

A Comparison of Recreation Activities Offered to Individuals with Developmental Disabilities in Facilities Located in West Salem, Wisconsin and Turin, Italy

Ashley Larkin

Faculty Sponsor: Patricia Ardovino, Department of Recreation Management/Therapeutic Recreation

ABSTRACT

The purpose of this research is to compare recreation services provided to people with disabilities in the United States and Italy. While comparisons of services are available with programs in the United Kingdom and Canada, it appears that no comparison have been made with programs in Italy.

Observations and interviews were conducted with staff from 2 different facilities for people with developmental disabilities; 1 Certified Therapeutic Recreation Therapist at Lakeview Health Center in West Salem, WI and 1 staff person at Cottolenga Institute in Turin, Italy. Information was obtained from 11 observation guidelines and 17 interview questions ranging from the history of the facility, age range of the clients, recreation activities offered at the facility to facilitation goals, barriers to leisure involvement, and evaluation of recreation activities. The staff of Lakeview Health Center in West Salem reported having higher variety of recreational activities for therapeutic reasons. The staff of Cottolenga Institute in Turin reported having more opportunities for clients to sell their crafts and artwork made in group activities. Both countries reported having the same overall goal as a facilitator; to help the clients' live happy lives, increase their self-esteem, and to have fun.

INTRODUCTION

As a recent graduate and future Therapeutic Recreational Specialist who will work with people with special needs I am passionate about doing the best job I can do. Do succeed in my field I feel that international perspective is important. This study compared recreation services in both the United States and Italy.

The main question I set out to answer was: What is the nature of recreation services offered to people with developmental disabilities in the United States and Italy? The two hypotheses addressed were: 1) The provision of recreation services to people with disabilities is valued both at Lakeview Health Center in West Salem, Wisconsin and the Cottolenga Institute in Turin, Italy 2) Recreation services provided to people with disabilities at Lakeview Health Center in West Salem, Wisconsin, have specific benefits and outcomes, and are more purposeful than the recreation services provided at the Cottolenga Institute in Turin, Italy.

To aid in the research interviews with the staff at both facilities and observations were made.

METHODS

This research was conducted through interviews of staff and observations of recreation activities. Prior to traveling to Italy a scheduled interview was conducted in the United States with a Certified Therapeutic Recreation Specialist. Observations were collected from a painting and a knitting group at this facility. Five months before traveling to Italy arrangements were made to interview staff and observe clients in groups at a facility in Italy. When arriving in Italy staff was available to give me a tour of the facility and answer interview questions. An observation of a theater performance was collected. Data collected from both interviews and observations along with tours, pamphlets, and facility websites were used to complete research.

RESULTS

There were many questions to ask the staff at both facilities and many observations that could be made about the recreation groups. Both counties were very different yet similar in many ways. The same 17 questions were asked of the staff and the same 9 observation guidelines were used at both Lakeview Health Center in West Salem, Wisconsin in the United States and at Cottolenga Institute in Turin, Italy.

Here are the following questions and results of the interviews conducted at both facilities:

Facility Interview Questions

	Lakeview Health Center West Salem, WI <i>Rebecca Reiber, Therapeutic Recreation Specialist</i>	Cottolenga Institute Turin, Italy <i>Sister Guiliانا Galli, Volunteer Coordinator</i>
What is the history of your facility?	*1800s: "Insane Asylum"	*1828: Founded by Catholic Priest St. Joseph Cottolengo *500 Residents *1943: Bombed during WWII then reconstructed
What is your background or job description in providing recreation activity/therapeutic recreation?	*Graduated with Therapeutic Recreation degree from Winona State University *Internship at Lakeview Health Center *TR aide at Lakeview Health Center *TR supervisor	*Coordinates 1000-2000 volunteers for recreation *Provides ideas for recreation activities
What requirements or procedures are needed to be employed in your department?	*Bachelor of Science in Therapeutic Recreation *Take certification exam=CTRS	*Write or email facility *Interview conducted
What are volunteer opportunities for your department and how does this affect your clients?	*Decorate facility *Room visits *Bible group *Set up programs	*Facilitate recreation *Room visits *Serving meals *Cleaning *Residents love it
What is the resident to staff ratio at your facility?	*10 residents to 1 staff *1 person in a wheelchair per staff	*Different each day for the 500 residents
What is the age range and gender of the clients?	*30-90 years old *Most female	*45-80 years old *3 to 1 female
What is the process of choosing an activity for your clients?	*Clients choice *Staff meetings *Dietary calendar	*Clients choice *Volunteer requests *Open community facilities *Set programs
What specific facilitation techniques do you or your staff use?	*Depends on program	*Depends of volunteers facilitating the activity
What are your most common and favorite recreation activities?	*Food *Music *Knitting *Games	*Music *Watching television *Storytelling *Theater *Swimming *Arts/crafts
What, if any, are your consequences of nonparticipation?	*No consequences *Encourage to participate *1:1 visits	*No consequences *Usually participate
How do you motivate your residents to participate?	*Encouragement *Food *Reminders *Bringing community inside	*Variety of activities *Encouragement
How do you reduce problems to leisure involvement?	*Communication *Involve staff	*Adaptive equipment *Communication
What is your largest problem regarding residents involvement?	*Other staff not involved *Staff not transporting residents to activities	*No problems
How do your residents participate in	*Council meetings	*Tell volunteers

the choice of recreation activities?	*Tell staff	
What is your ultimate goal as a facilitator of your activities?	*Each resident to go away feeling better about themselves	*Residents to be happy *Feel life *Feel residents are loved and accepted
Do you have access to community recreation facilities?	*Yes, 2 vehicles *Shopping, movies, bowling, fishing, hay rides	*Yes, Winter Olympic Games *People very willing accommodate
Do you or your staff evaluate the recreation activities and if so, how are the benefits measured?	*Resident response *Feedback from staff *Family input	*No official evaluation *Residents response *According to need

Here are the following observation guidelines followed and results conducted at both facilities:

Facility Observations Guidelines

	Lakeview Health Center West Salem, WI <i>Knitting and Painting</i>	Cottolenga Institute Turin, Italy <i>Theater Production</i>
How does the environment promote recreation participation?	*Large space *Painted walls *Music playing *Supplies at hand	*Separate rooms for each activity *Colorful and inviting
How do the clients react to the recreation staff?	*Willing to learn *Listening to them *Acting like themselves	*Open to suggestions *Looking for approval *Hugging
Are the activities goal-oriented?	*Socialization *Fine-motor skills *Independence	*Have fun
Are the residents reaching the goals set for the activity?	*Yes	*Yes
What types of leadership qualities does the staff person possess?	*Multi-tasking *Increasing participation *Admitting if they need help	*Helping residents get involved
Are the activities based on the client needs?	*Geriatrics-knitting, reminiscence	*Socialization
Is the staff actively involved?	*Sitting with residents *Talking *Helping 1:1, hand over hand assistance	*Giving lines to residents theater activity
Is the relationship marginalizing or empowering between the clients and staff?	*Empowering-residents have choice in what they wanted to paint	*Empowering-residents having choice on what role they wanted to play
Do the residents appear to be enjoying themselves?	*Yes, smiles of faces *Showing accomplishments to other staff *Not wanting to stop	*Yes, waving, smiles, laughing *Wanting to talk to me

CONCLUSIONS

The first hypothesis that the provision of recreation services to people with disabilities is valued both at Lakeview Health Center in West Salem, Wisconsin, and the Cottolenga Institute in Turin, Italy is supported by the results of the research. Both facilities want what is best for their residents and give them choices in which activities they want to participate in. Independence is a shared goal between both facilities and is reached by providing recreation options to the residents to freely choose what and when they want to participate. Recreation is valued and this is proven by dedicating a whole department to providing services in the United States and in Italy volunteers give their time to come and provide services. Staff at both facilities are always looking for new activities to get their

residents involved in. This includes community outings. For example the Olympics were held in Turin, Italy this year and many residents were involved in the festivities.

The second hypothesis that recreation services provided to people with disabilities at Lakeview Health Center in West Salem, Wisconsin have specified benefits and outcomes, and are more purposeful than recreation service provided at Cottolenga Institute in Turin, Italy. The research conducted provides information that in the United States recreation services has more purposeful meaning because in the United States someone that provides these services is required to have a Bachelor of Science in Therapeutic Recreation and then take a certification exam to learn how to provide recreation experiences to promote independent functioning and to enhance optimal health and well-being of people with illnesses and/or disabling conditions. Specific goals are set regarding physical, cognitive, social, and emotional needs of the residents. Evaluations are conducted to continue optimal care for their residents. Each client may have a different goal, reached through recreation activities. In Italy the main goal is to provide recreation opportunities to instill fun into the residents' lives. Untrained volunteers come in and provide recreation to brighten the day of the residents. The United States also includes fun in their programming but other goals are set.

In addition after reviewing the data the United States and Italy have a lot in common regarding recreation. Both have multiple activities and community resources provided for their residents and most importantly both have number on priority of meeting the needs of their residents.

LIMITATIONS

While comparisons of services are available with programs in the United Kingdom and Canada, it appears that no comparison have been made with programs in Italy. There was little data about recreation services provided for people with developmental disabilities in Italy. After researching a facility in Italy questions were answered and observations were collected. Language was not a barrier yet vocabulary was difficult to describe in Italy at times. For example Therapeutic Recreation is not offered in Italy and describing its purpose and mission was difficult at times. Scheduling interviews and observations was not a problem and both facilities were very accommodating to anything that was needed to further the research.

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REFERENCES

- Broida, J. (Ed). (2000). *Therapeutic recreation-The benefits are endless™*. Ashburn, VA: National Therapeutic Recreation Society.
- Bullock, C., & Mahon, M. (2000). *Introduction to recreation services for people with disabilities: A person-centered approach*. (2nd Ed.) Champaign, IL: Sagamore.
- Kinney, T., Shank J., & Coyle K. (1991). *Benefits of therapeutic recreation –A consensus view*. Ravensdale, WA: Idyll Arbor, Inc..
- Mobily, K & Ostiguy, L. (2004). *Introduction to therapeutic recreation: U.S. and Canadian Perspectives*. State College, PA: Venture.
- Stumbo, N., & Peterson, C. (2004). *Therapeutic recreation program design: Principles and procedures*. (4th Ed.) Benjamin Cummings, CA: Pearson Education, Inc..
- Schleien, S., & Ray, M. T. (1988). *Community recreation and person with disabilities: Strategies for integration*. Baltimore: Paul H. Brooks.