

Family Leisure Among Families With a Child in Mental Health Treatment: Therapeutic Recreation Implications

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Abstract

The primary purpose of this study was to examine the contribution of family leisure involvement to family functioning among families with youth in mental health treatment. The secondary purpose was to compare family functioning and family leisure involvement between treatment families and a sample of normative families. The treatment family sample consisted of 181 participants. Data were analyzed from the parent and youth perspectives. The Family Leisure Activity Profile (FLAP) was used to determine family leisure involvement. The Family Adaptability and Cohesion Evaluation Scale (FACES II) was used to measure family functioning. Blocked multiple regression analyses indicated a positive relationship between family leisure variables and family functioning. Specifically, in the parent data, both core and balance leisure patterns were significant predictors of family functioning, yet from the youth perspective only core leisure involvement was significantly related to family functioning. Recommendations for future research and implications for therapeutic recreation practice are discussed.

KEYWORDS: Adaptability, balance, core, cohesion, family, leisure, youth

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There has been a significant increase in families with adolescents in mental health treatment in recent years. Findings averaged over 5 years (2002 to 2006) indicated that 2.6% of youth aged 12 to 17 (approximately 657,000) received out-of-home services (hospital, residential treatment, or foster care) for emotional or behavioral problems in the year prior to data collection (Office of Applied Studies, 2007a). The same findings averaged over the most recent 2 years (2005 to 2006) indicated that 13.3% of all youth aged 12 to 17 (approximately 3.3 million) received specialty mental health services for emotional or behavioral problems in the previous year (Office of Applied Studies, 2007b). Residential treatment accounts for approximately 15%-30% of out-of-home placements for adolescents in need of mental health services (Walter & Petr, 2007). Studies examining youth residential treatment typically focus on the effectiveness and outcomes of services for youth and their families, rather than trying to understand the unique characteristics of these types of families as a whole (Foltz, 2004; Frankfort-Howard & Romm, 2002; Gorske, Strelbus, & Walls, 2003; Hair, 2005; Landsman, Groza, Tyler, & Malone, 2001; Lyons & McCulloch, 2006; Peterson & Scanlan, 2002). The examination of family functioning in families with youth in mental health treatment is in its infancy, with only a few studies contributing to date (Mathijssen, Koot, Verhulst, De Bruyn, & Oud, 1997; Sunseri, 2004). Vickers (1994) suggests that since children live in families, and families function differently, it would be beneficial to develop a clear understanding of the intricacies of family functioning among at-risk families. Family leisure involvement is one behavioral dimension that has been related to healthy family functioning.

While there is a body of literature that indicates possible negative aspects or con-

tradictory experiences of family leisure such as family conflict (Rosenblatt & Cunningham, 1976; Rosenblatt, Titus, Nevaldine, & Cunningham, 1979), gender and role inequities (Shaw, 1992, 1994), and family constraints (Crawford & Godbey, 1987; Rapoport & Rapoport, 1975; Witt & Goodale, 1985), the trend in the last two decades of research has indicated a consistent positive relationship between quality time spent together in leisure pursuits as a family and beneficial family outcomes. Family leisure involvement has been related to outcomes such as increased family communication, higher satisfaction with marital relationships, higher satisfaction with family life, and better family functioning (Freeman & Zabriskie, 2003; Hawks, 1991; Orthner, 1976; Orthner & Mancini, 1991; Smith, Freeman, & Zabriskie, 2009; Zabriskie, 2001; Zabriskie & McCormick, 2001, 2003). In fact, the Core and Balance Model of Family Leisure Functioning (Zabriskie & McCormick, 2001) suggests that there is a direct relationship between family leisure involvement and overall family functioning (Zabriskie & Freeman, 2004).

Several studies using the Core and Balance model as a framework have reported significant relationships between family leisure involvement and family functioning among traditional families, whether examined from a parent, child, or family perspective (Freeman & Zabriskie, 2003; Zabriskie & Freeman, 2004; Zabriskie & McCormick, 2001). Researchers using the same framework have reported similar results among samples with different family structures such as families with adoptive children (Zabriskie & Freeman), Hispanic families (Christenson, Zabriskie, Eggett, & Freeman, 2006), families with a child with a disability (Dodd, Zabriskie, Widmer, & Eggett, 2009), and single-parent families (Hornberger, 2007). There is very little research, however, regarding the contribution of family leisure

involvement to family functioning among families with youth in mental health treatment. The nature of the experiences surrounding these types of families (e.g., grief, increased stress, stigma, and constraint) may have a significant impact on their family functioning (Corrigan & Miller, 2004; Gdress, Ozgul, Owen, & Foley-Evans, 2005; Hinshaw, 2005; Walsh, 2006).

The use of the Core and Balance framework in examining the functioning of families with youth in mental health treatment may provide much needed insight into a population of growing interest. Therefore, the primary purpose of this study was to examine the contribution of family leisure involvement to family functioning among families with youth in mental health treatment. The secondary purpose was to compare family functioning and family leisure involvement between families with youth in mental health treatment and a sample of families who do not have youth in mental health treatment (normative families).

Review of Literature

Family Functioning

Family systems theory holds that families are composed of interacting members, with each member having an effect on and being affected by every other member of the system. Families are seen as goal directed, self-correcting, dynamic, interconnected systems (Klein & White, 1996). This framework suggests that viewing the family as greater than the sum of its parts is most representative of the family when seeking to understand family behavior. Olson's (1993) Circumplex Model of Marital and Family Systems is one of the most widely used and accepted models that operationalizes the family systems framework. It suggests that healthy family functioning is based on a balance between the dimensions of family cohesion (togetherness or bonding) and adaptability (ability to be flexible and cope with change), which tend to be facilitated by

family communication (Olson). Families with adolescents in mental health treatment have a unique set of characteristics and behavioral dynamics that may affect their family functioning.

Characteristics of Families with Adolescents in Mental Health Treatment

A substantial amount of literature has examined the characteristics of families with an adolescent in mental health treatment, which has contributed to a vast knowledge base concerning potential influences of maladaptive behavior. Much of this literature attempts to attribute the influences of youth psychopathology to familial characteristics such as parental substance abuse (Park, Bauer, & Oescher, 2001), mental and physical abuse (Crespi & Rigazio-DiGilio, 1996), familial conflict (Grills & Ollendick, 2003), parental psychopathology, (Fristad & Clayton, 1991; Kazdin, 1995), and family structure disruptions, such as divorce or remarriage (Keller, Catalano, Haggerty, & Fleming, 2002). In fact, it has been suggested that families play a vital role in the development and maintenance of youth mental health dysfunctions such as substance abuse, delinquency, and eating disorders (Cox & Ray, 1994; Foster, 1998; Grills & Ollendick, 2003; LaCombe, Kline, Lachar, Butkus, & Hillman, 1991). A limitation in many of these types of studies, however, concerns their correlational nature. In a review of the literature correlating children's emotional disorders to family behaviors, Early and Poertner (1993) caution that these techniques would make it quite difficult to know whether a mother's anxiety preceded a child's emotional disorder, or whether it was a response to parenting a child with these types of problems. Regardless of the issue of cause and effect, it is important to be cognizant of the behavioral dynamics that are present in families with a child with mental illness, and how those dynam-

ics might influence family functioning.

A unique set of experiences have been associated with being a family member of a youth with mental illness. Parents experience a profound sense of grief over the loss of a child with a mental illness, even though the loss may not be in the physical sense associated with death (Godress, Ozgul, Owen, & Foley-Evans, 2005; MacGregor, 1994). This grief is associated with the loss of hopes, wishes, and aspirations for their child, and may be experienced numerous times as their child experiences stressor events, medical crises, and missed developmental steps (MacGregor). Stigma related to having a mental illness is often something an individual with a mental illness will experience; however, family members experience stigma as well (Corrigan & Miller, 2004; Hinshaw, 2005). This is referred to as 'courtesy stigma', and is a form of social disapproval for people who associate with stigmatized individuals (Goffman, 1963). Corrigan and Miller suggest that "parents may be stigmatized by public attitudes related to blame for the onset of a person's mental illness" (p. 538). Such stigma leads to strained relationships among immediate and extended family members, and has a direct impact on the parenting and development of a child with mental illness (Hinshaw).

Families with a child with mental illness also experience increased demands on coping abilities, breakdowns in communication between parents and children, and increased stress on all family members (Puotiniemi, Kyngas, & Nikkonen, 2001). The combination of experiences of grief, stigma, and increased stress related to caring for a child with a mental illness are all factors that are likely to have serious implications for the overall functioning of these families.

Family Functioning and Adolescent Mental Health Treatment

One of the few studies that has examined family functioning among families with adolescents in mental health treatment (Mathijssen et al., 1997) found that among a sample of Dutch families, "high cohesion and low adaptability were associated with less problem behavior" (p. 253). Furthermore, a negative relationship was found between cohesion and psychopathology. Low cohesion was associated with higher levels of youth externalizing behavior (aggressive and delinquent behavior). While it was not the primary focus of the study, these findings provide some empirical evidence to support the concept that families with youth in treatment tend to exhibit low levels of family functioning. One limitation, however, was that this sample was compared to the Dutch norms for cohesion and adaptability, rather than making a direct comparison to a non-treatment sample collected with similar methods. Furthermore these results represent trends in Dutch families. Cultural differences may make it difficult to generalize results to other cultures.

Sunscari (2004) examined the influence of level of family functioning on treatment outcomes of youth. The author classified the treatment families in this study as low, intermediate, or high functioning in comparison to each other. High functioning families within this sample were seven times more likely to successfully complete treatment than the low functioning families. The classifications of low, intermediate, and high functioning, however, were only determined in relation to the families in this study. As with the Dutch study, there was no comparison of these families to a normative sample of families, so the classifications are of minimal value beyond the study itself. Furthermore, the scale used to measure and therefore classify family functioning did so by examining six behavioral dimensions of family functioning:

problem solving, dealing with stress/conflict, parental and family conflict, parental social supports, parenting and physical discipline, and involvement in case planning. These behaviors may indeed have an influence on family functioning; however, they were not all-inclusive. It is likely that there are other behaviors that influence family functioning. While the author made a sound theoretical argument to use these behavioral dimensions as a representation of family functioning, it seems that the use of a direct measure of family functioning with established psychometric properties would also be useful in future research.

Family Leisure

Most findings from the last few decades of family leisure research have reported positive relationships between family leisure involvement and family outcomes, such as family closeness, family functioning, communication, and family and marital satisfaction (Freeman & Zabriskie, 2003; Holman & Jacquart, 1988; Johnson, Zabriskie, & Hill, 2006; Mactavish & Schleien, 1997; Shaw & Dawson, 2001). Smith (1997) stated, "family recreation seems to be one meaningful way to create stronger families, no matter what form they are in" (p. 19). Wells et al. (2004) suggested that for families with at-risk youth, challenging recreation can improve the families' collective efficacy, or belief in their ability to accomplish things as a family. Among the same population, Huff, Widmer, McCoy, and Hill (2003) found that challenging outdoor recreation can improve parent-adolescent communication.

While leisure can be a strengthening tool for families, it is not an end-all solution to family problems. Without some measure of structure or purpose, family leisure can even be detrimental. In their research on family activities, however, Shaw and Dawson (2001) identified a positive emerging theme that parents attached to

family participation in leisure activities. They suggested that a "strong sense of purpose" existed in the parents' desire to provide leisure. They went on to recommend that "family leisure should be seen as a form of purposive leisure, which is planned, facilitated, and executed by parents in order to achieve particular short- and long-term goals" (p. 228). Some of these goals may include teaching values, moral lessons, the importance of sportsmanship, and passing on parental expectations. Another line of family leisure research has consistently reported direct relationships between different types of family leisure behavior and aspects of family functioning from multiple family perspectives and in a variety of different family samples (Zabriskie & McCormick, 2001).

Core and Balance Model of Family Leisure Functioning

Grounded in family systems theory, the Core and Balance Model of Family Leisure Functioning indicates that there are two basic categories or patterns of family leisure, core and balance. Families utilize these two categories to meet needs for both stability and change, and ultimately facilitate outcomes of family cohesion and adaptability, which are primary components of family functioning. Core family leisure is reflected in "common, everyday, low-cost, relatively accessible, often home-based activities that many families do frequently" (Zabriskie & McCormick, 2003, p. 168). This may include family activities such as making and eating dinner together, playing board games together, shooting baskets in the driveway together, or simply jumping in a pile of leaves once the raking is done. Such activities provide a "consistent, safe, and usually positive context in which family relationships can be enhanced and feelings of family closeness increased" (Freeman & Zabriskie, 2003, p. 77). Balance family leisure, on the other

hand, is reflected in activities that are more out of the ordinary, and are typically not home-based which provides an element of novelty (Zabriskie & McCormick, 2003). This may include family activities such as family vacations, camping, special events, and trips to sporting events or theme parks. They tend to be more out of the ordinary and "include elements of unpredictability or novelty, which require family members to negotiate and adapt to new input and experiences that stand apart from everyday life" (Freeman & Zabriskie, p. 77).

Core family leisure involvement tends to facilitate feelings of closeness, family identity, personal relatedness and bonding. Balance family leisure involvement provides the input necessary for families to be challenged, to adapt, to develop, to progress as a working unit and helps foster the adaptive skills necessary to navigate the challenges of family life in today's society. Research indicates that both categories are essential and that families who regularly participate in both core and balance family leisure report higher levels of family functioning than those who participate in high or low amounts of either category (Freeman & Zabriskie, 2003).

Research has also indicated, however, that different types of families may need different amounts of each category based on circumstance. In a study comparing single-parent and dual-parent families, Hornberger (2007) found that single-parent families participated in lower amounts of core and balance family leisure than normative families and reported slightly lower levels of family cohesion and slightly higher adaptability. They also reported that although they had less participation, the relationship between family leisure involvement and both cohesion and adaptability was stronger among single-parent families, particularly for core family leisure. The author suggested that core family leisure may play

a more significant role among families that experience difficulties, challenge, and high stress. The consistency and stability of core family leisure likely provides a supportive foundation for such families, particularly in times of high stress. The author theorized that single-parent families may develop adaptive skills out of necessity, thus requiring less balance family leisure to meet that need. Hornberger (2007) stated, "The very nature of their family structure presents experiences of novelty, challenge, and change as part of their everyday life" (p. 24). Additionally, although their findings did not support a relationship between balance family leisure participation and income, it is possible that balance family leisure may be less accessible to single-parent families, resulting in increased core family leisure participation. Regardless of the type of family structure, it appears that effective family leisure involvement is an essential behavioral characteristic when considering high family functioning (Freeman & Zabriskie, 2003).

Research has consistently found that families who report more family leisure involvement also report higher family functioning than those who report less (Freeman & Zabriskie, 2003; Zabriskie & McCormick, 2001). Vickers (1994) hypothesized that at-risk types of families functioned differently than more traditional families. The most significant finding in her study was "the number of families found in the extreme lower left cells of the Circumplex Model (low cohesion and low adaptability)" (p. 268). Characteristics of a family classified in this area of the model may include extreme independence, little family closeness or loyalty, strict discipline, little change in family roles or rules, emotional distance, anxiety, anger, or guilt (Gaughan, 1982; Olson, 2000; Vickers, 1994). This lends support to the concept that families in

mental health treatment are likely to have relatively low levels of family functioning.

According to the Core and Balance framework it can be hypothesized that if treatment families had low levels of family functioning, they would also be likely to have low levels of family leisure involvement, or participate in a way that the effect on family functioning is inconsequential or even negative. Frequent family participation in balance family activities such as vacations, outdoor adventure activities, or going to museums and theatres can be immediately impactful for a family in the short term, but can have diminishing effects on the family as a whole in the long term if there is no participation in core family activities. Freeman and Zabriskie (2003) stated that, "core family leisure involvement is essential to higher family functioning, and may make a more valuable contribution to family life" (p. 90). In fact, families in their sample indicated that as compared to balance family leisure activities, involvement in core family leisure activities (common, low-cost, relatively accessible, home-based) with family members "was the best predictor of aspects of family functioning such as emotional closeness, feelings of connectedness, mutual respect and a family system's ability to be flexible in roles, rules, and relationships" (p. 89).

Freeman and Zabriskie (2003) recommended that professionals working with families make a strong effort to provide opportunities for them to develop and practice core family leisure skills. Clients in need of mental health services may "struggle with the basic skills needed to spend time together playing a game in the home, shooting baskets, throwing a Frisbee, reading together, planting flowers, attending each other's events, or cooking as a family" (Freeman & Zabriskie, 2003, p. 90). These are the basic activities of everyday family life that develop family cohesion.

Past research clearly supports benefits of family leisure among typical families. Little research, however, has examined the relationship of family leisure and family functioning among families with youth in mental health treatment. The Core and Balance Model provides a useful framework from which to examine family leisure involvement among this population. Therefore the purpose of this study was to examine the contribution of family leisure involvement to family functioning among a sample of families with adolescents in treatment. A secondary purpose was to compare family functioning and family leisure involvement between this sample and a previously collected sample of normative families. It was hypothesized that there would be a positive relationship between family leisure involvement and family functioning among treatment families, and that when compared to a sample of normative families there would be differences in family functioning (cohesion and adaptability) and family leisure variables (core and balance family leisure).

Methods

Sample

In an attempt to address calls from researchers to obtain more than a parent perspective (Zabriskie & Freeman, 2004), data were collected from adolescents receiving mental health services in a residential treatment center and their parents. The sample ($n = 181$) consisted of 76 parents and 105 adolescents who were asked to answer the questionnaires in terms of their family leisure for the year or so before their child entered the treatment center. The parents were predominantly white (86.8%) and female (72.4%), with the remaining 13.2% distributed between Asian (5.3%), Black (1.3%), Hispanic (3.9%), and Native American (2.6%). The youth were predominantly white (67.6%) and female (58.8%), with the remaining 32.4% dis-

tributed between Asian (2%), Black (3.9%), Hispanic (12.7%), Native American (4.9%), and other (8.9%). The parent ages ranged from 33 to 71 ($M = 50.05$, $SD = 7.16$). The youth ages ranged from 13 to 17 ($M = 15.73$, $SD = .96$). The majority of parents were married (78%), with 35% having a history of divorce.

The family sizes ranged from 1 to 8 members, with an average size of 3.35 members ($SD = 1.35$). Nine states were represented in this sample with 80.3% of the participants from California, 5.3% from Utah, 3.9% from both Alaska and Illinois each, and 1.3% each from Arizona, Delaware, Oregon, Pennsylvania, and Texas. The annual household incomes ranged from less than \$10,000 to over \$150,000, with a median category of \$100,000 to \$124,000. The modal annual income category was over \$150,000. Furthermore, 55% of the sample had annual incomes over \$100,000.

History of placement in treatment for the youth ranged from 1 to 60 months, with a mean of 11.07 months ($SD = 9.21$). All of the youth had multiple diagnoses, with the most common occurrences as follows: Bipolar Disorder (28), Oppositional Defiant Disorder (22), Major Depressive Disorder (19), Mood Disorder (18), Attention Deficit/Hyperactive Disorder (16), Conduct Disorder (14), and Anxiety Disorder (13). Other diagnoses included Reactive Attachment Disorder, Substance Abuse or Dependence, Eating Disorder, Dysthymia, Learning Disability, Obsessive Compulsive Disorder, Disruptive Behavior Disorder, Pervasive Development Disorder, Post-Traumatic Stress Disorder, Aspergers Syndrome, Personality Disorder, Schizophrenia Disorder, Schizotypal Disorder, Schizoaffective Disorder, and Schizophreniform Disorder.

Instrumentation

The research questionnaire included the following instruments: (a) the 30-item

Family Adaptability and Cohesion Scales (FACES II), which measured perceptions of family cohesion and adaptability and total family functioning (Olson, 1993); and (b) the 16-item Family Leisure Activity Profile (FLAP) which measured family leisure involvement based on the Core and Balance Model of Family Leisure Functioning (Zabriskie, 2000). Relevant sociodemographic data were included.

FACES II. The Family Adaptability and Cohesion Scales (FACES II) is a 30-item scale that measures perceptions of family cohesion, adaptability, and overall family functioning based on Olson's Circumplex Model (Olson, 1986). It contains 16 items measuring cohesion and 14 items measuring adaptability. Because it was designed to measure family dynamics, it focuses on system characteristics of family members currently living in the home. It uses a Likert scale ranging from 1 (almost never) to 5 (almost always). After obtaining total cohesion and adaptability scores, linear scoring interpretation procedures (Olson et al., 1992) were used to obtain a score which is used as an indicator of overall family functioning. Acceptable psychometric properties have been reported (Olson et al.). For this sample, Cronbach Alpha coefficients for parents and youth, respectively, were .71 and .86 for adaptability, and .77 and .72 for cohesion.

Family Leisure Activity Profile. The FLAP is a 16-item activity inventory that measures involvement in family leisure activities based on the Core and Balance Model of Family Leisure Functioning. Respondents identify leisure activities done with family members across 16 activity categories. Eight categories of activities are representative of core family leisure patterns (e.g., family dinners, home-based TV/videos, games, and yard activities) and eight categories are representative of balance family leisure patterns (e.g., community-based

events, outdoor activities, water-based activities, adventure activities, and tourism). Each item asks if the respondent participated in the activity category with family members. Specific activity examples are included to help clarify and delineate between categories. Ordinal indicators of family leisure involvement are calculated for each category according to the scoring procedures and are summed to provide a core, balance, and total family leisure involvement score. The FLAP has demonstrated acceptable psychometric properties including evidence of construct validity, content validity, inter-rater reliability, and test-retest reliability for core (.74), balance (.78), and total family leisure involvement (.78; Freeman & Zabriskie, 2003; Zabriskie, 2001).

Socio-demographic questions were included to identify underlying characteristics of the sample and to provide possible controlling factors. Items included the following: both parent and youth ages, genders, ethnicities, marital status, history of divorce, family composition, annual income, place of residence, population of residence, and history of placement in treatment and diagnoses (for youth).

Analysis

Descriptive statistics were performed to explore the underlying characteristics of the research variables and to describe the sample. Two data sets were compiled (parent and youth perspective). For each, scores were calculated for core and balance family leisure involvement, family cohesion, family adaptability, and family functioning. In order to make a comparison between the sample of families with youth in mental health treatment and a sample of normative families, data from a companion study that used the same instrumentation was utilized (Hornberger, 2007). This national sample of families ($n = 343$), which also included one parent and a dependent child from each family, had similar descriptive

characteristics in terms of parent age ($M = 41.51$, $SD = 6.72$) and gender (majority female 89%), and youth age ($M = 13.12$, $SD = 1.51$) and gender (male = 51%, female 49%). Multiple independent sample *t*-tests were computed to examine differences between samples. Due to multiple *t*-tests the Bonferroni adjustment was used.

Pearson Product Moment zero order correlations were calculated to check for multicollinearity and significant bivariate relationships among variables. Socio-demographic variables believed to be theoretically related as well as those with significant correlations with dependent variables were included in multiple regression models as controlling factors. Multiple regression analyses were then performed on each of the three dependent variables (family cohesion, family adaptability, and family functioning) for both data sets (parent and youth perspectives) among the treatment family sample. In an effort to examine the unique contribution of family leisure involvement to aspects of family functioning, a blocked entry method was used with the socio-demographic variables entered in the first block and family leisure (core and balance) entered in the second block. Models were examined for significance at an alpha level of .05 and standardized regression coefficients (Beta) were examined to identify the contributions of each variable.

Results

The parent and youth perspectives of family cohesion, adaptability, and functioning scores fell within the established norms for FACES as determined by Olson et al. (1992). Family leisure involvement scores from both parent and youth perspectives also fell within acceptable ranges as measured by the FLAP (Zabriskie, 2001).

Sample Comparisons

The comparison of family cohesion, family adaptability, and family functioning

between the sample of families with youth in mental health treatment and the sample of normative families indicated that there were significant differences ($p < .001$) between the mean scores in the two data sets from both the parent and youth perspectives (see Table 1). In comparing the leisure involvement scores (core and balance) between the two samples, significant differences were found between the mean scores in both the parent and youth data sets for core family leisure involvement ($p < .001$); however, there were no significant differences between the mean scores in either

the parent or youth datasets for balance family leisure involvement (see Table 2).

Bivariate Analyses

Zero-order correlations were used to examine bivariate relationships between family leisure involvement and family functioning variables among the sample of families with youth in mental health treatment. Significant correlations ($p < .001$) were identified between both family leisure involvement variables (core and balance) and both family functioning variables (cohesion and adaptability) from

TABLE 1:
Differences Between Families with an Adolescent in Mental Health Treatment and Normative Families on Cohesion, Adaptability and Family Functioning

| Variable | M | SD | t | p |
|---------------------------|-------|-------|--------|-------|
| Parent Perspective | | | | |
| Cohesion | 48.91 | 6.68 | -11.05 | .000* |
| Treatment (n = 75) | 62.83 | 9.92 | | |
| Normative (n = 343) | | | | |
| Adaptability | 42.91 | 6.23 | -4.51 | .000* |
| Treatment (n = 75) | 46.94 | 7.17 | | |
| Normative (n = 343) | | | | |
| Family Functioning | 3.32 | 1.26 | -8.60 | .000* |
| Treatment (n = 75) | 4.96 | 1.54 | | |
| Normative (n = 343) | | | | |
| Youth Perspective | | | | |
| Cohesion | | | | |
| Treatment (n = 104) | 45.22 | 11.93 | -11.07 | .000* |
| Normative (n = 343) | 58.85 | 10.69 | | |
| Adaptability | | | | |
| Treatment (n = 104) | 40.18 | 10.51 | -3.84 | .000* |
| Normative (n = 343) | 43.92 | 8.05 | | |
| Family Functioning | | | | |
| Treatment (n = 104) | 2.96 | 1.56 | -6.92 | .000* |
| Normative (n = 343) | 4.22 | 1.65 | | |

Note. * $p < .001$. A Bonferroni adjustment was used for multiple tests. A family-wise .05 significance level was used overall, but the Bonferroni adjustment of .01 (or less) significance level was used for individual tests.

TABLE 2:
Differences between Families with an Adolescent in Mental Health Treatment
and Normative Families on Family Leisure Involvement

| Variable | M | SD | t | p |
|---------------------------|-------|-------|-------|-------|
| Parent Perspective | | | | |
| Core Activities | | | | |
| Treatment (n = 70) | 34.44 | 16.23 | -5.04 | .000* |
| Normative (n = 343) | 45.62 | 17.02 | | |
| Balance Activities | | | | |
| Treatment (n = 69) | 52.78 | 28.26 | .641 | .522 |
| Normative (n = 343) | 50.47 | 27.13 | | |
| Total Family Leisure | | | | |
| Treatment (n = 66) | 88.52 | 40.22 | -1.46 | .143 |
| Normative (n = 343) | 96.09 | 38.07 | | |
| Youth Perspective | | | | |
| Core Activities | | | | |
| Treatment (n = 101) | 28.30 | 17.62 | -7.37 | .000* |
| Normative (n = 343) | 42.58 | 16.94 | | |
| Balance Activities | | | | |
| Treatment (n = 96) | 56.84 | 36.71 | 1.19 | .235 |
| Normative (n = 343) | 52.76 | 27.43 | | |
| Total Family Leisure | | | | |
| Treatment (n = 95) | 85.14 | 48.53 | -2.03 | .043 |
| Normative (n = 343) | 94.73 | 38.35 | | |

Note. * $p < .001$. A Bonferroni adjustment was used for multiple tests. A family-wise .05 significance level was used overall, but the Bonferroni adjustment of .01 (or less) significance level was used for individual tests.

the parent and youth perspectives. One sociodemographic variable (ethnic majority) had a significant positive correlation with cohesion from the youth perspective ($r = .263, p < .001$). No other sociodemographic variables were correlated with any of the research variables from the youth or family perspective.

Multivariate Analyses

Multivariate analyses were computed with block entry method multiple regressions to examine the relationship between family leisure involvement and family functioning among families with youth in men-

tal health treatment beyond the bivariate level. For each dataset (parent and youth), a multiple regression model was created for each of the dependent variables (family cohesion, family adaptability, and total family functioning), resulting in a total of six multiple regression models. Independent variables were included in the regression models if they had significant zero-order correlations to the dependent variables or if they were theoretically justified to be included based on past literature.

In the first model for the parent data ($n = 63$; see Table 3), the first block containing only socio-demographic variables

TABLE 3:
Summary of Blocked Regression Equations: Parent Data

| Variable | B | SE B | β | p |
|---------------------------------------|-------|-------|---------|--------|
| Family Cohesion (n = 63) | | | | |
| Block 1 R2 = .014 (p = .657) | | | | |
| History of divorce | -.030 | 2.470 | -.002 | .990 |
| Family size | .825 | .897 | .117 | .362 |
| Block 2 Δ R2 = .356 (p < .001) | | | | |
| History of divorce | .137 | 2.015 | .007 | .946 |
| Family size | -.292 | .755 | -.041 | .700 |
| Core Family Leisure | .132 | .076 | .222 | .090 |
| Balance Family Leisure | .161 | .045 | .460 | .001* |
| Family Adaptability (n = 63) | | | | |
| Block 1 R2 = .021 (p = .524) | | | | |
| History of divorce | 1.620 | 1.570 | .131 | .306 |
| Family size | .274 | .571 | .061 | .633 |
| Block 2 Δ R2 = .192 (p = .002) | | | | |
| History of divorce | 1.882 | 1.437 | .152 | .195 |
| Family size | -.227 | .538 | -.050 | .675 |
| Core Family Leisure | .134 | .054 | .356 | .017** |
| Balance Family Leisure | .031 | .032 | .140 | .338 |
| Family Functioning (n = 63) | | | | |
| Block 1 R2 = .042 (p = .273) | | | | |
| History of divorce | .345 | .317 | .136 | .281 |
| Family size | .138 | .115 | .151 | .234 |
| Block 2 Δ R2 = .261 (p < .001) | | | | |
| History of divorce | .380 | .276 | .150 | .174 |
| Family size | .013 | .103 | .015 | .898 |
| Core Family Leisure | .021 | .010 | .277 | .046** |
| Balance Family Leisure | .014 | .006 | .316 | .024** |

Note. *p < .01; ** p < .05

did not explain a significant portion of the variance in family cohesion ($r^2 = .014$, $p = .657$). After adding core and balance family leisure involvement into the second block there was a statistically significant change in the variance explained by the model ($\Delta R^2 = .356$, $p < .001$). Only balance family leisure involvement ($\beta = .460$, $p = .001$) was a significant predictor of family cohesion from the parent perspective.

In the second model for the parent data ($n = 63$), the first block containing only socio-demographic variables again did not explain a significant portion of the variance in family adaptability ($r^2 = .021$, $p = .524$). After adding core and balance involvement into the second block there was a significant change in the model ($\Delta R^2 = .192$, $p = .002$). Core family leisure in-

volvement ($\beta = .356, p = .017$) was the only significant predictor of family adaptability from the parent perspective.

In the final model for the parent data ($n = 63$), the first block again did not explain a significant portion of the variance in family functioning ($r^2 = .042, p = .273$). After adding core and balance family leisure involvement into the second block there was a significant change in the variance explained by the model ($\Delta R^2 = .261, p < .001$). Both core ($\beta = .277, p = .046$) and balance family leisure involvement ($\beta =$

$.316, p = .024$) were significant predictors of family functioning from the parent perspective.

In the first model for the youth data ($n = 91$; see Table 4), the first block containing only socio-demographic variables did not explain a significant portion of the variance in family cohesion ($r^2 = .052, p = .029$). After adding core and balance family leisure involvement into the second block there was a statistically significant change in the variance explained by the model ($\Delta R^2 = .282, p < .001$). Core leisure involve-

TABLE 4:
Summary of Blocked Regression Equations: Adolescent Data

| Variable | B | SE B | β | p |
|--|--------|-------|---------|--------|
| Family Cohesion (n = 91) | | | | |
| Block 1 R2 = .052 (p = .029) | | | | |
| Ethnic majority | 5.636 | 2.536 | .228 | .029** |
| Block 2 $\Delta R^2 = .282$ (p < .001) | | | | |
| Ethnic majority | 3.835 | 2.209 | .155 | .086 |
| Core Family Leisure | .302 | .066 | .462 | .001* |
| Balance Family Leisure | .040 | .033 | .124 | .233 |
| Family Adaptability (n = 91) | | | | |
| Block 1 R2 = .001 (p = .727) | | | | |
| Ethnic Majority | .814 | 2.322 | .037 | .727 |
| Block 2 $\Delta R^2 = .183$ (p < .001) | | | | |
| Ethnic majority | -1.046 | 2.181 | -.047 | .633 |
| Core Family Leisure | .134 | .065 | .229 | .043** |
| Balance Family Leisure | .078 | .033 | .272 | .019** |
| Family Functioning (n = 91) | | | | |
| Block 1 R2 = .008 (p = .385) | | | | |
| Ethnic majority | .306 | .350 | .092 | .385 |
| Block 2 $\Delta R^2 = .201$ (p < .001) | | | | |
| Ethnic majority | .049 | .325 | .015 | .879 |
| Core Family Leisure | .028 | .010 | .317 | .005** |
| Balance Family Leisure | .009 | .005 | .202 | .076 |

Note. * $p < .01$, ** $p < .05$

ment ($\beta = .462, p < .001$) was the only significant predictor of family cohesion from the youth perspective.

In the second model for the youth data ($n = 91$), the first block again did not explain a significant portion of the variance in family adaptability ($r^2 = .001, p = .727$). After adding core and balance family leisure involvement into the second block there was a statistically significant change in the variance explained by the model ($\Delta R^2 = .183, p < .001$). Both core ($\beta = .229, p = .043$) and balance family leisure involvement ($\beta = .272, p = .019$) were significant predictors of family adaptability from the youth perspective.

In the final model for the youth data ($n = 91$), the first block again did not explain a significant portion of the variance in family functioning ($r^2 = .008, p = .385$). After adding core and balance family leisure involvement into the second block there was a statistically significant change in the variance explained by the model ($\Delta R^2 = .201, p < .001$), and core family leisure involvement was the only significant predictor of family functioning ($\beta = .317, p = .005$).

Discussion

The purpose of this study was to examine the contribution of family leisure involvement to family functioning among families with youth in mental health treatment, and to compare family functioning and family leisure variables between treatment families and a sample of non-treatment families. Findings indicated significant differences across all family functioning variables and in some family leisure variables between the two samples. Findings also indicated significant positive relationships between family leisure and family functioning variables from parent and youth perspectives in the sample of families

with youth in mental health treatment.

Comparison of Treatment and Non-treatment Families

Most of the literature addressing adolescent mental health treatment has focused on treatment outcomes and possible predictors of maladaptive behavior (Burns & Friedman, 1990; Chassin et al., 1992; Crespi & Rigazio-DiGilio, 1996; Hoagwood & Cunningham, 1992; Jansen et al., 1996; Taylor & Alpert, 1973; Wells et al., 1991). Some scholars have begun to examine family functioning and related behavioral characteristics among families with youth in treatment (Mathijssen et al., 1997; Sunseri, 2004; Vickers, 1994) in an effort to understand the unique characteristics of such families. None, however, have made direct comparisons between families with a child in mental health treatment and a non-treatment family sample collected with similar methods and instrumentation.

Findings from the current study support previous works by reporting significant differences in family functioning between families with youth in treatment and normative families, as would be expected. Mathijssen et al. (1997) reported low family functioning scores among Dutch families in treatment, especially from the youth perspective of cohesion, but did not make comparisons to a normative sample. Vickers (1994) reported that at-risk families functioned in the lower left hand cells of the Circumplex Model (low cohesion, low adaptability) and Sunseri (2004) compared functioning levels of families in treatment, but neither were able to make comparisons to a similar sample of non-treatment families. Current findings not only confirm previous findings but clearly report that families with a child in mental health treatment report significantly lower levels of family cohesion, adaptability, and overall functioning from both a par-

ent and youth perspective than parents and youth from a non-treatment sample. Further comparisons of family leisure involvement between these samples may be even more meaningful. Treatment families reported participating in significantly less core family leisure and slightly more balance family leisure than non-treatment families from both the parent and youth perspectives. The Core and Balance framework suggests that families who participate in relatively equal amounts of both core and balance types of family leisure tend to be higher functioning in comparison to families who participate in extreme high or low amounts in either category. Furthermore, involvement in primarily one category without the other is likely to lead to disorder within the family (Zabriskie & Freeman, 2004). Therefore, the model suggests that low levels of core family leisure participation would be related to low levels of family cohesion as well as low adaptability and overall functioning.

Current findings clearly support this tenet and add further validation to the belief that core family leisure is essential to higher levels of family functioning and "may make a more valuable contribution to family life" (Freeman & Zabriskie, 2003, p. 90). They also add further support to a consistent trend in earlier studies with findings from only youth perspectives (Freeman & Zabriskie; Zabriskie, 2000) and young adults raised in single-parent families (Smith et al., 2004, pg. 53) that identified the "essential nature of core family leisure involvement" (Smith, Taylor, Hill, & Zabriskie, 2004, p. 53). In more recent studies, this trend has been found in both parent and youth perspectives among single-parent families (Hornberger, 2007) and families with a child with a developmental disability (Dodd et al., 2009). In both of these studies, core family leisure involvement was the only significant predictor

of family functioning variables from both perspectives. Hornberger concluded that

Perhaps the essential nature of core family leisure involvement is more apparent among families that face greater stress, constraint, and difficulty by nature of their family structure such as those who have a child with a disability or are in a single-parent home. (p. 28)

Families with youth in mental health treatment are likely to face similar family stresses, constraints, and difficulties due to having a child with maladaptive behavior patterns (Corrigan & Miller, 2004; Hinshaw, 2005; MacGregor, 1994; Puotiniemi, Kyngas, & Nikkonen, 2001; Walsh, 2006). Therefore, it seems likely that core family leisure would be as important to these families as it is to single-parent families and families with a child with a developmental disability.

These findings also provide empirical support for the theoretical argument from the Core and Balance framework, that drastically unbalanced patterns of family leisure involvement are related to low levels of family functioning. Treatment families in this sample participated in more balance family leisure than the non-treatment families. Although this difference was not significant, when examined in comparison to their own extremely low core family leisure patterns, treatment families exhibited a distinct difference in their core and balance family leisure patterns. This dichotomy in their family leisure participation and the possible influence it may have had on their overall family functioning is an important finding, and suggests that this important aspect of leisure behavior among these families merits further examination.

Shaw and Dawson (2001) found that parents attach a "sense of urgency" to the leisure time they spend with their children particularly as they enter adolescence (p.

224). It is possible that these mental health treatment families have had similar experiences and may have turned to family leisure to address behavioral issues before they got too bad, or upon realizing situations were out of control. Based on the high levels of balance family leisure participation in this sample, we can theorize that parents may have felt this sense of urgency and used popular balance activities in an attempt to bond or strengthen their families in stressful times. Consequently, and possibly unintentionally, family leisure may have become a form of conflict avoidance (Rosenblatt & Cunningham, 1976). In other words, as parents noticed their children falling into patterns of disruptive behavior, they may have felt an urgent need to do something to strengthen the family. Rather than spend time together at home, where most behavioral problems are at the forefront, they chose to go on a cruise, shopping, or to the theatre, where the setting and interactions with people outside the family system tend to act as a buffer between the issues and the family.

They may have also allowed friends to accompany them on outings, which would further buffer the situation. It is not likely that many parents would be willing to discuss behavioral issues with their child in a public setting with a friend in attendance. They may have also felt that they were "doing something about it" when the family was out together as a whole, even if no one interacted with each other because of the underlying issues. Although it may provide great marketing for family destination resorts, such balance types of family leisure activities are not likely to be the best approach to begin developing the strength and bonding necessary to keep families together in difficult times. In fact, past research has made it clear that while both are necessary, core family leisure participation is one of the most essential

behavioral components related to family functioning (Freeman & Zabriskie, 2003; Hornberger, 2007). It may be that the lack of core family leisure has led treatment families to have a diminished skill base and ability to implement such activities in the home, which may make balance family leisure more appealing.

Another interesting variable that may be related is that of income. Although it was not significantly related to any of the family functioning variables, it is likely to have influenced the choice to participate in frequent balance family leisure. The annual income of 55% of the sample was over \$100,000, the median income range was \$100,000 to \$124,000, and the modal income range was over \$150,000. This was not typical of the non-treatment sample, whose median annual incomes ranged from \$50,000-\$59,999. Due to the expensive nature of mental health treatment, it is reasonable that the income ranges of this sample were high. This also suggests, however, that these treatment families had the resources in terms of finances to participate frequently in out-of-the-ordinary family activities such as outdoor adventure (e.g., camping, rafting, mountain biking), frequent family vacations, tourism, or going to the theatre, museum, or restaurants.

Relationship of Family Leisure Involvement to Family Functioning

Among traditional families, a positive relationship between family leisure and successful family functioning has consistently been reported (Hawks, 1991; Holman & Epperson, 1984; Orthner & Mancini, 1991; Zabriskie & McCormick, 2001). Such findings have also been consistent among families with different family structures, including families with a child who has a developmental disability (Dodd et al., 2009; Mactavish & Schleien, 1997; Mactavish & Schleien, 2004; Scholl et al., 2003),

special-needs adoptive families (Freeman & Zabriskie, 2003), and single-parent families (Hornberger, 2007). A recent study found that for families with at-risk youth in a therapeutic wilderness program, participation in challenging family leisure improved the collective efficacy of the family, which the researchers felt was a better way to improve family functioning than changing behavior alone (Wells et al., 2004).

Findings from the current study extend beyond previous research (Dodd et al., 2009; Hornberger, 2007; Freeman & Zabriskie, 2003) by reporting positive multivariate relationships between family leisure variables and family functioning among families in mental health treatment from both a parent and youth perspective. In other words, when other family characteristics were considered such as age, gender, ethnicity, history of divorce, family size, annual income, and history of treatment, family leisure involvement was the only significant predictor of family cohesion, adaptability, and overall family functioning. Relationships from the parent perspective, however, were somewhat different than those reported in previous samples.

While findings among traditional families (Zabriskie & McCormick, 2001) support the theoretical argument that core family leisure tends to be a better predictor of cohesion, and balance family leisure involvement tends to be a better predictor of adaptability, particularly from a parent perspective, that was not the case for the parent perspective among families with youth in mental health treatment. Although current findings indicated that both core and balance family leisure involvement contributed to the explanation of variance in overall family functioning, core family leisure explained more variance in adaptability, and balance family leisure explained more variance in cohesion. It is possible

that the relatively infrequent occurrence of core types of family leisure among this sample has made participation in activities such as family dinner, playing games together, gardening, and in-home movie nights become more novel, challenging, and even threatening to their family dynamics than a more typical balance leisure activity for them, like a family vacation to Europe. On the other hand, the frequency and ease for the affluent families in this sample to participate in balance types of family leisure, particularly when they may serve as a buffer or coping strategy amidst stressful family dynamics, may have provided a sense of consistency, stability, or structure that is typically related to core family leisure.

Findings from the youth perspective in this sample, however, were quite consistent with previous trends in the literature as well as with the tenants of the core and balance framework (Dodd et al., 2009; Freeman & Zabriskie, 2003; Hornberger, 2007; Smith et al., 2004; Zabriskie & McCormick, 2001). Core family leisure involvement was the only significant predictor of family cohesion, which is typical from a youth perspective, while balance family leisure was the stronger predictor of family adaptability (Dodd et al.; Hornberger, 2007). Furthermore, both core and balance family leisure explained variance in overall family functioning with core family leisure involvement clearly accounting for more variance from the youth perspective (Hornberger; Freeman & Zabriskie; Smith et al). These findings continue to support and emphasize the essential role that core family leisure involvement plays in family functioning. Responses from youth in mental health treatment clearly suggest that home-based, routine, everyday activities are most essential when considering their perceptions of family cohesion and family functioning. This is quite differ-

ent from the perspective of their parents who perceived balance family leisure this is quite different from the perspective of their parents who perceived balance family leisure such as trips, theme parks, or resorts to relate more to family cohesion. In other words, while youth in treatment may enjoy frequent vacations or out-of-the-ordinary activities, they may prefer to spend time at home with their families.

Recommendations for Future Research

There are a number of implications for continued study among families with youth in mental health treatment based on the current findings. First, it must be recognized that family leisure involvement is an essential component of family life for families with youth in mental health treatment. It is a behavioral characteristic that has been empirically correlated to higher family functioning among such families. Second, lack of involvement in regular, everyday, home-based, core family leisure is clearly related to lower family functioning or family dysfunction among mental health treatment families. Therefore, future research among families with youth in treatment should not only continue to examine aspects of family leisure but should also focus specifically on the characteristics, meaning and essential role of core family leisure involvement. Qualitative approaches are recommended and will likely add considerable insight.

Identifying and understanding family behaviors related to characteristics of family functioning such as different kinds of family leisure patterns, is a necessary step in order to provide empirically based recommendations for other families with youth in treatment, as well as to the professionals who work with them. Such knowledge may help practitioners develop appropriate, individualized, family-centered interventions and services that recent literature has

called for (Mathijssen et al., 1997; Zabriskie & Freeman, 2004). In order to create effective, theoretically-based programming, it is imperative that practitioners have a clear understanding of the intricacies of family leisure and family functioning behaviors among families with a youth in treatment.

Considering the consistent findings related to the essential nature of core family leisure involvement as it relates to aspects of family functioning for families such as those with a child with a developmental disability, single-parent families, and families with an adolescent in mental health treatment, future research should continue to explore this trend among samples of families with high levels of stress and constraint. Furthermore, there were clear differences in family leisure behavior between this sample and normative families, as was hypothesized. These differences such as less core family leisure involvement, the dichotomy between core and balance family leisure involvement, and the differences between parent and youth perceptions, must receive further attention.

While current findings add considerable insight to the body of knowledge and provide direction for future research, limitations of the study must also be acknowledged. Due to the nature of collecting data from families in treatment, the current sample was relatively small (particularly the parent data set; $n = 76$) and we were not able to collect a sufficient sample of matched dyads (parent and child) for family level data analysis. Therefore, two separate data sets were compiled and analyzed separately representing the two different perspectives. It is recommended that future studies of families with a child in treatment access larger samples of matched dyads that would allow for family level analysis. Advanced statistical methods such as hierarchical linear modeling (HLM) would allow researchers to examine similarities and differences, such

as those identified in the current study, at the child, parent, and family levels.

Another possible limitation of this study is in regards to the nature of residential treatment, which is generally expensive. This may have biased the study by gathering data from families of a higher socioeconomic status. Additionally, the majority of the families in this sample (80.3%) were from California, which has the third highest cost of living in the United States (MERIC, 2008). It is highly likely that there are many families with youth in treatment whose socioeconomic status is significantly lower than that of this sample. It is recommended that future research among families with youth in treatment make an effort to access families from a lower socioeconomic status and a more diverse region of residence.

An additional limitation may be in the comparison of youth ages between the normative sample and the sample of treatment families. The mean age for the youth in the normative sample was 13 years old, as opposed to a mean age of 15 years old for the treatment youth. This difference in age could possibly explain the differences in family leisure involvement and family functioning between the two samples, as it seems likely that as the youth approach their later teen years they would naturally want to spend less time with their families. When the means for family leisure and family functioning were compared between the younger (14 and under) and older youth (15 and above), however, no meaningful differences were found between the amount of family leisure involvement and overall family functioning. It should also be acknowledged that this study utilized correlational techniques to identify relationships; therefore, interpretation related to the directionality of relationships cannot be made without further research. Longitudinal studies approaching experimental designs must be conducted in

order to assess causality in the family leisure and family functioning relationship.

Implications for Practice

Freeman and Zabriskie (2003) suggested that the adoptive families in their sample were more likely to function better if they increased their family leisure involvement. Results from the current study suggest that an increase in family leisure involvement would result in improved functioning for families with an adolescent in mental health treatment as well. Or, more specifically, families who participate in more family leisure together, particularly core family leisure, may be less likely to experience family dysfunction.

Therapeutic recreation services, particularly when provided for adolescents in mental health treatment tend to focus on balance types of activities that are out of the ordinary, include perceived risk, and are challenging (e.g., challenge courses, initiative games, and outdoor adventure activities). Such activities tend to have an immediate impact, are very successful in the short term (Freeman & Zabriskie, 2003), and are primarily provided for the individual. Findings from this study as well as those from Freeman and Zabriskie have two primary implications for therapeutic recreation professionals. First, therapeutic recreation specialists should move beyond the individual and provide interventions that include family members. While it has been strongly suggested that professionals "be aware of the danger in treating the individual in isolation, without giving consideration to other family members or including them in the treatment program" (Austin, 2004, p. 51), therapeutic recreation services still tend to focus on the individual (Howe-Murphy & Charboneau, 1987). The involvement of family members, as well as wider social support networks, can have significant impacts on the health behaviors of our clients, and have been relat-

ed to quicker recoveries (Forsyth & Elliot, 1999) and positive health-related emotions such as optimism and happiness (Smith & Christakis, 2008). Therapeutic recreation professionals have the ability, and possibly the responsibility, to work with not only the individual, but their families and social networks as well.

Second, therapeutic recreation professionals must recognize that teaching families the skills that are necessary for participation in more common, home-based, relatively accessible activities is just as integral, if not more so, to improved family functioning as the more dramatic balance types of family leisure interventions. The skills related to core family leisure activities may include helping families learn how to play games, identify new creative home based family recreation activities, schedule regular times for home based family leisure, and begin to develop the ability to be spontaneous, flexible, and more frequent in simple home based family leisure involvement. Current findings add further support to the recommendation that "opportunities to develop and practice these core family leisure skills must also be included as therapeutic recreation specialists provide services to families" (Freeman & Zabriskie, 2003, p. 90).

The Core and Balance framework also appears to provide a consistent structure from which to measure program outcomes and efficacy. It is recommended that the related Family Leisure Activity Profile (FLAP) be used as an additional assessment and evaluation tool, which can provide therapeutic recreation specialists with a psychometrically sound instrument that measures family leisure involvement according to the model. Data collected using the FLAP, in conjunction with other appropriate assessment measures, can be used to determine areas for improvement specifically related to family leisure involvement. This

information can be used to design specific theoretically based interventions. Such family focused programming based on a theoretical framework has yet to be successfully developed and tested. Outcome data gathered from programs grounded in the Core and Balance framework using the related measures (FLAP) can be used to evaluate changes in family leisure behavior, as well as to measure the efficacy of theoretically-based therapeutic recreation programming.

The National Mental Health Association reported that teens receiving mental health treatment services had recidivism rates 25% lower than teens not receiving treatment; and research-based programs were able reduce those recidivism rates even more, from 25% to 80% (NMHA, 2004). Therefore, empirically tested, theory-based programs should be a priority when developing therapeutic recreation services. According to current findings, when working with adolescents in mental health treatment it should also be a priority for therapeutic recreation professionals to provide family focused interventions related to family leisure involvement, particularly core family leisure involvement. The Core and Balance Model may provide an effective framework and related measures to guide and evaluate such programming.

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Support Staff as an Essential Component of Inclusive Recreation Services

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Abstract

The lack of direct support to participants with disabilities in inclusive recreation has been identified as a primary barrier. Recent findings from a search for best practices in inclusive service delivery (ISD) across the U.S. indicated the use of "inclusion support staff" as a prevalent practice to address this need. Data gathered from inclusion facilitators and administrators from 15 public recreation agencies identified as successful with ISD yielded significant detail regarding the use of this staffing practice. Inclusion support staff were essential in assisting participants with disabilities in regard to acquisition of leisure and social skills; participating fully with adaptations, physical assistance and prompting, and successful social interactions with peers. Highly evident was the critical role of the inclusion facilitator in oversight of support staff, including their hiring, preparation, and supervision. Recommendations for future practices and research initiatives are presented to promote more effective and sustainable ISD.

KEYWORDS: Accommodation, best practices, inclusion support staff, inclusive recreation

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