A Long-Term Leisure Program for Individuals with Intellectual Disabilities

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A Long-Term Leisure Program for Individuals with Intellectual Disabilities in Residential Care Settings: Research to Practice

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MARQUETTE UNIVERSITY
MILESTONE INC.
Milestone, Inc.: Setting

- Community of 150,000 located in Rockford, IL - over 40 years
- Non-profit agency serving over 400 children and adults with mild to profound intellectual disabilities
- 30 adult group homes throughout Rockford
- 600 staff members
- Two residential facilities
  - Elmwood Heights – 84 adults
  - Rocvale – 50 children ages 6-21
- Three Day Training Facilities
  - Milestone Training Center
  - Industrial employment training
  - Community Center
Why a Leisure Program?

- Leisure activities improve quality of life (Jerome, Frantino, & Sturmey, 2007; Thomas & Rosenberg, 2003)
- Leisure decreases opportunities for inappropriate behaviors (Emerson & Hatton, 1996)
- Meaningful activities and strategies have already been developed (Parsons, Rollyson, & Reid, 2004)
- Advances in technology and teaching strategies (Dollar, Fredrick, Alberto, & Luke, 2012; Edrisinha, O’Reilly, Young Choi, Sigafoos, & Lancioni, 2011)
- Staff training has been effective at Milestone and other agencies (Chou et al., 2011; Stancliffe, Harman, Toogood, & McVilly, 2008)
Project Goals

1. Determine short-term leisure program efficacy
2. Develop simple and reliable measure of staff-resident interactions
3. Establish long-term leisure program to improve quality of life
4. Establish a standardized leisure program model (with individual variations)
5. Expand over two years to four adult homes and five children’s homes
Multiple baseline design (Hersen & Barlow, 1976)

- First home - baseline and treatment after eight weeks
- Second home – extended baseline and delayed treatment
- Homes measured at separate intervals for post-test and follow-up
Measure

• Meaningful Client and Staff Interaction assessment (MCSI; Parsons, Rollyson, & Reid, 2004)
  1. Developmentally appropriate leisure activity
  2. Resident active participation, eye contact/smiling with staff
  3. Appropriate staff interaction, such as touch, tone of voice, or eye contact

• Evaluation of MCSI
  1. Three random 30-second measurements of staff interactions
  2. Offered compliments, feedback, and suggestions to staff
  3. Staff typically unaware of observations
  4. One-third of observations - inter-rater reliability (95.3%)
Residents voluntarily chose to participate in activities
Assessed for reinforcer preferences (games, activities, edible, liquids) individually and systematically
  Reinforcement Assessment of Individuals with Severe Disabilities (Fisher, Piazza, Bowman, & Amari, 1996)
Approach behaviors identified (gentle touch, enthusiastic, limited eye-contact)

- Tactile Sensory Activities (e.g., balloons, lotions)
- Sound and Smell Sensory Activities (e.g., music, aromas)
- Arts/Crafts (e.g., magazines, coloring)
- Simple Board Games
Reinforcement Assessment for Individuals with Severe Disabilities (RAISD)

Student's Name: ________________________________________
Date: ________________________________________
Recorder: ________________________________________

1. Some children really enjoy looking at spinning objects, TV, etc. What are their responses to these stimuli?

Response(s) to probe questions: ____________________________

2. Some children really enjoy different sounds such as beeps, sirens, clapping, people singing or singing to listen to?

Response(s) to probe questions: ____________________________

3. Some children really enjoy certain things you think would be reinforcing. What are the things you think would be reinforcing?

Response(s) to probe questions: ____________________________

4. Some children really enjoy certain foods such as crackers, McDonald's hamburgers, etc. What are their responses to these stimuli?

Response(s) to probe questions: ____________________________

The purpose of this structured interview is to get as much specific information as possible from the informants (e.g., teacher, parent, caregiver) as to what they believe would be useful reinforcers for the student. Therefore, this survey asks about categories of stimuli (e.g., visual, auditory, etc.). After the informant has generated a list of preferred stimuli, ask additional probe questions to get more specific information on the student’s preferences and the stimulus conditions under which the object or activity is most preferred (e.g., What specific TV shows are his favorite? What does she do when she plays with a mirror? Does she prefer to do this alone or with another person?)

3 points for classroom activity (e.g., a toy could be present that he has withdrawn and then the teacher could ask him to do something with the toy, e.g., “Can you go pick up the toy?”)

Then have the informant(s) select the 16 stimuli and rank order them using the cards. Finally, have the student rank order the stimuli using the cards.
Program Activities

• Predictable daily activities (one hour in length each weekday immediately prior or following supper)
• Staff rotated every 20 minutes (adapted) to ensure variety and knowledge with all residents
• Activities located in bins for easy access
• Ineffective activities replaced (ongoing assessment)
• Staff input on activities (empowered staff)
• Met with psychologist regularly to discuss challenges
Staff Training

Four-Step Process

1. Supervised role-play of activities
2. In-home observation of supervisory staff
3. Supervised in-home implementation
4. Independent implementation

- Four direct care staff members in each group
- Psychologist explained program rationale and importance of routine
- Home supervisor oversaw implementation and training of staff
- Individual reminder cards with reinforcer information
- One staff managed activities, another clean-up
Initial Home Results

- Initial increase: 7.25% - 89.86%
  Female home: 5.71% - 84.77%
  Male home

- Follow-up: 88.40%
  Female home: 89.60%
  Male home
Initial and Ongoing Challenges

- General implementation
- Resident level of involvement
- Availability of meaningful activities
- Medical conditions
- Weather, transportation
- Funding
- Staff availability, motivation, and turnover
Staff Motivation

- Initial approach
  - Staff appreciation meals bimonthly for entire staff team
  - Goody bag with treats and compliments on staff effectiveness

- Current approach
  - Individual gas cards
  - Monthly rewards in the children’s homes
  - Supervisor monthly rewards
  - Effective graded disciplinary strategy
Expansion

- Two-year expansion to four adult and five children’s homes
- Repeated standardized process with tailored variations for each home
  - Individualized reinforcers and approach patterns
  - Activity preferences and timing
  - Structure of activities
  - Community outings
  - Small groups with distinct activities
  - Large groups with individual activities
## Expansion Homes

<table>
<thead>
<tr>
<th>Home</th>
<th>Length of Program</th>
<th>Percent MCSI</th>
<th>Percent CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children Home 1</td>
<td>16 months</td>
<td>86.25%</td>
<td>79.88%</td>
</tr>
<tr>
<td>Children Home 2</td>
<td>17 months</td>
<td>78.23%</td>
<td>78.00%</td>
</tr>
<tr>
<td>Children Home 3</td>
<td>10 months</td>
<td>85.70%</td>
<td>84.70%</td>
</tr>
<tr>
<td>Children Home 4</td>
<td>14 months</td>
<td>86.67%</td>
<td>83.08%</td>
</tr>
<tr>
<td>Children Home 5</td>
<td>10 months</td>
<td>91.40%</td>
<td>85.70%</td>
</tr>
<tr>
<td>Adult Home 1</td>
<td>7 months</td>
<td>85.50%</td>
<td></td>
</tr>
<tr>
<td>Adult Home 2</td>
<td>31 months</td>
<td>79.10%</td>
<td></td>
</tr>
<tr>
<td>Adult Home 3</td>
<td>6 months</td>
<td>90.26%</td>
<td></td>
</tr>
<tr>
<td>Adult Home 4</td>
<td>31 months</td>
<td>73.33%</td>
<td></td>
</tr>
</tbody>
</table>

MCSI = Meaningful Client and Staff Interactions

CI = Client Involvement
Implications

1. 73-week maintenance and significant expansion were unique; shows long-term impact and viability
2. Standardized program for institutions
3. Administrative top-down support and enthusiasm was evident; regulators impressed with program
4. Development of new skills among direct care staff (internal and external observations)
5. Quality of life significantly improved (children began implementing activities independently; residents took ownership of the program)
Questions?

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