room because, those patients were suspected to be more difficult to nurse, more emotional, aggressive, distressed, and less cooperative. The nurses were less likely to carry out invasive procedures, more likely to ask caregivers to stay to assist with self-care tasks, and less likely to spend appropriate time explaining care plans or asking the patient if they were in pain. As for the nursing staff's emotional reactions, they reported that they were more likely to feel hopeless, anxious, frustrated, scared, and awkward when working with those with an intellectual disability compared to a person with a physical disability. Nursing staff members responded saying that their skills and training in regards to people with intellectual disabilities was insufficient (Lewis & Stenfert-Kroese, 2010). Power (2008) commented on these inappropriate society assumptions, saying " Only when the disablist assumptions in professionals' work practices and gatekeepers to services are challenged, can adults with ID have control over their lives, and barriers be removed to family members facilitating independence," (p. 841).

Role of Occupational Therapy

Occupational therapists have a wide variety of skills that aid in increasing independence in adults with developmental disabilities (Anderson, 2011). They focus on all aspects of the person, organization, and populations and their engagement in occupations (AOTA, 2008). According to Felce & Perry (1995) adults with developmental disabilities are not participating in functional activities rather are spending their time in more passive activities regardless of their abilities. Adults with developmental disabilities often have limitations in ADLs, IADLs, leisure participation, social participation and inclusion, and community integration (Belva & Matson, 2013; Cummins & Lau, 2003; Njardvik et al., 1999; Van Naarden Braun, Yeargin-Allopp & Lollar, 2009; Van Naarden Braun et al., 2006; & Verdonschot et al., 2009). Not only are occupational therapists trained in these areas of occupation, but they also incorporate the person's values, beliefs, and spritually to help bring meaning to what adults with developmental disabilities do in their daily lives (AOTA, 2008). Occupational therapists are able to use activity analysis to determine the grade of an activity and determine the performance skills required for an activity (AOTA, 2008). These skills allow occupational therapists to play an important role by increasing independence in adults with developmental disabilities in all areas adults they are experiencing limitations (Campbell & Herge, 2000)

CHAPTER III

METHODOLOGY

The product included in its entirety in Chapter IV is an intervention guide that was created for use by occupational therapists working with individuals in group homes for adults with developmental disabilities. The group activities within the intervention guide can be implemented by therapists working in a group home to help adults with developmental disabilities develop skills in the occupations of social participation and leisure exploration and participation, as well as establish skills that will help the individuals become active and successful members of the community. The interventions in the manual were created to specifically address four areas of occupation: social participation, leisure exploration and participation, and community integration. Another feature of the intervention guide is a listings of appropriate evaluations for each area of occupation. The interventions within the guide can be implemented at any point after proper evaluation and do not need to be used in any specific order. Each intervention includes a description of objectives, materials needed, settings, step-by-step directions about how to complete the activities, and ideas for grading possibilities. An in-service presentation is also included to educate support professionals within a group home about the importance of occupational participation and the use of the intervention guide.

The process for developing this intervention guide began with a discussion about personal experiences regarding working in group homes for adults with developmental disabilities. From the student therapists' perspectives, the individuals living in group

homes hardly participated in any activities, thus hindering any potential the person had toward a meaningful participation in daily activities.

The discussion led to a literature review to explore various aspects contributing to the life of an individual with a development disability. The areas researched included: types of developmental disabilities, the aging population of individuals with a developmental disabilities, caregiver burden, and barriers to living an independent life. The occupational therapist's role when working with adults of this population was also investigated.

An essential aspect of the lives of adults with developmental disabilities was also considered throughout the literature review; that being the functional limitations typically encountered by adults with developmental disabilities. Specifically, the type and severity of limitations, the areas of occupation impacted, and the services available to address these areas were researched. In order to complete the literature review the authors of this project used various Internet search engines, such as CINHAL and PubMed, as well as peer-reviewed and educational journals.

The review of literature revealed that in general individuals with developmental disabilities are aging and living longer (Fesko, Hall, Quinlan, & Jockell, 2012). Throughout their lifespan, they encounter functional impairments that impact areas of occupation including social participation, leisure exploration and participation, and integration into the community. These functional impairments lead to added caregiver burden. The lack of services received also contributed to an increased caregiver burden.

Because of the stresses of caring for an adult with a developmental disability, many of these individuals live in group homes. While these environments were created to facilitate more involvement in meaningful activities, research shows that much of the individuals' time spend in the group home is taking part in passive activities, such as watching television. The individuals are dependent on the support of the staff to participate in valued occupations (Mansell, Elliott, Beadle-Brown, Ashman, & Macdonald, 2002; Abbott & McConkey, 2006).

It was also found that occupational therapists' skills are not being utilized in regard to this area of practice.   With evidence in the literature showing that these adults are suffering from occupational deprivation in three areas of occupation, adults with developmental disabilities are demonstrating a demand for occupational therapy services (Badia et al., 2011; Lippold & Burns, 2009; Njardvik, Matson, & Cherry, 1997; & Verdonschot et al., 2009). The intervention guide and in-service presentation may serve as a valuable tools to advocate for more occupational therapy involvement with this population and give therapists the means to begin services.

The group interventions included in *Promoting Social Participation, Leisure, and Community Integration for Adults with Developmental Disabilities: An Intervention Guide* were created by the authors and some were adapted using materials from other resources and authors. Cole's Seven Steps were not used in their entirety but they were also used to guide the structure of the group activities (Schwartzberg, Howe, & Barnes, 2009). Each intervention focuses on skills or occupations needed to increase involvement in social participation, leisure exploration and participation, and community integration. The interventions were created for use with adults with developmental

disabilities with a wide variety of functional ability. *The Occupational Therapy Practice Framework: Domain and Process, 2ᵉᵈ Edition* (American Occupational Therapy Association, 2008) was used to define the areas of occupation addressed and was also used to guide the creation of the interventions in the manual.

The Ecology of Human Performance (EHP) was used to guide the development of this scholarly project and is foundational to the product, *Promoting Social Participation, Leisure, and Community Integration for Adults with Developmental Disabilities: An Intervention Guide.* According to Cole and Tufano (2008) ecology is defined as "the transactions between persons and their contexts" (p. 117). The relationship between a person and context is transactional; what happens with one has an impact on the other (Dunn, Brown, & McGuigan, 1994). Occupational engagement is dependent on the physical, social, temporal, and cultural contexts for adults with developmental disabilities. When personal factors and context are consistent, a person will have a larger performance range, or more opportunities to engage in a wide variety of tasks (Turpin & Iwama, 2011).

CHAPTER IV

PRODUCT

Based on the literature reviewed in Chapter II of this document, adults with developmental disabilities are experiencing occupational deprivation in the occupations of leisure, social participation, and community integration. The population would benefit from skilled occupational therapy interventions to increase occupational performance and promote independence within the community. In order to address this problem, the in-service presentation and intervention guide were designed for occupational therapists working in or consulting with group homes for adults with developmental disabilities. The activities in the guide also serve as a resource for group home staff. The in-service presentation provided is to be given by occupational therapists prior to use of the intervention guide in order to educate administrative personnel, as well as group home managers and staff. The in-service includes a PowerPoint® presentation with notes to aid presenters.

The activities are laid out in a structured manner and include objectives, preparatory activities for the therapist and/or staff members, materials needed, the activity itself, and examples of reflective questions to aid the participants' learning. Grading possibilities are also included if the therapist or staff needs to adjust activities to meet the needs of a wide array of individuals. The time limits for the activities range from 45 minutes to 2 hours.

The intervention guide's purpose is to serve as a starting point for occupational therapists working in or consulting with group homes to help the staff members facilitate occupational engagement in the addressed areas. Many of the activities overlap each other and are not limited to the area of occupation they are included under.   Though the activities are categorized under a specific area of occupation, many of the interventions are not limited to that area of occupation and will also meet the needs of clients in other areas addressed in the intervention guide.

Promoting Social Participation, Leisure, and Community Integration for Adults with Developmental Disabilities: An Intervention Guide

Joelle Evenson, MOTS

Rebekah Miesbauer, MOTS

Gail Bass, Ph.D., OTR/L
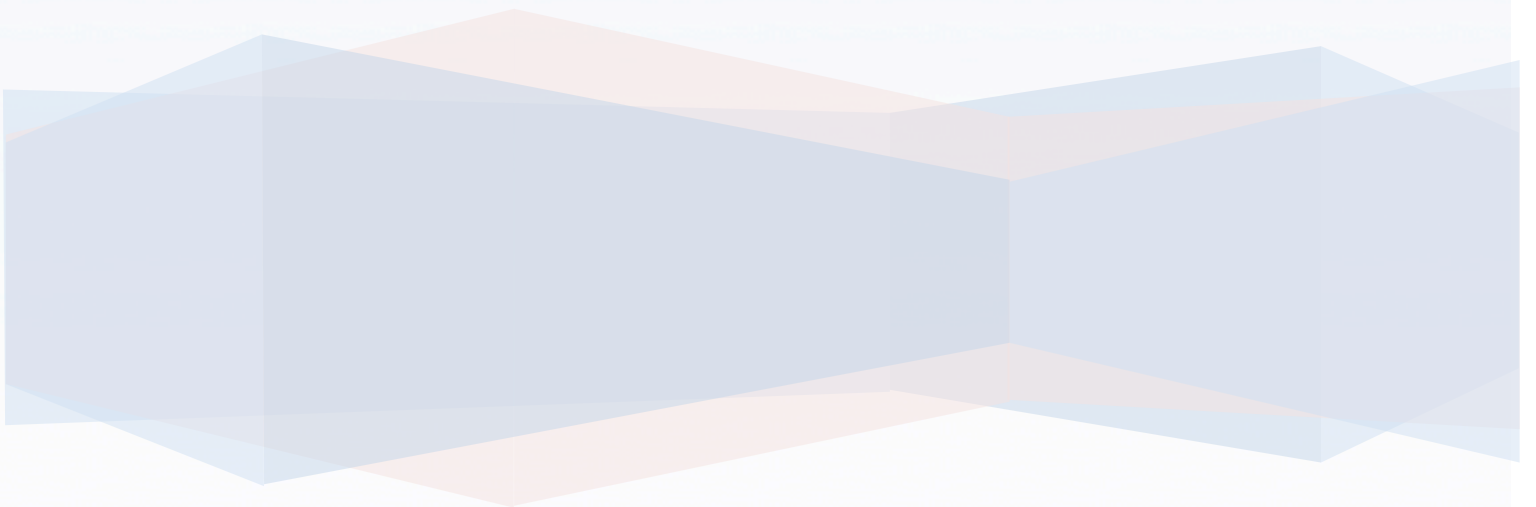
Introduction

The in-service presentation and intervention guide were designed for occupational therapists working in or consulting with group homes for adults with developmental disabilities. The activities in the guide also serve as a resource for group home staff. The in-service presentation provided is to be given by occupational therapists prior to use of the intervention guide in order to educate administrative personnel, as well as group home managers and staff. The in-service includes a PowerPoint® presentation with notes to aid presenters.

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IN-SERVICE PRESENTATION
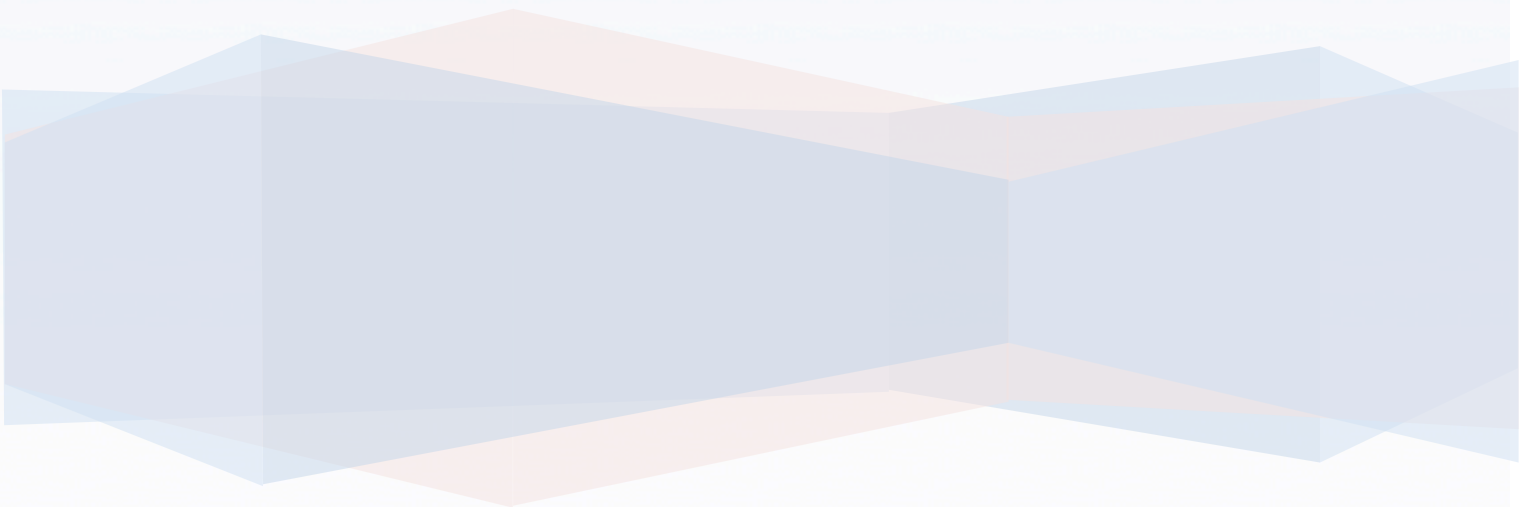
INTERVENTION GUIDE
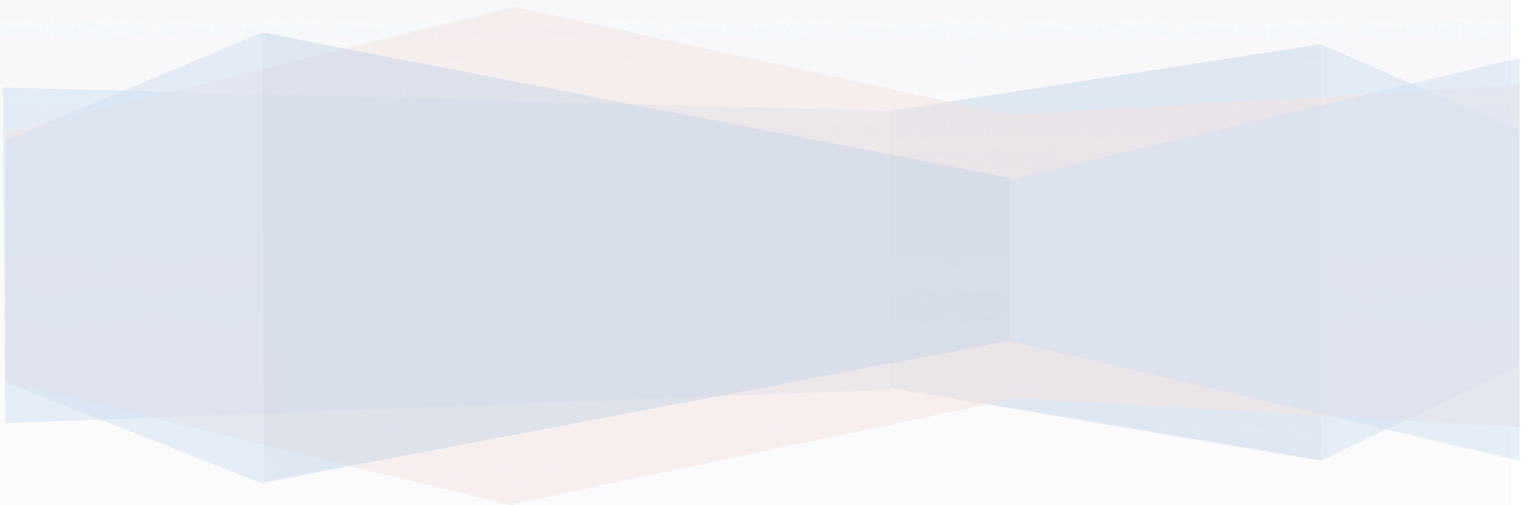
Social Participation

Definition:

"Organized patterns of behavior that are characteristic and expected of an individual or a given position within a social system." (Mosey, 1996, as cited by AOTA, 2008, p 633)

Recommended Assessments:

Participation Scale (P-Scale) Version 4.8 (2006)
Authors: Wim van Brakel, Alison M. Anderson, R.K. Mutatkar, Zoica Bakirtzief, Peter G. Nicholls, M.S. Raju, Robert K. Das-Pattanayak

RAND Social Health Battery (RAND SHB) (1984)
Author: The RAND Corporation

Assessment of Communication and Interactions Skills, Version 4.0 (ACIS) (1998)
Authors: Kirsty Forsynth, PhD, with Marcelle Salamy; Sandy Simon; Gary Kielhofner, DrPH, OTR, FAOTA

Title: Listening to Your Peers

Objectives:
1. To be able to listen to a peer or friend without interrupting and be able to understand what they are saying
2. To successfully use communication to explain and describe a common object and its location

Setting: In a quiet room with tables and chairs

Preparation: Find common objects the group members are familiar with and would be able to explain easily. There should be one for each individual in the group.

Materials needed: Common objects, one for each group member

Individual or Group: Group activity

Performance skills Addressed:

Skills Addressed	Example of How Skill is Addressed
Emotional Regulation Skills	Manage frustration if there is difficulty in explaining common object and/or frustration if unable to understand where and what the object is
Cognitive Skills	The ability to attend to the task Looking at the object and understand what it is Processing what partner is explaining Understanding where it can be found
Communication and Social Skills	Communicating with partner by using listening skills Using sustained attention to what partner is describing The ability to describe an object.

Intro: Explain the objectives of the session to the participants and supportive staff. Discuss what activities will be completed and the time frame for the session.

Warm-up: Break the group into pairs. Have each individual find out their partner's name, where they are from, and one thing they like to do. After everyone is finished, have the group members go around the room and introduce their partner to the group stating their name, where they are from, and one thing they like to do. Once each group has gone, ask probing questions such as:

- How do you show good listening skills?
- Which of those skills did you use for the warm-up?

Activity:

1.   Have the group members split up into pairs.

2.   Give each group member a common object that is familiar to him or her.

3.   Have them hide the object within the room.

4.   Have the pair take turns describing the object and where to find it.

5.   Explain the importance of listening carefully for the directions in order to find the correct object.

6.   Once each person in the pairs has found their object, have them come back and sit down at the table.

Wrap-up: *Ask the following questions:*

- What listening skills did you have to use?
- How can these skills help you when you are with your peers or friends?
- Why is it important to listen to your peers?

Possible Grading:

More challenging: If the group is higher functioning, add probing questions in order for group to generalize listening skill to other aspects of life.

Less challenging: Instead of the group doing the activity in pairs, the therapist can explain the common objects and where to find them within the room. Also, instead of asking probing questions for discussion, the therapist or facilitator can explain the benefits of listening to peers. The activity benefits include helping the members to better understand their peers, friends, family members, and other people within the community and makes communication easier.

Smaller group: If unable to compete this activity as a large group, this can be done individually or with only 2 individuals. Use a similar format as above.

Title: Body Language

Objectives:
1. To verbalize an understanding of emotions portrayed through body language
2. To have the participants understand how body language influences relationships with other people

Setting: In a quiet room with tables and chairs.

Preparation: Find clips of news, sitcoms, parts of movies, etc. These can be taken from youtube.com or video segments from television and/or movies. Use clips that portray feelings such as angry and/ or an argument, happy, sad, confused, nervous, annoyed, embarrassed, etc.

Materials needed: A television, a DVD player, access to youtube.com, video clips, news clips, and television clips.

Individual or group: Group

Performance skills addressed:

Skills Addressed	Example of How Skill is Addressed
Emotional Regulation Skills	Manage frustration if there is difficulty with any of the activities completed
Cognitive Skills	The ability to attend to the task Being able to process what emotion is being portrayed in the warm-up and activity
Communication and Social Skills	The ability to communicate which emotion is being portrayed The ability to appropriately interact with others Respecting group member's space and responses

Intro: Explain the objectives of the session to the participants and supportive staff. Discuss what activities will be completed and the time frame for the session.

Warm-up: The therapist will hand each person in the group a slip of paper describing an emotion such as: sad, happy, excited, angry, confused, nervous, annoyed, embarrassed, surprised, or tired. Have each person in the group portray their emotion without using any words. Have other members guess what emotion is being portrayed. After each person has gone, ask the following question:

*   How does body language affect interactions with peers and family?

Activity:

1. Have the group members split into pairs. The pairs should be group members who are not usually partners or good friends.

2. Have the pairs practice initiating a conversation. Allow them to discuss any appropriate topic they desire.

3. Encourage each person try to learn something new about his or her partner.

4. Have one person in each pair rotate to another partner.

5. For each turn, the participants will initiate a conversation with his or her partner. This will continue until each person is back to his or her original pair.

6. Remind the group to use the skills talked about in the warm-up to initiate conversation with their peers.

Wrap-up: *Ask the following probing questions:*

- What skills did you use to initiate conversation with your partners?
- What worked well?
- How can you use these skills in other social settings?

Possible grading:

More challenging: Have the participants ask 2 or 3 questions before switching to allow a longer conversation with a single person. Also, for the warm-up activity, alter the "Initiating Conversation" worksheet to challenge the participants to choose the correct response.

Less challenging: Give verbal cues to the group members to assist in initiating a conversation with their partner. Provide cue cards with pictures or written directions. The Attainment Company has a set of cards that may be useful called "Explore Social Skills Card Set". For the warm-up activity, alter the "Initiating Conversations" worksheet to be less difficult for the clients to have to choose the correct response.

Individual group: Role-play proper communication skills with the individual.

Smaller group: In a smaller group, have the clients ask 2 or 3 questions before switching to allow more time to be spent on carrying on a longer conversation with a single person.

Resource:
The Explore Social Skills Card Set from the Attainment Company is $29.00 and can be purchased from **http://www.attainmentcompany.com/explore-social-skills.** The cards are for adolescents and adults with developmental disabilities. The cards focus on 50 social skills and provide step-by-step instructions.

Initiating Conversation

Choose the appropriate behavior when initiating conversation between each scenario.

1.

excuse me	interrupting

2.

Hi, i'm Bob, what's your name?	Who are you?

3.

Let's not include him	Would you like to join us?

4.

I'm going to get you	Glad to meet you
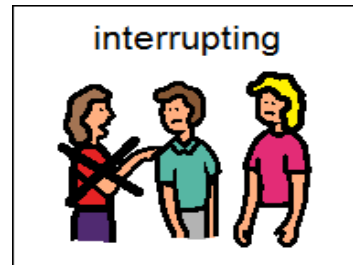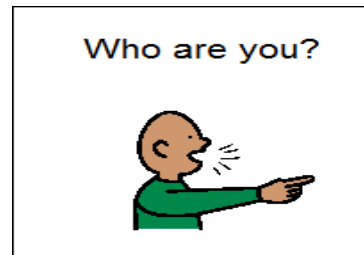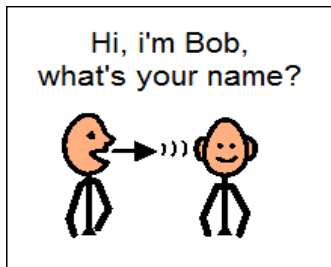
Pictures were created through Boardmaker®
Title: Setting Boundaries

Objectives:
      1.   Identify appropriate boundaries while socializing with friends
      2.   Demonstrate appropriate boundaries with group members

Setting: A quiet room with a table and chairs.

Preparation: Prepare a list of examples of boundaries, both appropriate and inappropriate, that some of the clients portray.

Individual or group: Group

Performance skills addressed:

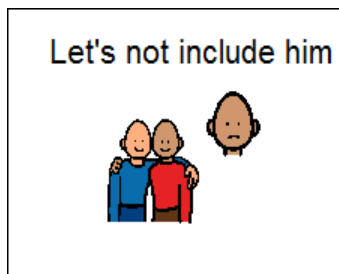| Skills Addressed	Example of How Skill is Addressed
Emotional Regulation Skills	Manage frustration with activity and warm up
Cognitive Skills	Attending to the task Choosing appropriate versus inappropriate behaviors
Communication and Social Skills	Communicating with others by participating and responding to questions during discussion

Introduction: Explain the objectives of the session to the participants and supportive staff. Discuss what activities will be completed and the time frame for the session.

Warm-up: Describe to the group that boundaries are the physical and emotional distance maintained between you and another person. Give examples of appropriate and inappropriate boundaries such as: hugging a person you just met as an inappropriate boundary or shaking a hand of someone you just met as an appropriate boundary.

Activity:

1.   Demonstrate the behaviors the clients often portray.

2.   After each demonstration, have the group decide whether each demonstration is an appropriate or inappropriate boundary.

3.   Possible examples could be:
      a.   Yelling at friends
      b.   Talking in an inside voice
      c.   Touching your peers when they don't want to be touched

d. Standing arms length away from new people
e. Using violence like kicking and screaming to get a point across

Wrap-up: *Ask the following questions*:

- What is wrong with the inappropriate behaviors?
- Why are the appropriate boundaries good?
- When can you use the appropriate boundaries in your daily life?

Possible Grading:

More challenging: Have the group members identify behaviors they have personally witnessed or situations that have been involved in.

Less challenging: Use extremely exaggerated demonstrations of positive and negative behaviors.

Title: What's for Dinner?

Objectives:
1. To fix a dinner with the other members of the household by working together
2. To successfully use communication and social skills to complete the task and have a meaningful conversation with others

Setting: The kitchen of the group home

Preparation: Find a recipe to use for the dinner that would be appropriate for the abilities of the group members, have all ingredients and kitchen supplies ready prior to starting session.

Materials needed: Kitchen space (i.e. countertops, stove, oven, etc.), recipe for the meal to be cooked, food supplies, cooking utensils, and place settings (plates, cups, silverware, etc.)

Individual or group: Group

Performance skills addressed:

Skills Addressed	Example of How Skill is Addressed
Emotional Regulation Skills	Manage frustration if the recipe does not turn out correctly
Cognitive Skills	Sequencing of steps of a recipe
Communication and Social Skills	Delegating tasks Communicating with others about borrowing supplies Conversation while eating dinner

Introduction: Explain the objectives of the session to the participants and supportive staff. Discuss what activities will be completed and the time frame for the session.

Warm-up: *Ask the following question to the group*:

- What needs to happen in order to eat a dinner together?
- What is appropriate to talk about during a meal together?
- How do you ask for an item when preparing the meal or when you want something during dinner?

Activity:

1. Read the recipe out loud to the participants.

2.   Help the participants choose which task they would like to complete. Everyone must agree before the group can move on to the next task. Tasks may include, but are not limited to: cooking the main dish, cooking the side dish, pouring the drinks, and setting the table. All participants must take part in the after-dinner clean up.

3.   Have clients complete the task they are delegated. While waiting for all components of the dinner to be baked, cooked, etc., have participants whose job is completed play a game together in living area. Assign one person to be the "safety manager" and check on the food if it is in the oven.

4.   When all parts of the meal are prepared, have the person who made the food item bring it to the table to eat family-style. Family-style is a dining style in which all food items are brought to the table in bowls or on serving platters and everyone is served at the table by passing food items around. If any diet regulations, such pureed or mechanical soft food only, are needed, make sure appropriate steps are completed before sitting at the table so everyone can eat at the same time.

5.   While eating dinner, have the participants decide on a topic that they would like to discuss. Examples of topics could be favorite movies, favorite actors, favorite memories, etc.

Wrap-up: Have the group members clean up after eating. When everyone is finished cleaning, ask the group the following question:

- Why was making the dinner successful/unsuccessful?
- Have each participant discuss what his or her favorite part of making the meal together.

Possible grading:

More challenging: If the group is higher functioning, take on a supervisory role and allow group members to read the recipe and delegate who does what task.

Less challenging: Instead of reading the recipe out loud, create picture cards demonstrating each step of the recipe to use as visual cues.

Smaller group: If unable to compete this activity as a large group, have two participants make a dessert together. Use a similar format as above.

Title: Movie Night: Part I

Objective:
1.   To plan and enjoy a movie night with a friend
2.   To learn appropriate language and social skills for using telephone.

Setting: A group home living area with a television

Materials needed: A telephone

Individual or group activity: Individual

Performance skills addressed:

Skills Addressed	Example of How Skill is Addressed
Emotional Regulation Skills	Demonstrate appropriate emotions during interactions with friend
Communication and Social Skills	Calling a friend on the phone and discussing what the two would like to do together

Introduction: Explain the objectives of the session to the participant and supportive staff. Discuss what activities will be completed and the time frame for the session.

Warm-up: Ask the individual who his or her best friend is outside of family members, housemates, and staff. Have him or her describe the person by creating a name poem using the list of adjectives provided. An example of a name poem is included. When the person is finished, explain the importance of spending time with that best friend with an emphasis on how it makes them feel.

Activity:

1.   Demonstrate effective and polite phone skills to the person, such as finding the number in a phone book, proper greetings, how to ask if someone is available, how to discuss plans on the phone, and how to end the conversation.

2.   Create a conversation plan with the individual. The conversation plan should be an outline of what needs to be discussed during the phone conversation.   This can serve as a visual cue. Examples of what could be included in the conversation plan are, but are not limited too, the date that the person wants the friend to come over and the time that the movie will start

3.   Practice making the phone call using role-play. Provide positive reinforcement when the individual displays an understanding of the skills. If the person makes a mistake,

demonstrate what the person should do instead.

4. When the person appears to be ready, have him or her make the phone call. Provide verbal cueing if needed.

Wrap-up: Explain to the person the importance of proper phone skills. Ask the following question:

- "Besides calling your friends, when will you use what we learned today?" Examples could be emailing, texting, and using social media.

Possible grading:

More challenging: Forgo role-playing and have the person calling, giving feedback after the call. To challenge the person further, do not create a conversation plan.

Less challenging: Have the person coordinate a movie night with another housemate instead of requiring them to call a friend from outside the home.

Title: Movie Night: Part II

Objective:
1.   To plan and enjoy a movie night with a friend
2.   To use appropriate language and social skills with friend.

Setting: A group home living area with a television

Materials needed: A television, movies to choose from, and any snacks participants' want

Individual or group activity: Individual

Performance skills addressed:

Skills Addressed	Example of How Skill is Addressed
Emotional Regulation Skills	Demonstrate appropriate emotions during interactions with friend
Communication and Social Skills	Appropriately greeting a friend Introducing his or her to the therapist Having meaningful conversations.

Introduction: Explain the objectives of the session to the participant and supportive staff. Discuss what activities will be completed and the time frame for the session.

Warm-up: Review the plan with the individual. Assist the person in making popcorn or any other treat that he or she wants to have for the movie night.

Activity:

1.   Have the individual greet their friend at the door and introduce the friend appropriately to the therapist. Use cueing as needed.

2.   Choose three movies that the two can choose from. Have the friends talk among themselves to decide which movie they would like.

3.   Watch the movie.

Wrap-up: After the friends finish the movie, ask them what they liked about the movie or what they did not like in order to facilitate more conversation. Reiterate the importance of doing activities, such as watching a movie, with friends and family.

Possible grading:

More challenging: Require the two to go to the store and decide on what treat they would like, as well as choose a movie from a Redbox®. Provide no cueing for introductions.

Less challenging: Limit the movie choices to the decision-making demand. If a person uses a communication device, practice finding and using introductory words and phrases before the friend arrives.

Title: Social Media: The "Rights" and the "Wrongs"

Objective:
      1.   To understand how to use social media safely and effectively
      2.   To use social media with appropriate social skills.

Setting: In a group home or day center

Materials needed: A computer, smart phone, or tablet with Internet capabilities

Individual or group activity: Can be individual or group; group members included in this intervention should have the capability and interest in using social medias.

Performance skills addressed:

Skills Addressed	Example of How Skill is Addressed
Communication and Social Skills	Learning how to present self on a social media website Learning what to post and what not to post
Emotional Regulation	Managing frustrations with technology if it does not work right away
Cognitive Skills	Determining between appropriate and inappropriate behaviors on social medias

Introduction: Explain the objectives of the session to the participants and supportive staff. Discuss what activities will be completed and the time frame for the session.

Warm-up: Using the logo handouts (see attached handout) from three popular social media sites (Facebook, Twitter, and Instagram) have the group name the website and what it is used for. If they are unsure, describe what the sites are and what they are used for.

Activity:

1.   Ask the members what type of social media they are familiar with. Use page 1 of the Social Media How-To Guide to facilitate discussion about and educate group members on the types of social media.

2.   Give users times to explore the various websites available (about 20 minutes).

3.   Discuss the etiquette and safety rules using page 2 of the Social Media How-To Guide. Ask users for examples of what they have seen on websites or what they have done themselves.

Wrap-up: Give each member the Social Media How-To Guide. Survey the group about how many are interested in creating their own site or making edits to their current pages. Reinforce the importance of the safety and etiquette.

Possible Grading:

More challenging: Instead of just learning about how to safely use the types of sites, have the group members create their social page and/or edit their pages accordingly.

Less challenging: Focus on one type of social media at a time.

Individual session: Make this intervention client-centered by educating the person about the website he or she is interested in. Go step by step through instructions of how to set it up, what information to put on the page, etc.

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Social Media How-To Guide

What types of social media exist?
- Social Networking sites
    - Allow you to connect with others
    - Example: Facebook
- Bookmarking sites
    - Allow you to save and organize links from different websites
    - Example: Pinterest
- Social News
    - Allow people to vote on various articles from the Internet
    - Example: Reddit
- Media Sharing
    - Allows you to upload and share videos and pictures
    - Example: YouTube
- Microblogging
    - Have a focus on sending short messages that followers receive
    - Example: Twitter
- Blogs and Forums
    - Allow users to have a conversation by posting messages
    - Examples: HuffingtonPost

The "Do's" of posting information
- Be nice!
- Be respectful!
- Think about what you want to post before you post it
    - Example: Would you want your mother to see it?
- If someone is being mean or hurtful, notify someone, but ignore the bully.
- Use the privacy settings to protect yourself.

The "Don'ts" of posting information
- Do not post explicit, illegal, or offensive material.
- Do not share extremely personal information.
    - Example: Details of a relationship break-up
- Do not create or share too many posts a day.
- Do not share any personal information with someone you do not know.
- Do not fight with others. Everyone has his or her own opinion.

REMEMBER: WHAT YOU POST CAN BE SEEN BY EVERYONE!

Leisure

Definition:

"A nonobligatory activity that is intrinsically motivated and engaged in during discretionary time, that is, time not committed to obligatory occupations such as work, self-care, or sleep" (Parham & Fazio, 1997, as cited by AOTA, 2008, p 632)

Recommended Assessments:

Idyll Arbor Leisure Battery (IALB) Leisure Assessment Inventory (2001)

Authors: Barbara A. Hawkins, ReD; Patricia Ardovino, PhD, CTRS; Nancy Brattain Rodgers, PhD;Alice Foose, MA; Nils Ohlsen

Knowdell Leisure and Retirement Activities Card Sort

Publisher: Career Research & Testing

Modified Interest Checklist

Publisher: Model of Human Occupation Clearinghouse

Title: What Do I Like to Do?

Objectives:
      1.   To identify enjoyable leisure activities
      2.   To use appropriate language and social skills.

Setting: In a quiet room with tables and chairs.

Preparation: Alter the Activity Card Sort to only include leisure activities.

Materials needed: Activity Card Sort Assessment

Individual or group: Group or individual activity

Performance skills addressed:

Skills Addressed	Example of How Skill is Addressed
Emotional Regulation Skills	Manage frustration if there is difficulty with the activities
Cognitive Skills	Attending to the task Process what each activity is and choose relevant activities
Communication and Social Skills	Communicating decisions with therapist (does not have to be verbal, may also be pointing to selected activity on the cards)

Introduction: Explain the objectives of the session to the participants and supportive staff. Discuss what activities will be completed and the time frame for the session.

Warm-up: *Ask the following question to the group*:

- What are some fun things you like to do?
- How often do you participate in those activities?
- What activities would you like to do that you don't get to do?
- What do you need to be able to participate in those activities?

Activity:

1.   Complete the Activity Card Sort with each group member/individual.

2.   Encourage each person to pick out five activities he or she enjoys participating in. (it may be beneficial to write each person's top five activities for future interventions).

Wrap-up: *Ask the following questions:*

- How often do you participate in the activity?

- What are some reasons you don't participate in these activities?
- How can you include your peers in the activities you chose?

Discuss the importance of involving themselves in leisure activities, i.e. it gives them something to do, it makes them happy, keeps them active at home and in the community, and can increase their social participation with peers and friends.

Possible grading:

More challenging: If the group is higher functioning, take on a supervisory role and allow group members to discuss ways they can participate in the activities more often. Ask more probing questions to understand why they chose the activities.

Less challenging: Instead of using the Activity Card Sort in a group, use it as an individual intervention. Use more instructing and educating rather than discussion if person or group is nonverbal or required more structure and cueing.

Title: Setting Priorities

Objectives:
1. To identify the activities the individual values the most
2. To prioritize the list from most valued to least valued

Setting: In a quiet room with tables and chairs.

Preparation: Bring the list of top five leisure activities from the previous session.

Materials needed: Activity Card Sort

Individual or group: Group

Performance skills addressed:

Skills Addressed	Example of How Skill is Addressed
Emotional Regulation Skills	Manage frustration with activity
Cognitive Skills	Attending to the task Prioritizing activities
Communication and Social Skills	Communicating with others by participating and responding to questions during discussion

Introduction: Explain the objectives of the session to the participants and supportive staff. Discuss what activities will be completed and the time frame for the session.

Warm-up: Discuss how sometimes time has to be spend doing unwanted activities when there are other activities that seem more enjoyable. Stress that it is important to set priorities so that time can be spend doing enjoyable activities. Have the group members think back to the last session and recall the activities they chose in the activity card sort. They can also choose other activities if the Activity Card Sort did not include activities they enjoy participating in.

Activity:

1. With the list made during the warm-up activity, have the group members choose their favorite activity.

2. Explain to the participants that making time to participate in their favorite activity should be very important to them in order to live a healthy and balanced life.

3. Assist participants in sequencing their favorite activities from most important to least important.

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4.	Describe to the group that priorities may differ between each individual. Discuss the importance of respecting other people's priorities.

5.	Have the group compare their activities to see if they share interests.

Wrap-up: *Ask the group the following questions*:

- How often do you participate in these activities?
- What limits you from doing these activities? Give examples such as: money, staffing, planning.
- How can you overcome these barriers?

Possible Grading:

More challenging: Have the group create goals related to each activity that include a timeline for when they will participate in their desired activities.

Less challenging: Instead of having the group members recall their activities from the previous session, give the group members the cards they chose from the Activity Card Sort. Use an educating mode to teach the group members how setting priorities is beneficial to increase their time participating in leisure activities.

Title: Finding time!

Objectives:
      1.   To incorporate time management skills to see where time is spent
      2.   To identify times that could be used for leisure participation

Setting: In a quiet room with tables and chairs.

Preparation: For each individual in the group, draw a schedule on a piece of easel paper including the days of the week and hours from when they wake up to when they go to bed.

Materials needed: Easel paper, glue sticks, and pictures of daily activities

Individual or group activity: Group

Performance skills addressed:

Skills Addressed	Example of How Skill is Addressed
Emotional Regulation Skills	Manage frustration with activity
Cognitive Skills	Attending to the task Understanding the concept of time The ability to color code based on time
Communication and Social Skills	Communicating with others by participating and responding to questions during discussion

Introduction: Explain the objectives of the session to the participants and supportive staff. Discuss what activities will be completed and the time frame for the session.

Warm-up: Have the group members recall the discussion about setting priorities. The group was about prioritizing daily activities such as completing morning routine before going to breakfast with a friend or finishing chores before playing a game.

Activity:

1.   Explain to the group that they will make a schedule to help them prioritize their time.

2.   Give each group member a schedule

3.   Have the group members' fill in times of the schedule that they are busy with pictures included in this intervention (pictures attached). Provide assistance if necessary.

4.   Have them use a glue stick to place the pictures in the correct place on the schedule. The pictures will include sleeping, lunchtime, dinnertime, appointments, therapy

time, leisure activities, etc.

5.   *Ask the following questions:*
- How much time do you have left over?
- What do you usually do during that time?

6.   Explain to the group how they can use those open times to do their desired leisure activities.

7.   Have group members think of activities that they could participate in during those open times in their schedule. Using the same activities from the " Exploring Leisure Activities" session may be good examples to give the group members.

Wrap-up: *Ask the following question*:

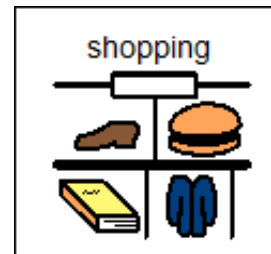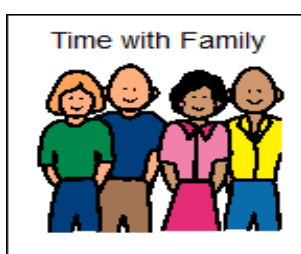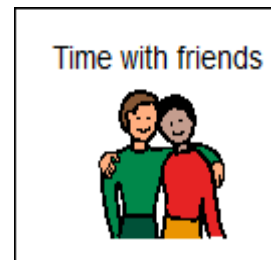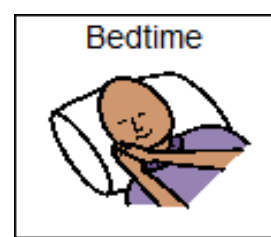- Where in the house can you place your schedule so that will see it daily?

Possible grading:

More challenging: Have group members collaborate with each other to find similar activities they can schedule to do together.

Less challenging: Provide each group members with only the daily activities they participate in rather than having the group members choose from a variety of activities to put in their schedules.

Smaller groups: The intervention could be used with an individual or group. Use the same format and adapt the questions specifically an individual's schedule rather than asking broad questions in a large group.

Cut the following pictures out and give them to the group members to put on their daily schedule.

Morning Routine	LUNCH	chores
Bedtime Routine	exercise	Therapy
nap	Appointment	Bedtime
leisure	watch TV	Time with friends
Time with Family	work	shopping
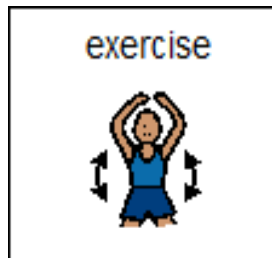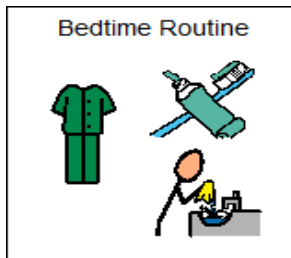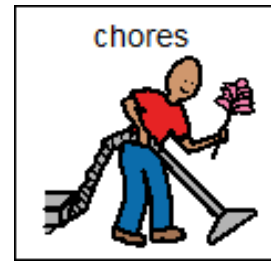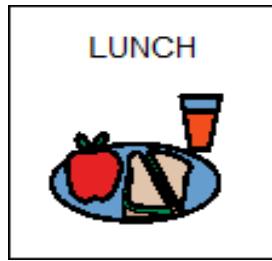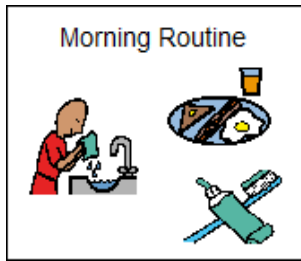
Pictures were created through Boardmaker®

Title: Planning for Fun

Objectives:
  1.   Develop a plan to participate in a chosen leisure activity with group members
  2.   To understand appropriate behaviors and social skills for an outing.

Setting: In a quiet room with tables and chairs

Materials needed: Easel paper, a chalkboard or whiteboard to write plan out, and writing utensils

Individual or group activity: Group

Performance skills addressed:

Skills Addressed	Example of How Skill is Addressed
Emotional Regulation Skills	Manage frustrations with planning Compromising with peers on plan
Communication and Social Skills	Collaborating with group members to plan activity Participating and responding to questions during discussion

Introduction: Explain the objectives of the session to the participants and supportive staff. Discuss what activities will be completed and the time frame for the session.

Warm-up: Using the results from the Activity Card Sort and prioritizing session, have the group decide on an activity they would like to plan.

Activity:

1.   Ask for one volunteer to write the plan down. The therapist can also be the person to write it down if group members are unable.

2.   Use the easel paper, whiteboard, or chalkboard to write the plan out for the entire group to see.

3.   Have the group members state the limiting factors in participating in the activity. Give examples such as: not enough staff, cost, lack of materials, and/or transportation.

4.   Have the group members problem solve ways to overcome these barriers. The therapist or facilitator may need to help problem solve. (The therapist may need to collaborate with support staff to find ways to lower costs, collaborate with support staff, and finding materials).

5.   Have the group plan a time, place, and how to get to the location where the activity will occur.

Wrap-up: Explain to the group the importance of planning leisure activities because it   can increase their participation in leisure activities and make more activities available to them.

Possible Grading:

More challenging: Have the group members do all of problem solving on their own and collaborate with each other rather than the therapist. Therapist will serve as facilitator.

Less challenging: The therapist may need to take more control of the planning and problem – solving. The therapist will take more of an instructing role. Also, use pictures of staff, transportation, money, and other materials they will need instead of writing the plan out. The Attainment Company has a card set called "Picture Cue Cards" that may be beneficial to use for planning the activity.

Resource: The Picture Cue Cards from the Attainment Company are $89.00. The set includes 624 colored and laminated cards that depict shopping cards, select-a meal cards, and daily activity cards as well. They can be purchased at: http://www.attainmentcompany.com/picture-cue-cards

Title: Let's Have Some Fun!

Objectives:
1.	To implement the plan about participation in leisure activities created in the previous session
2.	Use appropriate social skills while completing a leisure activity

Setting: This will depend on the activity previously decided on

Preparation: Make any necessary arrangements needed in order for the group to participate in the activity, such as calling the facility beforehand.

Materials needed: Will vary depending on activity the group chooses

Individual or group activity: Group

Performance skills addressed:

Skills Addressed	Example of How Skill is Addressed
Emotional Regulation Skills	Manage frustration from activity
Cognitive Skills	Recalling the plan
Communication and Social Skills	Recalling plan with group members Participating and responding to questions during discussion

Introduction: Explain the objectives of the session to the participants and supportive staff. Discuss what activities will be completed and the time frame for the session.

Warm-up: Have members recall the plan that was put into place in previous session. *Ask the following questions:*

- 	What are you going to do
- 	How are you going to do it
- 	Have all the barriers been problem solved?

Activity:

1.	Carry out the necessary steps to carry out the planned activity. The group members should have planned these steps in the previous session.

Wrap-up: *Ask the following questions:*

- 	What did you enjoy about the activity?
- 	What was easy? What was difficult?

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- How did making a plan help carry out the activity?

Possible Grading:

More challenging: Observe if the group is able to implement the plan without assistance from the therapist. Provide cueing if needed.

Less challenging: Assist with the recall of the plan. Use a visual schedule to assist participants in sequencing events.

Title: Exercise Group: Part I

Objectives:
1. Identify 2 benefits of exercise
2. Participate in an exercise video

Setting: A large room with TV access and enough space for each group member to be at least an arm's length away from each other

Preparation: Find a video that has adapted exercise to use for the abilities of the individuals in the group. There are resources to use that may be beneficial such as: Healthy All Over, Ltd. has videos specific to developmental disabilities, which can be purchased. These videos have modifications for a variety of fitness levels and are easy to follow instruction for safety and effectiveness.

Materials needed: TV, exercise video, water for hydration

Individual or group activity: Group

Performance skills addressed:

Skills Addressed	Example of How Skill is Addressed
Emotional Regulation Skills	Manage frustration from activity being performed
Cognitive Skills	Following directions from video
Communication and Social Skills	Participating and responding to questions during discussion Participating in parallel activity with other group members

Introduction: Explain the objectives of the session to the participants and supportive staff. Discuss what activities will be completed and the time frame for the session.

Warm-up: Educate the group on the benefits of exercising how it can leisure participation. Encourage the group members to stay active and correlate it with staying healthy.

Activity:

1. Have the group follow an exercise video.

2. The length of time may vary depending on the group's abilities.

3. Upon finishing the video, give the group water to rehydrate and rest.

Wrap-up: *Ask the following questions:*

- How do you feel?
- How can exercising help you stay healthy?

Prepare the group for the following session, which will be going on a tour of a fitness center.

Possible grading:

More challenging: Find a video that has more difficult exercises and is longer in length.

Less challenging: Instead of watching the video, teach the group members some of the exercises with less time constraints and fewer repetitions. Also, give more water and rest breaks between exercises.

Resource:
Healthy All Over, Ltd. has exercise videos available for purchase specific to developmental disabilities. They can be purchased from http://healthyltd.com/cart.html. These videos have modifications for a variety of fitness levels.

Title: Exercise Group: Part II

Objective:
1. To learn about the opportunities and services that a fitness center provides
2. To understand appropriate behaviors for the fitness center

Setting: Fitness Center

Preparation: Contact a local fitness center and arrange a tour with a personal trainer at the facility.

Individual or group activity: Group

Performance skills addressed:

Skills Addressed	Example of How Skill is Addressed
Emotional Regulation Skills	Manage frustration at the fitness center.
Cognitive Skills	Process and understand the activities being presented.
Communication and Social Skills	Demonstrating appropriate behaviors while on the tour Participating and responding to questions during discussion

Introduction: Explain the objectives of the session to the participants and supportive staff. Discuss what activities will be completed and the time frame for the session.

Warm-up: Bring the group to the local fitness center. Explain appropriate behaviors to use while on the tour. Possible examples may be: be respectful, listen to the trainer, stay with the group, and don't use the equipment unless the trainer allows it. Have each individual create one question each to ask the fitness professional.

Activity:

1.   Have personal trainer or employee from the facility provide a tour to the group.

2.   Have the personal trainer describe how to use the machines, what activities are offered, and if there are any classes offered.

3.   Give each individual a chance to ask their question and any additional questions to the fitness professional after the tour is complete.

Wrap-up: *Ask the following questions:*

-   What did you like about the fitness center?
-   How can the fitness center help you?

- Would you be interested in going back to the fitness center?

Possible Grading:

More challenging: Instead of having the group members prepare for questions, have them each ask a question spontaneously throughout the tour.

Less challenging: Give the list of questions created by the group to the personal trainer so that he or she can answer them throughout the tour. This will require less communication skills from the participants.

Title: Exercise Group: Part III

Objectives:
1. Plan activities to do at the fitness center
2. Understand appropriate behaviors to use at the fitness center

Setting: In a quiet room with tables and chairs

Preparation: During the fitness center tour, take pictures of the activities to use for this activity.

Materials needed: Pictures taken from the fitness center, paper, tape, and a pen or marker.

Individual or group: Group

Performance skills addressed:

Skills Addressed	Example of How Skill is Addressed
Emotional Regulation Skills	Manage frustration with planning Compromising with peers on plan
Cognitive Skills	Ability to attend to the task Process each activity Choose relevant activities
Communication and Social Skills	Collaborating with therapist and other group members Participating and responding to questions during discussion

Introduction: Explain the objectives of the session to the participants and supportive staff. Discuss what activities will be completed and the time frame for the session.

Warm-up: Have the group recall the tour of the fitness center. *Ask the following questions:*

- What did you like about the fitness center?
- What activities would you want to participate in at the fitness center?

Activity:

1. First, have each group members make a plan of what activities they would like to participate in at the fitness center using the pictures taken at the fitness center as a reminder as what activities the fitness center offers.

2. Tape the pictures onto a piece of paper.

3.   Have each individual choose two activities they will participate in at the fitness center and write down the names of the group members next to the picture of the activity they want to participate in.

4.   Pair group members that have planned to participate in the same activities.

Wrap up: Educate the group on appropriate behaviors at the fitness center. Some examples include: be respectful of others working out, ask questions if unsure of how to use something, pick up after completing exercises and put equipment away, stick with their buddy, and stop activity if not feeling well.

Possible Grading:

More Challenging: Do not provide pictures of the equipment from the facility. This will require group members to recall what they saw on the tour.

Less Challenging: Create a plan for the entire group to participate in rather than pairing group members.

Title: Exercise Group: Part IV

Objectives:
1. Identify two benefits of exercise
2. Participate in activities at the fitness center
3. Use appropriate behaviors and social skills at the fitness center.

Setting: Fitness Center

Preparation: Contact the fitness center to tell them the day and time you will be coming.

Materials needed: Bring each individuals plan from the previous session

Individual or group activity: Group

Performance skills addressed:

Skills Addressed	Example of How Skill is Addressed
Emotional Regulation Skills	Managing frustration if someone else is using equipment
Cognitive Skills	Knowledge of how to perform activity Sequencing the fitness routine
Communication and Social Skills	Participating and responding to questions during discussion Asking if others are done using the equipment

Introduction: Explain the objectives of the session to the participants and supportive staff. Discuss what activities will be completed and the time frame for the session.

Warm-up: Have each pair recall and look over their workout routine.

Activity:

1. Bring the group to the fitness center.

2. Have them split into their pairs.

3. Have the pairs complete their personal workout routine.

4. Use their plans as visual schedules for sequencing purposes

5. It may be a good idea to have extra support staff there to help if there is a large group.

Wrap-up: *Ask the following questions:*

- What did you like about the fitness center?
- Is there anything else you would like to try that you were not able to this session?

Educate the group members on healthy habits and how exercise can be a wide variety of things such as walking with friends, playing a sport, or yoga.

Possible Grading:

More challenging: Do not create a plan prior to arrival. Have the pairs chose what they want to do when they get there.

Less challenging: Choose an activity at the fitness center that the entire group can do together instead of individually. The activity should be something all group members will be able to participate in.

Title: Wii Bowling

Objectives:
1.   To participate in a Wii bowling activity
2.   To use appropriate social skills with peers

Setting: A large room with TV and enough space for each group member to be at least an arm's length away from each other

Preparation: Set-up the Wii gaming system prior to starting the group.

Materials needed: Television, Wii gaming system, Wii Sports game

Individual or group activity: Individual, pairs, or group. This may depend on the number of controllers.

Performance skills addressed:

Skills Addressed	Example of How Skill is Addressed
Emotional Regulation Skills	Manage frustration if the individual loses the game
Cognitive Skills	Knowledge of how to perform the Wii activity Knowing the rules of bowling Sequencing steps of the game
Communication and Social Skills	Taking turns with a partner

Introduction: Explain the objectives of the session to the participants and supportive staff. Discuss what activities will be completed and the time frame for the session.

Warm-up: Explain to the group, how practicing an activity can be beneficial before actually doing going out into the community to do the activity. Ask if anyone has played any games on the Wii console system. Educate individuals about how the Wii is good way to participate in activities if the person is unable to go out into the community and beneficial when socializing with peers by taking turns and playing with a friend.

Activity:

1.   Depending on the number of controllers, split the group into pairs (or a group of four if there are enough controllers)

2.   Explain the rules of the game and demonstrate the needed movements.

3.   Have each pair take turns to play a round of bowling, making sure everyone has an equal turn.

Wrap-up: *Ask the group*:

- Did you enjoy playing bowling on the Wii.
- What did you like about playing the game?

Prepare the group for the next session, which will be going bowling at the local bowling alley.

Possible grading:

More challenging: Choose a game that may be more challenging that involves increased aerobic movement and increased reaction time such as the tennis, baseball, or boxing games.

Less challenging: Have the members play the Wii while sitting. The therapist can also use hand-over-hand to assist the group members that have motor and praxis difficulties.

Title: Strike!

Objectives:
      1.   To participate in bowling activity at the bowling alley.
      2.   To exhibit appropriate social skills and behaviors in a community setting.

Setting: Bowling alley

Preparation: Reserve lanes at the bowling alley ahead of time. The number of lanes will be dependent on the size of the group. Have four or five group members on each lane. Ask the bowling alley if they have any adaptive bowling equipment to rent. This could be equipment such as side bumpers, a ball ramp, ball pushers, and bowling balls with gripped handles in a variety of weights.

Individual or group activity: Group

Performance skills addressed:

Skills Addressed	Example of How Skill is Addressed
Emotional Regulation Skills	Manage frustration if the balls go into the gutter
Being happy for others when they do well
Cognitive Skills	Knowledge of the rules of bowling
Proper sequencing
Communication and Social Skills	Taking turns with peers
Talking with other while waiting to bowl

Introduction: Explain the objectives of the session to the participants and supportive staff. Discuss what activities will be completed and the time frame for the session.

Warm-up: Discuss with the group what they will need to bowl such as bowling ball, bowling shoes and/or adaptive equipment**.** Educate the group on the rules of bowling.

Activity

1.   After arrival, describe the environment such as where the reserved lanes will be and where the bathrooms are located. Explain to the group to stay in the sections reserved for the group.

2.   Assist the group members in getting their shoes, putting them on, and picking out a bowling ball.

3.   Once all group members have what they need, educate and demonstrate how to bowl.

4.   Teach the adaptive equipment to individuals that require assistance to bowl.

5.   Have group members take turns until bowling round is over.

6.   Assist the group members when needed.

Wrap-up: *Ask the following:*

- What went well in the bowling outing.
- What was a struggle?
- How could we make it better next time?

Possible grading:

More challenging: Use less adaptive equipment for the bowling activity.

Less challenging: Use the adaptive equipment provided by the bowling alley such as: side bumpers, a ball ramp, ball pushers, and bowling balls with gripped handles in a variety of weights. It may be beneficial to use hand over hand with group members that have motor difficulties.

Community Integration

Definition:

"Holding a meaningful role as a community member and participating and engaging in meaningful occupations within the community."

Recommended Assessments:

Community Integration Measure (CIM) (2001)

Authors: Mary Anne McColl, PhD; Diane Davies, MSc; Peter Carlson, PhD; Jane Johnston, BS, BScN; Patricia Minnes, PhD

Community Integration Questionnaire (CIQ) (1994)

Authors: Barry Willer, Mitchell Rosenthal, Jeffery Kreutzer, Wayne Gordon, Raymond Rempel

Volitional Questionnaire (VQ) Version 4.1 (2007)

Authors: Carmen Gloria de las Heras, Rebecca Geist, Gary Kielhofner, and Yanling L

Title: Utilizing Resources

Objectives:.
      1.   To become aware of community resources
      2.   To learn how to access community resources.

Setting: A room with table and chairs.

Preparation: Print out one worksheet for each group member (worksheet provided).

Materials: Worksheet

Individual or group activity: Group

Performance skills addressed:

Skills Addressed	Example of How Skill is Addressed
Emotional Regulation Skills	Manage frustrations with activity
Cognitive Skills	Choosing the correct resource based on the scenario
Communication and Social Skills	Collaborating with therapist and other group members Participating and responding to questions during discussion

Introduction: Explain the objectives of the session to the participants and supportive staff. Discuss what activities will be completed and the time frame for the session.

Warm-up: Explain to the group that a resource is something that is available to help during a situation or achieve a goal such as: people, skills, tools, institutions, equipment, and publications. *Ask the group:*

- What resources do you use within your community**.**

Discuss the resources that the group did not touch on and describe any resources that they are not utilizing but could be. These could be things such as: grocery store, department stores, drug stores, police department, fire department, movie theater, fitness center, local parks, public library, friend, staff members, newspaper, phone book, or others specific to the community.

Activity:

1.   Hand out the worksheet provided to each group member.

2.   Read each scenario out loud to all members.

3.   Have each individual decide which picture is the correct resource to utilize based on the situation.

4.   Discuss how group members will be able to access the resource needed in the scenario. Assist the group with ideas of how to access these resources.

Wrap-up: *Ask the group the following questions:*

- How often they use resources within their community.
- How they could utilize those resources more.

Possible grading:

More challenging: Have a more discussion-based group. Go on an outing that will require utilizing of resources.

Less challenging: Give the groups choices between two pictures instead of three. Educate the group on ideas on how to access these resources rather than having them come up with ideas by themselves.

Choose the correct resource to utilize for each scenario.

You have a letter that you wrote to a friend, where do you drop it off?

post office

library
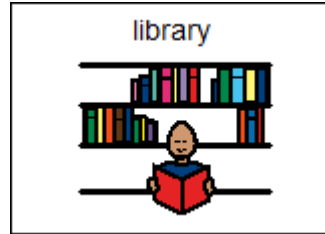
Your meeting up with a friend and want to grab a cup of coffee, where would you go?

Local coffee shop

Movie Theater
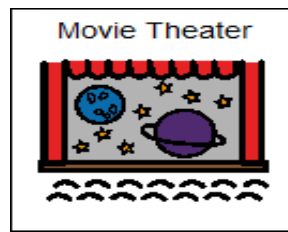
You want to find a new book to read, where would you go?

grocery store

Groceries

library
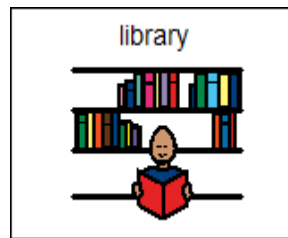
You are planning a meal with some friends, where do you get the ingredients?

restaurant

grocery store

Groceries
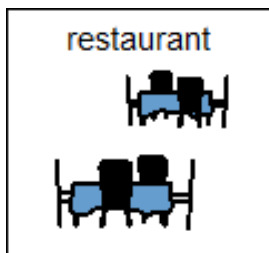
Pictures were created through Boardmaker®

Title: Be Safe Outside of the Home

Objectives:
1. To understand ways to keep yourself safe outside of the home
2. To understand appropriate behaviors while in the community.

Setting: A room with table and chairs.

Materials: Easel paper, marker, Boardmaker® pictures (provided in intervention)

Individual or group: Group

Performance skills addressed:

Skills Addressed	Example of How Skill is Addressed
Emotional Regulation Skills	Manage frustrations with using checklist
Cognitive Skills	Knowledge of what items are on the checklist and identifying what is missing
Communication and Social Skills	Collaborating with therapist and other group members Participating and responding to questions during discussion

Introduction: Explain the objectives of the session to the participants and supportive staff. Discuss what activities will be completed and the time frame for the session.

Warm-up: *Ask the group*:

- What can you do to be safe outside of the home?

Give examples that are specific to their community. Some possible examples would be: knowledge of emergency telephone numbers, ability to use phone, neighborhood safety such as using cross walks and stop lights, ability to protect self in unsafe situations (ability to say no), and having staff present on community outings (if applicable).

Activity:

1. Give them the picture checklist of items each individual will need prior to leaving the house..

2. Educate the individuals about the items that they need prior to leaving the house.

3. Ask group members if anything is missing from the picture checklist. (if so, add pictures to their checklist to help them remember the excluded items)

4. Have each individual make sure they have all necessary items with them.

5.   Have each individual make a place to keep the checklist to use when going on other outings.

Wrap-up: Educate the group on ways to increase safety while going on outings in the community such as: going on outings with a friend, make sure to ask permission, make sure staff knows where you are going, and having everything on your checklist with you.

Possible Grading:

More Challenging: Have participants create their own list of items that they think they need.

Less Challenging: Have personalized lists for each individual instead of generic list.

Make sure you have all items with you while leaving the house. Check all that apply.

☐ backpack

☐ jacket

☐ Identification

☐ lunch

☐ medication

☐ Bring a buddy

☐ emergency phone numbers
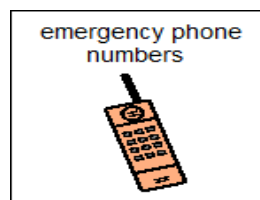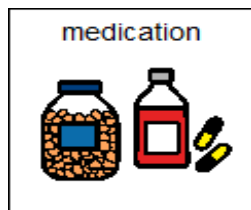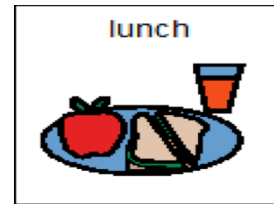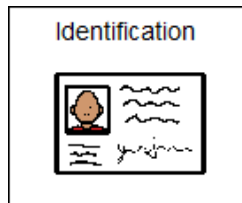
Pictures were created through Boardmaker®

Title: Getting Around Town

Objectives:
1.   To understand how to utilize public transportation
2.   To understand appropriate social skills while using public transportation.

Setting: In a quiet room with tables and chairs.

Preparation: Research the available transportation services in the community. Create a client-based phonebook with the various transportation services, as well as the individuals caregivers. Reference the attached example if needed.

Materials: A phone and the individualized phonebook.

Individual or group: Individual

Performance skills addressed:

Skills Addressed	Example of How Skill is Addressed
Emotional Regulation Skills	Controlling frustrations if transportation is not available or if he or she cannot find the appropriate number
Cognitive Skills	Understanding where to look to contact transportation services and when the services are needed
Communication and Social Skills	Clearly communicating what time transportation should arrive and where he or she needs to go

Introduction: Explain the objectives of the session to the participants and supportive staff. Discuss what activities will be completed and the time frame for the session.

Warm-up: *Ask the following question:*

•   Where are your favorite places to visit in the community?

Assist the individual in brainstorming ideas of where he or she enjoys visiting.

Activity:

1.   Communicate the importance of transportation services (i.e. cannot rely solely on staff or parents for rides) for getting to those places that he or she enjoys.

2.   Plan the outing. Have the individual choose a place that he or she would like to go and when.

3. After he or she decides, have the individual look through the personal phonebook for the numbers of transportation services.

4. Have the individual choose a service to call.

5. Demonstrate proper phone etiquette. Role play the call with the individual.

6. Have them make the call.

7. If the service is unavailable, continue to call other resources until transportation is found.

8. Have the individual tell their direct support staff about the outing that he or she just planned in order to put it on the calendar.

Wrap-up: Ask the individual about the importance of being able to call for transportation that was discussed at the beginning of the session. Make sure to give a summary about how using transportation services leads to being able to go to those places that he or she enjoys.

Possible Grading:

More Challenging: Do not role play with the individual before making the phone call. If the person is able to use the computer, have he or she use the internet to search for resources available in the community.

Less Challenging: Begin with calling parents or caregivers for rides, eventually working up to calling a public transportation service.

MY PHONEBOOK

Dial-A-Ride

(218) 555-1234

Arrowhead Transit

(218) 555-4321

Mom and Dad

Home: (218)263-4236

Cell: (218)969-1111

Title: Let's Make a Meal!

Objectives:
1.   Plan what the group will make for dinner
2.   To make a grocery list

Setting: The kitchen at the group home.

Materials: A cookbook, paper, and writing utensil

Individual or group: Group

Performance skills addressed

Skills Addressed	Example of How Skill is Addressed
Emotional Regulation Skills	Being able to resolve conflicts if people cannot decide on a meal
Cognitive Skills	Listing out the ingredients Finding ingredients in group home Knowing what ingredients are left to buy
Communication and Social Skills	Collaborating with group members Communicating what ingredients are needed

Introduction: Explain the objectives of the session to the participants and supportive staff. Discuss what activities will be completed and the time frame for the session.

Warm-up: Have the group members choose a meal they would like to prepare together. Give the group 3 meals to choose from.

Activity:

1.   Have the group list verbally or written the ingredients needed to prepare the meal.

2.   Have them find the ingredients that are available in the group home.

3.   Have them make a list of ingredients they will need to buy.

4.   Assign an item to each individual to be in charge to get during the next session at the grocery store.

Wrap-up: Prepare the group for going to the grocery store in the next session. *Ask the group:*

- What are appropriate behaviors for at the grocery store?

Possible Grading:

More challenging: Instead of giving the group the option to use the cookbook, first have the group determine what resource they could use to find a recipe.

Less challenging: Use pictures as visual cues for ingredient. The Attainment Company has a card set with shopping and select-a-meal cards that would be beneficial to use.

Resource: The Picture Cue Cards from the Attainment Company are $89.00. The set includes 624 colored and laminated cards that depict shopping cards, select-a meal cards, and daily activity cards as well. They can be found at:
http://www.attainmentcompany.com/picture-cue-cards

Title: Stocking up!

Objectives:
      1.   To find all grocery items at the grocery store
      2.   Use appropriate behaviors and social skills at the grocery store

Setting: Grocery store and kitchen within the group home

Preparation: Go through the grocery list from the previous session and make sure there will be enough money in the budget to buy the ingredients.

Materials: Pictures of the ingredients and money to spend

Individual or group: Small group activity (4 group members)

Performance skills addressed:

Skills Addressed	Example of How Skill is Addressed
Emotional Regulation Skills	Behaving appropriately while grocery shopping
Cognitive Skills	Knowing the grocery items to find Differentiating between pricing and brands
Communication and Social Skills	Using appropriate behaviors in public Completing transaction with cashier

Introduction: Explain the objectives of the session to the participants and supportive staff. Discuss what activities will be completed and the time frame for the session.

Warm-up: Remind the group they will be going to the grocery store. Give each individual a picture of the ingredient that was assigned to him or her in the previous session. Also, give them the monetary amount they can spend on the item.

Activity:

1.   Bring the group to the grocery store.

2.   Assist the members in finding the ingredients.

3.   Help them decide between brands and pricing if needed.

4.   Before checking out, make sure each member stayed within his or her budget.

5.   Go through the checkout, having the members practicing proper transaction behaviors

Wrap-up: Have the group members put their groceries away within the kitchen. Tell the group that they will be making the meal the next day and having a nice dinner together.

Possible Grading:

More challenging: Provide the group members with less assistance in choosing between brands. Give the group members more control over the financial management component of the intervention.

Less challenging: Instead of letting the group decide on the meal, the therapist will decide what the meal will be. Plan the list of ingredients prior to going to the grocery store. Give each person pictures of the specific ingredient. Plan that out ahead of time to make sure to stay within the price allotted.

Title: Dinner with Friends

Objectives:
1. To make a meal together
2. To use appropriate behaviors at the dinner table

Setting: Kitchen and dining area at the group home.

Preparation: Set out all ingredients and kitchen utensils and equipment that will be needed for the group members to make the meal.

Materials: Ingredients from session prior, kitchen equipment needed to cook the meal, table and chairs, and table settings.

Individual or group: Group

Performance skills addressed:

Skills Addressed	Example of How Skill is Addressed
Emotional Regulation Skills	Manage frustrations while working with a partner Having appropriate behaviors
Cognitive Skills	Knowledge of how to make the meal Sequencing the recipe steps
Communication and Social Skills	Working with a partner on a task Participating and responding to discussion questions Having a conversation while making meal

Introduction: Explain the objectives of the session to the participants and supportive staff. Discuss what activities will be completed and the time frame for the session.

Warm-up: Have the group split up into pairs. Assign the pairs to certain tasks for making the meal. Make sure to assign pairs to set the table with all silverware, plates, bowls, cups, or anything they will need.

Activity:

1. After the table has been set with the food and place settings, have the group sit down at the table.

2. Prepare the group that they will be going to a restaurant during the next session.

3. Tell the group that they are going to practice using appropriate behaviors while eating the dinner just like they would act out at a restaurant.

4. Discuss appropriate behaviors to use while at the dinner table such as: being respectful to the waiter/waitress, using manners, having patience waiting for their food, chewing with their mouth closed, using inside voices, and having appropriate conversation.

5. Have the group eat dinner together, use verbal cues to remind group members of appropriate behaviors and conversations if needed.

6. After finished eating, have the group bring their dishes to the kitchen and clear the table.

Wrap-up: Give the group 3 choices of where they would like to eat for the next session. Reiterate appropriate and inappropriate behaviors for at a restaurant by *asking the following questions*:

- What are some of the behaviors we want to avoid using at a restaurant?
- What are appropriate behaviors to use while at a restaurant?

Possible Grading:

More challenging: Assign tasks individually rather than in pairs for making the meal. Also, during activity, have the group members come up with the appropriate and inappropriate behaviors. Add discussion questions related to behaviors.

Less challenging: During activity, educate the individuals rather than discussing and asking questions related to inappropriate and appropriate behaviors.

Title: Going Out to Eat

Objectives:
1. Enjoy lunch at a local restaurant
2. Use appropriate behaviors on an outing

Setting: A local restaurant with adequate seating arrangements for the group

Preparation: Determine if there is enough money in the budget to go to the restaurant designated by the group.

Individual or group: Group

Performance skills addressed:

Skills Addressed	Example of How Skill is Addressed
Emotional Regulation Skills	Having appropriate behaviors while at the restaurant
Cognitive Skills	Recognizing what the individual wants to order
Communication and Social Skills	Talking appropriately at the table during dinner Interacting appropriately with waiter to order a meal

Introduction: Explain the objectives of the session to the participants and supportive staff. Discuss what activities will be completed and the time frame for the session.

Warm-up: Ask the group about appropriate behavior for going to a restaurant. Using cueing as needed. Examples of behaviors are staying seated, patience, being respectful to waiter/waitress, using manners, using inside voices, and having appropriate conversation.

Activity:

1. Bring the group to the restaurant of their choice.

2. Remind the group of appropriate behaviors to use while on their outing such as the social skills learned in previous sessions.

3. Have the group members chose where they would like to sit at the table. If there are any conflicts, talk through it with the individuals to help compromise.

4. Assist group members to read the menu and make decisions of what to order.

5. Have the group eat together and remind them of appropriate table talk.

6. Once finished, the therapist can interact with waiter/waitress to pay for the meal.

Wrap-up: *Ask the following questions:*

- What did you enjoy about the outing?
- What went well and what would they change?
- What other restaurants are of interest?

Possible Grading:

More challenging: Give each group member a limit of what they can spend at the restaurant and have them manage their money to pay for their own meal. Make sure the restaurant is able to split bills between the group.

Less challenging: Provide a menu to the group prior to going to the restaurant. Have the group members decide what they want to order prior to going to the restaurant. Assist anyone to program their communication boards so they will be able to order on their own with their communication board.

Title: Relaxing in the Park

Objectives:
  1.   To participate in an activity as a group at the local park.
  2.   To use appropriate behaviors and social skills at the park.

Setting: Local park

Preparation: Have additional equipment prepared prior to the session.

Materials: Additional equipment to use in the park such as tennis rackets and balls, basketballs, frisbee, etc.

Individual or group: Group

Performance skills addressed:

Skills Addressed	Example of How Skill is Addressed
Emotional Regulation Skills	Manage frustrations with preparation of going to park, when participating in activities at the park, and during discussion
Cognitive Skills	Knowledge of appropriate behaviors at the park
Communication and Social Skills	Participating in activities with peers Asking if someone would like to engage in activity

Introduction: Explain the objectives of the session to the participants and supportive staff. Discuss what activities will be completed and the time frame for the session.

Warm-up: Have the group brainstorm ideas of activities they can do at the park and choose one activity they would like to do as a group. Ask the group if they will need any extra equipment to participate in the activities.

Activity:

1.   Bring the group to a local park.

2.   Make sure to bring any equipment the group will need for their activity.

3.   Ask the group to describe appropriate behaviors to use at the park such as respecting nature, not littering, and staying with the group.

4.   Give the group a specific amount of time they will be at the park.

5.   Have the group members participate in the activity they chose.

Wrap-up: *Ask the following questions:*

- What did you enjoy about the outing?
- What went well and what would they change?

Possible Grading:

More challenging: Instead of doing an activity as a large group, have the group members find a partner and choose an activity to do at the park together.

Less Challenging: During activity educate the individuals on appropriate behaviors rather than discussing and asking questions.

Title: Movie Magic

Objectives:
1. To understand appropriate behaviors at a Movie Theater.
2. To demonstrate appropriate behaviors at a Movie Theater.

Setting: Movie theater

Preparation: Determine when the best time to go to a movie and check movie listings for that time.

Individual or Group: Group

Performance Skills Addressed:

Skills Addressed	Example of How Skill is Addressed
Emotional Regulation Skills	Behavior appropriately at the movie theather
Cognitive Skills	Knowledge of appropriate behaviors at the movie theater
Communication and Social Skills	Communicating with the movie theater employee to buy food and movie ticket Using appropriate behavior while at the movie theater

Introduction: Explain the objectives of the session to the participants and supportive staff. Discuss what activities will be completed and the time frame for the session.

Warm-up: Give them options of movies they can see and have them decide on the movie they would like to attend. Have the group describe appropriate behaviors for the movie theater such as: no talking during the movie, stay in your seat unless you need to go to the bathroom, if you get food make sure to bring napkins, no use of phones, use inside voices, etc.

Activity:

1. Bring the group to the movie theater.

2. Assist the members in buying their tickets. Use as little cuing as possible

3. Once all members have bought their ticket, have them buy any snacks if they want. Assist with the transaction if needed.

4. Have the group find their seats.

5.	Before the movie starts, remind them of the appropriate behaviors discussed during the warm-up.

6.	Watch the movie, providing cues about appropriate behavior if needed.

Wrap-up: *Ask the following questions:*

- What did you enjoy about the outing?
- What went well and what would they change?
- What other movies would you like to see?

Possible Grading:

More Challenging: Take a pair of individuals to a movie and have them complete the transactions independently.

Less Challenging: Provide assistance with the group members for interactions with movie theater employees to buy a ticket and food. During activity educate the individuals rather than discussing and asking questions related to inappropriate and appropriate behaviors for the movie theater.

Title: Volunteering Part I

Objectives:
  1.   To explore volunteering interests
  2,   To explore volunteering opportunities in the community

Setting: In a room in the group home that has appropriate seating arrangements

Preparation: Research and understand the various volunteer opportunities available in the community.

Materials: Easel paper, whiteboard or chalkboard, a writing utensil.

Individual or group: Group

Performance skills addressed:

Skills Addressed	Example of How Skill is Addressed
Emotional Regulation Skills	Controlling frustrations with making a group decision
Cognitive Skills	Deciding which volunteer opportunities he or she would like to try
Communication and Social Skills	Collaborating with peers to make a decision and a plan.

Introduction: Explain the objectives of the session to the participants and supportive staff. Discuss what activities will be completed and the time frame for the session.

Warm-up: Educate the group that volunteering is a good way to keep yourself busy while helping others. Explain that they will be choosing a volunteer opportunity and planning it.

Activity:

1.   Provide the group members with the opportunities in their community that they could volunteer.

2.   Ask for one volunteer to write the plan down. The therapist can also be the person to write it down if group members are unable.

3.   Use the easel paper, whiteboard, or chalkboard to write the plan out.

4.   Have the group decide on one of the opportunities.

5.   Have the group plan a time, place, and how to get to the location that the they will be volunteering.

6.   Also, if there are multiple tasks, plan out what group members will do which tasks.

Wrap-up: *Ask the following questions***:**

- What will you need to bring with you?
- What are appropriate behaviors to use at the volunteer site?

Possible Grading:

More Challenging: Have the group members research opportunities within the community to volunteer. Use additional probing questions to emphasis the importance of volunteering and leisure activities

Less Challenging: Give the group only two or three volunteer opportunities to choose from. Participate more in the planning of the volunteering activities.

Title: Volunteering Part II

Objectives:
1.   To implement the plan made in the previous session
2.   To participate in a volunteer opportunity

Setting: The session will take place at the location the group chose to volunteer.

Preparation: Make the arrangements for the group to volunteer at the designated.

Materials: This will be dependent on the volunteer opportunity.

Individual or group: Group

Performance skills addressed:

Skills Addressed	Example of How Skill is Addressed
Emotional Regulation Skills	Controlling frustrations with tasks involved in volunteering Behaving appropriately
Cognitive Skills	Understanding how to implement plan and tasks involved in volunteering
Communication and Social Skills	Using appropriate behaviors while volunteering Recalling plan with group members Participating and responding to questions during discussion

Introduction: Explain the objectives of the session to the participants and supportive staff. Discuss what activities will be completed and the time frame for the session.

Warm-up: Have members recall the plan that was put into place in previous session. *Ask the following questions:*

- What are you going to do?
- How are you going to do it?

Activity:

1.   Make sure all participants have materials needed

2.   Arrive at destination.

3.   Review what the participants will need to do to complete the activity prior to beginning.

4.   Engage in the volunteer activity with participants. Use cueing as needed.

Wrap-up: *Ask the following questions:*

- What did you enjoy about volunteering?
- What was easy? What was difficult?
- How did making a plan help carry out the volunteer opportunity?

Possible Grading:

More challenging: Act as a facilitator and provide minimal cueing to promote independence in carrying out the plan.

Less challenging: Assist with the recall of the plan, and use pictures as visual cues to assist when sequencing events.

CHAPTER V

SUMMARY AND RECOMMENDATIONS

The occupational alienation experienced by adults with developmental disabilities

in regard to social participation, leisure exploration and participation, and community

integration is unsettling. The emphasis of this project was to address this problem

through the creation of an intervention guide for occupational therapists to use when

working with adults with developmental disabilities to increase their participation in

those areas of occupation. An in-service presentation is included within the product to

serve as an educational tool for therapists to use when educating staff and administrative

personnel.   The intervention guide, *Promoting Social Participation, Leisure, and*

Community Integration for Adults with Developmental Disabilities: An Intervention

Guide, consists of three sections: Social Participation, Leisure Exploration and

Participation, and Community Integration.   Suggested evaluations are also included in

each section of the product and the interventions included in the guide can be used at

anytime and in any order after the evaluation process. The authors believe the areas

focused on throughout the intervention guide are important areas of occupations that have

a significant impact on an individual's quality of life.

Therapists working with adults with developmental disabilities often focus on

other performance skills or areas of occupation including activities of daily living

(ADLs) rather than social participation, leisure exploration and participation, and

community integration. The intervention guide will serve as a beneficial tool for those

working with adults with developmental disabilities to help them expand the areas focused on in therapy, as well as serve as a tool for advocating the engagement of adults with developmental disabilities in not just activities of daily living, but all areas of occupation.

The intervention guide has valuable activities that can be used with a variety of clients with developmental disabilities in a multitude of settings. The interventions within the guide may be helpful for therapists working with other populations to use to promote the areas of occupation addressed. The in-service presentation can also be given to the parents of adults with developmental disabilities who are still living at home in order to educate them about the importance of these occupations. Parents can also use the guide to help promote these occupations with their adult children.

A major limitation of this project is that the intervention guide has not been implemented in the group home setting; therefore occupational therapists or group home staff members have not evaluated the guide. Without contribution from these professionals and support professionals, the effectiveness and ease of implementation of the intervention guide cannot be established until implementation has taken place.

The fact that not all areas of occupations within the *Occupational Therapy Practice Framework: Domain and Process, Second Edition* (AOTA, 2008) are addressed is another limitation of this project. The areas that are not covered include ADLs, such as bathing and dressing, and instrumental activities of daily living (IADLs), such as home and financial management. The interventions within the guide also do not address work or education. A third limitation of the project is that although an extensive literature review was conducted, it was not exhaustive. Finally, staff carryover is an issue. It is

the intent that after occupational therapists carry out the interventions, staff members will continue promoting their clients' engagement.   If staff do not keep the individuals involved, the skills gained may be lost.

For the intervention guide to be adequately implemented, there are certain steps that need to be taken. First, contact needs to be initiated with therapists that work in or consult with a group home settings to discuss their views about the success and effectiveness of the interventions. Contact then needs to be made with the administration personnel of group homes to gain approval for this intervention guide to be used by therapists. The authors of this intervention guide or the therapists that work for the company could present the in-service to administration personnel as well as managers of the group homes. The effectiveness and additional comments should be documented to further adapt this intervention guide. The authors of the intervention guide could also give the presentation to day programs or companies that provide services to individuals with developmental disabilities.

Recommendations for the future include: further research about the interventions created to address social participation, leisure exploration and participation, and community integration, outcome research on the effectiveness of this intervention guide in group homes for adults with developmental disabilities, using the intervention guide with adults with developmental disabilities living at home with caregivers, the addition of more interventions to address the areas of occupations that are not included in the current intervention guide, and the inclusion of additional more interventions to better meet specific needs of facilities and to provide more holistic occupational therapy services.

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