

Involvement of Adolescents With Intellectual Disabilities in Social and Recreational Activities

Abstract

Despite the importance of social interaction and inclusion, fewer individuals with intellectual disabilities (ID) have been found to participate in social activities compared to individuals without ID. The current study examined the involvement of adolescents with ID in social and recreational activities. Sixty-three parents of high school students with ID completed telephone interviews. The results revealed that students most commonly participated in activities with family members. Fewer adolescents were involved in activities with peers, with the majority of peer activities being organized, such as sports. The most common reasons for reported students not being involved in activities with peers were their disability and lack of available supports.

Social interaction and inclusion are important for everyone, including individuals with intellectual disabilities (ID). Research has shown that opportunities for social interaction for people with ID can facilitate increased community integration, improved quality of life, greater sense of life-satisfaction and well-being, the development of friendships, and increased social skills (Cummins & Lau, 2003; Duvdevany & Arar, 2004; King et al., 2003; Kraemer, McIntyre, & Blacher, 2003; Modell & Valdee, 2002; Orsmond, Krauss, & Seltzer, 2004; Salkever, 2000). Yet, true integration in social activities is a major challenge for many people with ID. Fewer individuals with ID have been found to participate in social and recreational activities compared to individuals without ID (Braun, Yeargin-Allsopp, & Lollar, 2006; Duvdevany, 2002; Duvdevany & Arar, 2004; Orsmond et al., 2004; Poulsen, Ziviani, & Cuskelly, 2007). Numerous factors may be related to involvement in such activities including socioeconomic status (King et al., 2003), level of adaptive functioning (Duvdevany, 2002),

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frequency of externalizing behaviours (Kleinert et al., 2007; Orsmond et al., 2004), and availability of transportation and other services and supports to facilitate participation of individuals with ID (King et al., 2003; Neubert, Moon, Grigal, 2004; Turner, Hatton, Shah, Stansfield, & Rahim, 2004; Vogel, Polloway, & Smith, 2006).

The present study had three objectives: 1) to examine involvement of high school students with ID in social and recreational activities; 2) to examine the characteristics of activities in which the adolescents were involved (i.e., types of activities, length of time spent participating in activities, and with whom they were participating); and 3) to identify factors related to lack of involvement in these activities.

Method

Participants

The participants included 63 parents or other caregivers of high school students with ID living in South Eastern Ontario. The sample consisted of 55 women and 8 men ranging in age from 34.08 years to 63.50 years ($M=48.12$ years, $SD=6.42$ years). The majority of participants ($n=56$; 88.9%) were the birth mother or father of the student with ID, and the remainder were other types of caregivers (e.g., grandparent, foster parent). Forty-four (69.8%) of the participants were married or in a common law relationship, 7 (11.1%), were single, 10 (15.9%) were separated or divorced, and 2 (3.2%) were widowed. Ten (15.9%) participants had not completed a grade 12 education, 19 (30.2%) had a high school diploma, 22 (34.9%) had attended college, 10 (15.9%) had a university degree, and 2 (3.2%) had a graduate or professional degree. The average income bracket was \$45,001-\$55,000.

The 63 adolescents with ID consisted of 42 males and 21 females ranging in age from

14.58 years to 21.25 years ($M=18.07$ years, $SD=1.54$ years). Sixty adolescents were in school and three were not. A range of developmental disabilities were reported as the cause of ID, including: Down syndrome ($n=10$), autism spectrum disorders ($n=9$), pervasive developmental disorder ($n=3$), physical disabilities (i.e., cerebral palsy and spina bifida; $n=7$), chromosomal abnormalities ($n=4$), William's syndrome ($n=1$), and microcephaly ($n=1$). The remainder of the adolescents had an ID of an unknown cause.

Measures

Demographic Questionnaire. Informants (i.e., parents and other caregivers) reported on their own age, place of birth, gender, marital status, annual household income, education level, employment, and their relationship to the adolescent with ID. Additionally, they provided information about the adolescents' gender, age, place of birth, type of disability, medical problems, and the age and gender of all other people living in the home with the adolescent.

Scales of Independent Behaviour-Revised Short Form (SIB-R SF; Bruininks, Woodcock, Weatherman, & Hill, 1996). This questionnaire assesses daily living skills including adaptive and maladaptive behaviours. It also provides a support score indicating the level of support needed by the adolescent. Maladaptive behaviours included internalizing behaviours (e.g., hitting self or banging head), asocial behaviours (e.g., swearing or lying), and externalizing behaviours (e.g., hitting object/person or teasing). Based on three indices (i.e., Internalizing, Externalizing and Asocial Behaviour), a General Maladaptive Index score was calculated with scores ranging from -70 to +10, with higher scores indicating less maladaptive behaviour. The reliability coefficient for the SIB-R Short Form for an age group (16-18 years) similar to the age of the students

in this study was .80. Test-retest reliability over a short-period has been .86 and construct validity was .95, indicating that this measure is a stable and accurate measure for maladaptive and adaptive behaviours for this population.

Descriptive information for students' maladaptive behaviours and the level of support they require is shown in Table 1.

AIMS Interview (Minnes, Buell, Feldman, McColl, & McCreary, 2002). This measure is a semi-structured interview that assesses levels of acculturation for adults with ID from a service delivery perspective. The interview focuses on: medical services, specialized medical services, dental services, social and recreational activities, education, employment and volunteer activities, accommodation, and spiritual/religious activities. For purposes of this study, information from only three domains was used (i.e., social activities, recreational activities, and religious activities). Research to date indicates that the AIMS Interview used with adults with ID and adults with brain injuries has sound psychometric properties (Minnes, Buell et al., 2002; Minnes, Carlson et al., 2002; Minnes et al., 2001). In order to gain a better understanding of the students with ID's involvement in various activities, information obtained from this interview was divided into three categories: 1) activities with peers; 2) activities with family or workers, and 3) solitary activities.

Table 1. SIB-R Scores for Maladaptive Behaviours (n=62)

	Min.	Max.	Mean (SD)	Median
Internalized Maladaptive Index (IMI)	-40	+3	-11.35 (11.12)	-9.00
Asocial Maladaptive Index (AMI)	-40	+5	-10.68 (12.62)	-8.00
Externalized Maladaptive Index (EMI)	-40	+5	-4.95 (10.60)	-1.50
General Maladaptive Index (GMI)	-44	0	-12.63 (10.70)	-9.00
Support Score	1	91	64.71 (18.63)	67.50

Note: On the IMI, AMI, EMI, and GMI scores between -10 and +10 represent the normal range, and scores between -10 and -20 represent the marginally serious range. A support score between 55 and 69 indicates limited support is required.

Table 2. Numer of Adolescents Involved in Three Types of Activities and Hours of Involvement for 63 Adolescents with ID

	Number of Students Involved	Mean Hours per Week of Participation (SD)	Range of Participation in Hours per Week
Activities with Peers	40	4.49 (7.56)	0 - 37
Activities with Family or Workers	50	3.42 (4.84)	0 - 29
Solitary Activities	26	4.61 (10.34)	0 - 63

Procedure

Ethics approval for this study was obtained from the General Research Ethics Board at Queen's University. This study was a secondary analysis, and made use of data collected for a larger study. In the original data collection, investigators recruited participants from numerous agencies and the five English-speaking school boards in Kingston, Ontario and surrounding area. Invitation packages were distributed by secondary schools to students with an ID who met the age criteria. The investigators asked students to pass the information on to their caregivers. Interested parents contacted the researchers to arrange for a telephone interview. The interviewers asked the questions on the aforementioned measures.

Results

Table 2 shows the number of students involved in social and recreational activities with peers, activities with family members or workers, and solitary activities. It also displays the amount of time students spent participating in each of these activities.

Frequencies of the different types of activities students participated in with peers, family members/workers, and alone are illustrated in Table 3. Of the 40 students who were participating in activities with peers, it was much more likely that they

were participating in an organized rather than an unorganized activity. Twenty-five (62.5%) students only participated in organized activities, five (12.5%) students only participated in unorganized activities, and 10 (25%) students participated in both organized and unorganized activities. The most common type of activity with peers was organized sports, with 15 (37.5%) of the students who participated in activities with peers being involved in at least one type of sport through Special Olympics. The most common type of activity with family members or workers was unorganized physical activity such as going for walks or swimming. Physical activity (e.g., bike riding) and playing computer or video games were the most common solitary activities.

The reasons given for students not being involved in activities with peers or family members are summarized in Figure 1. The most common reason for not participating in activities with family members was lack of interest. In comparison, the most common reason for

Table 3. Number of Participants in Various Types of Activities for 63 Adolescents with ID

	<i>With Peers</i>	<i>With Family or Workers</i>	<i>Solitary</i>
Organized Sports	25	0	0
Youth Groups	13	0	0
Socializing	10	0	0
Unorganized Physical Activity	2	28	9
Church	0	21	0
TV/Movies	0	13	7
Computer/Video Games	0	6	11
Park/Playground	0	5	0
Listen to Music	0	0	9
Other	19	25	5

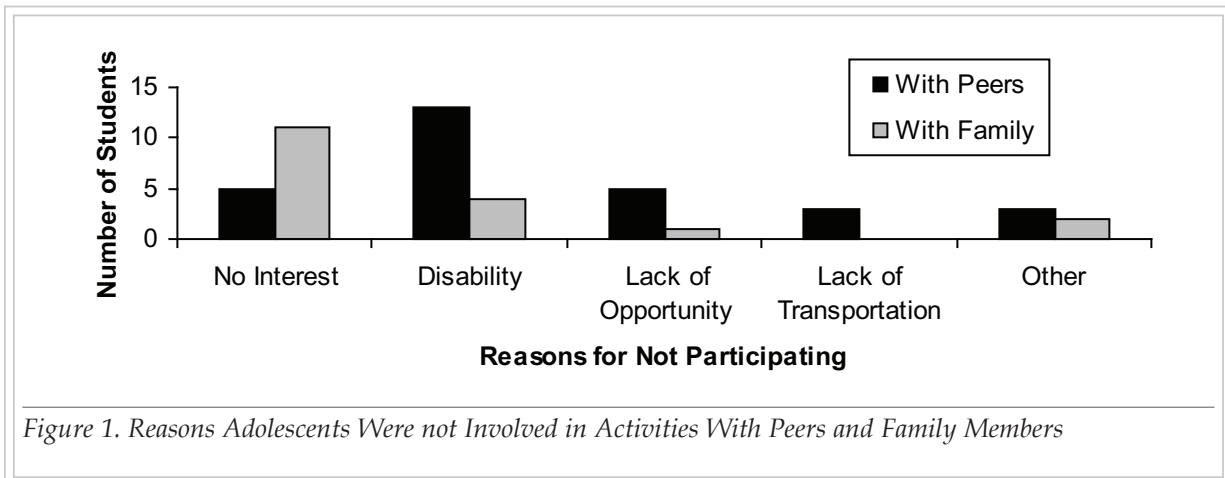


Figure 1. Reasons Adolescents Were not Involved in Activities With Peers and Family Members

students not participating in activities with peers was their disability or disability related needs.

Discussion

This investigation explored the involvement of adolescents with ID in social and recreational activities, and the reasons for lack of involvement. Generally, previous research has shown that individuals with ID are more likely to engage in activities with family or alone than with peers (Hall & Stricket, 2002, as cited in Solish, Minnes, & Kupferschmidt, 2003; Pretty, Rapley, & Bramston, 2002). In the current investigation, the proportion of adolescents involved in any activities with family or workers was highest (79.4%), followed by participation in activities with peers (63.5%) and in solitary activities (41.3%). When students were participating in activities with peers, most of these activities were organized, such as sports teams or youth groups. Similarly, Orsmond and colleagues (2004) found that American adolescents and adults with autism were much more likely to participate in planned, organized social activities than informal ones. Typically, adolescence is a time marked by a great deal of socializing and interaction with peers (Helsen, Vollebergh, & Meeus, 2000; King et al., 2003). Yet, this trend did not emerge in this study, as the adolescents only spent a relatively small portion of their week engaging in unorganized activities with peers. This finding suggests that such interactions between students with ID and peers are not necessarily occurring naturally. Consequently, organized opportunities for social interactions may be required to facilitate social involvement of such students.

In this investigation, the main reason given for students not participating in social activities was their disability. Further clarification is needed to determine what

is meant by the term "disability" (e.g., maladaptive behaviour, appearance, communication problems) and what aspects of the disability account for the lack of involvement. As well, consistent with previous research (King et al., 2003; Kleinert, Miracle, & Sheppard-Jones, 2007; Neubert et al., 2004; Wehmeyer & Metzler, 1995) some of the informants reported that their adolescent was not involved in activities with others because of a lack of available opportunities and choices for them and because of lack of transportation.

The high level of involvement in activities with families and workers found in this investigation is similar to previous research (Pretty et al., 2002). However, it is also significant that 21% of the sample was not involved in any activities with family or workers. Caregivers reported that the major reason for lack of involvement in recreational activities with family or alone was lack of interest. Like their typically developing peers, adolescents with ID may not want to participate in activities with their families, and would rather spend time with peers (Helsen et al., 2000).

Previous research has indicated that students with ID are more likely to engage more frequently in hobbies or solitary activities than social interactions, leading to increased feelings of isolation (Kleinert et al., 2007; Orsmond et al., 2004). Contrary to what was expected, many students with ID in this sample were reported to be uninvolved in any solitary leisure activities. These results may differ from those in earlier studies because the sample displayed low levels of maladaptive behaviour, and thus may have been more able to become involved in activities with others. As well, because informants were asked about both solitary activities and activities with families in the same question, it is possible that the informants did not report some of the students' solitary activities.

Future studies could compare activities across the seasons to see if students are more or less involved in activities with others and alone during different times of the year. Additional insights into the nature of involvement could be obtained in future research if comparisons were made between the activities of students with ID and those of typically developing students. Finally, future investigations should consider the beneficial outcomes of involvement and compare students with ID who are involved versus those not involved on measures such as satisfaction with social interactions, development of friendships, and levels of community integration, life satisfaction and quality of life.

This study has provided initial information on the social and recreational activities of a relatively select sample of high school students with ID in South Eastern Ontario. The data indicated that most students participated in activities with their parents or workers, with fewer students being involved in activities with peers. When involved in activities with peers, students were typically participating in organized activities such as sports, as compared to unorganized social activities. To encourage involvement in social activities with peers, future research should identify the services and supports necessary to facilitate students with ID in becoming involved in such activities.

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