

Residential Transitions In The Lives Of Older Adults With Developmental Disabilities: An Ecological Perspective

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Residential transitions impact the lives of older adults with developmental disabilities in a number of ways. Using an ecological perspective, the authors discuss the issues associated with residential transitions at each layer of the environment. The case study of Dan, a 75 year old man with a developmental disability who was abruptly moved from his long term residence, provides a context for discussing the implications for therapeutic recreation professionals in facilitating such transitions and the resultant implications for research. Discussing factors that directly and indirectly influence one's ability to adapt to changes in residential environments, the authors argue for increased individual, family, and friend involvement in relocations, best practice guidelines that have been tested in collaboration with other disciplines, and changes in perceptions of professional client obligations.

KEY WORDS: *Residential Transition, Older Adults, Developmental Disabilities, Ecological Perspective, Therapeutic Recreation*

The need to address issues related to older adults with developmental disabilities is becoming increasingly important and has caught

the attention of a number of leisure researchers (c.f., Boyd & Tedrick, 1992; Hawkins, 1991, 1993a, 1993b; Rancourt, 1989; Tedrick,

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1997a). One reason for this interest is the substantial increase in the number of adults with developmental disabilities who are aging (Boyd, 1997; DiGiovanni, 1978; Malone, 1990; Walz, Harper, & Wilson, 1986). The average life expectancy for people with Down syndrome, for example, has increased from approximately 11 years in the 1930s to over 50 years of age in the 1980s (Janicki, 1986; Janicki, Ackerman, & Jacobson, 1985).

Associated with this increased life expectancy are additional opportunities for change. Change is a normal part of human development and need not represent crisis (George, 1982; Germain, 1991). The term "transition," a neutral term, is used to describe common changes in adulthood (George). With adequate and appropriate preparation, changes associated with daily life can be experienced as a challenge and carry with them "positive feelings of zest, anticipation of mastery and growth, and a favorable level of self esteem" (Germain, 1991, p. 18). However, without preparation, these changes or transitions can also arouse "negative and often disabling feelings, such as anxiety, guilt, rage, helplessness, despair, and lowered self-esteem" (Germain, p. 19).

Questions raised by O'Connor in 1983 concerning the influence of residential transitions on individuals with mental retardation and their environments remain relevant today. What happens to these individuals with each move? What impact do these transitions have on individuals' families and friends? What are the implications for community transitional programs? What can agencies and professionals do to help minimize the stress that stems from residential transitions? Therapeutic recreation (TR) professionals who work with older adults with developmental disabilities, and others who make residential transitions, must carefully consider these questions and develop strategies for ameliorating the stress and trauma associated with these moves. These strategies may help to ensure that desirable outcomes of previous interventions (i.e., problem solving and decision making skills,

developing stress management techniques, developing a support system) are maintained and/or enhanced, thus minimizing threats to clients' health and well being. As a result, these strategies could promote self-knowledge and personal development.

Heller and Factor (1994) suggested that to fully understand the dynamics of residential and other life transitions, we must utilize an approach that is multi-dimensional and interactive. Ecological perspective, one such approach, views transitions occurring as a result of a series of reciprocal exchanges between people and their environment (Germain, 1991). The purpose of this paper is to discuss what TR professionals can do to facilitate successful residential transitions in the lives of older adults with developmental disabilities based on an ecological perspective. This paper begins with a discussion of ecological perspective and a literature review on residential transitions of older adults with developmental disabilities. The story of one older adult with a developmental disability provides a context for discussing the role of TR professionals in facilitating residential transitions. Finally, the authors analyze this case from an ecological perspective offering insights into the implications for practice and questions for research in this area.

Ecological Perspective

The use of an ecological perspective in understanding phenomena of daily life provides a framework for understanding the multi-dimensional and multi-directional influences that are involved in a given situation. Unlike linear approaches to explaining phenomena which suggest that A causes B, an ecological perspective suggests that understanding is embedded in a series of ongoing and reciprocal (transactional) interactions between people and their environment (Germain, 1991, 1994). This approach focuses on the multi-dimensional and multi-directional nature of the phenomena. The adoption of an ecological perspective provides insight into the ways that "people orient to the environment; they

operate within the environment; they are influenced by the environment; and they evaluate the environment in terms of future possibilities" (Fridgen, 1980, p. 364).

A basic concept of this perspective is that of a "balanced fit," suggesting that humans strive to maintain a balance between themselves and their environment (Germain, 1994). Changes within people or their environment can create an imbalance that affects people's ability to fulfill their needs. People respond to these imbalances through passively adjusting to the change or by taking action to restore the balanced fit through "biological, social, emotional, cognitive, behavioral, and cultural adaptations" (Germain, p. 43) to either themselves, their environment, or both themselves and their environment.

The ecological perspective calls attention to the interactions between people and their environment, providing insight into how individuals and their environment shape the development of each other. Garbarino (1986) stated, "[The ecological perspective] emphasizes development in context. It constantly reminds us that human development results from interplay of biology and society" (p. 24). Garbarino suggested that this interplay generates developmental opportunities and risks. Developmental opportunities are present in those "relationships in which [individuals] find material, emotional, and social encouragement compatible with their needs and capacities as they exist at a specific point in their developing lives" and developmental risks "come from both direct threats and from the absence of normal, expectable opportunities" (p. 24).

Residential Transitions of Older Adults with Developmental Disabilities

In the past, researchers' approach to understanding and discussing residential transitions focused primarily on changes to the activities, patterns, roles, and relationships of the person being moved. This approach provided a limited understanding of the situation and the

resultant impacts to the environment. The environment, according to Bronfenbrenner (1979, 1989) can be viewed as a series of systems (microsystems, mesosystems, exosystems, and macrosystems) nested within one another and extending outward, encompassing sequentially larger social systems and cultural traditions (see Figure 1). The adoption of an ecological perspective provides a holistic understanding of residential transitions and the resultant impact on all aspects of the person/environment relationship. In the following sections, the authors will discuss the literature on residential transition from an ecological perspective.

Macrosystem

Bronfenbrenner defined the macrosystem as "the overarching pattern of micro-, meso-, and exosystems characteristic of a given culture, subculture, or other broader social context . . . the macrosystem may be thought of as a societal blueprint for a particular culture, subculture, or other broader social context" (1989, p. 228). Developmental risks at the macrosystem level occur when the dominant ideology or cultural alignment threatens to impoverish other aspects of the environment. Examples of such ideologies include prejudicial attitudes towards individuals because of "gender, age, color, ethnicity, social class, sexual preference, mental or physical disablement, or some other personal or cultural characteristic devalued by society" (Germain, 1991, p. 50).

As a group, people with developmental disabilities are susceptible to prejudicial attitudes based on disability (Bedini, 1998). Germain (1991) argued that this form of discrimination creates "destructive, unjust differences in the resources and life conditions" (p. 54) of people with disabilities across the life course. People with developmental disabilities also are susceptible to abrupt residential moves (Jacobson & Kropf, 1993; O'Connor, 1983). The manner in which these transitions occur is often reflective of society's attitudes towards people with a developmental disability, and

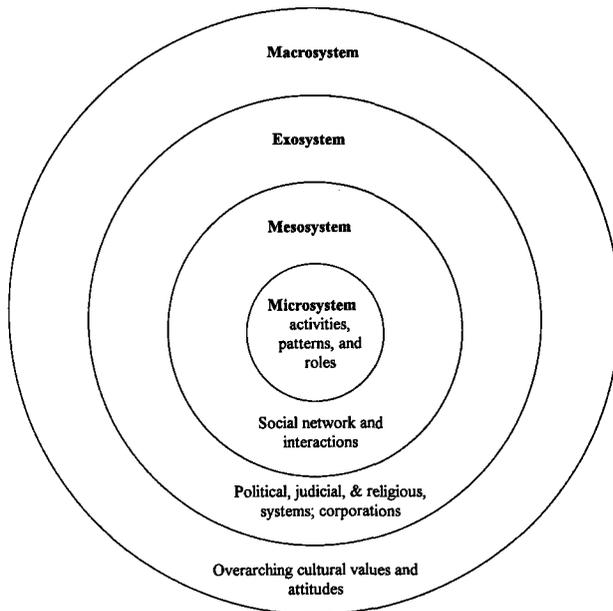


FIGURE 1. LAYERS OF THE ENVIRONMENT

the failure of professional care providers and significant others to consider what home means and how important it is to them (Danermark & Ekström, 1990; Racino & O'Connor, 1994).

For most people, with or without a disability, home represents more than just a physical space in which one resides. Home represents permanence and continuity (Danermark & Ekström, 1990; Racino & O'Connor, 1994; Rubenstein, Kilbride, & Nagy, 1992), a reflection of who one is and what one values (Danermark & Ekström; Racino & O'Connor), and a feeling of ownership and belonging (Danermark & Ekström; Racino & O'Connor). Home serves several functions: (a) as a context for security and control; (b) a place of privacy and independence (Danermark & Ekström; Racino & O'Connor); (c) as a center of activities and relationships (Danermark & Ekström); and (d) the context in which one preserves culture, history, and traditions (Racino & O'Connor; Rubenstein, 1989). The failure to understand the meaning and importance of home repre-

sents a developmental risk to the lives of older adults with developmental disabilities, and diminishes the overall quality of their lives.

Exosystem

The exosystem consists of the "linkages and processes taking place between two or more settings, at least one of which does not ordinarily contain the developing person, but in which events occur that influence processes within the immediate setting that does contain the person" (Bronfenbrenner, 1989, p. 227). For older adults with developmental disabilities, the exosystem might include legal and health care policy forming institutions, human service providers, and other similar organizations and institutions. Developmental risks at the exosystem level are usually seen in the "orientation and content of decisions made in those settings that affect an individual's day to day life" (Garbarino, 1986, p. 28).

The life history of most of today's older adults with developmental disabilities is one of lengthy institutionalization (Sutton, 1997). In

the late 1970s, deinstitutionalization forced some organizations to develop policies and programs that would ameliorate the stress associated with relocation and facilitate successful adaptation to new environments (c.f. Barber, Cooper, & Owen, 1994; Redjali, 1993). The majority of deinstitutionalized adults were placed in supervised group homes, nursing homes, or foster care (Sutton) where gaps in services existed (Heller & Factor, 1994). For example, Krauss and Seltzer (1986) noted that older adults with mental retardation have more unmet medical, therapeutic, and support service needs than any other cohort of individuals with mental retardation.

Existing legislation and dominant service delivery policies may be reflective of broader societal attitudes toward people with disabilities and an unawareness of the meaning of home for this population. At the exosystem level, policies and programs are all too often developed without the direct involvement of older adults with developmental disabilities (Tedrick, 1997b). Usually the choices and plans about where older adults with developmental disabilities will live are made for them and with little or no opportunity for them to be a part of the planning, decision making, or moving processes (Jacobson & Kropf, 1993). This lack of involvement may be reflective of the devalued social position that older adults with developmental disabilities hold in our society. When individuals are denied the opportunity to be a part of this process, they are being taught how to passively adjust, rather than how to actively adapt, to changes in themselves and their environment. It is this lack of involvement, or the lack of advocates at the policy making level (Garbarino, 1986), that exacerbates the production and reproduction of developmental risks at the exosystem level.

Mesosystem

The mesosystem, as conceptualized by Bronfenbrenner (1989), consists of "the linkages and processes taking place between two or more settings containing the developing

person" (p. 227). The mesosystem for older adults with developmental disabilities might include family, friends, TR specialists and other professionals, social organizations, or groups with whom they are actively involved. Developmental risks are most likely to occur when the linkages and processes between the setting in which interventions are implemented and the context that the individual spends the most time in are not strong (Garbarino, 1986).

Residential transitions can result in developmental risks through disruption of social support networks that are already limited by social and economic opportunities (Boyd & Tedrick, 1992; Jacobson & Kropf, 1993). The social support networks of older adults with mental retardation are also influenced by the residential environment in which they have lived and been socialized (Krauss & Erickson, 1988). People who have lived at home tend to have social networks that are deeply embedded within the social supports of their family members (Krauss, Seltzer, & Goodman, 1992). The social networks of individuals who lived in residential (including nursing homes) or group settings consisted mainly of human service professionals and, possibly, friends (Krauss & Erickson).

Although the social support networks of older adults with mental retardation differ by living arrangement (Krauss & Erickson, 1988; Krauss et al., 1992), the impact of losses and disruptions is the same. Barber et al. (1994) reported that "most clients said that they missed their long-established friendships with residents and staff at the institutions. Clients conveyed a genuine sense of loss at being separated from institutions that had been home for many years" (p. 25).

Family members, residents, and human service staff also are impacted, to varying degrees, by a person's relocation from one residential environment to another. Harkulich and Brugler (1991) reported that bonds often develop between residents and staff over a period of time. "For staff and residents alike, the relocation might be termed 'a loss of a family member'" (Harkulich & Brugler, p. 58). The

consequences on those left behind, which might include other residents, are rarely considered in developing plans to relocate an individual. Little attention is paid to the role that the individual played in the lives of those people with whom they had shared their home (Jacobson & Kropf, 1993).

Residential transitions not only impact the relationships that had been formed with individuals in the former residence, but they impact on the emerging relationships in their new residential environment (Harkulich & Brugler, 1992; Jacobson & Kropf, 1993). The arrival of the individual into a new residential environment can influence and be influenced by the residents and staff. Like the residents in the previous environment, rarely is the impact of residential transitions on the lives of individuals in the new setting considered in the development of residential relocation decisions nor are they involved in the transition plans. It is the tendency to neither support the development of potential relationships or the maintenance of previous relationships that weakens the potential network through which older adults with developmental disabilities give and receive support.

Microsystem

The microsystem, the innermost layer of the environment, "is a pattern of activities, roles, and interpersonal relationships" (Bronfenbrenner, 1989, p. 226). It represents the ways that individuals interpret and respond to the environment, including transactions and relationships with TR specialists. The microsystem becomes a context for developmental risk when it becomes socially impoverished, when psychologically destructive patterns are present, when there is a lack or loss of interpersonal relationships, or when there is an absence of reciprocity (Garbarino, 1986). Changes that limit or restrict access to opportunities and resources can also serve as a source of developmental risk at the microsystem level.

Residential transitions can disrupt the linkages that provide individuals with a sense of

identity, security, and stimulation (Harkulich & Brugler, 1991). Older adults with mental retardation may experience a number of losses including the unique roles they played in their former environment and a sense of control and mastery over their environment (Berciovici, 1981; Heller, 1982; Jacobson & Kropf, 1993; Krauss & Erickson, 1988). Their involvement in the activities and patterns that they follow in daily life may be disrupted (Bourestom & Tars, 1974; Jacobson & Kropf, 1993).

The disruption of social affiliations also can contribute to changes in individuals' psychological and emotional well being. People may experience periods of loneliness as they attempt to form new relationships and establish/re-establish roles for themselves in their new environment (Harkulich & Brugler, 1991; Ramey & Cloud, 1987). They also may withdraw from opportunities to interact with others (Harkulich & Brugler; Jacobson & Kropf, 1993). Numerous other changes have been reported such as apprehension, anxiety, insecurity about forming new relationships (Harkulich & Brugler), depression (Harkulich & Brugler; Krauss & Erickson, 1988), pessimism (Bourestom & Tars, 1994), and an overall decrease in mental health (Danermark & Ekström, 1990; Miller & Lieberman, 1965).

Relocation impacts all aspects of individuals' lives. While most research on the effects of relocation on older adults with developmental disabilities has focused primarily on social and psychological issues, these risks do not occur in isolation from each other, nor do they exist in isolation from changes in physical behaviors. For example, changes in sleeping habits, eating patterns, or body weight may be a response to the move (Harkulich & Brugler, 1991), or they may be suggestive of an onset of depression or other health related issue.

Transitions in residential environment may impact or disrupt coping mechanisms and adaptation strategies, such as perceived competence. Germain (1991) suggested that competence is dependent "on the nature of the environment for its release and continuance" (p. 25). Home is a context in which people are

able to develop a perceived sense of competence regarding their ability to master their environment (Danermark & Ekström, 1990). Despite declines in ability, most older adults prefer to age in place (Danermark & Ekström; Hawkins, 1993b; Klein, 1994) because they are better able to adapt to or conceal changes in their abilities (Danermark & Ekström). Relocation to a different residence can threaten or disrupt individuals' perceptions of competence in their physical and social environments (Germain).

Finally, it is important to recognize that relocation disrupts the psychosocial processes that tie a person to the physical space that they consider to be home (Rubenstein, 1989; Rubenstein, Kilbride, & Nagy, 1992). Rowles (1983) coined the term "autobiographical insideness" to capture the essence of this tie that represents the personal history of friendships, affiliations, experiences, memories, and events that have occurred, are related to, or represented in the space they call "home." When people are moved from one residential environment to another, not only are their social affiliations disrupted, but also their historical and personal identity.

Residential transitions not only have an impact on every domain of a person's life, but also influence every dimension of the person/environment relationship. These transitions effect more than just the person being moved. Every person or group that has been a part of an individual's home, family, and identity also experiences change as a result of this transition.

Dan Morris¹

It is important to note that there is variation in when and how people experience and respond to changes in their residence. There is also variation in the reasons underlying these changes. The information about Dan Morris is

not meant to be representative of all residential transitions. It is provided, however, as a way of illustrating the impact residential transition can have on an individual's life and the impact of socio-cultural attitudes on the way in which some relocations occur.

Dan Morris is 75 years old. Dan spent the first 13 years of his life locked in an apartment by his mother. He was removed from his mother's care and spent the next five years in an institutional setting for youth. When Dan turned 18, he was moved to a privately run village for people with developmental disabilities. Dan has lived in this village for the past 57 years. Since his admission, Dan has not had any contact with his biological family. For Dan, his family consists of the carpenter at the village, his social worker, the people in his cottage, and two friends in the community.

Dan is able to do most things independently. He loves to cook, clean, and watch television. Dan has worked as a carpenter's assistant since arriving at the village. He loves working with his hands and building things. Every year he builds birdhouses and bird feeders to sell at the village craft bazaar. He also helps the new residents learn how to use the equipment and teaches them the rules of the carpentry shop. Dan's talent and skills have made him an important part of the village's day to day operation. His woodwork has been such an important part of his life that the community gave him his own workbench in the carpentry shop one year for his birthday.

Since Dan has lived in the village so long, he has formed some long-term relationships. He has two friends who live outside the village who come to visit him on a regular basis. Dan spends time at their house on holidays and periodically vacations with them. He and his social worker go out twice a month to Dan's favorite restaurant. Once a month Dan goes shopping with the carpenter from the village to buy something new for his workbench.

Recently the village where Dan has lived for the last 57 years was sold to a new organization. This sale resulted in changes in the mission of the organization, the clients served,

¹ The authors used a pseudonym, Dan Morris, and altered basic information to protect Dan's identity.

and numerous policies and procedures. The new administration decided to limit its client base to people between the age of 18 and 60. A directive was issued to relocate all residents over the age of 60 as quickly as possible. Dan was one of the residents who had to be relocated because of this change in policy.

The administration denied appeals to allow Dan to remain at the village. Members of the treatment team found a retirement complex for people who are semi-independent that was willing to accept Dan. The treatment team thought this would be a good placement since Dan would be with people his own age, and staff would be available to support him in areas that he needed assistance.

Despite his objections, Dan was moved to the retirement community a few days later. The days before the move were difficult for Dan. He cried continuously and refused to eat or participate in any activities. The village staff packed his clothes and personal belongings for him. The policies of the retirement community prevented Dan from bringing his workbench or supplies with him. The day of the move, the staff drove him to his new home and unpacked his belongings for him.

Although the people in the retirement complex were all Dan's age, none of them were individuals with developmental disabilities. Dan refused to have anything to do with them. Retirement complex staff made numerous attempts to introduce him to other residents and to involve him in activities, but to no avail. Dan spent most of his time crying and telling people "I want to go home!"

The story of Dan illustrates some of the problems that can occur when older adults with developmental disabilities experience residential transitions and when the system does not include them in the decision making process. In Dan's case, he was relocated from the place that had been home to him for 57 years. His home had provided him with a sense of security, identity, belonging, and history. A change in policy had taken that away from him. Dan was not allowed the time to process his feelings, to have some ownership or in-

volvement in the decision making process associated with the change, to gradually adapt to the change, or to develop strategies to maintain the relationships that he had formed at the village over the last 57 years or to put closure to them.

Analysis and Implications

Dan's story can serve as a context for discussing potential interventions and identifying some of the research issues for practitioners and educators from an ecological perspective. Robertson and Ellis (1991) suggested that case histories can provide another "'way of knowing' about how TR interventions may impact upon the lives of people who receive therapeutic recreation services" (p. 60). The themes that are present and the treatment approaches discussed can suggest "possible research questions to be systematically studied" (Coyle & Bullock, 1995, p. 285). In this section, the authors (a) identify some of the key issues in Dan's case; (b) suggest possible roles, strategies, and interventions for TR specialists; and (c) generate research questions that might provide additional insight and understanding into this issue.

Macrosystem

Dan's story is reflective of the general attitude towards people with developmental disabilities and towards older adults. The failure to recognize what home meant to Dan, or the impact that it would have on his life to move him against his will or without his involvement, is reflective of the broader cultural ideology about people with developmental disabilities and their ability to form attachments.

Practice. Lahey (1991) stated that "all professions are characterized by duties to three groups—their clients, their memberships, and society as a whole" (p. 9)—and suggested that it is the latter of these three that receives the least attention. Lahey argued that TR specialists believe they have fulfilled their obligation to society when they have fulfilled their obligation to their clients. Yet, our obligation to

clients transcends the direct contact that we have with them and includes the indirect impact that as professionals we have on society by sharing our professional education, attitudes toward people with disabilities, and beliefs about the meaning and importance of home. As TR professionals, we can work towards helping society to recognize that "home" is equally important and meaningful to people with disabilities as it is to other members of society, perhaps more so. In doing so, we can work towards creating a climate where as a society we recognize that regardless of whether or not one has a disability, we are all entitled to live in a place that provides us with a sense of permanence, history, affiliation, and identity.

Research. The issue of residential transition challenges us to ask questions about the cultural perceptions about the meaning of home and about our duties as TR professionals to society. How does society feel about the manner in which people with disabilities are transitioned from one residence to another? What professional responsibilities do TR specialists feel they have to educate society and raise the consciousness of others about the meaning of home to people with developmental disabilities?

Exosystem

Policies that were insensitive and inflexible to Dan's needs contributed significantly to the difficulty that Dan experienced in this move. Older adults with developmental disabilities often feel that self-advocacy efforts do not get them what they need (Brattain-Rogers, Hawkins, & Eklund, 1996). In Dan's case, advocacy efforts by staff were unsuccessful. The administration at the old facility was insensitive and inflexible to the fact that this was Dan's home and the meaning that it held to him. Policies at the new facility were also insensitive to, and perhaps unaware of, the importance of Dan's woodworking and the role that it played in his life.

Practice. Changes in organizational policy and philosophy normally do not occur over

night. Redjali (1993) argued that changes must occur in institutional policies to facilitate successful residential transitions. TR professionals can expand their role to include that of social change agent (Howe-Murphy & Charboneau, 1987), and advocate for policies and procedures that are flexible, provide options, (Gibson, Rabkin, & Munson, 1992), and adequately prepare individuals to transition successfully (Barber et al., 1994; Redjali; Singh & Balasubramaniam, 1989). One way this can be accomplished is by expanding our role as advocates to include educating members of the administration and treatment team in an effort to bring about interdisciplinary change. Therapeutic recreation specialists may also take on more of a "case manager" role (Howe-Murphy & Charboneau), coordinating various formal and informal supports for older adults with developmental disabilities and helping to assure continuity of services/supports when these individuals relocate to new communities and living situations (Wilhite & Keller, 1992).

Interagency lines of communication need to be expanded to begin to close existent gaps in service (Heller & Factor, 1994). Staff from both facilities could have worked together and exchanged information. Doing so would have contributed to the creation of opportunities in his new environment that would have facilitated consistency and continuity in Dan's daily patterns and care. Dan's carpentry skills could have been viewed as a strength and a way for him to contribute to the recreational programming at the new facility. This would have provided Dan with an opportunity to continue one of the roles that he filled at his former residence. Another option would have been to allow Dan to maintain his connection to the village by volunteering in the carpentry shop during the day while living at the retirement community. Yet another option would have been to bring his workbench to the retirement community. Dan, and possibly others, could use it during the day.

Research. At the exosystem level, the issue of residential transition raises questions and suggests new directions for and about TR

research. Questions at the exosystem level challenge us to ask about those factors that have an indirect influence on people's lives. Do changes in organizational policy or philosophy impact treatment efficacy and if so, how? How sensitive are policies and procedures to the meaning and importance of home to people with developmental disabilities? What can be done to make those policies more sensitive? What are TR specialists' views on taking on more of a "case manager role?" What strategies might be effective in developing collaborative relationships between agencies to facilitate residential transition? To what extent do TR specialists feel that they are capable of advocating for policies and procedures that would facilitate successful transitions?

Mesosystem

Aside from Dan, two groups of people needed to be prepared for his move: residents and staff at the new facility, and his friends and "family" at the old facility. Dan's move had an impact on the members of his social network that were left behind. Those left behind would have to adjust to the gap left by Dan's absence and the role that he played in their lives. They would, as Harkulich and Brugler (1991) suggested, have to grieve the loss of their family member.

Practice. The maintenance of informal support networks is a critical issue in service delivery to older adults with developmental disabilities (Gibson et al., 1992). TR professionals can work to address this issue by creating opportunities and programs that would facilitate continued interaction between Dan and his friends. Plans could be made prior to Dan's move for periodic visits with friends at his old residence, continued outings with his social worker, and visits with his friends in the community. This prevention focus, protecting individuals from threats to their health and well-being and achieving/maintaining desirable long-term outcomes, is being touted in TR as both effective and efficient (Austin, 1997; Breske, 1995).

Family and friends need to be involved in

the planning and decision making process (Redjali, 1993). Social events could be planned around Dan's move. A moving party could be held at the old facility to give friends and staff an opportunity to put closure to their relationship with Dan. Closer friends could be involved in the move itself by being invited to help Dan pack, move, and unpack.

The needs of residents at the new facility also need to be addressed. Dan's arrival may bring about changes in the activities, patterns, and roles of residents. In an attempt to facilitate the development of social relationships between Dan and the other residents, information could be shared with staff and residents about Dan and his interests. Trial or transitional visits to the community by Dan and a staff member could have been arranged to provide all parties time to adapt before the final moving day. Pedlar, Gilbert, and Gove (1994) reported that efforts to integrate older adults with and without developmental disabilities can be facilitated by the presence of staff from the home agency. TR professionals could also use this opportunity to work with Dan on social interaction skills, stress management techniques, and personal flexibility and creativity.

Research. The dependent nature of the relationships between people with disabilities and those whom they consider to be family and friends may be critical in understanding the efficacy of prevention type interventions. Questions at the mesosystem level should be focused on the formal and informal supports of the individual. To what extent does the involvement of family and friends mitigate the stress associated with residential transition for themselves and the individual being moved? To what extent does the involvement of family and friends assist in the achievement and maintenance of long and short-term term outcomes? What are the most efficacious strategies for integrating older adults with disabilities into a diversity of residential living arrangements?

Microsystem

It is at the microsystem level that TR professionals have tended to target the development of programs and interventions. With residential transitions, as well as other life transitions, it is important to develop intervention strategies that will address changes at levels that are directly and indirectly impacted. Dan's move had a direct impact on his daily life patterns, his involvement in activities and relationships, and his role as a mentor at the village. His capacity to deal with the stress of relocation was impacted by a number of factors. Dan's social network was disrupted and he no longer felt competent to solve problems in his new environment. The failure to involve Dan in the problem solving and decision making process, despite the limited amount of time, contributed to the overall devaluation of Dan's life and the importance of this transition in life.

Practice. Many of the skills that Dan needed to adapt to this transition could have been developed over time through his involvement in recreational activities and leisure education programs. Redjali (1993) suggested the development of a timetable that would schedule all the anticipated events and training needed before and after the relocation. Redjali found that consideration of the client's characteristics through the interdisciplinary team's preparation for pre and post environments seemed to mitigate the negative effects of the relocation process. Barber et al. (1994), Redjali, and Singh and Balasubramaniam (1989) found that preparation and individual skill development contributed to the success of residential transitions. There are several areas for skill development that reduced the impact of residential transitions (Ramey & Cloud, 1987). These included programs and interventions that for enhancing problem solving and decision making skills, strengthening and developing stress management techniques, developing a support system, enhancing assertiveness skills, enhancing positive attitudes and flexible thinking, and assessing goals and priorities.

Research. Therapeutic recreation researchers have focused their efforts on understanding the efficacy of interventions at the microsystem level. Questions at the microsystem level should address issues associated with the maintenance of the individual's continued involvement in activities, daily life patterns, and established roles with others. Are there core events that should be built into an individual's relocation timeline to facilitate successful transition? What strategies are most efficacious for the transference of skills across settings? What steps can be built into a relocation plan to facilitate continuity of involvement in recreational activities? What skills are most important in reducing the impact of residential transition? What impact does involvement in the decision making and planning process have on the individual? Is recreation, in and of itself, a viable medium for facilitating and maintaining successful transitions?

Conclusion

The issue of residential transitions is one that directly or indirectly has an impact on each of us. By reexamining the role of TR specialists and the development of interventions such as those mentioned above, professionals can help to ameliorate the stress associated with residential transitions for older adults with developmental disabilities. A theoretical framework should drive practice and research. The analysis and understanding of life transitions, such as changes in residential environment, from an ecological perspective can help practitioners and researchers to develop and implement programs, interventions, and research studies that are multi-dimensional and multi-disciplinary in nature.

Older adults with developmental disabilities have the right to be involved in their move as much as possible. Direct involvement can reduce the stress associated with the move and promote a sense of empowerment for the individual. However, researchers and practitioners should not forget to involve all those impacted by the move (friends, family, and

residents at former and current residence). TR professionals can create opportunities for these individuals to be involved in the move and help them adjust to changes in their social network. Guidelines and "best practice" transitional programs/models that will help individuals carry skills forward with them into new environments and provide opportunities for them to develop competence need to be developed and tested in collaboration with representatives from other disciplines. Finally, TR practitioners and researchers need to consider the possibility that service to their clients and society is not limited to what is done on the work site.

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