The Influence of an Inclusive Outdoor Recreation Experience on Families that Have a Child With a Disability

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This study examined the influence of an inclusive outdoor recreation experience on the perceptions of 24 families that have a child with a disability. Data collection methods included family member interviews, family focus groups, and pre- and post participation surveys. Participation in the inclusive program was seen as beneficial in terms of an increased knowledge of and confidence in recreation participation as a family, as well as improved family relationships, and an increased connectedness with others outside the family. Results revealed an increase in family satisfaction with family cohesion, and a decrease in perceived constraints that inhibited, or prohibited, "whole-family" recreation. The study documented the efficacy of leisure education and recreation participation as ways to ease constraints to family recreation. A number of programmatic recommendations are described.

KEY WORDS: Family Leisure Development; Inclusion, Disability, Outdoor Recreation; Program Supports

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Among the many challenges facing families is that of locating recreation activities that accommodate the range of ages, skills, and interests within the typical family unit (Shaw, 1992, 1997). This challenge is exacerbated when a child in the family has a disability (Mactavish & Schleien, 1998). Although there are now more inclusive recreation opportunities available than ever before, families that have a child with a disability often find that community-based recreation providers have neither inclusive programming nor staff trained sufficiently to meet the diverse needs of their sons and daughters with disabilities (Conatser & Block, 2001). In fact, many recreation programmers appear to be unaware that families that include a child with a disability may need extra assistance in accessing information, program planning, and learning skills needed to have successful family-based recreation experiences.

Programmer unawareness may be linked to our society’s long-standing belief that families should be self-reliant, ruggedly individualistic, and that family support and intervention should occur only when families have failed (Weissbourd, 2000). This problem is aggravated by the current systems of care and support which “have a strong acute care bias” (Allen, 1998, p. 373), versus a spectrum of services approach for promoting community living for individuals living with a chronic illness or impairment. Thus, the quality of available community recreation services for families whose members have varying needs and abilities needs continual study and development, enabling families with diverse needs to experience success in recreation activities (Mactavish & Schleien, 1998).

As formal social service resources in the disability arena shift from being agency-driven to being more controlled by families (Hewitt, Larson, & Lakin, 2000; Lakin, 1998), parents are assuming increased responsibility for the social inclusion of their children with disabilities, including finding appropriate inclusive recreation activities for them (Mactavish, 1994). This is a positive trend since a number of scholars in family systems and therapeutic recreation believe that, through shared activities, families can improve their sense of social, emotional, and physical well-being (Mactavish & Schleien, 1998; Orthner, 1998; Orthner & Mancini, 1991; Quatman, 1997; Shaw, 1999), and develop greater self-reliance (Lakin, 1998). In addition, family-based inclusive recreation activities can serve as a bridge, helping families connect to the larger community (Devine & Dattilo, 2000; Heyne, Schleien, & McAvoy, 1993; Lakin, 1998; Schleien, Ray, & Green, 1997), and have the potential to provide an important source of family-centered support (Dunst, Trivette, Starnes, Hamby, & Gordon, 1993; Turnbull & Turnbull, 1997).

Recreation Inclusion/Family Recreation

A number of therapeutic recreation scholars hold that recreation inclusion programming can be a vital component of therapeutic recreation, promoting each person’s health, well-being, and quality of life (Bullock & Mahon, 1997; Dattilo, 1994; Smith, Austin, & Kennedy, 2001; Schleien et al., 1997; Sylvester, Voelkl, & Ellis, 2001). The Peterson and Stumbo (2000) Leisure Ability Model appears to be a theoretical basis for many community-based recreation inclusion programs, especially those aimed at families. In this model, the three service components of functional intervention, leisure education, and recreation participation can be combined to provide normalization, self-determination, social role valorization, and optimal environments conducive to growth and development (Sylvester, et al., 2001).

The research on family recreation is in its infancy. There are a limited number of studies that provide therapeutic and community recreation professionals with some useful guidelines in developing family recreation programs (Clapp & Rudolph, 1993; Hawks, 1991; Johnson, Bullock, & Ashton-Shaeffer, 1997; LaPlante, Carlson, Kaye, & Bradsher, 1996; Mactavish, 1994; Monroe, 1987; Ragheb,
1975; Shaw, 1999, 2000; West & Merriam, 1970; Zabriskie, 2001; Zabriskie & McCormick, 2001). However, additional studies are needed that can assist providers of inclusive recreation programs in developing family-based opportunities in ways that are responsive to the needs and interests of all families.

Most family recreation research is based on one of two theoretical perspectives. Family research oriented to a social-psychological perspective (Kelly & Kelly, 1994; Orthner, 1998) is focused on the positive and functional aspects of family leisure behavior. Family research was typically focused on identifying the benefits of leisure without also considering the constraints that inhibit leisure experiences (Hawks, 1991; Kelly & Kelly, 1994; Orthner & Mancini, 1991; Rappoport & Rappoport, 1975; Witt & Goodale, 1982). Alternatively, a sociological research perspective (Shaw, 1992, 1997, 2000) recognizes that family activities can be experienced as positive but can also be seen as an added burden of work, obligation, stress, or as a source of family conflict. More research is needed to better understand the perceived meaning and social context that benefits and constraints may hold for a family.

Families that include a child with disabilities do often face serious constraints when they attempt to participate in inclusive recreation (Mactavish, 1994; Mactavish & Schleien, 1998). Leisure scholars (Crawford, Jackson, & Godbey, 1991; Jackson & Scott, 1999) define three types of constraints (intrapersonal, interpersonal, structural) that can inhibit the leisure activities of individuals. Crawford et al. (1991) consider these constraints to be hierarchical and discrete, meaning that the factors that influence an individual’s leisure preferences (intrapersonal) will be a stronger factor in limiting leisure participation than either interpersonal or structural constraints, which are considered external forces that limit leisure participation once a leisure preference is established. There is a need for research that further explores the constraints that families with children who have disabilities face regarding inclusive recreation opportunities, how those constraints effect opportunities, and the supports families need to overcome participation constraints.

### Inclusive Outdoor Recreation

Inclusive outdoor recreation programs offer the potential for families to participate together in rewarding, mainstream activities of daily life. Family vacations for typical families often revolve around outdoor recreation activities such as camping, fishing, hiking, wildlife viewing, canoeing, and so forth. But, we know very little about the family vacations or outdoor recreation participation of families that include a child with a disability. There is limited research available on family outdoor recreation experiences (Clapp & Rudolph, 1993; Ragheb, 1975; West & Merriam, 1970), but no research findings are available on inclusive outdoor recreation programs focused on families that include a child with a disability.

Researchers have documented the benefits of camping and outdoor programs for persons without disabilities. Hattie, Marsh, Neill, and Richards’ (1997) meta-analysis and Ewert & McAvoy’s (2000) literature review both summarize research indicating that these programs generate participant benefits in leadership skills, self-concept, academic performance, personality development, interpersonal skills, group development, and the willingness to take risks. Research has also pointed to the benefits of outdoor programs for persons with disabilities (Anderson, Schleien, McAvoy, Lais, & Seligmann, 1997; McAvoy, 2001; Robb & Ewert, 1987). These benefits include enhanced self-concept and self-esteem, increased leisure skills, increased social adjustment, and increased personal growth. Although there is some research on children with disabilities (Hagglund et al., 1996) in these areas, research regarding children with disabilities in outdoor programs is extremely limited. Fullerton, Brandon, and Arick (2000) studied summer camp programs for children with disabilities and found that these children benefit-
ted from outdoor programs by showing an increase in self-initiated and self-directed activity, benefits that were then transferred to the home and school settings.

Research also indicates that persons with disabilities are attracted to outdoor environments for the same reasons and rewards as individuals without disabilities (Brown, Kaplan, & Quaderer, 1999) and reveals that a disability does not significantly influence participation rates in outdoor recreation (McCormick, 2001). The increased popularity of camping and other outdoor recreation opportunities has resulted in some mainstream outdoor adventure and camping programs in the United States increasing their program offerings for individuals with disabilities (Casciotti, 1992; Havens, 1992; McAvoy & Lais, 1999; Schleien, McAvoy, Lais, & Rynders, 1993; Smith et al., 2001). There is a need for research on the efficacy of inclusive outdoor recreation programs aimed at families that include a child with a disability, research that can identify the benefits of these programs and the support systems that are necessary for their success.

**Purpose of Study**

The purpose of this study was to understand the influence of an inclusive outdoor recreation experience on families that have a child with a disability. The specific research objectives of the study were (a) to identify the constraints families face regarding inclusive recreation participation; (b) to identify the family benefits of inclusive outdoor recreation experiences; (c) to understand the affect, if any, that participation in an inclusive outdoor recreation experience has on family cohesion, family adaptability, family satisfaction, and family recreation constraints; and (d) to make recommendations regarding the support systems that appear to be necessary for families to successfully participate together in an outdoor recreation experience.

**Method**

**Setting**

This research focused on an inclusive outdoor adventure program offered by Wilderness Inquiry, Inc. (WI). Located in Minneapolis, Minnesota, WI has provided inclusive outdoor education and recreation opportunities for individuals with and without disabilities of all ages for 23 years. For 3 consecutive years (1998–2000), WI co-sponsored a federally funded project, Project FIT (Families Integrating Together), along with the Parent Advocacy Coalition for Educational Rights Center (PACER). This project was aimed at developing a comprehensive program that would expand outdoor recreation opportunities and experiences for families that include children with disabilities.

The Project FIT program included 20 hours (4 days) of family-based outdoor skill training and trip planning to promote active family involvement in integrated outdoor activities such as canoeing, kayaking, dog sledding, and camping. All families then participated in a 3–5 day outdoor adventure trip which was outfitted and led by WI. Certified Therapeutic Recreation Specialists (CTRSs) completed all family assessment, program planning, and family evaluation processes. With guidance from the CTRSs, families selected an extended outdoor recreation adventure based on their individual family goals and abilities. The outdoor programs were implemented by WI staff trained and supervised by a CTRS. The Project FIT program components were similar to the functional intervention, leisure education, and recreation participation components described in Peterson and Stumbo’s (2000) Leisure Ability Model.

**Participants**

Participants were Minnesota families that had one or more children with a disability. Families were selected for participation from a pool of applications collected by PACER. Approximately 10 Minnesota families were selected each year to participate in Project FIT based on the PACER coordinator and WI staff
assessments of family commitment, need for the service, and enthusiasm for the project.

Twenty-four out of an original 29 Minnesota families selected completed the outdoor skills training sessions and an inclusive WI trip that followed. (Five families were unable to finish the entire Project FIT program because of health or other family matters.) The 24 families in the study consisted of 40 parents, 29 children with disabilities, and 30 siblings without disabilities. All families in the study had a child with a disability who lived within the home and ranged in age from 5 to 27. Disability conditions include: cerebral palsy (7 children), attention deficit hyperactive disorder (4 children), autism (3 children), Tourette’s syndrome (2 children), Down syndrome (2 children), and spinal cord injury (2 children). Together, these conditions constituted 72% of the disabilities represented in this study. Disabilities among the remaining children included in this study were hearing impairment, neurological impairment, brain injury, stroke, manic depression, multiple sclerosis, learning disability, and mental retardation. Eleven families had more than one member with a disability. Sixteen of the 24 families had two parents living in the home. All 8 of the one-parent families in the project represented single mother households. Socioeconomic status was diverse with two-thirds of the 24 families having an annual income over $35,001. The annual income levels of the remaining families consisted of 4 families earning less than $15,000 and 4 families earning between $15,001 and $35,000.

Data Collection

This study used a combination of quantitative and qualitative data collection procedures. This combination seemed to be the most appropriate way to study and understand the lived experience of families that include a child with a disability. The procedures included (a) a series of individual family interviews, (b) focus groups with multiple families, and (c) pre- and post participation surveys. These different approaches, approximating a triangulation procedure (Denzin & Lincoln, 1998), allowed the researcher to build on and verify the information related to family leisure experiences during the outdoor adventure program and detect any changes in family attitude and behavior after participating in the Project FIT program, if such occurred. Two University of Minnesota doctoral students collected the data.

Data sources were primarily responses from adult family members, however 16 children with or without disabilities completed surveys. Interviews and focus group responses from children were not used in the present study because the limited attention spans of some of the children made it difficult to get complete and accurate responses from them during the interviews and focus groups.

Individual family interviews. Two 60-minute face-to-face interviews and two 15-minute telephone interviews were conducted with the parents of each family (a total of four interviews per family). Face-to-face interviews occurred in the families’ homes prior to family outdoor program participation and then 2 weeks after the trip. Sixty-four parent interviews were conducted in this study. In some cases, families preferred that only one parent be interviewed. If a parent could not be interviewed at the scheduled time due to health issues, work, or family travel, those particular interview questions were incorporated into the next interview session. During the first interview, parents were asked about their family’s ability to find and participate in community recreation activities as a family, and asked to express their reasons for participating in the Project FIT program. After the four outdoor skills training sessions, and one week before the family participated in a family trip, a telephone interview was conducted with at least one parent. The interviewer asked the parent(s) what was learned during the training sessions, and to list individual and family goals for the outdoor trip. A third interview took place approximately two weeks after completing a 3- to 5-day WI outdoor adventure. This face-to-face interview asked the parents about their
experience on the trip, and the affect of the trip on the family since returning home. Post-trip interview questions were categorized into three themes: family cohesion, family adaptability, and family satisfaction. A final telephone interview took place four months after the families completed the trip. This telephone interview queried parents about their family recreation activities since participating in Project FIT program. Examples of interview questions were “What family recreation opportunities are available in your community?,” “Tell me about your outdoor recreation experience with Project FIT,” “What affect did the outdoor recreation experience have on your family?,” and “What challenges did your family experience during the trip and how were these challenges handled?”

Focus group session with families. After families returned from their outdoor family trip, families were invited to meet together in their original cohort group for a 90-minute focus group session. Five focus group sessions with parents were conducted. Not all families were able to attend the focus groups, but the five focus groups included 20 families and 27 parents. The intent of the focus group was to encourage parents to discuss factors that enhanced family-based outdoor recreation activities and other community-based recreation. An example of questions asked in the focus group was “What situations make recreation opportunities accessible for families that include a child with a disability?” Focus group protocols were patterned after Krueger’s (1994) focus group methods. Focus group results were collected on audiotapes which were transcribed for analysis.

Survey instruments. To identify family changes that might have occurred due to participating in the Project FIT program, families completed two scales from the Olson et al. (1985) Family Inventories. The scales selected were a 20-item Family Adaptability and Cohesion Evaluation Scales (FACES III) and a 14-item Family Satisfaction Scale. In addition to the Olson et al. scales, 16 questions selected from Mactavish’s Family Recreation Survey (1994) that pertained to “whole-family” recreation constraints were added after the first year of the Project FIT program. Only respondents with corresponding pre and postsurveys were used in this study. Paired t tests were employed to identify possible significant self-reported changes that occurred in relation to family cohesion and adaptability, family satisfaction, family strength, and constraints to “whole-family” recreation participation.

The FACES III scales are based on the Circumplex Model (Olson, Russell, & Sprenkle, 1980), which was developed to help understand two particular dimensions of family behavior: cohesion and adaptability (to change). The FACES III scale contains 10 family cohesion items and 10 family adaptability items (Olson, et al., 1989). Respondents indicate how frequently behavior related to family cohesion and family adaptability occurs using a scale from 1 (almost never) to 5 (almost always). Scores for family cohesion and scores for family adaptability are calculated in the same manner, that is, by adding the score of each item, producing a summed score with a range of 10–50 for each variable. Within the Circumplex Model, there are four levels of family cohesion and four levels of family adaptability ranging from extremely low to extremely high for each dimension of family behavior. The family cohesion levels are classified as disengaged, separated, connected, and enmeshed. The family adaptability levels range from rigid, structured, flexible, and chaotic. Sixteen distinct family types can be identified by the combination of the four different levels of cohesion and adaptability respectively. These sixteen family types are then categorized into general dimensions (balanced family types, mid-range family types, and extreme family types).

In addition to the FACES III Scale, 14 items related to satisfaction with one’s family behavior are also considered part of the Olson et al. (1985) scales. Family satisfaction is assessed on dimensions and subscales of family cohesion and family adaptability using a scale from 1 (dissatisfied) to 5 (extremely satisfied).
A family satisfaction score is obtained by summing all 14-items with a possible range of scores from 14–70. To obtain a satisfaction score on family cohesion, the eight cohesion items are summed. For the satisfaction on family adaptability score, the six adaptability items are summed.

The Olson et al. (1985) FACES III and Family Satisfaction survey scales have been found to have adequate internal consistency reliability and validity. Construct validity and discriminate and predictive validity was established using national survey data on a sample of predominantly white families located in the Midwest (N = 2412). In this national sample, reported internal consistency alphas for FACES III were .76 and .75 for cohesion and .58 and .63 for adaptability. The national sample Cronbach alpha for the Satisfaction Scale was .92 for all 14 variables. The alpha coefficient for the satisfaction with family cohesion scale was .85 and the internal consistency alpha for satisfaction with family adaptability was .84. In the present study, alphas for cohesion scales were .87 and .76 for adaptability. The alpha for all 14 family satisfaction variables in this study was .89. For satisfaction with family cohesion and satisfaction with family adaptability, the alphas were .86 and .78 respectively.

A scale measuring 16 factors that inhibit or prohibit involvement in family recreation was used to measure “family recreation constraints” (e.g., cost of equipment or materials, time, energy, common interests, recreation skills, social skills). The scale was adapted from an instrument developed by Mactavish (1994). Respondents indicated how frequently each constraint effects family recreation using a scale from 1 (never) to 4 (most of the time). Scores for family recreation constraints were calculated by adding the score of each item with a possible scoring range from 16 to 64 (the lower the score, the fewer perceived constraints to family recreation).

Only family members over the developmental age of 10 completed the FACES III and Family Satisfaction scales (30 parents and 18 children). Family members over the age of 16 and without a cognitive disability completed the scale on constraints (22 parents and 3 adult children). Initial surveys (pretest) were administered to individual family members prior to or at the first Project FIT training session. Approximately 8 months later, family members completed the survey a second time (posttest), after completing both the training and multi-day outdoor Project FIT trip. Of the 48 family members who completed both the pre and the post surveys, 9 parents and 12 children had a disability.

All data collection instruments were reviewed by an expert panel of scholars in therapeutic recreation, inclusion, and outdoor recreation. All instruments were then pilot tested with families that had participated in prior WI trips, and were not part of Project FIT.

**Data Analysis**

Interview and focus group data were analyzed using a constant comparative method (Strauss & Corbin, 1990) to identify recurrent themes and categories. All interview data were reviewed by two researchers in order to corroborate in identifying descriptive categories related to the research questions and to ensure consistent coding of text segments. To accomplish this, the primary researcher read through the entire transcripts, identifying descriptive units of meaning and creating a coding scheme. Meaning units signified that a certain meaning, relevant to the study, was contained within the segregated unit of data (Giorgi, 1997). Each time the researcher experienced a transition in meaning in the transcription, it was noted on the transcript. Reading continued until the next meaning unit was discriminated, and so on. This step resulted in a series of meaning units (codes) expressed in the family’s own language. To establish consistency when coding the transcripts, the primary researcher and an additional researcher independently analyzed five transcripts from the 60-minute interviews. The inter-rater reliability achieved was 95%.
Quantitative data were analyzed using the Statistical Package for the Social Sciences to identify relations among family behavior variables. Family mean, discrepancy scores, and family distance from the center of the Circumplex Model were calculated for each family member and each family unit. Chi-square analyses were used to identify differing levels of family types. T-tests for matched samples were employed to identify significant, self-reported changes in relation to family satisfaction, family cohesion, family adaptability, or perceived barriers to family recreation as a result of participation in the outdoor recreation program.

Results

Constraints

Constraints to family recreation in community settings. During interviews and focus groups, the families in Project FIT identified numerous factors that enhanced or limited their family’s recreation and leisure experiences in most community settings. Five themes about constraints families faced during community recreation experiences emerged: (a) managing the physical, emotional, and financial demands related to the child’s disability; (b) managing family dynamics; (c) managing the environment for medical safety, supervision, and physical accessibility; (d) managing the social interaction outside of the family; and (e) the indifference and lack of disability awareness of recreation providers.

All Project FIT parents said that the day-to-day physical, emotional, and financial demands related to managing their child’s disability resulted in parents feeling capable of doing only what had to be done (providing for medical, school, and daily care), which in turn appeared to deplete any reservoir of parent creativity to also supply enjoyable activities that engaged all family members. For example, one parent expressed the psychologically fatiguing effect of care giving for her 5-year-old son who has cerebral palsy, is visually impaired, and is nonverbal.

Some days are better than others. Today was kind of a bad day. Thursdays he stays home and we run out of things to do and I think we get tired of each other. He’s crabby and I get crabby. It’s wearing and it’s very hard. The hardest thing about taking care of him is just his passiveness. He’s also totally non-verbal. He doesn’t actively reach out and do anything. He is very passive and that makes it hard hour after hour to keep yourself motivated coming up with activities.

Most families have a limited amount of discretionary money for family recreation, yet the expense of purchasing adaptive and mobility equipment for a child with a disability can take an enormous toll on the family’s financial resources. Thirteen out of the 24 Project FIT families referred to finances as a limiting factor in their family recreation choices.

With all of the extra things that we have to do, our expenses are so much greater with a child with a disability. These barriers make us have to think twice before we go to the Science Museum or something like that because we both have human service jobs. We just put $100,000 into making this house accessible and we are thinking about buying a van. Every corner you turn there is a need for more money.

In addition to the demands directly related to a child’s disability, balancing the needs of all family members can be a juggling act for any parent. Project FIT parents frequently said that they had conflicts about trying to meet the collective and individual needs of the family. In some families, the disability outweighs the desires, interests, and preferences of the other family members when trying to find activities that included everyone. One mother expressed how the intense caregiving demands had a way of “taking over” the family. This reduced fam-
ily opportunities for shared time and life experiences.

I think we come across as, or I feel like, "Is there anything but Eric?" Yeah, everything is related to Eric but the truth is our lives center around that. It does feel to us that way. That everything revolves around him and his issues.

In other families, all recreational activities were done separately from the other family members to accommodate the differing abilities and interests within the family. For one Project FIT family in which every family member had a disability, it had been years since this family had done any recreational activities as an entire family.

I think we've done it [recreation activities] like we've had two different families, because of the ages. There's nine years between Bobby and his sister and then there is Ben. It's almost like two separate things. I think we've always done that because the interests and the abilities and everything else. It would just be chaos trying to put it all together.

Another common concern for parents was how the recreation environment would be managed to ensure the medical and supervision needs of their child. The supervision of any child can be taxing but it is especially so when it requires constant vigilance. This leaves the parents with no opportunity for a relaxing experience or extra time to spend with their other children. One mother describes the enormous amount of psychological energy expended in supervising her 12-year-old son with autism by reliving her thoughts during the three-day camping trip with Project FIT. She was not only worried that her son's unpredictable behavior might interfere with the experiences of other participants but also worried about how to protect her son from potential danger.

He is just so unpredictable. There were many times in the canoe itself. He was reaching his hand and starting to pick and pluck out some of those leaves. I thought, is he going to lunge for it and knock the boat over? Is he going to climb out of the boat not knowing this is water and you are going to sink?

In addition to the care of the child, the continuous effort necessary to supervise the social interactions between their children with disabilities and individuals outside their immediate family was also a challenge. This happens when parents needed to repeatedly explain their son or daughter's disability and support needs to people they met in the community, whether it was other parents or community recreation program providers. This lack of disability awareness by others appeared to erode families' enthusiasm and energy for community activities. Many parents mentioned frequent episodes of anxiety and stress when the family ventured out in public, knowing that their child's misbehavior, limited intellectual capabilities, or difference in physical characteristics would probably result in negative attention from strangers. This experience of public judgment, or just the apprehension of this uncomfortable attention, had a discouraging psychological effect on the recreation experience.

Parents of children with a disability indicated that they spent a great amount of time advocating for their child's educational and medical needs. They often lack the additional energy needed to also advocate for community recreation opportunities to support their family's needs. Parents believed that few community recreation professionals have a background in disability awareness to assist the family in attempting new recreation and social experiences that include all family members regardless of ability. One parent remarked about general community recreation programs (not Project FIT):

I think the staff might know that he has Tourette's but they really don't know
what that means. They really wouldn't know what to do. Sam gets rage attacks where he can just fly off the handle and he is very competitive... He wants to win. He is so intense and he can't calm down and when you transition to something else, he's not going to do it. He gets mad and frustrated. The anger becomes directed at me and I think they can tell he's having an attack but they don't know what to do.

Recreation activities that had once been successful became inappropriate when their child “aged out” of typical community sponsored recreation activities and left the family with few, if any, recreation alternatives when their child’s developmental stage did not fit the standards of the cultural norm (e.g., competitive sports). When deciding on appropriate family recreational activities, parents considered if they or their children had the energy to withstand the disparate feelings from unfamiliar persons especially if their children were emotionally vulnerable to the actions of others. As stated by one parent:

Children don’t always welcome her in public places. They look at her kind of strangely but now she is becoming aware of it. As long as her feelings weren’t hurt, then I didn’t really care. I just blew it off but now she’s starting to figure it out that she’s in a group that she probably shouldn’t be or that her skill level isn’t at the same level as the kids the same age as she is.

Prior to participating in Project FIT, parents viewed family camping, hiking, and canoeing as a potential family activity. However, parents often deemed these activities as more difficult than their family could attempt without outside support, realizing that they did not have sufficient outdoor equipment, knowledge, and/or skill.

Influence of Project FIT on constraints. Families indicated in the interviews and focus groups that participation in the Project FIT program resulted in a decrease in constraints they encountered when attempting to participate in community recreation in general, and in inclusive outdoor recreation specifically. One mother reported that she attempted more outings to local parks with her son following participation in the program.

I am going to try this weekend and see if we can go further than our one-hour radius around our home. I am going to try and push it just a little bit further. Prior to the [W1] trip, we really avoided that [going to parks if there were very many other people]. I had been wanting to try it but I had absolutely no idea how to even begin.

Pre- and postsurvey results from parents and children in the study indicated that, after participation in the Project FIT program there was a significant decrease in the overall score on the 16 constraints that inhibited or prohibited “whole-family” recreation ($t[1, 25] = -2.588, p < .016$). In response to specific constraint variables, there was a significant decrease in the perception that the following barriers inhibited family recreation: (a) lack of energy ($t[1, 25] = 2.874, p < .008$); (b) lack of common interest ($t[1, 24] = 2.070, p < .050$); (c) lack of social skills ($t[1, 25] = 3.116, p < .005$). When survey data were analyzed with just the parents’ responses to family recreation barriers, perceived lack of recreation skill also decreased significantly ($t[1, 21] = 2.320, p < .031$).

Benefits of Participation in an Inclusive Family Outdoor Recreation Program

Family interview and focus group results. Project FIT provided participation support that helped to overcome some constraints and challenges and relieved parents of some of the
extra work involved. Most of the parents said that this program assisted their family in, (a) increasing knowledge in and confidence for camping as a family, (b) increasing satisfaction with intrafamily relationships, and (c) offering an increased sense of connectedness and acceptance among other participating families.

Parents stated repeatedly that the Project FIT training sessions prepared their family for an experience that they would likely not have attempted otherwise. The training sessions allowed parents, children, and staff to assess the appropriateness of a camping experience and to anticipate necessary support needs. This was expressed by one parent as:

I thought that the trainings were just essential in getting to meet other families that have different abilities of the individuals in each family. At least for me, not to feel so isolated, or strange by the time we went on the main camping trip and to try out some smaller skills before going. That was real important.

The training also helped families acquire basic camping skills, and gain confidence that a prolonged foray into an outdoor environment was realistic and could be helpful in meeting the needs of all family members. One parent whose daughter has severe cerebral palsy felt fearful about undertaking a recreational activity with no idea what the results might be. Fortunately, the Project FIT program seemed to provide enough support for some families to give camping a try. One parent said:

We always wanted to take her [camping] but because we don’t know how it is going to work, we haven’t tried it. If someone could show us how and help us then maybe we could do it more often. So, I thought since it is all funded [Project FIT], why not try it and see. We don’t want to go through so much expense and then find out it just didn’t work. This way, there is support and there are people who know how to do it.

While on the camping trips, parents had an opportunity to step back and observe their child participating in inclusive recreation activities. Parents from 12 families (50%) indicated that they were able to manage their child with disabilities in an outdoor setting more easily than they had expected. Parents reported an enhanced sense of pride for having participated in an activity that they had originally thought not possible for their family, even though they perceived that “typical families” regularly experience these outdoor recreation activities without difficulty. Interestingly, Project FIT offered a first-ever camping experience for 16 of the families. For five of these families, Project FIT offered a first-ever family vacation. One father on his first-ever family vacation reflected on his feelings after the camping experience, “I personally felt a real sense of accomplishment. It felt good—I took my whole family camping and we all had fun and might do it again.”

Generally, parents indicated that getting away from the home routine enhanced their family interactions. Parents from 20 of the 24 families indicated that the training and the trip provided an opportunity for the family to work together as a team, to build upon their relationships, and to introduce their children to activities that could potentially develop into a lifelong interest that siblings would do together into their adult lives. Parents noted a perceptible difference in teamwork and cooperation within the family, especially upon their return from the camping trip. Parents realized that they could delegate additional family tasks to their children, or that the family could do more activities within the community than they had been attempting before participating in the program. As an example, one parent said,

[Project FIT] helped bring our family back together. We were so broken apart. The kids would go to pow-wows with
their grandmother and we would stay home with Katie. Or he [Dad] would do something with the kids and I would have to stay home with Katie. But now we’re able to take them all out if we want to.

Project FIT staff had hoped to help participating families create long lasting relationships with other families, relationships that extended beyond the program. Unfortunately, this outcome rarely occurred. All the parents in the study expressed interest and saw value in building relationships with other families, but they had difficulty making such connections through Project FIT for several reasons: (a) families having a very busy family schedule, (b) families in the Project FIT program lived too far apart to develop an ongoing relationship, and (c) most families had no expectation of making new connections with other families through the program. At the same time, parents stated that they had an opportunity to at least interact with other adults during their family-based outdoor trip, and found this experience to be quite satisfying.

**Family systems results.** Analyses of results from the FACES III survey indicated that there was no significant change in the family adaptability or cohesion scores after all families had been through the trainings and the multi-day outdoor adventure. Yet, the family satisfaction data indicated that participation in the outdoor program made a positive difference in “satisfaction in family cohesion” ($t[1, 47] = -2.138, p < .038$). There was also a significant difference between family types and the level of family satisfaction. Balanced families (see Table 1) were more likely to have a higher level of family satisfaction after program participation than family types that were extreme in their levels of family cohesion and family adaptability ($x^2[4] = 11.124, p < .025$). Fewer participants identified their family’s level of cohesion as disengaged after participating in the family outdoor program.

The level of family satisfaction for family members completing the Olson et al. (1985) surveys did change from low family satisfaction to mid-range family satisfaction after program participation, when family satisfaction was analyzed with a paired $t$ test ($t[1, 39] = 2.649, p < .012$). Low-level family satisfaction scores decreased by 42.1% after participating in the program. Mid-range and extreme family types who indicated a high level of family satisfaction before the Project FIT program, had a mid-range level of family satisfaction after program participation.

Three of the eight “family satisfaction with cohesive behavior” questions revealed a significant change after program participation in the following variables: (a) satisfaction with the family’s ability to try new things ($t[1, 47] = -3.817, p < .001$); (b) satisfaction with the amount of time the family spends together ($t[1, 45] = -2.461, p < .018$); and (c) satisfaction with the number of fun things the family does together ($t[1, 48] = -5.575, p < .001$).

**Discussion**

**Constraints and Benefits**

**Overcoming constraints to family recreation in community settings.** Parents in this study who have children with disabilities discussed challenges that were categorically similar to those of typical families. However, for parents with a child with a disability, their child’s medical needs stood out. Their needs were economically more extensive, the caregiving demands physically greater, and in many cases, facilitating appropriate social interactions was emotionally demanding and sometimes physically draining. Results from this study are consistent with Mactavish’s (1994) findings on parents’ perceptions of constraints concerning family leisure. Mactavish found that the “planning demands” (p. 139) of family recreation, the “need for constant supervision,” (p. 141) and the “frustration about deficiencies in available information” (p. 141) were constraints on the recreation experiences for families that include children with developmental disabilities in comparison to the lei-
<table>
<thead>
<tr>
<th>General Family Type</th>
<th>Before Project FIT Program</th>
<th></th>
<th>After the Project FIT Program</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Balanced</td>
<td>Mid-Range</td>
<td>Extreme</td>
</tr>
<tr>
<td>Level high</td>
<td>6</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>of mid-range</td>
<td>15.8%</td>
<td>5.3%</td>
<td>10.5%</td>
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<td>18.4%</td>
<td>5.3%</td>
<td>23.7%</td>
</tr>
<tr>
<td>Satisfaction low</td>
<td>13.2%</td>
<td>23.7%</td>
<td>7.9%</td>
</tr>
<tr>
<td>Total</td>
<td>11</td>
<td>18</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>28.9%</td>
<td>47.4%</td>
<td>23.7%</td>
</tr>
</tbody>
</table>
sure constraints on families with children who do not have disabilities.

The results of the present study imply that an accumulation of constraints especially limits the menu of family recreation options. Families said that they could not overcome all of the constraints on their own. Therapeutic recreation professionals and community recreation practitioners will need to devote extra time, energy and resources to successfully include families who have children with disabilities in their programs. Parents described numerous recreation programs they have participated in (Boy Scouts, sports teams, swimming, skiing, church programs, YMCA, amusement parks, playgrounds, theatre, museums) some of which were successful and others which were not. For the programs that did not work, several parents used the phrase, “They just don’t get it” to summarize their encounters and frustrations with program providers who lacked sensitivity or willingness to understand disability, which then contributed to a feeling of isolation and a minimal number of recreation options for these families. This clearly indicates a need for community recreation agencies to increase disability training for all staff within the organization. It is abundantly clear that these families encounter substantial challenges that limit their recreational opportunities, yet they are highly interested in enhancing and expanding their family recreation experiences.

Offering the benefits of family recreation in an outdoor environment. Parents’ views of the Project FIT program as beneficial are analogous to research findings about the benefits of leisure among typical families. The most apparent set of benefit identified by families participating in the FIT program focused on the leisure education benefits resulting from pre-trip training sessions. These pre-trip sessions provided families with an opportunity to learn outdoor skills, see that other families who have children with disabilities have similar apprehensions and challenges, and learn more about the abilities of all of their family members. These training sessions contributed to the family’s feeling of success. It is impossible in this study to determine the minimum number of training sessions necessary to have parents achieve a sufficient amount of knowledge and confidence in order to determine if a multi-day outdoor vacation, or some variation thereof, would be appropriate for a particular family. But, the opportunity for these families to participate in a recreation activity about which they were initially apprehensive gave families a feeling of accomplishment, a sense of teamwork, and a sense of acceptance as they were involved with other families and staff in Project FIT.

In closing this discussion of benefits, it was extremely gratifying for researchers and program staff to discover during post-interviews that two-thirds of the families with a child with a disability had experienced their “first-ever” camping experience as a family. A number of the families also said that their Project FIT trip was the first whole-family vacation of any kind that they ever had. This issue is not directly related to the stated research questions for the study but we feel it is an important finding. It points to a need for therapeutic recreation specialists and community recreation providers to identify families who are restricted in accessing “normal” family recreational experiences or who struggle to find recreation opportunities that truly include all family members due to the presence of disabilities. There must be increased attention to building parental trust and confidence that recreation providers are able to arrange family program activities that offer appropriate accommodations to support families in having positive, shared, and “normal” family recreation experiences. The experiences of Project FIT suggest that these accommodations include family based leisure education to increase all family members’ leisure skills, attitudes, and knowledge, and adequate modifications and support during activities to assure successful and satisfying participation by all family members. If therapeutic recreation specialists and community recreation providers can identify families in need and assure such training
and support, more families will be able to have the type of “first-ever” recreation experiences that the families who took part in Project FIT enjoyed.

Family satisfaction and perceived constraints to family recreation. The results indicated that Project FIT enhanced family satisfaction, especially for families that were identified as cohesive and adaptable to change. Conversely, families that had a structured or rigid family system were much less likely to show an increase in family satisfaction after participating in the program. Based on the Circumplex Model of marital and family systems (Olson, Russell and Sprenkle, 1980), viable family function occurs as “individuals are able to experience and balance between being independent from and connected to their family” (p. 131). This model also hypothesizes that family systems need both stability and change to develop and grow. Balanced family types can experience cohesion and adaptability dimension extremes but they usually do not stay at these extremes for long periods of time. Extreme family types are generally able to function only at that extreme (disengaged, enmeshed, rigid, chaotic) and therefore have a smaller behavior repertoire. This may indicate that extreme family types may need additional training sessions and support from recreational professionals to enhance family satisfaction. More research is needed on the appropriate amount of support needed for each family type.

The statistically significant finding of an increase of the families’ satisfaction with their level of cohesion may be attributed to the design of the Project FIT program to accommodate and encourage participation of all family members in program activities, thus offering the opportunity for families to have a meaningful and enjoyable shared recreation experience that enhanced family interaction. The support of Wilderness Inquiry’s staff relieved parents from the responsibilities of handling the logistics necessary to create and facilitate the outdoor recreation activity. Thoughtfully designed outdoor adventure programs that attend to and support both intra- and interfamily interactions may provide a milieu that encourages healthy levels of family cohesion. This implies that family systems need to be considered in therapeutic recreation and community recreation program design and that some families will need additional training and support from therapeutic recreation professionals to enhance family satisfaction.

In the future, it will be useful to design and implement a longitudinal study to see if and how additional training sessions and increased time to learn outdoor skills for “extreme” family types can possibly increase their family satisfaction. Future research should address the following questions: What is the minimum amount of pre-program training needed for successful family participation? Are the support needs of families who have children with physical disabilities different from families who have children exhibiting behavioral challenges? Why do some families discontinue participation in community recreation programs? Does additional training in recreation skills provide a commensurate increase in accomplishment and satisfaction in families with a child who has a disability?

Family members in this study were asked before and after participating in the outdoor recreation program how often 16 specific constraints related to their family’s recreation experience. According to Crawford et al. (1991), the intrapersonal constraints should be the most difficult to overcome and are more likely to inhibit participation. In this study, there was a significant decrease in the perception that three intrapersonal barriers (i.e., lack of energy, recreational skill, and social skills) limited family recreation after participation in the outdoor program. In this case, families may have learned that structural barriers still exist when it comes to camping and canoeing, but they felt that they developed enough basic skills, knowledge, and confidence to at least participate in outdoor recreation activities. Theoretically, it may be that constraints are discrete if the family must overcome constraining factors on its own, but if there is
support from an outside influence (e.g., Project FIT), leisure constraints may be hierarchical but not necessarily discrete. In this regard, implied in the findings is a hint that the constellation of leisure constraints may have a "stacking" effect over the course of the family life cycle when a child within the family has a disability. For instance, parents talked about the problem of their child "aging out" of traditional recreation programs while also "physically-outgrowing" mobility equipment that was necessary for the family to hike or bike together. Thus, it is difficult to discern the specific influence of a particular leisure constraint. But, at the very least, among families that have children with disabilities, constraints to family leisure do not appear to operate in exclusive categories.

Programmatic Family Supports and their Implication for Recreation Practices

Parents in this study were asked, both in the interviews and in focus groups, about the support system elements that they thought would make inclusive outdoor recreation better and more accessible to them and for members of their family. Overwhelmingly, the families indicated that the categories of support needed were (a) improved advertising about inclusive family outdoor programming, (b) pre-trip support provisions for individual families, and (c) family support for a multi-day outdoor vacation.

Advertising recreation opportunities to attract families. Without adequate information that a recreation agency is prepared to accommodate a family member with specific sensory, physical, emotional, cognitive, or social-emotional needs, parents will likely disregard potential recreation options. Furthermore, parents in the present study frequently said that articles and flyers about a family outdoor recreation program need to include specific information about the program supports available to families who have special needs. This information could include testimonials from former family trip participants about their experiences with the organization. Another avenue through which to advertise the availability of recreation programs to families with special needs is the recreation agency itself interacting with therapeutic recreation specialists, physical therapists, parent support groups, and disability organizations in order to engage their help in recommending an inclusive recreation program to potentially interested families. Parents regularly talk to these professionals and trust their recommendations. Building these connections should help to give parents the information they need to take the first step in considering that a recreation program might be appropriate for their family. These advertising suggestions alone will not, however, move families to enter a particular outdoor program; families will still have concerns about their specific needs being addressed adequately. But, the advertising is the first of many "touch points" to reaching families and building a long-term relationship with recreation personnel.

Pre-trip support in the recreation setting. Parents in the Project FIT study repeatedly emphasized the importance of pre-trip family training sessions in developing basic outdoor skills, identifying support needs, and meeting other families with similar challenges. These leisure education opportunities were extremely important to the Project FIT families. For example, practice in setting up a tent before using it on the actual family vacation not only helped families learn the skill of setting up the tent, it also allowed family members to think through the division of labor required in setting up the tent. Training sessions gave families an opportunity to learn at their own pace, to set their family goals, and to consider an appropriate family vacation for all of their family members. To be most effective, training sessions should have learning opportunities that encompass a wide range of ages and abilities (e.g., a parent without a disability, a 10-year-old child with a serious spinal cord injury, an 8-year-old with autism) to match a variety of capabilities and interests. In other
words, tailoring trips and activities to individual family needs and preferences is key to providing a rewarding inclusive outdoor recreation experience.

Family support during a multi-day recreation experience. There were a number of logistical and emotional supports that the Project FIT program staff provided which family members said contributed to a more valuable and enjoyable experience. Logistical supports reduced the "work" of putting together a vacation, freeing parents to enjoy being together with their family with less effort. In Project FIT this was accomplished by WI providing all of the outdoor equipment, food, adaptive gear, and by having staff facilitate meal preparation, provide a range of activities and by laying out role expectations and camp rules. To help promote relaxing and enjoyable family moments during a vacation, it is strongly recommended when children have extensive daily care needs or need constant supervision that families bring along (or be provided with) a personal care attendant.

The games and activities on the multi-day trips were designed for all levels of abilities and needs, and were facilitated by the staff. Parents appreciated this reprieve from the role as "entertainer," which further enhanced their relaxation and offered a further opportunity for family enjoyment. However, parents recommended that staff not "over program" so that young children get too little opportunity to rest. There were times on the multi-day trips when children became overly tired and showed frustration. It may be necessary for program leaders to schedule "quiet time" in the afternoon for certain participants to get enough rest.

In addition to the logistical support, emotional support from staff will be necessary for a successful family vacation to occur. Family vacations involve extended time together and high expectations about family togetherness and shared activities. Time in a beautiful outdoor environment and away from the day-to-day routine can provide revitalization and an opportunity to explore new ways of relating. But as Rosenblatt and Russell (1975) suggest, interpersonal difficulties can arise when families are on vacations together. Staff (therapeutic recreation specialists and/or outdoor leaders) need to be aware of areas contributing to family disputes, (e.g., the "crisis" areas of deciding who sits next to whom in the canoe). Leaders acting as positive role models and providing "diversionary time-outs" when there is tension growing among family members will help support parents in their role. Finally, leaders can communicate itinerary information on an ongoing basis (at least daily) so that parents are able to plan for the routine care giving activities, being prepared in advance to make necessary adaptations so that their child can participate in activities more fully.

Conclusion

The research on family leisure is still in its infancy. The present study identifies only some of the complex forces that affect the recreation opportunities of families that have children with disabilities. Both Kimball (1998) and Weissbourd (2000) argue that all families deserve and require support in various degrees at various times. We agree. Community based therapeutic recreation specialists and other community service providers need to design more community services and systems supporting all families.

The present study indicates that inclusive outdoor recreation programs can provide families that include a child with a disability with an important opportunity to realize the benefits of family leisure. An inclusive community program based on the three service components of the Leisure Ability Model (Peterson & Stumbo, 2000) can produce these family leisure benefits. Parents of children with disabilities need more cooperation from and collaboration with therapeutic recreation and community recreation agencies and professionals in providing safe, satisfying, and socially appropriate family activities. If this becomes a reality, the constraints on families who have children with disabilities could be significantly reduced, leading to a win-win situation for all families, and for society in general.
References


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