Effects of Participation In Wilderness Inquiry's" Gateway" Program on the Social and Leisure Functioning of Adults with Cognitive Disabilities

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Limitations, some of them substantial, in social functioning and leisure participation behaviors are fairly common among individuals who have cognitive disabilities. These limitations can be especially problematic in integrated outdoor adventure programs such as those operated by Wilderness Inquiry (WI) where teamwork and positive interactions are not only expected, they are often essential to a trip's success. Thus, in the interests of safety and the promotion of every participant's well being and satisfaction, WI has developed a modified integration program, the Gateway Program. While not as fully integrated as standard WI trips, Gateway provides an opportunity for persons with cognitive disabilities who have serious social functioning and leisure participatory difficulties to experience an outdoor adventure program and to also possibly grow in their ability to move to a standard WI trip. To facilitate their fuller integration, better tools are needed for assessing the quality and quantity of social and participatory behaviors during outdoor adventure activities taking integrated form.

Participants in the study were engaged in one of four, three-day, canoe/camping trips conducted by Wilderness Inquiry, Inc. of Minneapolis, MN as part of their "Gateway to Adventure" program. One trip took place in Voyageurs National Park in northern Minnesota, and the three remaining trips took place on the St. Croix National Scenic Riverway on the border of Minnesota and Wisconsin. Both trips consisted of an opening group talk, an orientation to camp procedures and rules, a "paddle talk" in which paddling techniques and canoe safety were demonstrated and discussed, meal prep/eating/cleanup periods, canoeing, camp setup and pack up, various group games, evening campfires, loading and unloading gear (portaging, and elective activities such as hiking, fishing, and swimming which occurred during free time.

Fifteen adults with substantial cognitive disabilities residing in group homes were observed individually for three days prior to participation in the trip, across the three days of the trip, and for three days following participation in the trip, a minimum of 80 hours of observation per participant. Observational instruments used for data collection were the Comprehensive Evaluation in Recreation Therapy Outdoor (CERT-O/Psych) and the Recreation Participation Data (RPD) sheet. The CERT-O/Psych is an adaptation of the CERT/Psych developed by Burlingame and Blaschko (1990) to identify, define, and evaluate behaviors relevant to a person's ability to integrate successfully into society using his or her social interaction skills. Looking across the domains of group and individual performance sampled over a broad range of times and events, observations of responsiveness to leader's structure, attention to activity, and interaction within diverse groupings were recorded. The Recreation Participation Data (RPD) sheet was developed to help recreation therapists monitor whether direct care staff in group homes were offering the clients a balance of activities. A balance of activities was defined as a variety of activities in all domains (social, cognitive, physical) with no one domain accounting for more than 50% of all activities in a one month period (Burlingame and Blaschko,

(1990). In the present study, observations of the quality of trip component participation, initiative, independence and satisfaction were recorded.

Results of the study showed that changes in aggregate CERT-O/Psych and RPD scores were not significantly different from the pre-trip to trip period, across the course of the trip, nor from the trip to the post trip period. However, looking at components within the trip itself in terms of task and social functioning, an interesting and important concordance was revealed. Specifically, activities associated with the five highest leisure functioning scores on the RPD were: meals, canoeing, free time activities, meal prep/cleanup. The fifth place was tied between loading/unloading gear and campfire. Similarly, activities associated with the five highest social skill functioning scores on the CERT-O/Psych were: meals, canoeing, meal prep/cleanup, group talks, and campfire.

A further analysis of RPD scores revealed that the five activities that occurred during periods of high participant satisfaction (in order of descending frequency) were: canoeing, meal prep/cleanup, loading and unloading gear, free time (including elective activities) and campfire. These results provide further affirmation of the importance of certain components of Gateway trips. This study provides new insights about the influence of key components of outdoor adventure programming on the social and leisure functioning of adults with cognitive disabilities. It also contributes to improving the application of standardized, clinically based therapeutic recreation assessment tools and methodologies in integrated and demanding outdoor adventure field conditions.

Do the findings of the study show that an integrated canoe/camping trip in the wilderness is the "best" way to promote social and leisure growth in participants with cognitive disabilities? No, in fact it is possible that other settings and programs that provide canoe/camping, even in one-day urban lake environments, could produce similar, perhaps even better results. This possibility is, of course, an important research avenue to explore in the future. But, at the very least, if the social growth opportunities of outdoor adventure programming are to reach individuals who usually have the most restricted access to them-person with cognitive disabilities living in group homes-then the importance of the Gateway program, which emphasizes partially integrated activities for individuals with disabilities, becomes evident.

Bolstering this point is the strong evidence in the present study that activities which lie at the very heart of the Gateway trips consistently produce high social and leisure participation scores based on observations of participants with disabilities, regardless of the severity of their cognitive limitations. This finding alone should energize Wilderness Inquiry to continue to develop and refine the Gateway program and its transitional procedures for offering fuller inclusive programming. Moreover, this finding should motivate group home staff to continue to expand their attempts to promote quality of life in their residents in directions that are probably seldom provided.

Consistent with the foregoing, perhaps the most interesting outcome of the present study is the evidence that Gateway trip participants with cognitive disabilities generally reacted with a relatively high degree of satisfaction and social appropriateness to canoeing, building campfires, setting up and taking down campsites, portaging canoes and gear, and the outdoor adventure activities that are "foreign" to their everyday circumstances. Moreover, their able participation cannot be dismissed as a novelty phenomenon since they generally sustained their participation at a good level across the three days of the trip. Hence, the ability of trip participants with cognitive disabilities to

make substantial social/leisure adaptations and contributions appears to be broader and deeper than conventionally assumed. This is good news for individuals with cognitive disabilities, many of whom enjoy being outdoors but have often been restricted to segregated and unimaginative outdoor activities. It is also good news for service providers such as WI which are seeking to offer creative and integrated programming to individuals with cognitive disabilities in exciting outdoor settings.

Specific program recommendations include: provide pre-trip training to participants so the activities on the trip are not perceived as too different from what participants are used to; provide rest times on the trip, participants in this study showed signs of fatigue and resulting withdrawal from social interaction as the trip progressed; provide follow-up services to participants after the trip to enable them to better continue leisure participation and connect to community leisure providers once back in the group home setting.

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