

**THE SUPPORTED RETIREMENT PROGRAM:  
THE SOCIAL VALIDITY OF LATER LIFE  
PLANNING FOR OLDER ADULTS WITH  
MENTAL DISABILITIES**

**by**

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**A THESIS**

**SUBMITTED TO THE FACULTY OF GRADUATE STUDIES  
IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR  
THE DEGREE OF**

**MASTER OF SOCIAL WORK**

**FACULTY OF SOCIAL WORK  
UNIVERSITY OF MANITOBA  
WINNIPEG MANITOBA**

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**BY**

**CARRIE K. SOLMUNDSON**

**A Thesis/Practicum submitted to the Faculty of Graduate Studies of The University  
of Manitoba in partial fulfillment of the requirements of the degree  
of  
MASTER OF SOCIAL WORK**

**Carrie K. Solmundson      1997 (c)**

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## **ABSTRACT**

**An increasing need to deal with retirement issues facing older adults with mental disabilities has been identified. In response, the Supported Retirement Program (SRP) for older adults with mental disabilities was developed, to facilitate the later life needs of this group. The purpose of this study was to assess the social validity of the SRP by determining the extent to which the goals, process and outcomes were considered important and useful by key stakeholders.**

**Consumers, service providers, government representatives, family members and generic senior service providers were surveyed and/or interviewed. Respondents rated the importance of the eleven goals of the SRP using a three point likert-type scale. Following each goal statement, further information was gathered concerning respondents reasons for their rating of each particular goal. Overall, stakeholders considered the goals of the program to be very important.**

**Qualitative data was gathered through open ended interviews concerning the SRP process, and was analysed using a constant comparison method. In general, those interviewed indicated that the process was very beneficial to participants, however, some minor variation occurred across groups.**

**The final component of the study measured stakeholders' level of satisfaction with respect to the outcomes of the SRP. Using a three point Likert-type scale satisfaction was assessed. The overall satisfaction score for the groups indicated a high level of satisfaction with the outcomes of the SRP, with some variation in rating across the groups.**

## **ACKNOWLEDGEMENTS**

Many people contributed to the completion of this project and are deserving of recognition. First, my sincere appreciation is extended to the consumers of the project who took the time to participate in this study. Furthermore, I would also like to acknowledge the time and support of service providers, family members, government representatives and generic senior organizations in participating in this study. My gratitude is also extended to the Board and staff of Sturgeon Creek Enterprises, and especially Colleen Isfeld for a tremendous job in facilitating this project, and the time and support that was provided to me.

I would also like to thank my committee for providing tremendous direction and support in the development of this project. I am indebted to Dr. Sid Frankel, my advisor for his encouragement and patience, and going over this document with a “fine tooth comb”, Dr. Don Fuchs for his insightful comments, and especially Dr. Mike Mahon, for all the materials and extra support. On a personal note, I would like to thank my husband Trent for his support, patience thoughtful advice. This thesis is dedicated to the memory of my mother, Sheila Solmundson.

## **CHAPTER 1**

### **INTRODUCTION**

The intent of this research project was to assess the social validity (Wolf, 1978) of the Supported Retirement Program, a one year demonstration project for older adults with mental disabilities. The Supported Retirement Program was developed in response to the increasing need to deal with retirement issues facing older adults with mental disabilities (Janicki, 1992; Hawkins & Eklund, 1989). With the advent of community living, changes in demographics, general improvements in health status, and with them corresponding improved life expectancies, issues pertaining to retirement have arisen for older adults with mental disabilities (Sutton et al., 1994).

Sturgeon Creek Enterprises Inc., together with the Health, Leisure and Human Performance Institute, in the Faculty of Education and Recreation Studies, at the University of Manitoba, developed the Supported Retirement Program by adapting and modifying a leisure education model for persons with mental disabilities (Bullock, Morris, Mahon, and Jones, 1992). This social validity study was part of a larger study conducted by Dr. Michael Mahon, from the Health, Leisure and Human Performance Institute. The purpose of the larger study was to assess the efficacy of the leisure education based Supported Retirement Program model for older adults with mental disabilities. The larger study was framed by eight research questions:

1. Can a leisure education based later life planning process increase the

**awareness of the concept of retirement and later life options for older adults with mental disabilities?**

- 2. Does a leisure education based later life planning process enhance the overall life and leisure satisfaction of older adults with mental disabilities?**
- 3. Does a leisure education based later life planning process result in decreased leisure constraints for older adults with mental disabilities?**
- 4. Is a leisure education based later life planning process able to enhance the independent decision-making skills of older adults with mental disabilities, thereby contributing to their overall self-determination?**
- 5. Does a leisure education based later life planning process result in lifestyle changes for older adults with mental disabilities?**
- 6. Is a leisure education based later life planning process a cost-effective method of facilitating later life planning?**
- 7. What are the systemic barriers to facilitating freely chosen later life options for people with mental disabilities?**
- 8. Is a leisure education based later life planning process socially valid?**

**The purpose of this research study was to measure the social validity of the Supported Retirement Program as it was important to ensure that the outcomes of the intervention were of practical value to key stakeholders and to ensure that the**

intervention priorities were not defined arbitrarily or restrictively (Baer, Wolf, & Risely, 1968; 1987). Specifically, the study: 1) determined whether consumers, family members, service providers, government representatives and generic senior organizations considered the goals of the Supported Retirement Program to be important; 2) investigated the extent to which consumers, family members, and service providers felt that the specific interventions used in the Supported Retirement Program were relevant; and 3) determined whether consumers, family members, service providers, and government representatives deemed the effects of the intervention to be socially important.

The Manitoba Department of Family Services provided funding to develop, implement and evaluate the program. The Province of Manitoba agreed to provide funding for the program, primarily because of the pressure the government was facing to respond to the problem of a lack of supports and services for older adults with mental disabilities.

Chapter One consists of a brief introduction to the research project, while Chapter Two describes the rationale for developing a Supported Retirement Program for older adults with mental disabilities. Chapter Two also includes a description of later life planning, in general, and how it relates to older adults with mental disabilities. In addition, the Chapter identifies several recommendations for effective retirement programs. Finally, an overview of the Supported Retirement Program model is provided,

including a description of the leisure education model and the specific leisure needs and constraints of older persons with mental disabilities.

The third chapter highlights the methodology used in the research study. This includes an overview of the research questions, a description of the sample, and considerations with respect to interviewing persons with mental disabilities. Chapter Three also provides a discussion of the instrumentation used in the data gathering; as well as the data analysis processes utilized for the project.

Chapter Four describes the findings of the research project, including the significance of the program goals, the appropriateness and acceptability of the procedures and the satisfaction of the program outcomes. Finally, Chapter Five provides a discussion of the research findings and presents several recommendations.

## **CHAPTER 2**

### **LITERATURE REVIEW**

**This chapter describes the rationale for developing the Supported Retirement Program for older adults with mental disabilities. Included in this chapter is a discussion on the importance of demographics, with respect to their developing impact on retirement planning and supports for older adults with mental disabilities. This chapter also describes the concept of later life planning, and how it relates to older adults with mental disabilities. Also included is a review of the literature identifying key recommendations for developing and implementing effective retirement programs. An overview of the Supported Retirement Program model is also provided, including a description of the leisure education model, upon which it is based and the specific leisure needs and constraints of older adults with mental disabilities. Finally, the Chapter concludes with a discussion on social validation research.**

#### **Rationale**

**An increasing need to deal with retirement issues facing older adults with mental disabilities has been identified (Janicki, 1992; Hawkins & Eklund, 1989). Previously, issues with respect to older adults with mental disabilities were obscured by shortened life expectancy, the invisibility of those in institutions or hospitals, or the fact that many individuals were typically provided with a lifetime of concealed care within their own**



families (Sutton et. al., 1994). With the advent of community living, changes in demographics, general improvements in health status, and with them corresponding improved life expectancies, issues pertaining to retirement have arisen for this population. (Sutton et al., 1994).

As the number of older adults with mental disabilities increases, and with this, as a corresponding increase occurs in their presence within communities, new demands are being created for professionals in the field as they strive to meet the new and emerging needs of these individuals. In light of the current philosophical climate (ie. issues such as empowerment, self advocacy, and inclusion), service systems need to cooperate, innovate, and develop programs, services and supports for the ever-increasing number of older adults with mental disabilities.

### **Demographics**

In Canada, more and more people are making the transition into retirement, as this country's population includes a growing number of older people. Between 1991 and 2001, the proportion of the Canadian population comprised of persons over the age of 65, is forecast to grow from 12 percent to 15 percent. Furthermore, between the years 2011 to 2031, this proportion is projected to rise from 15 percent to 23 percent; an absolute increase of 3.4 million people (Desjardins, 1993).

The rapid growth in numbers of individuals in late life within the general

population is paralleled by an increase in the number of older adults with a mental disability. Exact data on the number of older adults with mental disabilities is not available. However, best estimates suggest a prevalence rate of approximately four per thousand (Baird & Sadnovick, 1985). Recent surveys in Manitoba indicate that there may be as many as six hundred or more individuals in this age group and circumstance, scattered throughout the province (Association for Community Living, Manitoba, 1995).

Older adults with mental disabilities are increasingly likely to live longer; even though their average life expectancy still remains less than that of the general population (Eyman, Grossman, Tarjan, & Miller, 1987). Mortality rates are similar to those of the general population, with the exception of people with Down's Syndrome or those with significant disabilities (Carter, Jancar, 1983; Janicki, 1986). With improved health and social conditions, as well as new programs and technologies, people with mental disabilities are living longer, and are more numerous and visible in natural community settings. Consequently, issues associated with their aging have become a more prominent consideration (Janicki, 1994).

### **Leisure Needs and Constraints of Elderly Persons**

As adults reach later maturity social roles change. As a result, free time increases and preferences for activity involvement change, such that the dominance of work begins to fade. There is also an accompanying anticipation of increased leisure (Cutler &

Hendricks, 1990; McGuire, 1984). Social behaviour is distinctly less dominated by work and increasingly defined by leisure (Tinsely, Teaff, Colbs, & Kaufman, 1985). Factors that influence leisure involvement include: a) the availability of discretionary time, b) the awareness of options for how to utilize the time, c) sufficient access to opportunities, and d) the availability of necessary personal resources. Additional factors that support later life fulfilment through leisure include individual needs, preferences, and motivational states (Tinsely, Teaff, Colbs, & Kaufman, 1985).

### **Later Life Planning**

Retirement has been described as an event, a role, and a process, involving a life transition from employment for income (Ekerdt, 1987; Evans, Ekerdt, & Bosse, 1985). As retirement typically involves a break from previous patterns of behaviour, and a reduction in economic status, individuals retiring must adjust to these major life transitions. After this transition is complete, a person's life will be quite different, potentially in several ways.

Retirement has been portrayed as a negative experience that leads to devalued status and role loss (Friedman & Orbach, 1974; Payne, 1960; Roscow, 1974). Retirement is typically (although not always), viewed as an end rather than a beginning - something that should be put off for as long as possible. Miller (1965) links a person's identity to work; and views retirement as an occasion for an identity crisis, with an accompanying

loss of self-respect and feelings of uselessness. However, in contrast, there is evidence that a positive response to retirement is more typical of retirees (Atchley, 1977). While retirement is certainly a major life event, it does not necessarily follow that the response will be maladaptive (Giordano & Gantt, 1977). Bengston (1976:24) argues that "decreases in social requirements and expectations can be seen as a gain in freedom... an opportunity to pick and choose among alternative behaviours and new roles".

Recently, a more positive view of retirement has been put forward, which relates adjustment to retirement, to pre-retirement attitudes held with respect to the notion of retirement (Streib & Schneider, 1971; Thompson, Streib, & Kosa, 1960). Several factors have been identified that are related to positive attitudes toward retirement. Glasmer (1976) found in her study that a worker's evaluation of his/her present financial situation, social activity level, number of close friends, and perceptions of preparedness for retirement were determinants of a positive attitude toward retirement.

Research suggests that, where some individuals may view retirement as a positive event, others may feel threatened by it (Evans, et. al. 1985). Those who are prepared for retirement may view the event more positively (Glasmer, 1981). Self-efficacy, or the sense that one is able to cope with changes, should predict whether one engages in behaviours that facilitate a successful transition (Bandura, 1977). Research on retirement planning shows that positive levels of retirement self-efficacy are associated with less pre-retirement anxiety (Fretz, Kluge, Ossana, Jones, & Merikangas, 1989). Results of this

study by Fretz et al. indicate that people may evaluate themselves on the extent to which they can successfully make the transition to retirement; and that this is a predictor of retirement planning years before the actual retirement decision. People with poorer attitudes toward retirement, who planned poorly and had a lower sense of self-efficacy exhibited the most retirement avoidance. Those who felt unable to adjust subscribed to the popular belief that retirement is a time of dissatisfaction, isolation, and decline (Fretz et al., 1989).

Research indicates that planning for retirement is positively related to satisfaction during retirement (Ash, 1966; Glasmer, 1981; Minion, 1975; Szinovacz, 1982; Thompson, 1958). Participation in retirement preparation programs is helpful in maintaining positive retirement attitudes and the expectancy of control (Abel & Hayslip, 1987). Individuals who take part in retirement counselling programs are found to be happier in retirement (Ekerdt, 1987). Additionally, researchers have found that retirees who have participated in preretirement programs, were significantly better adjusted than retirees who did not (Palmore, 1982). For example, Heath (1996) assessed the effectiveness of a retirement preparation program offered by an employer in reducing retiree dissatisfaction and promoting preparation for a more positive retirement experience. The results indicated that program participation significantly enhanced the retirement experience in the areas of finance, lifestyle, health care and social activities. These results confirm the value of providing retirement preparation programs (Heath,

1996).

Pre-retirement or retirement planning programs have been in existence for nearly 30 years (Hunter, 1965). Such programs are designed to ease the transition to retirement and minimize problems which may be encountered. They were thought to be necessary because of the importance of the worker role as a source of identity and status (Maddox, 1966; Miller, 1965). North American culture defines social status and identity largely in terms of occupation. As well, productivity and cultural value depend, to a large degree, on a person's ability to remain employed. The loss of this role was seen as a potential source of a number of pathological results for the retiree. More recent research indicates that the importance of work has been overrated as a factor in retirement adjustment (Atchely, 1976; Glasmer, 1976; Goudly et. al., 1975; Simpson et al., 1966). The most important factors in retirement adjustment are health and finances. Few retirees actually miss their jobs (Atchely, 1976; Ward, 1979). Most pre-retirement programs focus on health and finances along with a number of other issues.

As older adults transition from the usual highly organized and demanding work day to retirement, they may find themselves having to take more personal responsibility for planning their daily living and ongoing relationships (Hartford, 1984 cited in Dennis). Basic elements of an individual's life may change with retirement: his/her self-identity, sense of importance and value as an individual and member of society, relationships with family and friends, daily activities, financial status, and living arrangements (Hornstein &

Wapner, 1985). Typically, traditional life roles and responsibilities of work, family and community have kept people involved and connected. However, these same responsibilities of work provided individuals little opportunity to direct their own lives. For the first time, people are expected to make their own plans and schedules, to enjoy their own company, to make new connections, to form new relationships, and to be accepted for who they are as individuals, rather than for a title or their place in an organization (Hartford, 1984).

Several models have been developed that address pre-retirement programs, retirement planning or counselling. Most researchers agree on what issues to include in retirement planning; but most, in turn, also believe that the needs of the individual should be given deference (Tinsely & Schendener-Holt, 1992). When preparing for a major life transition such as retirement, it has been recommended that the planning process begin early in life. Fillenbaum (1979) argues that it should start as early as 45 years of age, because of the long term preparation needed to establish leisure activity patterns and financial security (Atchley, 1981; Wehrenberg, 1984; Singleton, 1985). Manion (1976) suggests that information be presented with ample time to explore the emotional aspects of retirement. Dennis (1976) suggests that at least one-quarter of the items in the programme include identifying the "wants" of the participants. Predominant areas of pre-retirement planning should also include financial planning, planning for where to live in retirement, and planning for activities and work during retirement (Fillenbaum &

Maddox, 1974; Johnson & Strother, 1962; Szinovacz, 1982). Little (1993) in her review of literature on approaches for developing pre-retirement educational programs (PREP) found that the retirement period can be more enjoyable and productive if the retiree has participated in PREP activities. The considerations for planners of these programs involve individual versus group type programs and use of educational type models. The programs should include a variety of topics ranging from financial planning to leisure time activities (Little, 1993). Most pre-retirement programs focus on material aspects of the transition from full time employment into retirement. Less attention has been given to the psychological factors that are of increasing importance in the later years.

As described above, because of the long-term preparation needed to establish leisure activity patterns and financial security, pre-retirement programs should take place well in advance of retirement (Little, 1993). Retirement preparation now generally takes place quite late in life, just prior to or even after retirement, when it might be impossible or at least difficult for them to be sufficiently effective (Atchley, 1981). Retirees who made a gradual transition into retirement as opposed to immediate retirement, have been found to have greater satisfaction during retirement (Quinn, 1981). Gradual retirement creates less discontinuity in an individual's life than retiring suddenly (George, 1980).

An additional factor influencing retirement plans is a positive attitude toward leisure (Hwalek, Firestone, & Hoffman, 1982; McPherson & Guppy, 1979; Poitrenaud, Vallery-Masson, Valleron, Demeestere, & Lion, 1979). Beehr's (1986) model suggests



that having a positive view of leisure may encourage the employee to leave the workforce. Thus, leisure orientation should be included along with retirement self-efficacy and expectations regarding social interactions, as measures of psychological factors in studying the effectiveness of pre-retirement programs.

Anderson and Weber's study (1993) investigated the impact that pre-retirement planning has on life satisfaction during retirement. Their findings indicate that retirement preparatory programs are most useful if they are performed or provided in a timely manner (commencing earlier in the employment cycle); and effectively address, among other topics, health and financial matters pertinent to retirees. Further findings indicate that there are significant differences in the life satisfaction expressed by retirees who planned retirement on their own, as compared with those who participated in structured pre-retirement planning programs, and those who did not plan for retirement. Results of the research indicate that self planners had the highest satisfaction scores. These findings suggest that individuals may enhance their likelihood of achieving satisfaction during retirement by taking an active role in planning for their retirement; and should at least avail themselves of structured pre-retirement planning programs if they cannot or do not adequately plan on their own. Such findings indicate that professionals should continue to develop more effective retirement preparatory programs.

The intent of pre-retirement programs is to produce positive results and attitudes towards retirement; and to facilitate adjustment. Giordano and Giordano (1983) reviewed

pre-retirement programs using a comprehensive framework that assessed the effectiveness of programs. They found that individual retirement counselling programs predominate; yet group programs receive the strongest support (Glasmer, 1980; Reich, 1977). Evaluation of the effectiveness of group programs has produced mixed results (Kasschau, 1974:63). For example, "planning programs that are the most popular or common approach to retirement programs primarily addresses the practical aspects of retirement". The planning model typically presents a view of retirement as an economic event that will result in material deprivation and a period of biological decline. The content includes benefits, physical changes, finances, and legal matters; but does not typically include family, social relationships, or psychological issues (Business Week, 1978; Reich, 1977). This popular approach to pre-retirement programs has been shown to have limited effectiveness (Tiberi et al., 1978). Kasschau (1974) reports that these types of programs may be effective in stimulating planning; but are not effective in producing positive attitudes toward retirement. It has been suggested that retirement planning can only be effective when accompanied by a positive attitude (Lumsden, 1978). Despite this recommendation, most retirement planning programs do not include discussions that may aid in the psychological preparation for retirement (Siegel, 1986). Many programs have been developed to meet specific organizational expectations, such as: interest in encouraging early retirement; communicating the benefits of retirement plans in the least expensive way; and demonstrating some form of social responsibility. These motives for

program design are questionable; have produced heightened fear and anxiety of employees and have reduced their effectiveness on the job during their last years of employment (Giordino & Giordano, 1983). This research suggests negative program outcomes are possible, depending on the way a program is conducted, the nature of the content and the fact that attitudes toward retirement presented can produce frustrations, anxiety and negative attitudes toward retirement (Glasmer, 1980; Tiberu et. al., 1978). An additional concern is that pre-retirement programs have not been effective in reaching individuals who have the greatest need (those nearing retirement) as most programs remain superficial (Atchely, 1977; Bynum, Cooper, & Acuff, 1978; Cokinka, 1973; Kasschau, 1974). Greater effectiveness of pre-retirement programs can be achieved by grounding programs in empirical findings; and by closely examining different models to determine their positive features (Giordano & Giordano, 1983).

### **Mental Disability and Retirement Planning**

Laughlin and Cotten (1994), have conducted a study to identify variables related to attitudes toward retirement among older adults with mental disabilities. The study compared non-disabled older adults with disabled older adults. It was found that general satisfaction with life and feelings of preparedness for retirement were strongly related to attitudes toward retirement in both groups. Additional common correlates that were significantly related to retirement attitudes in both groups included financial

preparedness, health perceptions, orientation to work, and commitment to work. The study also found that pre-retirement planning was demonstrated to be a generally effective tool for teaching older adults with mental disabilities the options that are available during their retirement years. The study concluded that retirement has positive implications for most individuals with mental disabilities, particularly if they perceive that they are prepared for it.

Some professionals believe that persons with mental disabilities should not retire (Wolfensburger, 1985), assuming that this stage of life consists of unpurposeful activity and passive, uneventful days. It is the opinion of other professionals that persons with mental disabilities should have the same choices as the general ageing population (Catapano et al., 1985; Cotten & Spirrisson, 1986). The corollary is that, as a person with a disability ages, their interest in and capacity for traditional vocational pursuits may decline; and there should be alternative leisure activities available (Seltzer & Krauss, 1987). Despite this philosophical debate, there is a general ageing trend in this population and a concurrent increase in retirement alternatives available to them (Cotten & Laughlin, 1994).

### **Recommendations for Effective Models**

Exemplary program models that support older adults with mental disabilities in meaningful retirement have been neglected in the literature (Rancourt, 1989; Roberto &

Nelson, 1989; Sison & Cotton, 1989). To date, a model that is age appropriate and aging sensitive has not been well developed for persons with mental disabilities (Hawkins & Kultgen, 1991). A major challenge confronting professionals is to design and deliver services that will enhance the quality of life for members of this group. The literature highlights some important programming principles, such as normalization and social role valorization (Wolfensberger, 1985), that should guide the development of services and supports. Major considerations relating to the development of appropriate retirement services include ensuring that appropriate policies and structures are individually responsive, respecting self determination, promoting community presence and inclusion, encouraging independence and enhancing older adults' quality of life.

There is a series of retirement preparation training materials entitled "Pre-Retirement Assessment and Planning for Older Persons with Mental Retardation: Curriculum Guide", developed by Cotton, Casey, Laughlin, Gardner & Britt (1991). The guide is intended for persons 55 years of age or above who have mild or moderate levels of cognitive impairment. The program recognizes that little consideration has been given to retirement planning for persons with mental disabilities and that many consumers are unaware of the term "retirement" and its ramifications (Cotton, et al., 1991). The program also recognizes that a full range of options need to be made available so that the person retiring can make informed choices and from those choices experience novel and challenging community alternatives. The curriculum presents an array of options in the

areas of living arrangements, day services including retirement options, recreational and leisure services, and the support service which will be needed. Using an individualized approach, the Curriculum Guide is based on eight major life components. They are as follows: attitudes and role adjustment; an overview of options; dynamic fitness; living arrangement options; leisure and recreation; work options (paid and non-paid); support services; and retirement countdown. Prior to beginning the curriculum a "Pre-Retirement Knowledge and Preference Assessment" is administered to assess the current level of functioning or knowledge base of the consumer in each of the units of instruction.

It has been argued that the aging and mental retardation networks can work together with respect to ageing persons with mental disabilities (Ansello & Rose, 1989; Lepore & Janicki, 1990; McDowell, 1988; Ossofsky, 1988). Non-disabled older adults have similar concerns to those with disabilities, with respect to the need for health service, income maintenance and social supports (Gettings, 1988). Utilizing generic services, ensuring age appropriateness of activities and environments, flexibility, normalized social engagement with non-disabled people, and wider integration in the community are key issues that need to be considered in facilitating retirement (Hawkins, 1993).

Older adults with mental disabilities should have the opportunity to make the transition from a job-oriented (day program) to a leisure-oriented lifestyle. Even for older adults who have not worked, the retirement years can be viewed as the phase of life when

individuals have increased freedom to decide how to spend their time and to choose new alternatives for meaningful involvement in society (Browder & Cooper, 1994). Research has revealed that leisure satisfaction enhances overall life satisfaction during the retirement phase of life for older adults with, and without, mental disabilities. Furthermore, research has supported leisure activity as the leading factor in contributing to perceptions of satisfaction in later life (Kelly, Steinkamp, & Kelly, 1986).

Older adults with mental disabilities need opportunities to receive preparation to make the transition from a work-oriented lifestyle to a retirement status, wherein they have daily choices to pursue activities that promote their sense of involvement and well-being. Leisure skills building is a significant aspect of retirement preparation. Thus, it is an important area to further explore (Hawkins, 1993). Self awareness, leisure awareness, attitudes, choice making skills, social interaction, and leisure activity skills are easily assessed aspects of adult development and functioning. These are also functional areas that will benefit older adults in the maintenance of optimal health and well-being. (Hawkins, 1993).

### **Description of the Supported Retirement Model**

The purpose of the Supported Retirement Program was to assist older adults with mental disabilities to develop a satisfying retirement lifestyle. The Supported Retirement Program model consisted of a pre-operational and an operational phase. Prior to the

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commencement of the program, several pre-operational activities were completed. Part of the intervention required access to community-based programs and activities that were available to non-disabled seniors. This included the establishment of a network of contacts and program information with community-based senior services. Existing recreation, senior and volunteer programs were also assessed for their suitability for the program. Other potential community resources, such as financial subsidies or waivers for consumers' activities, volunteer support and assistance, and potential physical space where a consumer could conduct activities were also identified. Potential barriers to service delivery were identified through interviewing seniors' organizations and other identified resources.

The operational phase of the program consisted of the following components: leisure and retirement awareness, self awareness in leisure and retirement, leisure opportunities, community resource awareness, barrier awareness, personal resources and responsibility, decision-making, retirement planning (PATH: Planning Alternative Tomorrow's with Hope), planning activities, implementing activities (with support if required), and follow-up support. The program components were provided by a co-ordinator and, in some cases, support workers.

The self and community awareness components involved the co-ordinator together with the consumer exploring potential resources available in the community. Resources included: people (friends, family), programs, volunteer opportunities,

recreation activities, facilities, money, transportation, and so on. This was achieved through one to one weekly sessions with the co-ordinator. Barriers for each consumer that may have prevented his or her participation in a given activity were explored. Strategies were also identified with the consumer to overcome these barriers. Each consumer spent time in the community experiencing different options.

Consumers were also assisted in learning how to make decisions for retirement through a decision-making instructional model (Mahon, 1990). Decision-making is thought to be the key to enabling an individual to make choices; as well as increasing his or her self-esteem, self confidence, and independence. The optimal scenario was for consumers to be able to make decisions independently and to take initiative. Decision-making was an opportunity to empower consumers. It was expected that the majority of consumers would become interdependent in their decision-making, by making decisions with the assistance of others, such as family members or caregivers. Family members, support staff, and caregivers also learned how to use the decision-making model in order to facilitate choices and decision-making in other areas of the person's life, and to encourage generalization of the individual's decision-making skills.

The decision-making instructional model incorporated information related to awareness of leisure options, leisure resources and leisure constraints. The decision-making model was comprised of the following four steps:

- a. identify a desired leisure experience;

- b. consider alternatives which satisfy the experience desired;**
- c. describe the consequences for each alternative; and**
- d. choose an alternative which best satisfies the desired experience.**

**The instructional methodology applied within the model involved the use of self-control techniques. The intent of self-control training was to achieve internal control through external procedures (Bandura, 1976). Self-control training facilitates self-determination; and Wehmeyer & Berkoben (1991) have identified self-control as one of the three processes critical to developing self-determination in individuals with mental disabilities.**

**The next component of the program involved an individual retirement planning process. The PATH (Forest, Pearpoint & O'Brien, 1993), was used as a retirement planning tool. The PATH is a visionary, person-centred planning tool in which consumers develop a plan for their future. The PATH planning process was an obvious tool to use as it is based upon a holistic approach. It involved people who knew the consumer well, and who were willing to assist. Through this process, each consumer was able to identify his/her dreams and goals, to review what they were doing at the present, to determine who might assist them with activities, and to outline what steps they needed to take in the future in order to reach their goals. Goal areas were broadly focused, including finances, support requirements, transportation, friendships, community-based activities, and so on. These steps were further broken down to include: what consumers**

needed to complete in six months, what they needed to do in one month, and what they needed to do first, in order to reach their goals. As a part of this systemic issues, such as implications for their residence and day programs were addressed. This plan provided the consumer with an opportunity to explore new ideas, goals and activities in which they would like to participate. The consumer was fully involved in the process; and others were present to provide cues, prompts and support for the individual.

Following the development of the PATH plan, the consumer was assisted in decision- making, planning and implementation of goals identified during the planning process. Assistance included scheduling activities, arranging and co-ordinating formal and informal supports, and help in developing communication skills, friendships, and activity-based skills.

The final component of the supported retirement model involved the provision of ongoing support to ensure assistance was available if required. The frequency of direct support was dependent on the level of individual need. Ongoing support consisted of an occasional informal review of options and information covered in the supported retirement model. Ongoing support also consisted of informal meetings to discuss the individual's involvements; and to assess his or her overall level of satisfaction. Visiting or observing some of the activities in which the individual was involved, and discussions with other people involved, were also included in on-going support. If a problem or need emerged, the co-ordinator first tried to encourage the individual to problem solve on

his/her own; and only then did she offer increased support and guidance, as required.

### **Leisure Education**

The supported retirement model as described above is an adaptation of a leisure education intervention developed by Bullock, Morris, Mahon, and Jones (1992). Leisure education has been described as a comprehensive program used to enhance the quality of a person's life through leisure (Chinn and Joswiak, 1981; Gunn and Peterson, 1977; Mundy and Odum, 1979; Teaff, 1985). The purpose of leisure education is to create leisure opportunities through awareness, knowledge and skill development, so that individuals can pursue leisure independently and use it to maintain physical and mental well-being (Bedini, 1980). Leisure education can be defined as a process which is integrated into recreation or education programs in order to help the individual focus on: "what leisure means; what their leisure potential is; how to integrate leisure into their lifestyle; how to become their own best source of leisure fulfilment; how to act on that knowledge" (The Ontario Ministry of Culture and Recreation, 1978:5). There are many strategies that can be utilized to achieve the result of an independent leisure lifestyle (Chinn and Joswiak, 1981).

Typical elements of leisure education models include; 1) leisure attitudes and awareness; 2) social interaction skills; 3) leisure activity skills; 4) self-awareness; 5) knowledge of leisure resources; and 6) decision-making (Chinn & Joswiak, 1981).

Developing knowledge and skills in each of these areas is a process of education, itself, and requires various strategies to achieve the goal of leisure education. As leisure education focuses on the acquisition of leisure knowledge and leisure skills, educational strategies that may be used include behavioural management, task analysis, a learning centred approach and individualised prescriptions (Chinn & Joswiak, 1981). Strategies that are typically used for leisure education are primarily educational in nature, with counselling applications (Joswiak, 1979). Counselling facilitates the processes of problem solving, decision making, and conflict management regarding leisure interests, awareness, values, and opportunities (Chinn & Joswiak, 1981).

The underlying conceptual framework of the leisure education model used in the Supported Retirement Program is the concept of self-determination (Brown, 1988; Fields and Hoffman, 1991; Ward, 1988). Leisure education is based on a model of self-determination through which individuals establish what they need from their leisure experiences in life (Mundy & Odum, 1979; Teaff, 1985). The importance of choice and self-direction within leisure programs for individuals with disabilities has gained increasing recognition (Datillo, 1991). The opportunity to make choices is important because it encourages independence, dignity and control over one's life.

Embedded within the concept of self-determination are the principles of normalization and social role valorization (Wolfensburger, 1977). According to Wolfensburger's social role valorization theory (1985), the fundamental goal of services

for individuals with mental disabilities should be to establish and protect their positive socially valued roles.

### **Leisure Needs of Older Adults With Mental Disabilities**

Individuals with mental disabilities often have an excess of free time (Wehman & Moon, 1985); and may not use their free time in constructive ways (Wehman & Schleien, 1981). This non-constructive use of free time is often due to underdeveloped leisure skills. Moreover, a lack of perceived freedom, awareness of options, sufficient opportunity and necessary resources may translate into unfulfilled potential for experiencing leisure (Jackson, 1988; Schleien & Ray, 1988). Barriers to active leisure participation include a lack of the adaptive skills needed to: access resources, socially move among age peers and others, and to independently act upon personal interests (Birenbaum & Re, 1979; Craps, Langone, & Swaim, 1985; Voeltz, Wuerch, & Wilcox, 1982). Other significant variables include awareness of, exposure to, and experience with skills needed for normalized living, active community involvement, and improved quality of life (Certo, Schleien, & Hunter, 1983; Scheleien & Ray, 1988).

Older adults with mental disabilities spend a disproportionate amount of time either alone, unoccupied or completing routine non-rewarding tasks (Nietupski, Hamre-Nietupski & Ayes, 1984). They find themselves excluded from "post school" habilitation programs and support resources; and have limited opportunities for activity and peer

interaction (Nietupski & Svoboda, 1982; Burch, Reiss & Bailey, 1985; Duff & Nietupski, 1985). Individuals with mental disabilities can achieve social integration and acceptance through freely chosen participation in recreation and leisure activities (Sneegas, 1989). Yet, many older adults with mental disabilities need support to access integrated community opportunities. However, a wide discrepancy exists between the availability and the need for support for individuals with mental disabilities (Sneegas, 1989).

Although many older adults face challenges in pursuing their dreams for retirement, these challenges may be more daunting for those with mental disabilities. The most common challenges to leisure participation for older adults with mental disabilities are lack of equipment, lack of knowledge, problems in making decisions, shortage of companionship, and unavailability of facilities (Hawkins, 1991). Hawkins suggests that professionals serving this population address these barriers through program strategies that are aimed at increasing decision-making ability and social interaction skills.

Research on leisure constraints (Henderson, Stalnaker & Taylor, 1988; Jackson, 1988, Searle, Jackson & Nilson, 1992; Searle & Jackson, 1985) indicates that the lack of knowledge about where to learn an activity and where to participate in an activity significantly constrains leisure behaviour. For individuals with mental disabilities, who have a history of external control in their decision making experiences, offering choices is not enough to create a sense of personal control and empowerment. Informed decision-making occurs when people have the ability to differentiate among alternatives; and then



to utilize strategies to select the one choice that is best for them. This requires structured learning for some individuals with mental disabilities (Boyd & Tedrick, 1992). Leisure education is one process that focuses on improving knowledge; and can be an effective intervention to deal with the effects of these constraints.

Studies show that older adults with mental disabilities desire expanded participation in leisure (Alderson, 1987; Hawkins, 1991). Leisure education interventions can assist them to develop new skills, explore interests and gain awareness regarding community resources. Programs that foster socialization and community integration should be among the priorities of those serving older adults with mental disabilities (Boyd & Tedrick, 1992).

Information concerning leisure patterns and recreation interventions for the mentally disabled population is still in its embryonic stage. Little empirical evidence exists on how leisure can facilitate meeting later life needs by: a) retirement preparation, b) leisure skill development, c) maintenance and promotion of physical fitness, d) development of friendship networks, e) community inclusion, f) enhancement of residential environments that foster social network development, and g) promoting the empowerment of individuals for self-advocacy and self-determination (Hawkins & Kultgen, 1991). The application of leisure education in this framework would contribute to several functional and development needs in later life, which may significantly relate to overall quality of life and perceived life satisfaction (Hawkins, 1993).

## **Research Support**

The Supported Retirement Project chose to utilize a leisure education intervention, as the literature provides considerable support for the theory that an active lifestyle (leisure or recreation participation), is conducive to psychological well-being among older individuals (Casady, 1975; Crandell, 1980; Nystrom, 1974; Palmore & Kivett, 1977). DeCarlo (1974), in his study that investigated recreation participation patterns and successful ageing, found a moderate to strong correlation (.48) between recreation participation and the criteria of successful aging (e.g., mental, physical health and intellectual performance). Additional evidence of positive psychological benefits from leisure participation have been illustrated in the research of Powell (1974), Dieflor and Diesfeldt-Groenendijk (1977), Blumenthal and Williams (1982), Hitzhsuen (1973), Menninger (1942), and Riddick and Daniel (1984).

Several authors have studied the contribution that leisure makes to perceived life satisfaction in the general adult population (Havighurst, 1957; Kelly, Steinkamp, & Kelly, 1987; Lawton, Ross, & Fuller, 1986; Mancini & Orthner 1982; McGuire, 1979; Neugarten, 1968; Palmore, 1979; Ray & Heppe, 1986; Riddick & Daniel, 1984; Smith, Kielhofner, & Watss, 1986; Sneefas, 1986; Tinsley, Teaff, Colbs, & Kaufman, 1985). Findings from their research indicate that perceived life satisfaction is directly and positively associated with leisure. Education throughout an individual's life was recommended by the United Nations World Assembly on Ageing as a strategy to better

prepare a person to be creative and innovative with their time; as well as to avoid the risk of social marginalization (National Council on Ageing, Inc., 1982).

Research has demonstrated that inadequate opportunities exist for choice making by people with mental disabilities, especially in the areas of leisure participation, leisure skill development, and overall quality of life (Bambara & Ager, 1992; Dattilo & Schleien, 1991; Mahon & Bullock, 1992; Newton, Horner, & Lund, 1991). Research also indicates that when leisure activity choices are provided, there is a positive correlation with improved psychological perceptions of life satisfaction and well-being in individuals with mental disabilities (Hutchison & Lord, 1979; Schalock, Keith., Hoffman, & Karan, 1989). Additionally, research has demonstrated that persons with severe mental disabilities are capable of making choices regarding leisure activities (Dattilo & Barnett, 1985; Dattilo & Rusch, 1985; Dattilo, 1986).

Enabling individuals with mental disabilities by providing the opportunity to participate in decision-making training is one strategy towards empowering individuals to become valued decision-makers in their own community. The ability to make decisions is a crucial aspect of self-determining behaviour. However, few individuals with mental disabilities have the opportunity to make decisions (Ward, 1988). According to Bullock (1988) and Guess, Benson, and Siegel-Causey (1985), much has been accomplished in teaching specific skills to individuals with mental disabilities; but very little has been done in terms of teaching these individuals how to make a decision or choice. As a result,

there is a research emphasis on decision-making for individuals with mental disabilities (Houghton, Bronicki, & Guess, 1987; Nietupski et al., 1986; Benson and Siegel-Causey, 1985). It was the intent of the Supported Retirement Program model to enable participants to become fully empowered, so that they make important decisions with respect to their retirement.

Developing personal autonomy, including the opportunity to make choices, is a way of enhancing one's quality of life (Brannerman, Sheldon, Sherman, & Harchick, 1990; Landesman, 1986; Newton & Horner, & Lund, 1992; Shelvin & Klien, 1984). Research has demonstrated that a sense of autonomy improves one's perceptions of self worth and personal dignity (Houghton, Bronicki, & Guess, 1987).

Leisure education is a means to increase both the quantity and quality of leisure experiences. Backman and Mannell (1986) demonstrated the success that a leisure education program had in increasing leisure participation and satisfaction for older individuals living in a nursing home setting. Leisure education can assist older adults with disabilities to develop social skills and enhance learning; and can facilitate the integration of disabled persons into the mainstream of community life (Collard, 1981).

### **Social Validation Research**

The purpose of social validation research is to assess the social importance of the effects, the social significance of the goals, and the appropriateness of the procedures of

an intervention/program (Kazdin, 1977; Wolf, 1978). Social validation is an important procedure as it assesses the social importance of behaviors, ensures that the outcomes of an intervention are of practical value to stakeholders, and adds subjective data to objective data (Baer, Wolf, & Risely, 1968; 1987). It has been recommended that social validation research be part of objective efficacy based research (Wolf, 1978; Bernstein, 1989; Fuqua & Schwade, 1986; Mithaug & Hanawalt, 1978). Social validity assessments are proposed on the assumption that a program's effectiveness would be measured as directly, behaviorally, objectively, and reliably as possible; and that social validity would be assessed as an issue not relevant to the program's effectiveness, but to its viability (Schwartz & Baer, 1991).

Story and Horner (1991) reviewed social validation studies that featured the inclusion of persons with disabilities. They found that, in response to changes in the field (such as the emphasis on inclusion, empowerment and normalization), the need to expand evaluation procedures to include persons with disabilities had been identified. The information generated from these types of research initiatives can help develop approaches to service delivery that are considered to be effective, appropriate and valuable by consumers ( Storey and Horner, 1991).

Measuring the social significance of the goals can be accomplished through the use of questionnaires and Likert-type scales (Kazdin, 1980). The use of multiple stakeholders or groups is recommended; as this may help to ensure that a wide variety of

viewpoints are considered when determining if the goals of an intervention are socially important (Storey & Horner, 1991).

The measurement of the social validation of procedures ensures that the intervention priorities are not defined arbitrarily or restrictively (Chadsey-Rusch & Rusch, 1986) and their use may increase the probability of effective and acceptable interventions (Reimers, Wacker, & Koepl, 1987). Unsuitable teaching methods and procedural abuses aimed at persons with disabilities in the past, point to the significance and importance of measuring the social validity of procedures (Guess, Helmstetter, Turnbull, & Knowlton, 1987). The appropriateness of programs and services for people with disabilities continues to be a controversial issue. The process of validating intervention procedures offers a methodology for socially validating decisions (Storey & Horner, 1991). It has been suggested that unless a process has been socially validated by all constituents, it should not be implemented on a broad scale (Wolf, 1978).

Storey and Horner's (1991) study indicates that the appropriateness of programs for persons with disabilities can be socially validated. The most popular techniques utilized were those developed by Kazdin, (1980), followed by questionnaires and Likert-type scale formats. Kazdin developed a measurement device to assess the acceptability of a treatment to ensure that it was appropriate to the problem, and considered fair and reasonable. The device he developed consisted of an evaluation inventory that included items that appeared on "face validity" to be related to client evaluation of the

intervention. The measurement of acceptability, referred to as the Treatment Evaluation Inventory, required subjects to rate the items on a Likert-type format. The item contents were illustrated by questions asking subjects to rate how acceptable treatment was, how willing they would be to carry out the procedure, how suitable the procedure would be for other clients with problems other than those described in the study, and how much the subject liked the procedure (Kazdin, 1980). Similar to Kazdin's approach to measuring the acceptability of an intervention, the researcher posed similar questions by adapting a standardized client satisfaction questionnaire using a Likert-type scale..

Finally, the measurement of the social importance of effects should involve as many stakeholder groups as possible, as this will increase the external validity of the findings (Voeltz, Wuerch, & Bockhaut, 1982; White & Rusch, 1983). Furthermore, it is also crucial that there be multiple sources of correlational data. Social validity data is more useful when it is used in combination with objective data. Because there may be discrepancies between direct observation and self-report data, social validation should add to, rather than replace, "hard" data (Schnelle, 1974).

### **Social Validity and The Supported Retirement Program**

Clearly it is important to measure the social validity of a new intervention such as the Supported Retirement Program. The Supported Retirement Program is a direct result of the growing pressure to meet the new and emerging needs of older adults with mental

disabilities. With a new program is a corresponding need to expand evaluation procedures that will include persons with mental disabilities. As stated in Chapter One the purpose of this study was to assess the social validity of the Supported Retirement Program for all key stakeholders including the consumers who live with a mental disability. Using Wolf's measurement dimensions the research study investigated the social importance of the effects, the social significance of the goals, and the appropriateness of the procedures of the Supported Retirement Program (Kazdin, 1977; Wolf, 1978).



## **CHAPTER 3**

### **METHODOLOGY**

#### **Research Questions**

As previously discussed, the purpose of this research project was to measure the social validity of the Supported Retirement Model. Based on Wolf's (1978) dimensions of measuring social validation, the following research questions were addressed:

1. To what extent did consumers, families, service providers, government representatives and representatives of seniors' organizations value the goals of the Supported Retirement Project? Problems or issues concerning the goals, and additional goals considered to be appropriate were also investigated. Did the five stakeholder groups identified value each of the goals the same or differently?
2. Was the supported retirement process (intervention) perceived as valuable (useful, meaningful and appropriate) by consumers and service providers? If so, how? Did consumers and service providers consider the intervention procedures (awareness, decision-making, planning, and implementation of activities) acceptable? Did consumers value the intervention differently than service providers?

**3. To what extent were consumers, families, service providers, government representatives and seniors' organizations satisfied with the Supported Retirement Program results and/or outcomes, including any unpredicted outcomes?**

### **Sample**

**In 1996, the Manitoba Department of Family Services identified 121 older adults with mental disabilities who were 55 years or older, and lived in Winnipeg. These 121 individuals were, at the time, participating in work related day programs as no options for retirement supports or services existed. The research project selected 10 of the 121 individuals to participate in the project. The project was limited to 10 consumers, due to the limited resources provided by the department to support the project.**

**Winnipeg region family services workers were asked to refer appropriate candidates to the program based on the following selection criteria: the consumer must be participating in a day service (access to funding), the consumer had indicated an interest in retiring; and the consumer must have a supportive network to explore retirement options. One consumer who met all of the above-noted criteria was only 52 years of age. The coordinator, together with a family services representative, selected the ten consumers from 18 referrals received from the family service workers. In addition to meeting the above-noted criteria, the project selected consumers who would be representative of the various types of day services (ie. day activity program, sheltered**

workshop), the variety of residential options (foster, independent, and group home), and who would reflect different levels of support needs (high, medium, and low).

The ten individuals and their demographic characteristics are depicted in Table No.1.

**Table 1 Demographic Characteristics of Program Participants (N=10)**

Mean Age:	58.60
Standard Deviation:	4.27
Minimum Age:	52.00
Maximum Age:	64.00
Gender:	
Males:	8 (80%)
Females:	2 (20%)
Support Requirements:	
High:	3 (30%)
Medium:	5 (50%)
Low:	2 (20%)
Residence:	
Group Home:	6 (60%)
Foster Home:	2 (20%)
Supervised Apartment:	1 (10%)
Other (ie. Rm. & Board)	1 (10%)
Day Program:	
Sheltered Workshop:	4 (40%)
Day Activity Centre:	3 (30%)
Home-based:	3 (30%)

Through the referral process, the key family member was identified by the family

service worker in consultation with the consumer and/or the residential service provider. A total of only six family members were identified as four of the consumers did not have a family member involved in their lives. Only two family members participated in the project. Of the four who did not participate, one wrote a letter stating that the consumer (sibling) is not cognitively capable of participating in the project and therefore the family member would not participate. Another sibling, when contacted about the mail-out survey, stated that the project was a waste of time and refused to participate. Another family member, who lived outside of the city, did not respond to any letters or telephone calls. Finally one family member did not respond to any letters and was not able to be reached by telephone as she had an unlisted telephone number. The family service worker advised the researcher not to pursue this family member as this individual had a significant mental health condition. It is possible that the unenthusiastic family members and those who viewed the consumer as incompetent chose not to participate in the study. This lack of participation on behalf of family members may have resulted in an attrition bias as this group was not representative; and was likely to be more positive about the social validity of the program than the entire eligible group of family members would have been..

In total, nine government representatives were involved in the project. Each consumer had an assigned family service worker, responsible for providing case management services. However, only seven family service workers were involved in the

study, as some of the consumers shared the same family service worker. Two representatives from the Program Directorate Office of Community Living and Vocational Rehabilitation, Manitoba Department of Family Services were also involved in the study. Directorate staff are responsible for policy and program coordination for the department and were assigned to monitor the project's policy, program and cost implications. These two individuals only provided data related to the first research question. These individuals were assigned to the project after funding was made available from the Minister of Family Services.

A total of 14 service providers were involved in the project. Service providers are non-profit agencies that manage and provide residential and day/vocational programming and support to individuals with disabilities. The Department of Family Services contracts with these agencies to deliver these services. Each consumer received services from both a day service provider and a residential service provider (or proctor). Two consumers received services from the same agency, thus, reducing the total number of service providers involved in the project. One service provider chose not to participate in the study as he felt that the program was a "waste of time" for the participant. One residential agency representative did not participate in the study as the consumer changed residences during the program. The consumer's new residential service provider indicated that they had not known the consumer long enough to be able to meaningfully participate in the study. A total of six day service providers, five residential providers, and three proctors

who currently provided supports to program consumers were involved in the project. A key staff member from each of the service providers was identified through the referral process; and represented their agency in the project.

The project also involved several mainstream seniors' organizations in Winnipeg. Agencies providing senior services were identified and contacted by telephone and follow up visits. Organization directors were informed about the Supported Retirement Program; and they were asked to attend an information meeting. A total of nine seniors' organizations were involved in the project, and included: Age and Opportunity Centres in Winnipeg; Creative Retirement Inc.; Lion's Place; St. James Seniors Centre; Manitoba Society of Seniors; Main Street Senior Centre; Selkirk Avenue Senior Centre; Gwen Sector Centre; and North Centennial Seniors Association. The agencies provided easy access to their programs and services for participants, identified related issues and barriers, facilitated integration, and provided information on additional resources and opportunities for participants. Agencies were also asked to respond to the research survey on the goals of the Supported Retirement Program. A total of six senior organizations responded to the research survey. Three organizations did not participate in the study due to changes in staffing.

### **Considerations for Interviewing Individuals with Mental Disabilities**

The importance of including the input of individuals with mental disabilities

cannot be overstated. Researchers, however, must be aware of the many issues involved in implementing interviews with this population. There have been only a few studies conducted on the methodology of interviewing persons with mental disabilities (Heal & Sigelman, 1990). The existing studies focus on issues in the following areas: the selection of respondents; the interview design; reliability; and validity.

According to Malik, Ashton-Shaeffer & Kleiber, (1991), for interviews to be useful and to provide reliable and valid data, respondents must have the ability to understand the questions asked, and to accurately convey facts and opinions. Typically, the higher the level of intelligence, the more discriminating the respondents and the lower the probability of acquiescence (Sigelman, et al., 1983). Furthermore, research indicates that it is not feasible to interview individuals with profound mental disabilities. (Sigelman, et al., 1981c).

There are typically three formats for interview questions: yes-no/either-or; multiple-choice; or open-ended. Previous studies outline the advantages and disadvantages of each format (Sigelman et al., 1981a, 1981b, 1981c; Sigelman, Budd, Winer, Schoenrock & Martin, 1982; Sigelman, Winer and Schoenrock, 1982). The research clearly indicates that “yes/no and “either/or” questions are the easiest type of questions for individuals with cognitive disabilities to answer. More difficult, however, but with less chance of acquiescence, are multiple choice questions and Likert-type scale items. Research indicates that Likert-type rating scales can be successfully completed by

individuals with mental disabilities (Asher, Singleton, Tinsely, & Hymel, 1979; Hymel, 1979; Hymel, 1983; Tarnowski, Holden & Prinz, 1986).

Open-ended questions are the most difficult; yet offer the least chance for acquiescence (Sigelman, Budd, Winer, Schoenrock, Mark, 1982). According to Malik, Ashton-Shaeffer, & Kleiber (1991), few people with mental disabilities have the reading or writing skills necessary to complete a research questionnaire. However, many of these individuals have the communication skills needed to answer appropriately stated interview questions. Even though limitations do exist, Sigelman et al. (1983) reported that interviews are a promising and usable method of data collection for people with mental disabilities. Moreover, interviews produced more valid responses as they enabled the subject matter to be reviewed in more depth than questionnaires, and also provided for the opportunity to correct misunderstandings on the part of the respondent. (Sommer & Sommer, 1986).

A potential reliability issue in interviewing persons with mental disabilities is interview-reinterview (test-retest) reliability. Studies testing the consistency of responses over time involving individuals with mental disabilities, found that "...what mentally retarded persons say one week is likely to be quite similar to what they say the next week" (Sigelman, et al., 1983, p.20).

Another possible reliability issue is that of inter-rater agreement, due to the possibility of error in data collection. Errors may occur when recording respondents'



answers, or when documenting respondents' actions, or when interviewers make a judgement about the strength or conviction of responses (Malik, et al., 1991). Although the data collection strategy for this study did not require judgements on the interviewer's part regarding the strength or conviction of responses, the researcher none-the-less avoided this reliability issue, by not only manually recording all responses; but also tape recording all interviews. This provided the researcher with the capacity to review each of the written responses and compare it with the recorded responses.

Malik et al., (1991) identify two validity issues that may create biased responses. The first is the issue of acquiescence. Acquiescence - the tendency to answer yes-no questions affirmatively, regardless of their content - is more common among mentally disabled respondents than in the general population (Rosen, Floor, & Zisfein, 1974); and is a serious enough issue to invalidate yes-no questions, despite the fact that they are associated with the highest rates of responsiveness (Sigelman, et.al., 1981). The second validity issue is that of respondents' potential concern for interviewer acceptance. Respondents with mental disabilities are more likely to display attitudes and behaviours which they believe will meet with approval, particularly if they perceive the interviewer as having power over them (Wyngaarden, 1981)

Several authors have developed recommendations to consider, when developing assessment, evaluation and research instruments that enhance the validity and reliability of participants' responses to the instrument. For example, Malik, Ashton-Schaeffer, and

Kleiber (1991) make the following recommendations: have detailed information on the level of cognitive impairment and communication skills of each respondent, consider question formats when examining re-interview reliability, to ensure validity triangulate data collection with other methods, and finally, ensure that interviews are conducted by trained individuals. Heal and Sigelman (1990) further recommend that researchers: (a) rely on multiple choice questions; (b) accompany questions with pictures whenever feasible; (c) complement closed ended questions with open-ended questions; (d) build into the process checks for response bias; and (e) supplement participant interviews with alternative data gathering techniques .

For the purposes of this research, the researcher was able to acquire detailed information regarding the respondents' level of cognitive functioning and communication skills through the referral form and discussions with the project coordinator. The researcher also relied on a variety of question formats and accompanied questions with pictures when interviewing consumers. To address the issue of participant understanding of questions, the researcher, when appropriate asked a question in a different way to ensure that the consumer understood what was being asked. The researcher also had extensive training and work experience in working with individuals with mental disabilities.

### **Triangulation**

The research design involved triangulation, as information was collected from

more than one source and different types of methods were utilized. Triangulation addressed systematic error by using several distinct research methods to collect the same information (Rubin & Babbie, 1989). The research did not rely exclusively on one particular measure. The research questions were administered to selected stakeholders, and the methodology consisted of both qualitative and quantitative processes. Qualitative methods were selected as they permitted the researcher to study the issue in depth and in detail, as the data collection was not constrained by predetermined categories of analysis. The researcher also made use of quantitative methods that enabled statistical comparison and aggregation of the data (Patton, 1990).

### **Instrumentation**

The following surveys were developed to address each of the three research questions that also correspond to Wolf's (1978) three levels of social validation. The surveys also incorporated suggestions made by Storey & Horner (1991) in their evaluative review of social validation research involving persons with disabilities. The first survey assessed the social validity of the goal statements, and the second survey explored the appropriateness of the intervention strategies; while the third survey investigated the social importance of the outcomes of the Supported Retirement Program. The surveys were administered to consumers, family members, services providers, government representatives, and generic senior organizations.

### **Pre-test of Instrumentation**

Prior to administering the surveys, each survey was pre-tested with two adults with mental disabilities, two family members and two service providers, to ensure that the language of the document was at a level appropriate for all subjects to understand, and to ensure that the original intent and purpose of the statements and questions were understood. Two adults with mental disabilities who had similar abilities to those in the project (who were not participants in the Supported Retirement Program) were selected from Sturgeon Creek Enterprises Inc. (SCEI) clients. Similarly, two family members (who were not involved in the project), and two professional service providers were selected from those involved with SCEI to pre-test the same instruments. The format for the pre-test was an in-person interview. The researcher first administered the pre-test to consumers. In the event that a consumer did not understand a question, the researcher attempted to re-word the question until it was clearly understood. To ensure that the consumer understood a re-worded question, the researcher asked the question again at a later point in the interview. The pre-test with consumers resulted in some minor modifications in the wording of specific questions. Once the pre-tests were complete with the consumers, the modified instruments were then administered to the family and government representatives. There were no further modifications required from these representatives.

***Research Question #1:***

To measure the extent that consumers, family members, service providers, government representatives and seniors' organizations valued the goals of the Supported Retirement Project, a subjective evaluation survey was developed. The survey consisted of the eleven goal statements outlined in Survey #1 in Appendix 2. Following each goal statement, was a categorical list of response possibilities: "How do you feel about the following goal? Would you say that it is (a) very important, (b) somewhat important, (c) not at all important". A three point Likert-type scale was selected as it provided more information than a simple yes or no questionnaire; and was not too complicated in the number of response options. Questions requiring choice among four alternatives can be difficult to answer for individuals with more severe cognitive impairments (Heal and Sigelman, 1990). After rating the feelings of importance towards a particular goal statement, subjects were asked to elaborate on their chosen response. For example, "What is or isn't important about the goal?". This provided a more thorough understanding of the reasons why respondents rated in a particular manner.

Some individuals with mental disabilities have difficulty in attributing consistent meaning to quantitative words and phrases (Sigelman, 1983). For respondents who experienced this difficulty, the response alternatives were also provided in picture format. The researcher asked: Which picture shows how you feel about .....? Point out the picture." (sad face, neutral face, happy face). According to Sigelman, (1983) the use of

pictures increases response rates.

### *Research Question #2*

A second survey was developed for the second research question that measured the perceived value and importance of the Supported Retirement Program model process (intervention) by consumers and service providers. In addition to measuring the importance of the process, the second survey also measured if the program was implemented as planned. The researcher was interested in exploring the extent to which consumers and service providers valued the awareness and decision making phase of the model, planning and problem solving, the planning process itself (PATH), and support (assistance) received. The researcher selected an interview guide approach that asked interviewees to subjectively assess the usefulness of the intervention strategies. The interview guide consisted of a list of questions that are outlined in Survey #2 (in Appendix 2) that were explored in the course of the interview (Patton, 1990). The interview guide (survey) was prepared to ensure that basically the same information was obtained from a number of people by covering the same material. This qualitative approach was helpful for interviewing people with disabilities as the interviewer remained free to build a conversation within particular subject areas, to word questions in a more understandable format and to establish a conversational style (Patton, 1990). Due to the limited verbal and written comprehension skill of consumers, a standardized

interview approach was not appropriate (Sigelman, 1983). In person interviews administered to persons with mental disabilities almost inevitably involve some branching in the interview schedule (Sigelman et. al., 1983). This qualitative methodology was selected as the tool for answering this research question as it began with the assumption that the perspectives of consumers and service providers were meaningful, knowable, and able to be made explicit (Patton, 1990). Interview data enabled the researcher to capture the detailed perspectives of consumers and service providers.

The questions in the interview guide survey were worded in a completely open ended format. When clear and detailed information was not received from a question, specific probes were used. For example, detail oriented probes such as asking; when, who, what, where, or how and elaboration probes such as, "Can you say more about that?", were utilized. (Patton, 1990). Each respondent was asked the same questions, thereby increasing the comparability of responses. The data were complete for each subject, on the topics addressed in the interview (Patton, 1990).

### *Research Question #3*

To address the third research question that measured overall attitudes towards the outcomes of the Supported Retirement Program, the researcher chose to modify a standardized client satisfaction questionnaire. The Client Satisfaction Questionnaire (CSQ-8) developed by Attkisson & Zwick (1982) was used to determine the satisfaction

levels that each of the subjects expressed towards the outcomes of the Supported Retirement Program. The modified CSQ-8 consisted of eight questions with each containing a three point Likert-type scale. Depending on the nature of the question, the response categories on the scales varied.

The CSQ-8 was a useful measure of general satisfaction, as it has established reliability and validity. Internal consistency has been reported as .93 and .92 (Larsen, Attkisson, Hargreaves, Nguyen, 1979). Furthermore, the CSQ-8 has demonstrated construct validity (Larsen et. al., 1979). The scale was appropriate for this study as it was used to determine subgroups of dissatisfied consumers in the program; and compared differences of opinions between the consumers and other stakeholders. The CSQ-8 also revealed aspects of service delivery with which consumers and others were less satisfied. It has been demonstrated that it takes a client only three to eight minutes to complete (Attkisson & Zwick, 1982). This was an efficient and ideal time frame, as this was the second or third survey for some of the subjects.

There are, however, several limitations in the use of client satisfaction surveys. First, some question the ability of clients to make valid discriminations between satisfactory and unsatisfactory programming. Client satisfaction scales routinely result in only measuring gross satisfaction or dissatisfaction (Larsen, et.al., 1979). Specific program component measurements are highly correlated with overall judgements. Additional limitations of client satisfaction surveys include the fact that they are



invariably positive and that they also have a tendency towards a sample bias. Sample bias occurs when the consumers who respond to the survey may not represent all consumers, but may represent an over sampling of the more satisfied (McKillip, 1987). Finally, client satisfaction surveys, when administered at the time of service use, are potentially reactive (McKillip, 1987). Respondents have a tendency to say what they think their teacher or therapist want to hear. In light of these limitations, there are some recommended strategies that may increase the usefulness of consumer surveys. These strategies include the following: focus on dissatisfaction through the use of open-ended questions and by examination of relative satisfaction, include specific questions about barriers to service, and examine satisfaction trends over time (Larsen et al., 1979). The research project was able to incorporate the first two recommendations in the design of the study. For example, survey #2 utilizes open- ended questions and includes an examination of barriers. The research project time frame did not allow for satisfaction to be measured over time.

In order for consumers to comprehend the questions posed, and the range of responses presented in the CSQ-8, the instrument was translated into "plain language". The translated document was pre-tested concurrently with survey #1, using the identical process outlined for survey #1. In addition, because the intervention was not problem focused, the original question six which asked, "Have the services you received helped you deal more effectively with your problems?", was removed from the questionnaire.

Three questions were added (#7, #8 & #9) that addressed satisfaction specific to the components of the intervention. The questions in the CSQ-8 were also slightly varied for service providers, family members and government representatives. Similar to Survey #1, a three point Likert-type scale was developed as it was not too complicated in the number of response options. Questions requiring choice among four alternatives can be difficult to answer for persons with severe cognitive impairments (Heal and Sigelman, 1990) .

## **Data Gathering**

### *Research Question #1*

The survey for the first research question was administered to consumers, family members, service providers, government representatives, and generic senior organizations. The survey was administered to consumers using in-person interviews. These meetings took place in the participants' homes or in the community. In cases where a participant was unable to answer questions due to communication difficulties, an advocate assisted on his or her behalf. Specifically, this involved the advocate ascertaining/clarifying what a consumer was communicating, when the researcher was not able to understand the consumer. In-person interviews were necessary for this group, as the majority of participants had limited literacy skills. A mail survey was not appropriate as consumers would have to rely on others to administer the survey, and this would have resulted in a loss of control as to how the questions were asked and answered.

Furthermore, the response rate of a mail survey would have likely been lower, which would have seriously compromised the study, given that there were only ten participants. In-person interviews also enabled the researcher to collect "richer data" by probing people to further understand the response concerning how they felt about a particular goal. The researcher and/or co-ordinator contacted each consumer to arrange a mutually convenient interview time and place.

Concurrent to the in-person interviews with consumers, the survey instrument was mailed to the family members, service providers, government representatives, and generic seniors' organizations. Each of the individuals involved were introduced to the Supported Retirement Program through a variety of in-service contacts. A mail survey was selected as a total of 34 surveys were sent out, and this method allowed for a more efficient use of time. Data collection through in-person interviews or telephone interviews would have likely been more time consuming. A mail survey was more convenient to those listed above, as they were able to complete it at their convenience, rather than scheduling an appointment with them in what might have been extremely busy schedules. A covering letter was enclosed that provided detailed instructions on how to self administer the survey. Instructions outlined in the letter varied depending on the constituency. Upon completion of the survey, subjects were asked to mail it back in a self-addressed, stamped envelope. One week after the survey was mailed, a post card reminder (or telephone call) was sent to all subjects.

Due to the limited size of the overall sample, the research could not afford significant attrition. Therefore, the researcher did not rely solely on the mail survey. In the event that a respondent did not return a survey, the researcher contacted the respondent by telephone to remind him/her to send in their survey. In some cases, the respondents misplaced the survey and consequently required the researcher to re-mail it. In some cases, a second follow-up telephone call was required to remind the respondents to submit their surveys. A total of three respondents did not respond to the survey. All three of the subjects happened to be representatives of seniors' organizations. A follow-up telephone call revealed that of the three individuals, two were no longer employed by the organization, while the remaining person indicated that their knowledge of this program was extremely limited. The organizations did not assign new staff representatives to the project.

### *Research Question #2*

The instrument for the second research question was administered to consumers and service providers. These groups were selected as they are the most familiar with the intervention process. Government representatives, family members and generic seniors' organizations did not possess adequate information or direct experience with the Supported Retirement Program intervention necessary to adequately respond to this research question. For consumers, the survey was administered immediately following

the first survey at the in-person interview. The process and interview format was the same as outlined for survey #1. Telephone interviews were arranged with the service providers to administer the instrument. The researcher not only manually recorded all responses; but also tape recorded all interviews. Following each interview, the tape recorded data was transcribed and compared to the manually recorded responses.

In the event that some of the subjects were not able to answer questions regarding program implementation, the researcher reviewed the log book kept by the program coordinator. The log book contained detailed descriptive information on program implementation for each consumer.

### *Research Question #3*

The third survey (modified CSQ-8) was administered to consumers, family members, service providers, and government representatives. Similar to Surveys #1 and #2, the modified CSQ-8 was administered in-person to consumers. The modified CSQ-8 was the final survey administered to consumers at the scheduled meeting. The process and interview format was the same as outlined for survey #1.

The modified CSQ-8 survey was mailed to family members, service providers, and government representatives. The survey was included/attached together with survey #1, for government representatives and for family members. For service providers it was attached to surveys #1 and #2. Detailed instructions were included in the covering letter,

and the identical process as outlined in survey #1 was followed.

## **Data Analysis**

### ***Research Question #1:***

Given the ordinality and limited range of the rating scales, the data results from survey #1 were analyzed using medians, means, standard deviations, and frequencies for each of the items in the scale for consumers, family members, service providers, government representatives and generic senior organizations. Non-parametric statistical analysis was used to determine if there were any significant differences among group responses in the survey. Post hoc analysis utilizing multiple Mann-Whitney U tests were used to determine which groups differed for each of the analyses in which overall differences were identified as significant using a Kruskal-Wallis test. The alpha level was .05 (two-tailed) for the Kruskal-Wallis test; and .005 (two-tailed) was used for the Mann-Whitney U tests to account for unplanned multiple tests. To correct for multiple comparisons the overall alpha level of .05 was divided by the number of comparisons (1) to yield .005.

The qualitative data was analyzed using inductive development of categories and relating categories to each other to develop themes. Intra-group and inter-group differences were identified. Key themes were identified across individuals in each of the groups. Key themes were also identified and compared between each of the groups.

Descriptors of key themes differentiated the groups and indicated where they did agree (Mahon, Bullock, Luken, 1994; Guba, 1978).

*Research Question #2:*

The data recorded from the interviews conducted with the consumers and service providers were cross-case analyzed (Patton, 1990). The responses from each of the subjects on each of the questions were grouped together and compared. Analysis began with a description of the variations in answers to the common questions.

Immediately following the interviews, the data generated was checked to ensure it was complete. Next, the data was transcribed from the recorded tapes. Content analysis was used to identify, code and categorize the primary patterns in the data. The purpose of this was to search for patterns and themes across the cases. To classify the data, the researcher used Guba's (1978) steps for converting data into systematic categories of analysis. This began by looking for recurring themes in the data. Regularities represented patterns that then were sorted into categories, and categories were then judged by internal homogeneity and external heterogeneity. Once the classification systems were developed, priorities were established to determine which categories were more important than others. Prioritizing was done according to salience, credibility, uniqueness, heuristic value, feasibility, special interests, and materiality of classification schemes. The set of categories was then tested for completeness (Patton, 1990). The analysis was complete

when the all data was reviewed, and the sets of categories were saturated so that new sources led to redundancy; and clear regularities emerged (Guba, 1978).

*Research Question #3: Modified CSQ-8 Scale:*

The data analysis for the modified CSQ-8 results involved computing the median, mean, frequencies and standard deviations for each of the four groups of subjects. A Kruskal Wallis test was used to determine if there were any significant differences among groups' responses on each of the surveys. The Kruskal-Wallis alpha level was .05 (two-tailed). Post hoc analysis, utilizing multiple Mann-Whitney U tests was used to determine which groups differed for each of the group comparisons which were identified as containing significant overall differences using the Kruskal Wallis test. A two-tailed alpha level of .008 was used for each Mann-Whitney U-tests to account for multiple comparisons. This was calculated by dividing the overall alpha level of .05 by the number of comparisons, six.

**Consent**

Consent for this research project was provided as one component of a larger research project entitled, "The Supported Retirement Project: Results from a Study on Later Life Planning for Older Adults with Mental Disabilities", conducted by Dr. Michael Mahon of the Health, Leisure and Human Performance Research Institute at the University of Manitoba. The consent approval forms can be found in Appendix 1.



## **CHAPTER 4**

### **FINDINGS**

#### **Research Question #1: Significance of Program Goals**

The results from the analysis of the value of the goals statements are presented in Table 2 in Appendix 3. A total of 39 respondents were interviewed for this survey. For comparative purposes, the respondents were divided into five groups. Group one consisted of ten consumers, group two consisted of eight government representatives, group three consisted of two family members, group four consisted of fourteen service providers, and group five consisted of five generic senior organizations. The survey consisted of the eleven goal statements of the project, and asked respondents to rate the value of each goal, using a three point Likert-type scale, ( 1 = not at all important, 2 = somewhat important and 3 = very important). The maximum possible summative score for all items was 33.

The mean, median, and mode scores and standard deviation scores for each goal statement are presented in Table 2 . Following each goal statement, detailed qualitative information was also obtained from each respondent with respect to the question, “What about the goal do you find important or not important?”. This information is presented in the following review of each goal statement:

#### **Goal #1**

“To help older adults with mental disabilities learn about retirement.”

Across the groups, most respondents (87.2%) felt that the goal was very important, while the remaining (12.8%) thought the goal was somewhat important. There was little variation among groups. All family members and government representatives felt the goal was very important, whereas only 60.0% of generic senior service providers found it to be very important. The overall median was 3.0, and the median was also 3.0 for every group. The mean scores were between 2.6 and 3.0. The standard deviations were quite small. All were equal to or less than .5 points on the scale. Generally, this is indicative of high ratings of importance and of little variation. All groups appeared to be consistent in that rating. The statistical significance of differences in importance ratings among groups was tested using a Kruskal Wallis test and no significant difference was found ( $H = 4.7484$ ,  $d.f. = 4$ ,  $P \text{ two-tailed} = .3141$ ).

When respondents were asked what they found to be important about the goal, consumers indicated that they were getting older and needed to know about retirement, and that they needed to learn what to do when they retire. For example, one consumer stated "In my case I have no idea what I'm going to do when I retire". Government representatives indicated that consumers need to be informed about what retirement is, and to be aware of their options for retirement. Family members indicated that everyone, including people with disabilities, need to be prepared for retirement. Service providers indicated that this goal prepares consumers through exposing them to available options (including options beyond work), prevents crisis, and empowers consumers to plan for

themselves and to make informed choices about retirement. Generic senior service providers indicated that adults with mental disabilities should be provided with information for adequate preparation for retirement.

### **Goal #2**

**“To find out what keeps/stops older adults with mental disabilities from retiring.”**

Across the groups, 7.7% found the goal not important, 12.8% found it to be somewhat important and 75.4% found it to be very important. All family service workers (100.0%) found the goal to be very important. Over 80.0% of service providers and generic senior service providers found the goal to be very important, whereas 50.0% of family members and 30.0% of consumers found the goal to be somewhat important. One consumer and two service providers found the goal not important. The overall median was 3.0 (very important), and it was 3.0 for every group except for family (2.5). The mean scores were between 2.5 and 3.0. The standard deviations were small, all less than one point on the scale. This is an indication of high ratings of importance with little variation. All groups appeared to be consistent in their ratings. The Kruskal Wallis test score ( $H = 4.9469$ ,  $d.f. = 4$ ,  $P \text{ two-tailed} = .2928$ ) indicated that no statistically significant difference was found in the rating, across the groups .

When the respondents were asked what they found to be important about the goal, most consumers indicated health concerns as a major issue, and the reality that work

cannot be an indefinite option. Government representatives indicated this goal was important because of the need to identify barriers so solutions can be developed. Service providers indicated that this goal is important because consumers are afraid of losing their jobs and money. Some mentioned that this is the first generation living in the community who have aged to the point of needing to retire. One service provider stated:

As service providers, we need to be clear on the social and financial reasons that keep people with disabilities from retiring. From this information we can develop new ways to support people in retirement.

Generic senior service providers indicated that they were unaware of any barriers stopping adults with mental disabilities from retiring. Others indicated that if there are barriers, they should be identified and solutions developed.

### **Goal #3**

“To find ways of solving the problems of retirement for older adults with mental disabilities.”

Across groups, 87.2% found the goal to be very important and 12.8% found the goal to be somewhat important. All family service workers and family members found the goal to be very important, and 80.0% or over of consumers, service providers and generic senior service providers also found the goal to be very important. No respondents found the goal to be not important, and only a few found it to be somewhat important. The median score was 3.0 for all groups and the mean scores were between 2.8 and 3.0.

The standard deviation in all instances was less than .5 of a point, indicating a high rating of importance with minimal variation. The statistical significance of the difference in the ratings of importance across the groups was tested using the Kruskal Wallis test. The result ( $H = 2.1331$ ,  $d.f. = 4$ ,  $P_{two-tailed} = .7113$ ), indicated that no significant difference was found.

When respondents were asked what they found important about the goal, consumers indicated that the goal may enable people to do the things they want to do, without experiencing frustration. Government representatives indicated the following: more available options would increase the satisfaction of consumers, finding the solutions to problems will pave the way for other consumers, and the need to eliminate problems - that is, "it is the right of the individual to retire and we need to find solutions if people are not able to". Service providers indicated that there are many barriers that need solutions for this population, and that there are an increasing number of older adults with mental disabilities retiring. They indicated that there needs to be solutions developed so that more individuals are able to retire. Generic senior service providers indicated this goal was important as it may help to alleviate some of the pressure experienced by family care givers.

#### Goal #4

"To help older adults with mental disabilities learn about things to do in the community".

Across groups, 76.9% found the goal to be very important, and 23.1% found the goal to be somewhat important. The majority of consumers (80.0%), government representatives (87.5%), and generic service providers (80.0%), found the goal to be very important. Only 64.3% of service providers found the goal to be very important, whereas 35.7% found the goal to be somewhat important. The median score for all groups was 3.0 and the mean scores were between 2.6 and 3.0, indicating a consistently high ratings of the goal for all groups. The standard deviation was .5 of a point or less in all cases, indicating little variation across the groups. The Kruskal Wallis test score ( $H = 2.3810$ ,  $d.f. = 4$ ,  $P \text{ two-tailed} = .6661$ ) indicated no statistically significant difference in the importance rating across the groups.

When asked what was important or not important about the goal, consumers indicated that they felt the goal was important because they are unaware of activities or things to do in the community, and that they would like to have an idea of what is going on in the community. Government representatives indicated this goal as important because clients are generally isolated, and options that were not present decades ago are now available. Government representatives also commented that this goal would expand peoples' knowledge base, experiences and decision-making abilities. They also indicated that this goal will help consumers learn how to get involved, and become more aware of leisure options, and consequently, more inclined to retire. Service providers indicated this goal as important because of the opportunity to meet new friends, discover places to

go and things to do, to prevent isolation, and to promote inclusion. They indicated that this is a goal that should be achieved earlier in life, and that more awareness creates more control and decision-making. Generic senior service providers indicated that it is important to access meaningful activities and enhance community involvement. Family members indicated that it is important so that the individuals maintain an interest in activities, and maintain a level of self worth.

#### Goal #5

“To help older adults with mental disabilities make choices about the things they would like to do.”

Across the groups, 87.2 % indicated that the goal was very important and 12.8% found the goal to be somewhat important. All of the generic senior service providers and government representatives (100.0%) found the goal to be very important. 80.0% or over of consumers and service providers also found the goal to be very important. Only two consumers and two service providers found the goal to be somewhat important. The mean score for all groups was 2.9 and the median was 3.0 for all groups and each individual group with the exception of family, at 2.5. This is an indication that all groups highly rated the goal. The standard deviation for all groups was below one point, once again indicating little variation in the rating of importance of the goal. The Kruskal Wallis test score ( $H = 4.7484$ ,  $d.f. = 4$ ,  $P \text{ two-tailed} = .3141$ ) indicated that no significant difference

was evident in the rating of importance of the goal across the groups.

When asked why is it important (or not important) to help older adults with mental disabilities make choices about the things they would like to do, one consumer stated:

Well, it is hard for me by myself to decide. I can't make up my mind, what I want to do and somebody else is trying to tell me to do something else. I can't get edge wise with it.

Other consumers indicated that directly talking to someone about decision-making was helpful as they were able to provide ideas and options on what to do. Some government representatives indicated that it is important for consumers to be aware of all available choices, and that this is a goal that is applicable to all age groups. Other government representatives stated that their clients have so few opportunities to make choices that this goal would be of help. Service providers indicated this that goal would provide opportunities to present choices, ideas and options, and that it would also empower consumers to take control in making important decisions regarding their retirement. They also recommended that this should happen long before retirement. Finally, generic senior service providers indicated that it is important for people to have the freedom to choose what they want to do, and to ensure that people have an extensive range of options from which to choose. Family members did not respond to this component of the question.



### **Goal #6**

**“To help older adults with mental disabilities plan for their retirement”**

Across the groups, 89.7% regarded the goal as very important and 10.3% indicated that the goal was somewhat important. With the exception of generic senior service providers, one subject in each of the groups found the goal to be somewhat important, while the rest of the respondents found the goal to be very important. One hundred percent of generic service providers found the goal to be very important. The median was 3.0 for all groups and each group with the exception of family, at 2.5. The mean was between 2.9 and 3.0 for all groups and for each group. These scores indicate that all groups highly valued the goal. The standard deviation was below one point in all groups, indicating little variation in the rating of the goal. The Kruskal Wallis test score ( $H = 4.0879$ ,  $d.f. = 4$ ,  $P \text{ two-tailed} = .3942$ ) indicates no significant difference in the rating of the goal among the groups.

When asked why is it important to help older adults with mental disabilities plan for retirement, consumers made the following statements:

Well, if you are working slow for so many years, you need ideas, if you don't plan you will be sitting there doing nothing, you get lazy doing nothing- get lazy doing nothing - you get lazy and forgotten about.

Very important, planning retirement is very important, because you are going to get old and you are not going to be able to look after yourself.

Cause you got to plan your budget and your banking and where you want to live. I want to live with a lady companion where Meals on Wheels will clean my suite. I would like to have a little store in my apartment block and to do my laundry. I like diet drinks, where I can also buy my newspaper.

Consumers rated this goal as important as they were able to identify the need to plan due to declining health, need for supports and the potential lack of options for activity when leaving or retiring from work. Government representatives indicated that it is important for consumers to see their choices put into action. Generic senior service organizations indicated that planning is something everyone does, and the disabled should not be any different. Planning, they said, may decrease anxiety about the future. Similar to government representatives, service providers indicated planning provides the opportunity to turn choices into action, and that planning is something that should occur sooner rather than later. Planning also demonstrates that there are useful things that people can do other than work and can help to maintain friendships. Family members did not respond to this component of the questionnaire.

#### Goal #7

“To make sure that family and friends know about and help older adults with mental disabilities in their retirement”.

For all the groups, 82.1% indicated that they highly valued this goal and 17.9%

indicated they somewhat valued this goal. With the exception of consumers, only one respondent in each of the groups indicated they somewhat valued this goal. The remaining respondents indicated that they found the goal to be very important. The majority of consumers (70.0%), indicated that they found the goal to be very important, and 30.0% indicated that they found the goal to be somewhat important. The median scores were 3.0 for all groups and for each group with the exception of family (2.5). The mean score was between 2.5 and 2.9 for each group. These scores indicate that the majority of respondents highly valued the goal statement. The standard deviation scores in all groups was less than .5, except for family members where it was .7, again indicating little variation within groups in the rating of the goal statement. The Kruskal Wallis test score ( $H = 3.5728$ , d.f. = 4,  $P \text{ two-tailed} = .4669$ ) indicated no statistically significant difference in importance rating among groups.

When asked why it is important (or not important) to make sure that family and friends know about and help older adults with mental disabilities in their retirement, generic senior service providers expressed concern about the stress on families who support older adults. One generic senior service provider stated:

This is important as family stress is high, parents die, brothers and sisters are reluctant to care, etc.

Government representatives indicated that proper functioning of the support network is essential. They also recommended that more outside community support be developed, so

as not to rely on only a few individuals. Consumers indicated that their “family knows them best”, that their family can help answer questions, and that they know more than themselves. Service providers stated that family is helpful and are able to assist in decision-making. One family member stated, “ family support is a must for an enjoyable retirement”; but the other family member expressed concern over interfering with the paid supports in a consumer’s life.

#### **Goal #8**

“To help older adults with mental disabilities participate in activities in their home communities.”

Across groups, 89.7% of the respondents rated the goal as very important, and 10.3% rated it as somewhat important. All of the government representatives and family members (100%) rated the goal as very important. The vast majority of consumer respondents (90.0%), generic service providers (80.0%) and service providers (85.7%), rated the goal as very important. Only 10.0 % of consumers, 14.3% of service providers and 20.0% of generic senior service providers rated the goal as somewhat important. The median for all groups, and for each group was 3.0. The mean score for all groups and for each group was between 2.8 and 3.0, indicating consistency in highly rating the goal. The standard deviation was less than .5 of a point for each group as well as across groups, confirming minimal variation in responses. The Kruskal Wallis test score ( $H = 1.8573$ ,

d.f. = 4,  $P$  *two-tailed* = .7620) indicated no statistically significant difference in the importance rating of the goal across all groups.

When asked what is important (or not important) about helping older adults with mental disabilities participate in activities in their home communities, consumers indicated: they need help to find out what there is to do in the community, and how much they really enjoyed being out in the community and being involved in activities and doing things with other people. Service providers also mentioned that consumers need assistance in learning about the opportunities in the community, and the important role that the community can play in offering “natural supports, friendships, and a sense of belonging”. Government representatives also mentioned the value that community involvement can have in instilling a sense of belonging for consumers, and how it may also lessen the stress and anxiety related to leaving work, as more options became available to them, than simply remaining at work. Family members did not respond to this component of the questionnaire.

#### Goal #2

“To help older adults with mental disabilities make new friends at the new activities”.

Across groups, 2.6% indicated that they found the goal not important, whereas 12.8% found it to be somewhat important, and 84.6% found it to be very important. All of the consumer respondents (100.0%) found this goal to be very important. Most

government representatives found this goal to be very important, with the exception of one individual, who found the goal to be not at all important. The majority of generic senior service providers (80.0%) and service providers (78.6%) found the goal to be very important. One family member found the goal to be very important, and the other family members found the goal to be somewhat important. Similar to the previous goal statistics, the means for all groups and each group ranged from 2.5 to 3.0 and the median was 3.0 for all groups and each group, with the exception of the family groups, at 2.5. This score again indicates a consistent high rating of the goal by respondents. The standard deviation score was less than one point for all groups, thereby indicating consistency in responses within each group. The Kruskal Wallis test score ( $H = 3.8092$ , d.f. = 4,  $P$  two-tailed = .4324) indicated no statistically significant differences in the rating across the groups.

When asked what is important (or not important) about helping older adults with mental disabilities make new friends at their new activities, service providers indicated this type of assistance develops more community support, eases the transition for consumers, and stressed how retirement provides new opportunities to meet new people. Consumers indicated they are shy, reluctant, “and don’t know their way”. Family indicated this assistance is helpful to make new adjustments in a new lifestyle. Generic senior service providers stressed the importance of integration and how friendships can enhance one’s social circle. Government representatives stated that consumers are often socially isolated with few opportunities to make friends, and that assistance in this regard

will enhance inclusion and acceptance. One government representative stated:

It is important to replace the social network from the work environment.

#### **Goal #10**

“To help older adults with mental disabilities in budgeting for new activities and to help them get to their new activities”.

Across the groups, 87.2% indicated that they found the goal to be very important, 10.3% found the goal to be somewhat important and 2.6% found the goal to be not important. All of the consumers and government representatives found the goal to be very important. 78.6% of the service providers indicated that they found the goal to be very important, while 21.4% found it to be somewhat important. Eighty percent of the generic service providers found the goal to be very important, and 20.0% found it to be somewhat important. The median was 3.0 for all groups and each group and the mean varied between 2.8 and 3.0, with the exception of family where the mean and the median were 2.0. The standard deviation was below .5 in all cases except for family, where it was less than 1. Clearly, there was consistency within, and across groups in the rating of this goal except for the variation among the two family members. The Kruskal Wallis test score ( $H = 6.6662$ , d.f. = 4,  $P_{two-tailed} = .1546$ ) indicated no statistical significance of the difference in importance ratings across the groups.

When asked what was important (or not important) about helping older adults

with mental disabilities in budgeting for new activities and helping them to get to their new activities, consumers indicated that they do not know how to do these things, or “how much things cost.” One consumer indicated that she needed to learn how to make these types of decisions on her own. Service providers mentioned that alternative transportation (as opposed to regular van pick-up to a sheltered workshop) is very expensive, and therefore, quite possibly unrealistic. Service providers stressed the point that this type of support must be “realistic”. Family members indicated that “most consumers do not understand their financial limitations” and as a result do not do their budgeting on their own now. Government representatives indicated that consumers have limited options (and choices) considering their limited financial resources, and stressed that this is an important consideration for retirement. With minimal incomes, consumers will need to budget now, more than ever, in order to participate in external activities. Consumers also need to be more exposed to the reality that most activities cost money.

### **Goal #11**

“To make sure that older adults with mental disabilities continue to see their friends from work”

Across the groups, 79.5% indicated that they found this goal to be very important, 15.4% found the goal to be somewhat important, and 5.1% found it to be not important. All of the government representatives and family members found the goal to be very



important. One generic senior service provider and one consumer found the goal not important. 71.4% of service providers and 80.0% of generic senior service providers found the goal to be very important. The median score for each group and for the entire group was 3.0 and the mean scores varied from 2.6 to 3.0. The standard deviation was less than one point in all cases, indicating a high rating of importance with little variation within and across the groups. All groups appear consistent in their rating. The Kruskal Wallis test score ( $H = 3.4610$ ,  $d.f. = 4$ ,  $P \text{ two-tailed} = .4838$ ) indicated no statistically significant difference in the ratings of the importance of the goal across the groups.

When asked what is important (or not important) about making sure that older adults with mental disabilities continue to see their friends from work, government representatives indicated consumers need to be assured that they can maintain their relationships at work, as typically these are the only relationships that they have. They also noted that older adults will choose to continue to work for that very reason. Next to making money from work, social interaction is the most important benefit for adults with mental disabilities. Consumers stressed the value and importance of their friends at work, and one stated, having worked with his or her friends for so many years, "I must never lose contact with my friends." Service providers also stressed the importance for consumers to maintain contact with their social network from work, and stressed that this is the main source of social contact for most consumers. Conversely, one generic senior service providers stated:

Most people do not return to work on an on-going basis after they retire.  
New activities, friends and communities emerge.

Other generic senior service providers indicated that consumers should keep in contact with co-workers through activities outside of work. One family member stated:

It has been years of association with these folks, and no doubt friendships are very important to them.

### **Other Goals**

When asked if there were any other goals not yet considered that should be included in the program, a few respondents responded with the following recommendations:

- \* To determine each senior's capability of understanding, and to approach the issues at their level of competency;
- \* To offer the program to older adults with mental disabilities at an earlier age;
- \* To assist with financial planning (RRSP's, RIF's, etc.);
- \* To determine the role of senior centers;
- \* To ensure that residential supports are maintained or other options are offered to individuals, if it is their choice;
- \* To determine where the responsibility for retirement options should lie, surely existing service providers can manage retirement;
- \* To provide training/professional development opportunities to key staff on topics

such as retirement planning, relationship building, and supporting older adults with mental disabilities in retirement.

The first two goals are more like suggested improvements for the program by providing strategies on how to better facilitate the intervention (begin earlier and have an understanding of the cognitive capabilities of the consumer). The third recommended goal identified financial planning as a specific program goal. The Supported Retirement Program only had a general goal pertaining to identifying barriers to retirement that could have included financial issues. To determine the role of senior centers was not a specific goal of the Supported Retirement Program. The program's intent was to explore existing options in the community including senior centers. Perhaps some of the senior centers were not clear on how their services could benefit older adults with mental disabilities. The remaining other goals reflected the concerns of service providers who were seeking clarification on how and who would continue to facilitate the goals and objectives of the consumers at the end of the program. In anticipation of it being the service provider, there was an obvious need for specific training and development as evidenced in the last goal statement.

#### **Overall Importance of Goals**

To determine the internal consistency for responses to all of the 11 goal statements, a Cronbach's alpha test was used. The overall score indicates an alpha of

.754. This is a relatively high score which suggests a high degree of internal consistency and a common pattern of response with respect to the eleven goal statements. The descriptive statistics for the total ratings of importance are depicted in Table 3 below.

Across the groups, the mean summative score was 31.1. Government representatives had the highest mean summative score (32.4), followed very closely by service providers (30.9), consumers (30.9), generic senior service providers (30.8), and family members (29.5). The total median score across the groups was 32.0. Generic senior service providers and government representatives had the highest score (33.0) and family members had the lowest score (27.0). The mode for each group and across groups was 33.00 with the exception of family members (27.0). The standard deviation was 2.5 for all groups and ranged from 1.2 (government representatives) to 4.4 (generic senior service providers). The results indicate that all stakeholders highly value the goals of the Supported Retirement Project. The statistics indicate little variation within, and across groups, in the rating of the goal statements. The Kruskal Wallis test score ( $H = 4.8110$ ,  $d.f. = 4$ ,  $P \text{ two-tailed} = .3072$ ) indicates no statistically significant differences in the importance ratings across groups.

**Table 3: Total Ratings of Importance**

	<u>Mean</u>	<u>Median</u>	<u>Mode</u>	<u>Std. dev.</u>
Consumers	30.90	31.00	33.00	1.96
Gov. Representatives	32.37	33.00	33.00	1.18
Family Members	29.50	29.50	27.00	3.53
Service Providers	30.92	31.50	33.00	2.46
Generic Senior Grps.	30.80	33.00	33.00	4.38
All Groups	31.12	32.00	33.00	2.47

**Summary**

It is clearly evident that all of the groups considered the goals of the Supported Retirement Program to be very important. The most highly rated goals (total goal scores that were rated 84.6% or higher as very important) across groups were as follows: to help older adults with mental disabilities (consumers) learn about retirement; to find ways of solving the problems of retirement; to help consumers make choices about the things they would like to do; to help consumers learn about things to do in the community; to help consumers plan for their retirement; to help consumers participate in activities; and to help consumers in budgeting and transportation. Although there were not any statistically significant differences in the rating of any of the goals, there were some minor differences of opinion across groups. This difference of opinion was evidenced in goal # 10, “to help

older adults with mental disabilities in budgeting for new activities and to help them get to their new activities”. All consumers and government representatives found this goal to be very important, while family members did not rate it as highly. This response may be indicative of the attitude of a family member concerning the capability of a consumer in learning how to budget.

A second goal in which minor inconsistencies were found, is goal #11, “to make sure that older adults with mental disabilities continue to see their friends from work”. A few consumers indicated that it was only “somewhat important” for them to continue to see their friends from work, whereas both government representatives and family members all found this goal to be very important. When those consumers were asked why this goal was only somewhat important, they indicated that they did not like their coworkers and therefore were not interested in continuing to see them after retirement. Another consumer found this goal to be only somewhat important as he was no longer working and had not seen his co-workers for quite some time.

A third goal in which minor differences were found, is goal #2, “to find out what keeps or stops older adults with mental disabilities from retiring”. Government representatives consistently found this goal to be very important, whereas several consumers found this goal only to be somewhat important. This difference in opinion may reflect the roles and responsibilities of government representatives, as they must coordinate the retirement of consumers. As a professional group charged with this task, it

is very important for family services representatives to learn about the barriers so that solutions can be developed. Consumers lack of concern, in comparison, may be due to their lack of opportunity to learn about these problems and how to solve them.

When groups were asked what is (or is not) important about the goals of the project, several themes emerged. All groups consistently confirmed the value and importance of planning and preparation for retirement, increasing community/leisure awareness and involvement and enhancing decision-making abilities. Government representatives workers and service providers emphasized the importance of identifying barriers to retirement so that solutions can be developed. Conversely, some generic senior organizations indicated that they were not aware that barriers to retirement existed. Most groups indicated that family and support network involvement are very important. However, generic senior service providers indicated that family should not be overburdened. All groups reinforced the importance of facilitating friendship and support from the community in an effort to develop inclusion and acceptance.

## **Research Question #2: Appropriateness & Acceptability of the Procedures**

As stated previously, the second research question measured the perceived value and importance of the Supported Retirement Program model process, by consumers and service providers. Family members were not interviewed, as they had previously indicated that they were not involved with the consumer on a day-to-day basis and

therefore were not knowledgeable enough about the process.

Results from the semi-structured interviews are categorized according to the components of the program intervention. The categories consisted of the following components: awareness; barriers; decision-making; planning; the PATH; and overall changes and recommendations. For each component, data was gathered on how much was learned, how useful the component was, and the value /importance of the component

#### **I. Retirement Awareness:**

Some service providers indicated that consumers acquired new information regarding retirement, explored different options available in the community, developed an understanding and appreciation of leisure, and enhanced their ability to make informed decisions. Three service providers suggested that several consumers did not learn anything they did not already know, or did not learn anything due to declining health or memory difficulties.

The usefulness of awareness building for consumers, as indicated by service providers, included: the opportunity to actually experience options in the community; the ability to access the needed support for learning about retirement; and to develop an understanding of options, other than work. One service provider indicated that awareness building was not helpful, as this individual felt that his or her client was not a suitable candidate for the program due to memory difficulties.



The awareness component was considered important by service providers as it: provided consumers with the necessary supports required to explore and understand the transition of retirement, empowered consumers to take control of their lives, increased the self esteem of consumers, and increased the range of choices available to consumers.

Consumers indicated that they learned about issues about which they had no prior knowledge, including activities and the concept of retirement. The results also indicated that consumers learned that they did not have to work, and that if they so chose, could actually “slow down in their lifestyle”.

Consumers found this component useful, as it provided the support they needed to increase their awareness of retirement and options available to them. One consumer stated simply, but poignantly that, “She took the time to talk to me”. The consumer appreciated the individualized support and instruction provided by the program co-ordinator.

This component was important to consumers as their responses indicated the recognition that they are getting older, and the desire to slow down. It also provided them with ideas about things they could be doing now or when they retire, and it offered them the confidence and support to try new things.

Overall, consumers and services providers found the awareness component to be useful and important. In two situations, the service provider and consumer differed in their opinions about the value and usefulness of retirement awareness. One situation involved a service provider perceiving the consumer as not being able to comprehend this

component due to memory difficulties. Meanwhile, the consumer in question indicated that he or she found this component to be useful. Possibly, in this case, the service provider is simply underestimating the capability of the consumer. Conversely, it may be that the consumer that did not demonstrate or communicate any new information acquired, as a result of this component. The second instance where a service provider and consumer differed in their opinions concerned the statement by a service provider that the consumer did not learn anything he or she did not already know. The consumer, however, indicated that he or she had learned quite a bit, and as a direct result of his or her newly acquired awareness had experienced significant changes in his or her life. One can only speculate that the service provider may have felt he or she was providing an adequate program, and that in his or her opinion, the consumer did not require the service of the project. Alternately, it may be possible that the service provider was critical of the amount of information taught in the program, or the effectiveness of teaching strategies.

## **2. Barriers:**

Service providers indicated that the barriers the consumers learned about, included: declining health and its impact on retirement, financial barriers ("If he quits his job, he learned that he won't have any money"), transportation and accessibility barriers, and making realistic choices. This component was seen as useful to consumers as they may not have been aware of the potential barriers that exist with respect to retirement, or

know how to develop realistic choices and options, given their personal constraints.

Service providers saw this component as important because it may decrease the dependence of consumers, and help them to develop realistic choices given personal constraints (including financial, medical, transition, and support barriers).

Several barriers to retirement were identified by service providers. The first barrier identified was a lack of awareness on the part of consumers on “what to do” if they left a structured day program. One service provider stated:

Without a program, they will have nothing to do.

Other potential barriers to retirement identified by service providers were social isolation and loss of income.

Consumers indicated that they, in fact, did learn about potential retirement barriers. However, the responses indicate it was clearly a difficult concept to understand. For example, one consumer stated:

I didn't even know what that word means.

Both consumers and service providers responses were similar, and no significant differences in opinion emerged in the data. Both groups found this component to be important, valuable and useful. Service providers were able to provide more specific information with respect to the usefulness of the component, as it remained a difficult concept for consumers to understand.

### **3. Decision-Making:**

Several service providers indicated that consumers demonstrated an increased ability to make decisions, as evidenced by increased assertiveness and confidence. According to service providers, some consumers learned how to make decisions (identifying options, considering alternatives, describing the consequences and choosing the most suitable alternative), and the consequences of decision-making. Several service providers indicated that they did not see a change in decision-making ability, and attributed this to declining health or dementia of their clients.

The process was considered helpful by several service providers as it demonstrated that consumers are capable of making their own decisions, and as a result, they are now providing more choice making opportunities. Furthermore, more clear decisions are made by consumers, and increasingly, consumers are taking independent initiative in making choices for themselves. For example, service providers stated:

She now makes her own appointments and goes out on the weekend and after work.

She finally did something on her own without me having to push her.

This process was considered to be important by service providers as it has enhanced independence, assertiveness and confidence; and a number of consumers seemed more comfortable and relaxed with their choices. For example, service providers stated:

She is experiencing some great stuff now: this is exactly what she needs

and this is providing something in her life that she wouldn't have because we can't do it.

It taught her that she always doesn't have to say yes, or ignore a choice, she can say no.

In some cases this was not considered an important process, as a decrease in the decision-making ability of the consumer was noted. As discussed, service providers attributed this to declining health or memory difficulties. For example, service providers stated:

Not helpful, her decision-making has gone down hill due to medication;

She didn't learn anything (decision-making), she doesn't make decisions these days;

Not alot, she can't retain stuff.

Service providers also suggested that this is a skill that should be taught not at retirement age, but at a much earlier age.

All consumers indicated that they spent time learning about decision-making. Most were positive in their feedback. However, many were not able to articulate any specifics about what they had learned. Consumers generally indicated that they found this process to be useful. In fact, one consumer was able to make the decision to leave a day program that he was extremely dissatisfied with. He stated:

She made me think, it taught me something, I am my own boss, I can

**make my own decisions. I don't go to that place anymore. I am happier, I am not so troubled anymore.**

**Consumers found this process to be important, as it increased their confidence, independence and understanding of decision-making.**

**Overall, the data revealed that consumers and service providers found the decision- making component of the model to be important. However, in some cases it was seen as only somewhat useful. Some consumers were not able to provide specific feedback on the process as they were not able to remember any specific details of the component. Memory difficulties were identified by service providers as a barrier to the value and effectiveness for this component. Clearly, there were some consumers who were not able to benefit as much due to memory difficulties. Nevertheless, all consumers (including those with memory difficulties), still indicated that they found this component to be important and useful.**

#### **4. Planning**

**Service providers indicated that consumers learned how to make plans. One respondent stated : “She learned quite a bit, she now makes plans for hair appointments downtown”. Several respondents indicated that consumers are applying their decision-making skills in planning activities. Some consumers learned very little due to dementia, or retention difficulties, according to service providers. Other service providers indicated**

that they were not aware of any new planning abilities. The process was considered helpful to consumers as they were participating in more activities that they had planned for themselves. According to service providers, some consumers generally now know how to develop a plan for their retirement as a result of the program. The process was considered as important by service providers as it provided consumers with an increased sense of responsibility, independence and control. One consumer indicated to a service provider that he or she found planning to be difficult and anxiety provoking.

Consumers indicated that they learned about ideas and activities to plan for, how to use a planning book, and the resources and supports that they would need to implement their plans. This was an important process to consumers as it increased their independence and self-control. This is evidenced by statements such as, “No one can run my life except for me”, or “It’s about time I did it”. The majority of consumers indicated that the process also decreased their anxiety about the future, and also increased the number of activities they now participate in.

Both service providers and consumers indicated that learning about planning was important as it provided consumers with a sense of responsibility, independence and control. There was, however, variation in one service provider’s perception on how helpful it was and how much was learned concerning this component. This variation may be due to the service provider not directly observing any active planning on the part of a consumer. Consumers, on the whole, were very consistent in their responses in finding

the component to both important and helpful. One consumer did indicate to a service provider that they found it to be anxiety provoking. One can only speculate that this may be attributed to the introduction of the idea and the reality of significant change occurring in an individual's life. Conversely, another consumer found that the process decreased his or her anxiety, in that it identified a concrete plan for the future.

### **5. The PATH**

Service providers indicated that the PATH resulted in increased involvement and participation of consumers' support networks. The PATH also increased consumers' participation in a wide range of activities, including lawn bowling, liquid embroidery classes, and seniors' old time dancing. Service providers also noted that the PATH created change in the consumers' life. For example, it was observed that some consumers were spending less time at home, that more choices were available (through awareness building in the community and the range of choices presented at the PATH), and that consumers were more independent by becoming more active participants in their individual planning meetings. This was evidenced by meaningfully participating in the discussion that identified the consumers' goals and dreams.

One service provider stated:

The PATH was a real eye opener. She planned for things that she wanted to do for a long time.



In contrast, another service provider indicated that the PATH developed unrealistic expectations that would not be implemented. This individual felt that the consumer was unmotivated and would not follow-through with the goals and dreams that were identified in the PATH. According to this service provider, the consumer has a history of not following through with her plans.

Service providers indicated that the PATH was important to consumers, as it expanded consumers' choices and dreams, reinforced the need and timeliness to plan for retirement, provided support networks with clear direction (action plan with time lines), and created necessary change in a consumer's life.

Consumers found the PATH to be helpful because it provided for the opportunity to plan for the implementation of their choices. One consumer indicated the PATH was important and stated, "I am getting older, I need the time to plan".

Overall, the PATH component of the intervention was identified as valuable by consumers and service providers (with the exception of one service provider). The PATH was an effective component of the Supported Retirement Model, as it provided consumers and their support networks an opportunity to plan for the future with the full participation of the consumer. The PATH provided the support network with clear directions on how to facilitate the goals and objectives identified by the consumer.

## **6. Overall:**

Over the past year, service providers noted the following changes in consumers that were attributed to the program: improved choice making; increased activity involvement; increased independence; decreased activity involvement (“one consumer was able to leave his day program, another consumer made the choice to quit work and stay at home”); and more comfort, relaxation and less stress. Health decline was also noted as a change in the past year, for some consumers. One service provider respondent commented that there has been no change on the part of the consumer. The impact of the program on these changes include the intervention itself (choice and decision-making, new activities), change of attitude toward retirement and leisure, and the service provider(s) having a better understanding of the consumer, and his or her needs. For example, when service providers were asked what impact the program had, responses included:

- \* “the program itself”;
- \* “it changed attitudes toward leisure and retirement”;
- \* “we got to know the consumer and her needs better”;
- \* “the program provided the necessary stimulation and information”;
- \* “the program provided options and information and promoted and supported decision-making.

Consumers identified that they now have a better understanding and attitude

towards retirement, have developed new friends, have new ideas, and new activities and are more independent. For example, consumers stated:

It did me good, I know what comes up for me when I retire;

My attitude is better about retiring;

No one pushes me around anymore, I am able to do more for myself;

I have new ideas, new places and new things to do.

Service providers identified the following recommendations to improve the program: increase the use of experiential learning, continue to provide support to consumers after the program, and improve communication among all members of the support network (especially service providers). Some specific recommendations regarding enhanced communication with service providers included: having more information at the beginning of the project, more involvement in the day-to-day activities of the project (so that follow-up in the home can occur), and better coordination of transportation (timely handi-transit pick-up and drop-offs). One concern expressed by two of the service providers was the fate of the participants at the end of the program. In these two situations, the service providers felt that they did not have the resources to provide continued support for the consumer in their new activities.

Consumers were asked what recommendations they had for improvement, and given the overall statistics, one comment in particular is indicative of consumers' overall

attitude with respect to the program - "Nothing, I enjoyed every minute of it".

### **Summary**

Overall, those interviewed indicated that the Supported Retirement Program process was very useful to consumers. The most valuable and important components of the process were increased opportunities for decision-making, enhanced awareness of later life options, planning for retirement, and the opportunity to meet new people and make new friends through the community visitations. Those service providers with more negative evaluations of the process felt that there was a lack of communication and involvement with service providers in the design and delivery of the program. As a result, there was a lack of support and commitment to the project and a more negative attitude. Perhaps other service providers may have felt threatened by the program, as they may have perceived it as challenging their ability to provide services. For consumers, the most significant barriers to the success of the process included failing health (ie. memory difficulties), and lack of financial independence.

### **Research Question #3: Satisfaction with Outcomes of the Program**

The results of the analysis from the satisfaction questionnaire are presented in Table 4. As stated previously, the scale consisted of 3 response categories, ranging in scores from 1: no/not satisfied/poor, 2: okay/kind-of/maybe/a little satisfied and 3:

yes/very satisfied/excellent. The maximum possible level of satisfaction for the ten outcomes combined was 30.0. For comparative purposes, the respondents were divided into groups. Group 1 consisted of nine consumers. Due to memory difficulties one consumer was not able to provide reliable or valid feedback on their satisfaction with the program. Group 2 consisted of two family representatives, Group 3 consisted of nine government representatives, and Group 4 consisted of fifteen service providers. The total number of respondents for this survey was 35.

To test the null hypothesis of no difference among the groups, the researcher established an alpha level of .05. The Kruskal Wallis test was used as the test statistic. The test statistic approached significance when  $H = 7.7834$ ,  $d.f. = 3$ ,  $P_{two-tailed} = .05$ . To examine the paired differences the researcher used multiple Mann-Whitney - U tests, each with an alpha level of .008 to control for multiple comparisons. Given the small sample, the probability of finding any but large differences was small.

#### Satisfaction Variable #1

“How would you rate the services you (the consumer) received”?

Across groups, 60.0% indicated that the services were excellent, 37.1% indicated that the services were okay and 2.9% indicated that the services were poor. 88.9% of the consumers indicated that the services were excellent, along with 50.0% of the family members, 22.2% of government representatives and 66.7% of service providers. The

remaining 50.0% of family members indicated that the service was okay, along with 77.8% of government representatives, 11.1% of consumers and 26.7% of service providers. Only one respondent (6.7% of service providers) indicated that the service was poor.

The overall median score for all groups was 3.0, and it was also 3.0 for both consumers and service providers. The median score for family was only 2.5. However, there were only two family members that comprised the group. The median score for government representatives was 2.0. The mean score for all groups was 2.6 and ranged from 2.2 to 2.9 for each group. The standard deviations for all groups were quite small, all less than one point on the scale. The statistical significance of differences in the rating using the Kruskal Wallis test ( $H = 7.7834$ ,  $d.f. = 3$ ,  $P \text{ two-tailed} = .0507$ ) indicated a marginally significant difference across the groups. To determine which groups differed, Mann Whitney-U tests were used. The results of these test indicated that consumers and government representatives significantly differed in the way they responded ( $U = 13.5$ ,  $n = 9,9$ ,  $P \text{ two-tailed} = .0057$ ). Consumers were significantly more satisfied than government representatives with the services received. These statistics indicate that there were real differences between these groups and that these differences did not occur by chance.

#### Satisfaction Variable #2

“ Did you (the consumer) get the kind of services you (he or she) wanted”?

Across groups, 62.9% indicated that they did get the services wanted, 31.4% indicated that they received “a little” of the kind of services they wanted, and 5.7% indicated that they did not receive the kind of service they wanted. 66.7% of consumers indicated that they did receive the kind of services they wanted; and 60.0% of service providers, 22.2% of government representatives; and 50.0% of family members indicated likewise. In all groups, with the exception of family, 33.3% indicated that they received “a little” of the kind of service they wanted. One family member and one service provider indicated that the service was not the kind the consumer wanted.

The overall median score for all groups was 3.0, indicating an overall high level of satisfaction. For each individual group, the median score was also 3.0, with the exception of family, which again only had two members in their group. The overall mean was 2.6 and the mean for each group was between 2.0 and 2.7. The standard deviation for all groups and in each group, was less than one point (with the exception of family), indicating a high level of rating for the variable, with little variation, except for the extreme differences between the two family members. The statistical significance of differences across groups in the rating was tested using the Kruskal Wallis test, and revealed no significant difference ( $H = .9546$ , d.f. = 3,  $P_{two-tailed} = .8122$ ).

### **Satisfaction Variable #3**

“Did the program meet your (the consumer’s) needs”?

Across groups, 45.7% indicated that “yes”, the program did meet their needs, 42.9% indicated that the program somewhat met their needs, and 11.4% indicated that “no”, the program did not meet their needs. 55.6% of consumers stated that the program did meet their needs, whereas 50.0% of family members, 66.7% of government representatives, and 60.0% of service providers indicated similarly. Those who indicated that the program only somewhat met the consumer’s needs included 22.2% of consumers, 50.0% of family members, 33.3% of government representatives, and 60.0% of service providers. Only two consumers (22.2%) and two service providers (13.3%) indicated that the program did not meet their needs.

The median score for all groups was 2.0 indicating an intermediate level of satisfaction. The median score for service providers was 2.0 and for both government representatives and consumers it was 3.0. The family member median score was 2.5. The mean scores for groups were between 2.1 and 2.7 and was 2.3 for all groups. The standard deviation score in all cases was below one point, indicating a consistent moderate rating of satisfaction, with little variation. The Kruskal Wallis test score indicates ( $H = 3.7480$ ,  $d.f. = 3$ ,  $P \text{ two-tailed} = .2900$ ) that there were no significant differences in the satisfaction rating across groups.

#### *Satisfaction Variable #4*

“If a friend (another consumer) were interested in retiring, would you recommend this



program to him/her”?

Across groups, 77.1% indicated that “yes”, they would refer a person to this program, 14.3% said they might, and 8.6% said “no”, they would not. Of the consumers, 77.8% indicated they would refer a friend, along with 50.0% of the family members, 88.9% of the government representatives, and 73.3% of service providers. One consumer (11.1%), one family members (50.0%), one government representative (11.1%), and two service providers (13.3%) indicated that they might refer another consumer. Only one consumer (11.1%) and two service providers (13.3%) indicated that they would not refer a person to the program.

The median score for all groups was 3.0, indicating an overall level of high satisfaction amongst all groups. The median score for each group was 3.0, with the exception of family with a rating of 2.5. The mean scores were between 2.5 and 2.9 with the overall mean for all groups being 2.7. The standard deviation scores for all groups and for each group were less than one point, indicating a high rating of satisfaction with little variation. The Kruskal Wallis test score ( $H = 1.5237$ , d.f. = 3,  $P_{two-tailed} = .6768$ ) indicates no statistically significant difference in the rating of satisfaction across groups.

#### Satisfaction Variable #5

“How satisfied are you with the amount of help you (the consumer) received from the program”?

Across groups, 60.0% indicated that they were very satisfied with the amount of help received from the program, 31.4% indicated that they were a little satisfied with the amount of help and 8.6% indicated that they were not satisfied. Within the consumer group, 55.6% indicated that they were very satisfied, as did 50.0% of family members, 66.7% of government representatives and 60.0% of service providers. 33.3% of consumers, government representatives and service providers indicated “a little” bit of satisfaction. Respondents who indicated no satisfaction with the amount of support received included 11.1% (n=1) of consumers, 50.0% (n=1) of family members, and 8.6% (n=1) of service providers.

The median score for all groups was 3.0, indicating a high level of satisfaction. The median score for each group was also 3.0, with the exception of family at 2.0. The mean scores were between 2.0 and 2.7 with the mean for the whole group being 2.5, indicating an intermediate level of satisfaction. The standard deviations for all groups and each group was less than one (with the exception of family) indicating a consistent rating of satisfaction and little variation. The Kruskal Wallis test ( $H = .9218$ ,  $d.f. = 3$ ,  $P$  two-tailed = .8202) indicated that no statistically significant difference was found in the rating of satisfaction across groups.

#### Satisfaction Variable #6

“Overall, how satisfied are you with the service you (the consumer) received?”

Across groups, 74.3% indicated that they were very satisfied with the service received, 17.1% indicated that they were somewhat satisfied and 8.6% indicated that they were not satisfied. One hundred percent of consumers indicated that they were very satisfied with the service they received, as did 50.0% of family members, and 66.7% of both government representatives and service providers. Those who indicated that they were somewhat satisfied included, 33.3% of government representatives and 20.0% of service providers. Only one family member (50.0%) and two service providers (13.3%) indicated that they were not satisfied with the services received.

The median score for all groups was 3.0, indicating an overall level of high satisfaction with the service received. This was the case for each of the groups, with the exception of family (md. = 2.0). The mean scores for each group were between 2.0 and 3.0 and was 2.7 for all groups. The standard deviation scores for each of the groups were less than one point (with the exception of family), indicating consistency in the rating within groups and between the groups. The Kruskal Wallis score ( $H = 4.6480$ , d.f. = 3,  $P_{two-tailed} = .1195$ ) indicated that no significant difference was found in the satisfaction rating of the variable.

### **Satisfaction Variable 7**

“If you (the consumer) needed help again, would you (he or she) come back to the program”

Across groups, 80.0% indicated that they or the consumer would come back to the program, whereas 17.1% indicated that they might, and 2.9% indicated that they would not. One service provider (6.7%) indicated that the consumer would not come back to the program. Five (33.3%) service providers indicated that the consumer may come back to program, as did one (11.1%) consumer. All (100.0%) of family members and government representatives indicated that the consumer would come back to the program, as did 88.9% of consumers, and 60.0% of service providers.

The median score for all groups was 3.0, and was also 3.0 for each of the groups. The mean scores were between 2.5 and 3.0; and was 2.8 for all groups. This indicates a consistent high level of satisfaction with the program. The standard deviation scores for all groups, and within each of the groups, was less than one point, again reinforcing a high level of rating with minimal variation. The Kruskal Wallis test score ( $H = 6.8055$ ,  $d.f. = 3$ ,  $P \text{ two-tailed} = .0784$ ), however, indicated that there may be some marginal differences in the rating across groups. However, Mann Whitney-U Tests indicated that no significant differences were found between any two of the groups.

#### **Satisfaction Variable #8**

**“How satisfied are you with the way you (the consumer) learned about retirement”?**

Across groups, 62.9% indicated that they were very satisfied with the way they or the consumer learned about retirement, 31.4% indicated that they were somewhat

satisfied and, 5.7% indicated that they were not satisfied. Five (55.6%) consumers, one (50.0%) family member, four (44.4%) government representatives and eleven (73.3%) service providers indicated that they were very satisfied with the way they learned about retirement. Those who indicated that they were somewhat satisfied with how a consumer learned about retirement included four (44.4%) consumers themselves, five (55.6%) government representatives and three (20.0%) service providers. Only one family member (50.0%), and one service provider (6.7%) indicated that they were not satisfied.

The total median score for all groups was 3.0, and was also 3.0 for each of the groups (except family). The mean scores demonstrated more variation as they ranged from 2.0 to 2.7, with the mean for all groups being 2.6. The standard deviation scores for all groups and each of the groups was less than one (with the exception of family), indicating a high rating of satisfaction with minor variations. All groups (with the exception of family) seemed to be consistent in the rating. The Kruskal Wallis test score ( $H= 1.3759$ ,  $d.f. = 3$ ,  $P \text{ two-tailed} = .7112$ ) indicated that no statistically significant difference was found in the rating of satisfaction across groups.

#### **Satisfaction Variable #9**

**“How satisfied are you in the way you (the consumer) learned about making choices”?**

Across groups, 48.6% indicated that they were very satisfied with the way they (the consumer) learned about choice making, 45.7% were somewhat satisfied, and 5.7% were

not satisfied. Seven consumers (77.8%) indicated that they were very satisfied with how they learned about choice making, as did one (50.0%) family member, two (22.2%) government representatives, and seven (46.7%) service providers. There were also seven (46.7%) service providers, seven (77.8%) government representatives and two (22.2%) consumers who indicated that they were only somewhat satisfied with how they (the consumer) learned about making choices. One family member (50.0%), and one service provider (6.7%) indicated that they were not satisfied with how the consumer learned to make choices.

The median score for all groups was only 2.0, indicating an intermediate level of satisfaction among the groups. Each of the groups' median scores was also 2.0 with the exception of consumers who scored 3.0. The mean scores were between 2.0 and 2.8, with the overall mean for all groups being 2.4. With the exception of family members, the standard deviation scores were all less than one point. The Kruskal Wallis test score ( $H = 5.0464$ ,  $d.f. = 3$ ,  $P \text{ two tailed} = .1684$ ) indicated no statistically significant difference in the rating of satisfaction across groups.

#### **Satisfaction Variable #10**

**“How satisfied are you with your (the consumer’s) retirement plan”?**

Across groups, 60.0% indicated that they were very satisfied with their (the consumer’s)

retirement plan, 34.3% indicated that they were somewhat satisfied, and 5.7% indicated that they were not satisfied. Eight (88.9%) consumers indicated that they were very satisfied with their retirement plan as did, 50.0% of family members, 22.2% of government representatives and 66.7% of service providers. Those who indicated that they were somewhat satisfied included, 11.1% of consumers, 50.0% of family members, 66.7% of government representatives, and 26.7% of service providers. Only one (11.1%) government representative and one (6.7%) service provider indicated that they were not satisfied with the retirement plan.

The median score for all groups was 3.0, indicating a high level of satisfaction with the plan. Both service providers' and consumers' median scores were 3.0, whereas the family median score was 2.5, and the government representative median score was only 2.0. The mean scores were between 2.1 and 2.9, with the overall mean score for all groups being 2.5. The standard deviation score for each and all groups was less than one point, indicating consistency in rating between and within groups. The Kruskal Wallis test score ( $H = 8.3544$ ,  $d.f. = 3$ ,  $P \text{ two-tailed} = .0392$ ) indicated, however, that some differences did exist across the groups with respect to this rating of satisfaction. A Mann Whitney-U test score indicated that consumers and government representatives differed as consumers were more satisfied with the retirement plan than were government representatives ( $U=13.0$ ,  $n= 9,9$ ,  $P \text{ two-tailed} = .0054$ ).

### **Overall Level of Satisfaction**

To determine if the variables in the outcome survey are related, a Cronbach alpha test was run. The results of this test (.885) indicate a high degree of internal consistency and a common pattern of response with respect to the 10 satisfaction outcome variables. The descriptive statistics for the total levels of satisfaction are presented in Table 5. Across the groups, the mean summative score was 25.7. Consumers had the highest mean summative score (27.1) indicating that they were the most satisfied with the outcomes of the program. Government representatives' (25.7) and service providers' (25.1) mean summative scores also indicate a high level of satisfaction with the overall outcomes of the program. Family members' mean summative score (23.0) also indicates a positive level of satisfaction with the outcomes of the program. The total median score for all groups was 27.0. Service providers (28.0) and consumers (28.0) had the highest median scores and family members had the lowest score (23.0). The standard deviation was 4.3 for all groups and ranged from 9.9 (family representatives) to 2.7 (government representatives). This indicated that family had the highest discrepancies in responses and government representatives were the most consistent as a group in their levels of satisfaction.. Overall, the results indicated that respondents were satisfied with the outcomes of the program. The Kruskal Wallis test score ( $H = 1.3172$ , d.f. = 3,  $P_{two-tailed} = .7251$ ) indicated no statistically significant differences in the levels of satisfaction across groups.



**Table #4: Total Satisfaction Scores**

	<b><u>Mean</u></b>	<b><u>Median</u></b>	<b><u>Mode</u></b>	<b><u>Std. dev.</u></b>
Consumers	27.11	28.88	30.00	3.18
Family Members	23.00	23.00	16.00	9.90
Gov. Representatives	25.67	25.00	25.00	2.65
Service Providers	25.13	28.00	28.00	5.01
Total Sample	25.66	27.00	30.00	4.28

**Summary**

The overall mean satisfaction scores for the total sample was 25.7 out of a possible 30, indicating that respondents were satisfied with the outcomes of the Supported Retirement Program. There were, however, differences in the level of satisfaction across groups for specific variables. Through the statistical analysis it was determined that consumers and government representatives significantly differed in their satisfaction rating with the retirement plan and the services received. In both instances, consumers rated the variable much higher than government representatives. This difference of rating in both instances may be due to the fact that government representatives are not directly involved in the

day-to-day life of a consumer and are therefore not able to observe the extent to which services were received or how a plan was implemented. An alternate explanation may be due to the fact that those more directly involved (consumers) in a program tend to be less critical; while those at more of a distance (government representatives) may be more objective. Another possible explanation may be that government representatives may have begun with higher expectations than consumers. Consumers may have had very low expectations based on past experiences with service systems.

Across groups, consumers were the most satisfied with the services they received, the retirement plan, and indicated that they would come back to the program. They were only moderately satisfied with how the program met their needs. This could be due to the fact that some participants indicated that they were not “ready” to retire. The two family members were consistently divided in their rating of satisfaction on all variables. One family member was always satisfied and the other was not satisfied or only moderately satisfied. One may speculate that this lack of satisfaction may be due to a negative attitude of a family member or possibly his or her limited opinion of the cognitive (memory) capability of the consumer. Government representatives indicated that they were only moderately satisfied with the services that a consumer received, how the consumer learned about making choices and the retirement plan. Yet, all government representatives indicated that they would refer again to the program and that if the

consumer needed help again he or she should return to the program. This again may be indicative of the lack of day-to-day involvement on the part of government representatives to directly observe the plan and services received. This response may also reflect the pressure for resources experienced by government representatives. Alternately, government representatives may be legitimately dissatisfied; but recognize that the program is the only resource currently available.

The most highly rated satisfaction variables (total satisfaction scores that were rated 77.0% and higher - most satisfied) were, Satisfaction Variable #4, "If a friend needed to retire, would you recommend this program to him/her?" and Satisfaction Variable 7, "If you (the consumer) needed help again would you (they) come back to the program". If respondents are prepared to come back to the program or refer someone else, one would assume that this confirms satisfaction in some aspects; but less satisfaction in others. Maybe consumers would come back or refer others because of the lack of other resources.

The variables with the lowest satisfaction rating (total scores less than 50.0%- least satisfied) across groups occurred in variable 3; "Did the program meet your (the consumer's) needs" and variable 9, "How satisfied are you in the way you (the consumer) learned about making choices". Service providers and consumers were the two groups who most felt that the program did not meet needs. As discussed in the summary of

survey #2, some service providers may have felt threatened by the program, as they were not as involved as they would have liked or they may have perceived the program as challenging their ability to provide services. One may speculate that consumers who indicated that the program only somewhat met their needs, may have perceived the program as pressuring them to retire, when in fact they were still enjoying work. Similar to the results in survey #2, the way in which consumers learned about choice making was not positively valued by all respondents. Again, these responses may be a reflection of subjects' frustration that this is a skill that should be taught at a much earlier age. The data very clearly demonstrated that some consumers were experiencing memory problems, and as a result, were unable to benefit from this component.

Even though the overall mean satisfaction score was high for survey #3, the researcher was aware of the limitations of client satisfaction surveys. As discussed earlier, client satisfaction surveys do not always measure the satisfaction of specific program components. Rather, the surveys have a tendency to measure either gross satisfaction or dissatisfaction. Furthermore, there is the tendency that these types of surveys are invariably positive and that respondents have a tendency to say what they think a provider of the program wants to hear. This is further exacerbated when interviewing persons with cognitive disabilities as the research indicates that these individuals are more likely to display attitudes or behaviors which they believe will meet with approval (Wyngaarden,

1981). To address these limitations the researcher triangulated the data collection by administering the survey to other key stakeholders. The researcher also implemented the recommendations identified in the literature to enhance the validity and reliability of participants' responses to the survey instrument.

### **Overall Findings Summary**

On the whole, the findings indicate that the respondents valued the goals, process and outcomes of the Supported Retirement Program with the exception of a few variations across groups. The goal statements of the Supported Retirement Program were consistently highly valued by all groups. All groups confirmed the value and importance of planning and preparation for retirement, increasing community/leisure awareness and enhancing decision-making abilities, involving the support network in retirement, and facilitating inclusion and acceptance through developing friendships and support in the community.

Although enhancing the decision-making ability of consumers was identified as an important goal, the actual process of teaching decision-making received less than a favorable response from some of the service providers. This was identified not only in the review of the process but also in the satisfaction outcomes. Service providers identified that for some consumers, learning about decision-making was very difficult due to

declining health and memory difficulties. Respondents recommended that decision-making skills be addressed at a much earlier age and not at retirement. It was also recommended that teaching decision-making be a more experientially based process. Other findings in the review of the process confirmed that on the whole the components were important and useful. Specifically, respondents indicated that retirement awareness building, identifying barriers to retirement, decision-making (to some extent), planning, and the PATH were important and helpful components in facilitating later life options for older adults with mental disabilities. Service providers made some recommendations on how to improve the process that included better communication and involvement of service providers so they are better able to support the components of the process. Issues that were identified as barriers to the success of the process were limited financial resources and failing health (memory difficulties) of consumers.

The overall satisfaction scores indicated that respondents were generally satisfied with the outcomes of the Supported Retirement Program. There were however differences in the rating of satisfaction between government representatives and consumers with respect to the retirement plan and services received by consumers. The majority of respondents indicated that they would use the program again or refer someone else in need of the program, thus indicating a positive level of satisfaction.

## **CHAPTER 5**

### **DISCUSSION**

#### **Discussion**

It seems quite clear from the results of this study that on the whole consumers, family members, service providers, government representatives and generic senior organizations valued the goals, processes and proximate outcomes of the Supported Retirement Program intervention. The overall research findings point to the conclusion that, with a few exceptions, the groups similarly valued the goals, outcomes and process of the program. As discussed, there were some variations within groups on specific components of the process and between groups on specific variables in the outcomes.

#### **Goals & Process:**

The findings clearly indicate that the goal statements were highly valued by all of the stakeholder groups. Consistent with previous research findings, the study confirmed the importance of the need for older adults with mental disabilities to learn about retirement. The literature indicates that older adults with mental disabilities need opportunities to receive preparation in order to make the transition from a work-oriented lifestyle to a retirement status (Hawkins, 1993). The research findings also confirm both the value and importance of leisure awareness. As stated by Tinsely et. al. (1985), as typical retirement “behaviour” is less dominated by work and more defined by leisure,

consumers need to be aware of their leisure options. The majority of respondents indicated that leisure awareness was a limited skill for most consumers, and this explains why leisure awareness was, in fact, rated as a very important and valuable component of the intervention. Previous research indicates that persons with mental disabilities have underdeveloped leisure skills, and, as a result, do not know how to use “free time “ in constructive ways (Wehman & Schleien, 1981). To deal with this limitation, the Supported Retirement Program assisted consumers to develop new skills, explore interests and gain awareness regarding leisure opportunities.

Another important goal of the project that is also identified as significant in the research findings, is the need to identify barriers to retirement. This concern is perhaps a direct reflection or indication of the difficulties that government representatives and service providers face in their jobs, as the professionals charged with the ultimate responsibility to either coordinate or provide services to this older population. This identified importance of barriers to retirement may also be an indication of the growing pressure that professionals are experiencing as more consumers are being identified as being in need of retiring.

In addition to the lack of leisure awareness among consumers, the research findings indicate that the largest barriers faced by consumers are: a lack of supports (no resources



to fund support if participating outside of existing service system), lack of structure (“without a program they will have nothing to do”), social isolation, and loss of income. Careful consideration must be paid to financial planning and/or security, as the literature confirms that this is one of the most important factors in retirement adjustment (Atchely, 1976; Ward, 1979).

As indicated by the research results, the goal of learning how to make decision/choices was highly valued by all groups. This was considered to be an important goal, as few individuals with mental disabilities have had the opportunity to make decisions, or have been taught the appropriate skills to make decisions (Ward, 1988; Houghton, Bronicki, & Guess, 1987). In recognizing limited decision-making skills, the Supported Retirement Program model enabled some consumers to learn about decision-making as a step towards empowerment. The Supported Retirement Program focussed on improving knowledge and awareness, and consequently increased the opportunity for informed decision making to occur. As discussed, however, there were recommendations made on how to better facilitate this skill and also to the effect that its development should occur at a much earlier age.

All groups consistently rated planning as an important activity. A goal of the Supported Retirement Program was to provide each consumer with an opportunity to formally

explore (together with their support network) new ideas and goals, as well as activities in which they would like to participate. The value and importance of planning has also been recognized in the literature as an effective tool for teaching older adults with cognitive disabilities about the options that are available during their retirement years (Laughlin & Cotton, 1994).

Another significant finding in the study as noted by service providers, was the negative perception of some consumers towards leisure, when compared to their perception of work. According to some of the service providers, initially, some of the consumers did not perceive leisure as a valued activity or a positive way to spend their time, when they could be working instead. The findings indicated that the intervention provided consumers with the opportunity to learn about, and experience leisure as a positive opportunity. The literature indicates that having a positive view of leisure may encourage an individual to leave the workforce (Beehr, 1986). By providing consumers with the opportunity to learn about and experience positive leisure activities, this program did encourage some individuals to consider retirement.

### Outcomes

As indicated in the findings, significant differences were found in the level of satisfaction with the retirement plan, between consumers and government

representatives. Consumers (and service providers to a lesser extent) indicated a higher level of satisfaction than did government representatives. As no qualitative data were collected for this variable, one can only speculate as to why there are significant differences of opinion between these groups. One thought is, as the plan is owned and developed by the consumer, and the service provider is responsible for the direct implementation of it, the success of the plan would be more readily apparent to these two groups, and could likely result in a higher level of satisfaction. Government representatives, on the other hand, are typically responsible for overseeing the coordination of resources for a plan, and are therefore more removed from the outcome of the planning process. They would likely be less aware of the success of the retirement plan with respect to the positive impact on individual consumers. As a consequence, it is possible that this may result in a lower level of satisfaction. Another possibility is that government representatives are less close to the program and may have a more objective view. They may also be more critical, as they could be more knowledgeable about what is possible.

The second variable in which differences occurred, was regarding the responses to the question, “if a consumer needed help again, would they come back to the program?” The findings indicated that service providers and government representatives differed in their opinions. Government representatives strongly indicated that an individual would come

back to the program whereas service providers indicated only partial interest in an individual returning to the program. One may speculate that perhaps some of the service providers perceived the program as a “threat” to their client base. That is, if more of their program consumers would be referred to the program, this would result in a loss of revenue or service abilities. On the other hand, government representatives may perceive this program as an excellent resource for clients to use again. As well, government representatives may realize that there are no alternate programs to facilitate retirement that is likely to be funded. Conversely, service providers may feel that fewer benefits will be gained by repeating the program.

The third variable where groups significantly differed in satisfaction, was in the rating of services that the consumers received. The findings indicated that consumers and government representatives differed in their level of satisfaction with services received. Consumers were more satisfied than government representatives with the services received. Although not statistically different from government representatives, service providers also indicated a high level of satisfaction with the services received by the consumer. As discussed, this difference in level of satisfaction may be due to the fact that government representatives are not involved in the day-to-day lives of consumers and therefore are not witness to the actual services provided, or it may reflect government representatives’ distance and objectivity about the program. Similarly this finding may

suggest that consumers have lower expectations than government representatives.

### **Experience and Resultant Learning Related to Interviewing Persons with Mental Disabilities**

As indicated earlier, the importance of including the input of individuals with mental disabilities cannot be overstated. This input is even more important when measuring the social validity of an intervention. As the appropriateness of programs and services for people with disabilities continues to be a controversial issue, validating an intervention from a consumer perspective is essential. The researcher feels that the data gathered from consumers are credible and reliable as careful attention was paid to employing the recommendations cited in the literature for interviewing persons with cognitive disabilities.

The interview experience confirmed that it was useful to use a open- ended questions and Likert- type questions as this minimized the operation of acquiescence. The researcher also felt very prepared for each interview as detailed information on the level of cognitive impairment and communication skills of each respondent was provided. Furthermore, the researcher had extensive work experience in supporting persons with cognitive disabilities. To ensure that consumers understood the range of response categories the researcher utilized pictures to complement the verbal questions. Open-ended questions enabled the researcher to probe further for detailed and relevant information. As a result

of this interview experience and in addition to the recommendations cited in the literature, the researcher further recommends that interviews should be short (not more than 30 minutes). If an interview is not able to be completed in this time frame, another appointment should be scheduled to complete it. The researcher found that some of the consumers tired easily and were not as attentive. Furthermore, due to the memory difficulties of older adults with mental disabilities, interviews should be conducted immediately following an intervention. Great efforts should also be made to arrange interviews with consumers in a quiet area with limited distractions. Some consumers spoke very softly and at times their answers were not easily heard. Consumers may find it annoying to have to repeat their answers, and the researcher runs the risk of missing some the data.

#### **Limitations of the Research:**

There were some limitations of the design of this research study. With respect to internal validity, the research study was not an experimental design and therefore, did not involve a randomized control group. In the absence of a control group, it cannot be stated that the outcomes of the program were exclusively due to the intervention. The external validity of the study was limited in that it was a small program with a small sample selected using non-probability sampling and only one organization providing the intervention (one setting). Due to this limitation, the findings cannot necessarily be generalized to other

settings, clients or programs. The construct validity of the research design was also limited. The researcher utilized the safeguards recommended in the literature and even went beyond those recommendations. However, respondents still may have responded in a socially desirable or acquiescent manner. The statistical conclusion validity was limited as Type 2 errors were possible in that real differences may have been missed because of the limited statistical power flowing from the small sample size.

### **Opportunities for Further Research**

Future research in the area of retirement planning for older adults with mental disabilities should focus on further refining and testing a program model that will facilitate the later life needs of older adults with mental disabilities. Specifically, future research should involve incorporating the suggestions outlined in this study into the existing Supported Retirement Program model and piloting the program again; but with a larger sample and a randomized control group. This research should also expand into the rural areas; and the intervention should be delivered by more than one service provider.

Another potential area for research is to explore the roles and responsibilities of the generic senior service system. Specifically, a study could measure the attitude that this system has towards including people with disabilities in their services, whether or not generic service providers feel they have adequate resource to facilitate the inclusion of

this group and what , if any, resources, skills or training would be needed. Finally, a third area of research could focus exclusively on identifying the systemic barriers to retirement for older adults with mental disabilities. As part of this barrier identification, corresponding solutions could be explored.

### **Recommendations**

As described, the results of the study that suggest that the key stakeholders of the project believe that the goals, process and outcomes of the supported retirement program contribute to meeting the needs of older adults with mental disabilities. Never-the-less, a number of recommendations are identified for consideration below.

\* Retirement planning should begin at a much earlier stage. The research findings suggest that retirement planning should occur not at retirement but prior to retirement. Several consumers, due to declining health and memory difficulties were not able to fully benefit from a retirement planning process. The literature also reinforces this recommendation, as it indicates that early planning provides the long term preparation time needed to establish leisure activity patterns, and financial security (Fillenabum, 1979). The impact of retirement planning is most useful when it is performed in a timely manner commencing earlier in the employment cycle (Anderson and Weber, 1993).



• Decision-making skills for persons with mental disabilities should be taught at a much earlier age. The findings clearly indicated that individuals should not just be beginning to learn how to make a decision at retirement. Decision-making is an essential life long skill that all people should be learning from a very early age. There should be greater emphasis on teaching decision-making throughout the life cycle; and in particular, in the school system. Service providers should also be encouraged to facilitate and develop as many opportunities as possible for decision-making throughout the life cycle for consumers.

\* There should be on-going communication with generic service providers. The research findings indicated that generic senior service providers were unclear regarding their potential roles in facilitating opportunities for individuals with mental disabilities. There should be more information, support and training exchanged across disability and generic systems. This exchange may result in increased collaboration and cooperation among the two systems.

\* Continuous training opportunities on later life issues (ie. health issues, later life options, barriers, etc.) for older adults with mental disabilities should be made available to service providers (residential and day service providers). The findings indicated that service providers wanted more information and involvement in the Supported Retirement Program. Currently, service providers do not receive any training on supporting older

adults with mental disabilities. Furthermore, if this training becomes available, it should be offered on a continuous basis due to the high staff turnover rates in service provider organizations. If staff are expected to facilitate the choices and needs of older adults with mental disabilities, they deserve (and the consumer deserves) to receive adequate training and preparation.

\* There should be increased flexibility in the funding of services for older adults with mental disabilities. The research findings indicated that there is a lack of individualized supports physically and programmatically available to facilitate later life options. If the choices or activities of the older adult fall outside of the “walls” or mandate of day programs or residential programs they are simply not addressed. These programs do not have the resources to provide more individualized services. Currently, funding is divided into day services funding and residential services funding. These funding sources are mutually exclusive of each other. If an individual wants to retire from work or the day service, that money cannot be redirected to the residential service provider. Another flexibility problem is that most funding is based on a standard per diem formula, and does not allow for adequate resources to provide individualized services. Although individualized services are costly (when compared to standard per diem funded services), more individualized support from time to time, should not be an unreasonable expectation.

**\* Specific organizations should be targeted to provide later life supports and services.**

**The research findings indicated that service providers were concerned about who would continue to provide retirement supports to consumers once the Supported Retirement Program concluded. Some of the service providers indicated that they did not have the resources or expertise to continue to support consumers in their retirement activities.**

**Currently, all service providers are expected to carry out the goals of a consumer that are identified in the individual plan. This poses a difficulty for some organizations, as they may not possess the expertise or resources to be able to effectively facilitate the individual's goals outlined in the individual planning process. By targeting and/or identifying specific organizations to provide services to the older adults, the necessary expertise and resources may be developed.**

**\* There should be better communication and coordination between the Supported Retirement Program and service providers (ie. residential and day service providers). The research findings indicated that service providers wanted to be more involved and informed about the program. Programs have a tendency to be territorial and very rigid in what they can and cannot do. This ultimately compromises the services and supports an individual consumer is supposed to receive. There should be greater collaboration among service providers so that the goals of the individuals can be facilitated in a positive and efficient way.**

## **Conclusion**

In conclusion, the research findings from all three phases, on the whole, suggest that the stakeholders found the goals of the Supported Retirement Program to be valuable. It was further found that the Supported Retirement Program process facilitated and/or identified the later life needs of consumers. Finally, the research findings indicated that the outcomes of the program were valued by all stakeholders, with some minor variations. Given these findings, it is evident that there is support for the social importance of the process and the effects of the Supported Retirement Program under study.

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## **APPENDIX 1: Consent Forms**

**Consent Form**  
**Supported Retirement Project**

The Health, Leisure and Human Performance Research Institute of the Faculty of Physical Education and Recreation Studies at the University of Manitoba is conducting a research study. The purpose of the study is to investigate the impact of a supported retirement program on adults with a mental disability.

You are being asked to participate in this research study. If you agree to participate in this study, you will be expected to become involved in a once weekly program designed to help you learn about retirement and decide what you would like to do as you retire. This program will continue for approximately one year.

In addition, during the project we will be asking you questions through interviews. You may ask your care provider or any other person of your choice to be with you during the interviews.

Answers provided by you will be kept private and in a secure filing cabinet. Any identifying information about you will not be included in any written or published report of the study.

Thank you for your help,

I understand the purpose of the study. I realize that I may quit at any time and that all information gathered will be kept confidential.

Signature of Participant \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_

**Consent Form \***  
**Supported Retirement Project**

The Health, Leisure and Human Performance Research Institute of the Faculty of Physical Education and Recreation Studies at the University of Manitoba is conducting a research study. The purpose of the study is to investigate the impact of a supported retirement program on adults with a mental disability.

\_\_\_\_\_ is being asked to participate in this research study. If s/he does participate, s/he will be expected to become involved in a once weekly program designed to help the participant learn about retirement and decide what s/he would like to do as s/he retires. This program will continue for approximately one year.

In addition, during the project we will be asking the participant questions by using interviews. S/he may ask a care provider or any other person of choice to be with her/him during the interviews.

Answers provided by the participant will be kept private and in a secure filing cabinet. Any identifying information will not be included in any written or published report of the study.

The participant will be given the above information before involvement in the project and will be informed that s/he may quit the study at any time.

I understand the purpose of this study, that the information gathered will be kept confidential, and the participant may quit at any time.

Signature of Public Trustee \_\_\_\_\_  
on behalf of \_\_\_\_\_ Date \_\_\_\_\_

\* For consumers under the supervision of the public trustee.

**Consent Form \***  
**Supported Retirement Project**

The Health, Leisure and Human Performance Research Institute of the Faculty of Physical Education and Recreation Studies at the University of Manitoba is conducting a research study. The purpose of the study is to investigate the impact of a supported retirement program on adults with a mental disability.

If you consent to participate in this study, you will be expected to answer questions at the beginning, middle and end of the study, regarding the individual involved and his/her participation in the project.

Answers provided by you will be kept private and in a secure filing cabinet. The answers will not have your name on the form, only a number. Any identifying information about you will not be included in any written or published report of the study.

Thank you for your help.

I understand the purpose of the study. I realize that I may quit at any time and that all information gathered will be kept confidential.

Signature of Participant \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_

\* Family Members, Service Providers, Government Representatives, Generic Service  
Providers

**APPENDIX 2: LETTER TO RESPONDENTS**

**SURVEY INSTRUMENT 1**

**SURVEY INSTRUMENT 2**

**SURVEY INSTRUMENT 3**

July 15, 1996

Dear \_\_\_\_\_:

The demonstration phase of the Supported Retirement Project, sponsored by Sturgeon Creek Enterprises Inc. (SCEI) and the Health, Leisure and Human Performance Institute at the University of Manitoba, was recently completed. The purpose of the project was to develop, implement and test a community-based Supported Retirement Model for older adults with mental disabilities. The project also included an extensive evaluation component.

Part of the evaluation component involves the collection of feedback from consumers, family members, service providers, government representatives and mainstream senior organizations, concerning the effectiveness of the program model. You have been selected to respond to a questionnaire. Your time in answering this short questionnaire and returning it to us will be greatly appreciated, and may be instrumental in determining the future of the Supported Retirement Program. The questionnaire should only take about ten minutes to complete, and I ask that you return it by August 1, 1996. A self-addressed, stamped envelope is enclosed for your convenience.

I thank you in advance for your assistance and cooperation with respect to this questionnaire. Please be assured that all responses will be kept confidential.

Sincerely,

Research Coordinator

**SURVEY #1:**

**GOAL STATEMENTS: SUPPORTED RETIREMENT PROJECT**

The following statements are the program goals for the Supported Retirement Project. Please rate each statement and provide information on why you chose a particular rating. We are interested in your honest opinions, whether they are positive or negative. Please answer all of the questions. We also welcome your comments and suggestions. Thank you very much, we appreciate your help.

How do you feel about the following goal statements:

1. To help older adults with mental disabilities learn about retirement.

very important        \_\_\_\_\_  
somewhat important    \_\_\_\_\_  
not at all important    \_\_\_\_\_

What about the goal do you find important or not important?:

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2. To find out what keeps/stops older adults with mental disabilities from retiring.

very important        \_\_\_\_\_  
somewhat important    \_\_\_\_\_  
not at all important    \_\_\_\_\_

What about the goal do you find important or not important?:

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3. To find ways of solving the problems of retirement for older adults with mental disabilities.

very important        \_\_\_\_\_  
somewhat important    \_\_\_\_\_  
not at all important    \_\_\_\_\_

What about the goal do you find important or not important?:

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4. To help older adults with mental disabilities learn about things to do in the community.
- very important      \_\_\_\_\_
- somewhat important      \_\_\_\_\_
- not at all important      \_\_\_\_\_

What about the goal do you find important or not important?:

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5. To help older adults with mental disabilities make choices about the things they would like to do.

very important      \_\_\_\_\_

somewhat important      \_\_\_\_\_

not at all important      \_\_\_\_\_

What about the goal do you find important or not important?:

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6. To help older adults with mental disabilities plan for their retirement.

very important      \_\_\_\_\_

somewhat important      \_\_\_\_\_

not at all important      \_\_\_\_\_

What about the goal do you find important or not important?:

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7. To make sure family and friends know about and help older adults with mental disabilities in their retirement.

very important      \_\_\_\_\_

somewhat important      \_\_\_\_\_

not at all important      \_\_\_\_\_



What about the goal do you find important or not important?:

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8. To help older adults with mental disabilities participate in activities (do the things they want to do) in their home communities.

very important       -----  
somewhat important   -----  
not at all important   -----

What about the goal do you find important or not important?:

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9. To help older adults with mental disabilities make new friends at their new activities.

very important       -----  
somewhat important   -----  
not at all important   -----

What about the goal do you find important or not important?:

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10. To help older adults with mental disabilities in budgeting for new activities and to help them get to their new activities.

very important       -----  
somewhat important   -----  
not at all important   -----

What about the goal do you find important or not important?:

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11. To make sure that older adults with mental disabilities continue to see their friends from work.

very important -----  
somewhat important -----  
not at all important -----

What about the goal do you find important or not important?:

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12. Are there any other goals not yet considered that should be included?

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## **SURVEY #2**

**Introduction/Lead In:** This past year you spent alot of time with Colleen talking about retirement, learning about different things and trying new things. I would like to ask you some questions on what you think about what has happened this past year.

**1. Awareness Building:**

**How much did you learn about retirement in meeting with Colleen?**

- a. Describe what you found to be useful when you were learning about retirement?**
- b. Why were the things you learned about important to you?**
- c. Given your situation how did you find learning about retirement helpful?**

**2. Barriers: How much did you learn about barriers to retirement?**

- a. How useful was it to learn and talk about barriers?**
- b. Why did you think you needed to learn about barriers?**
- c. How was learning about barriers helpful to you in your situation?**

**3. Decision Making:**

**Now we are going to talk about decision making. Did Colleen show you the following four steps in decision making?:**

**Goal: what do you want to happen?**

**Options: things you can pick from**

**If/Then: consequences; if you do this then what would happen?**

**Decide: make a decision**

**How much did you learn about them?**

- a. How did it help you make decisions?
- b. How has this helped you be more independent?
- c. How else has learning more about decision-making helped you?
- d. How has it made a difference in your life?

**4. Planning:**

**How much have you learned about planning?**

- a. How has learning about planning helped you?
- b. How has planning helped you do more things that you want to do?
- c. How did you feel about doing planning and deciding for yourself?

**5. PATH:**

**What do you remember about when you and your family and the people you work with met to talk about changes you wanted to make? We had the big poster on the wall: The PATH.**

- a. How did it help you make the changes you wanted to make?
- b. How was the PATH helpful given your situation?

**6. Overall:**

- a. What are the all the ways you have changed over the past year?
- b. What has the program had to do with this?

**SURVEY #3 CSQ (Attkisson & Zwick, 1982)**  
**(consumer)**

Please help us improve the Supported Retirement Program by answering some questions about the services you received. We are interested in your honest opinions, whether they are positive or negative. Please answer all of the question. We also welcome your comments and suggestions. Thank you very much, we appreciate your help.

**CIRCLE YOUR ANSWER:**

1. How would you rate the services (supported retirement program) you received?

3	2	1
excellent	okay	poor

2. Did you get the kind of service you wanted?

3	2	1
yes	kind of	no

3. Did the program (supported retirement) meet your needs?

3	2	1
yes	kind of	no

4. If a friend needed to retire, would you recommend this program to him/her?

3	2	1
yes	maybe	no

5. How satisfied are you with the amount of help you received from the program?

1	2	3
not satisfied	a little satisfied	very satisfied

6. Overall, how satisfied are you with service you received?

1  
not  
satisfied

2  
a little  
satisfied

3  
very  
satisfied

7. If you needed help again, would you come back to our program?

3  
yes

2  
maybe

1  
no

8. How satisfied are you with the way you learned about retirement?

3  
very  
satisfied

2  
a little  
satisfied

1  
not  
satisfied

9. How satisfied are you with the way you learned about making choices (decision making)?

3  
very  
satisfied

2  
a little  
satisfied

1  
not  
satisfied

10. How satisfied are you with your retirement plan (PATH)?

1  
not  
satisfied

2  
a little  
satisfied

3  
very  
satisfied

11. Any comments or suggestions?

**SURVEY #3: CSQ (Attkisson & Zwick, 1982)**

**(Service providers, family members, government representatives)**

**Please help us improve the Supported Retirement Program by answering some questions about the services the consumer received. We are interested in your honest opinions, whether they are positive or negative. Please answer all of the questions. We also welcome your comments and suggestions. Thank you very much, we appreciate your help.**

**CIRCLE YOUR ANSWER:**

1. How would you rate the services (supported retirement program) received by \_\_\_\_\_?

3	2	1
excellent	okay	poor

2. Did \_\_\_\_\_ get the kind of service he/she wanted?

3	2	1
yes	kind of	no

3. Did the program (supported retirement) meet \_\_\_\_\_ needs?

3	2	1
yes	kind of	no

4. If a friend needed to retire, would you recommend this program to him/her?

3	2	1
yes	maybe	no

5. How satisfied are you with the amount of help \_\_\_\_\_ received from the program?

1	2	3
not satisfied	a little satisfied	very satisfied

6. Overall, how satisfied are you with the service \_\_\_\_\_ received?

1  
not  
satisfied

2  
a little  
satisfied

3  
very  
satisfied

7. If \_\_\_\_\_ needed help again, would he/she come back to our program?

3  
yes

2  
maybe

1  
no

8. How satisfied are you with the way \_\_\_\_\_ learned about retirement?

3  
very  
satisfied

2  
a little  
satisfied

1  
not  
satisfied

9. How satisfied are you with the way \_\_\_\_\_ learned about making choices (decision making)?

3  
very  
satisfied

2  
a little  
satisfied

1  
not  
satisfied

10. How satisfied are you with \_\_\_\_\_ retirement plan (PATH)?

1  
not  
satisfied

2  
a little  
satisfied

3  
very  
satisfied

11. Comments or suggestions?



**APPENDIX 3: TABLE 2, GOAL STATEMENTS**

## Importance Rating of Goal Statements

### GOAL STATEMENTS (N= 39)

VARIABLE: GOAL 1

Response:	1		2		3		Mean	Median	Mode	SD
	n	%	n	%	n	%				
GROUP										
1	0	0.0	1	10.0	9	90.0	2.90	3.00	3.00	0.316
2	0	0.0	0	0.0	8	100.0	3.00	3.00	3.00	0.000
3	0	0.0	0	0.0	2	100.0	3.00	3.00	3.00	0.000
4	0	0.0	2	14.3	12	85.7	2.86	3.00	3.00	0.363
5	0	0.0	2	40.0	3	60.0	2.60	3.00	3.00	0.548
ALL	0	0.0	5	12.8	34	87.2	2.87	3.00	3.00	0.339

VARIABLE: GOAL 2

Response:	1		2		3		Mean	Median	Mode	SD
	n	%	n	%	n	%				
GROUP										
1	1	10.0	3	30.0	6	60.0	2.50	3.00	3.00	0.707
2	0	0.0	0	0.0	8	100.0	3.00	3.00	3.00	0.000
3	0	0.0	1	50.0	1	50.0	2.50	2.50	2.00 & 3.00	0.707
4	2	14.3	0	0.0	12	85.7	2.71	3.00	3.00	0.726
5	0	0.0	1	20.0	4	80.0	2.80	3.00	3.00	0.447
ALL	3	7.7	5	12.8	31	79.5	2.72	3.00	3.00	0.605

VARIABLE: GOAL 3

Response:	1		2		3		Mean	Median	Mode	SD
	n	%	n	%	n	%				
GROUP										
1	0	0.0	2	20.0	8	80.0	2.80	3.00	3.00	0.422
2	0	0.0	0	0.0	8	100.0	3.00	3.00	3.00	0.000
3	0	0.0	0	0.0	2	100.0	3.00	3.00	3.00	0.000
4	0	0.0	2	14.3	12	85.7	2.86	3.00	3.00	0.363
5	0	0.0	1	20.0	4	80.0	2.80	3.00	3.00	0.447
ALL	0	0.0	5	12.8	34	87.2	2.87	3.00	3.00	0.339

VARIABLE: GOAL 4

Response:	1		2		3		Mean	Median	Mode	SD
	n	%	n	%	n	%				
GROUP										
1	0	0.0	2	20.0	8	80.0	2.80	3.00	3.00	0.422
2	0	0.0	1	12.5	7	87.5	2.88	3.00	3.00	0.354
3	0	0.0	0	0.0	2	100.0	3.00	3.00	3.00	0.000
4	0	0.0	5	35.7	9	64.3	2.64	3.00	3.00	0.497
5	0	0.0	1	20.0	4	80.0	2.80	3.00	3.00	0.445
ALL	0	0.0	9	23.1	30	76.9	2.77	3.00	3.00	0.427

**VARIABLE: GOAL 5**

**GOAL STATEMENTS**

Response:	1		2		3	
GROUP	n	%	n	%	n	%
1	0	0.0	2	20.0	8	80.0
2	0	0.0	0	0.0	8	100.0
3	0	0.0	1	50.0	1	50.0
4	0	0.0	2	14.3	12	85.7
5	0	0.0	0	0.0	5	100.0
ALL	0	0.0	5	12.8	34	87.2

Mean	Median	Mode	SD
2.80	3.00	3.00	0.422
3.00	3.00	3.00	0.000
2.50	2.50	2.00 & 3.00	0.707
2.86	3.00	3.00	0.363
3.00	3.00	3.00	0.000
2.87	3.00	3.00	0.339

**VARIABLE: GOAL 6**

Response:	1		2		3	
GROUP	n	%	n	%	n	%
1	0	0.0	1	10.0	9	90.0
2	0	0.0	1	12.5	7	87.5
3	0	0.0	1	50.0	1	50.0
4	0	0.0	1	7.1	13	92.9
5	0	0.0	0	0.0	5	100.0
ALL	0	0.0	4	10.3	35	89.7

Mean	Median	Mode	SD
2.90	3.00	3.00	0.316
2.88	3.00	3.00	0.354
2.50	2.50	2.00 & 3.00	0.707
2.93	3.00	3.00	0.267
3.00	3.00	3.00	0.000
2.90	3.00	3.00	0.307

**VARIABLE: GOAL 7**

Response:	1		2		3	
GROUP	n	%	n	%	n	%
1	0	0.0	3	30.0	7	70.0
2	0	0.0	1	12.5	7	87.5
3	0	0.0	1	50.0	1	50.0
4	0	0.0	1	7.1	13	92.9
5	0	0.0	1	20.0	4	80.0
ALL	0	0.0	7	17.9	32	82.1

Mean	Median	Mode	SD
2.70	3.00	3.00	0.483
2.88	3.00	3.00	0.354
2.50	2.50	2.00 & 3.00	0.707
2.93	3.00	3.00	0.267
2.80	3.00	3.00	0.447
2.82	3.00	3.00	0.389

**VARIABLE: GOAL 8**

Response:	1		2		3	
GROUP	n	%	n	%	n	%
1	0	0.0	1	10.0	9	90.0
2	0	0.0	0	0.0	8	100.0
3	0	0.0	0	0.0	2	100.0
4	0	0.0	2	14.3	12	85.7
5	0	0.0	1	20.0	4	80.0
ALL	0	0.0	4	10.3	35	89.7

Mean	Median	Mode	SD
2.90	3.00	3.00	0.316
3.00	3.00	3.00	0.000
3.00	3.00	3.00	0.000
2.86	3.00	3.00	0.363
2.80	3.00	3.00	0.447
2.90	3.00	3.00	0.307

## GOAL STATEMENTS

### VARIABLE: GOAL 9

Response: GROUP	1		2		3	
	n	%	n	%	n	%
1	0	0.0	0	0.0	10	100.0
2	1	12.5	0	0.0	7	87.5
3	0	0.0	1	50.0	1	50.0
4	0	0.0	3	21.4	11	78.6
5	0	0.0	1	20.0	4	80.0
ALL	1	2.6	5	12.8	33	84.6

Mean	Median	Mode	SD
3.00	3.00	3.00	0.000
2.75	3.00	3.00	0.707
2.50	2.50	2.00 & 3.00	0.707
2.79	3.00	3.00	0.426
2.80	3.00	3.00	0.447
2.82	3.00	3.00	0.451

### VARIABLE: GOAL 10

Response: GROUP	1		2		3	
	n	%	n	%	n	%
1	0	0.0	0	0.0	10	100.0
2	0	0.0	0	0.0	8	100.0
3	1	50.0	0	0.0	0	50.0
4	0	0.0	3	21.4	11	78.6
5	0	0.0	1	20.0	4	80.0
ALL	1	2.6	4	10.3	34	87.2

Mean	Median	Mode	SD
3.00	3.00	3.00	0.000
3.00	3.00	3.00	0.000
2.00	2.00	1.00 & 2.00	1.140
2.79	3.00	3.00	0.426
2.80	3.00	3.00	0.447
2.85	3.00	3.00	0.432

\* more than 100.0 due to rounding error

### VARIABLE: GOAL 11

Response: GROUP	1		2		3	
	n	%	n	%	n	%
1	1	10.0	2	20.0	7	70.0
2	0	0.0	0	0.0	8	100.0
3	0	0.0	0	0.0	2	100.0
4	0	0.0	4	28.6	10	71.4
5	1	20.0	0	0.0	4	80.0
ALL	2	5.1	6	15.4	31	79.5

Mean	Median	Mode	SD
2.60	3.00	3.00	0.699
3.00	3.00	3.00	0.000
3.00	3.00	3.00	0.000
2.71	3.00	3.00	0.469
2.60	3.00	3.00	0.894
2.74	3.00	3.00	0.549

**Legend:**

**Goal Statements:**

1. To help older adults with mental disabilities learn about retirement
2. To find out what keep/stops older adults with mental disabilities from retiring.
3. To find ways of solving the problems of retirement for older adults with mental disabilities.
4. To help older adults with mental disabilities learn about things to do in the community.
5. To help older adults with mental disabilities make choices about the things they would like to do.
6. To help older adults with mental disabilities plan for their retirement.
7. To make sure family and friends know about and help older adults with mental disabilities in their retirement.
8. To help older adults with mental disabilities participate in activities in their home communities.
9. To help older adults with mental disabilities make new friends at their new activities.
10. To help older adults with mental disabilities in budgeting for new activities and to help them get to their new activities
11. To make sure that older adults with mental disabilities continue to see their friends from work.

**Group Labels:**

- |          |                            |
|----------|----------------------------|
| Group 1: | Consumers                  |
| Group 2: | Government Representatives |
| Group 3: | Family Members             |
| Group 4: | Service Providers          |
| Group 5: | Generic Service Providers  |

**Responses:**

1. Very important
2. Somewhat important
3. Not at all important

**APPENDIX 4: TABLE 4, SATISFACTION OUTCOMES**

# SATISFACTION OUTCOMES

(N= 35)

## VARIABLE: SATISFACTION 1

Response:		1		2		3		Mean	Median	Mode	SD
GROUP		n	%	n	%	n	%				
1		0	0.0	1	11.1	8	88.9	2.89	3.00	3.00	0.333
2		0	0.0	1	50.0	1	50.0	2.50	2.50	2.00 & 3.00	0.707
3		0	0.0	7	77.8	2	22.2	2.22	2.00	2.00	0.441
4		1	6.7	4	26.7	10	66.7	2.60	3.00	3.00	0.632
ALL		1	2.9	13	37.1	21	60.0	2.57	3.00	3.00	0.558

## VARIABLE: SATISFACTION 2

Response:		1		2		3		Mean	Median	Mode	SD
GROUP		n	%	n	%	n	%				
1		0	0.0	3	33.3	6	66.7	2.67	3.00	3.00	0.500
2		1	50.0	0	0.0	1	50.0	2.00	2.00	1.00 & 3.00	1.414
3		0	0.0	3	33.3	6	66.7	2.67	3.00	3.00	0.500
4		1	6.7	5	33.3	9	60.0	2.53	3.00	3.00	0.640
ALL		2	5.7	11	31.4	22	62.9	2.57	3.00	3.00	0.608

## VARIABLE: SATISFACTION 3

Response:		1		2		3		Mean	Median	Mode	SD
GROUP		n	%	n	%	n	%				
1		2	22.2	2	22.2	5	55.6	2.33	3.00	3.00	0.866
2		0	0.0	1	50.0	1	50.0	2.50	2.50	2.00 & 3.00	0.707
3		0	0.0	3	33.3	6	66.7	2.67	3.00	3.00	0.500
4		2	13.3	9	60.0	4	26.7	2.13	2.00	2.00	0.640
ALL		4	11.4	15	42.9	16	45.7	2.34	2.00	3.00	0.684

## VARIABLE: SATISFACTION 4

Response:		1		2		3		Mean	Median	Mode	SD
GROUP		n	%	n	%	n	%				
1		1	11.1	1	11.1	7	77.8	2.67	3.00	3.00	0.707
2		0	0.0	1	50.0	1	50.0	2.50	2.50	2.00 & 3.00	0.707
3		0	0.0	1	11.1	8	88.9	2.89	3.00	3.00	0.333
4		2	13.3	2	13.3	11	73.3	2.60	3.00	3.00	0.737
ALL		3	8.6	5	14.3	27	77.1	2.69	3.00	3.00	0.631

## SATISFACTION OUTCOMES

### VARIABLE: SATISFACTION 5

Response:	1		2		3	
	n	%	n	%	n	%
GROUP						
1	1	11.1	3	33.3	5	55.6
2	1	50.0	0	0.0	1	50.0
3	0	0.0	3	33.3	6	66.7
4	1	6.7	5	33.3	9	60.0
ALL	3	8.6	11	31.4	21	60.0

Mean	Median	Mode	SD
2.44	3.00	3.00	0.726
2.00	2.00	1.00 & 3.00	1.414
2.67	3.00	3.00	0.500
2.53	3.00	3.00	0.640
2.51	3.00	3.00	0.658

### VARIABLE: SATISFACTION 6

Response:	1		2		3	
	n	%	n	%	n	%
GROUP						
1	0	0.0	0	0.0	9	100.0
2	1	50.0	0	0.0	1	50.0
3	0	0.0	3	33.3	6	66.7
4	2	13.3	3	20.0	10	66.7
ALL	3	8.6	6	17.1	26	74.3

Mean	Median	Mode	SD
3.00	3.00	3.00	0.000
2.00	2.00	1.00 & 3.00	1.414
2.67	3.00	3.00	0.500
2.53	3.00	3.00	0.743
2.66	3.00	3.00	0.639

### VARIABLE: SATISFACTION 7

Response:	1		2		3	
	n	%	n	%	n	%
GROUP						
1	0	0.0	1	11.1	8	88.9
2	0	0.0	0	0.0	2	100.0
3	0	0.0	0	0.0	9	100.0
4	1	6.7	5	33.3	9	60.0
ALL	1	2.9	6	17.1	28	80.0

Mean	Median	Mode	SD
2.89	3.00	3.00	0.333
3.00	3.00	3.00	0.000
3.00	3.00	3.00	0.000
2.53	3.00	3.00	0.640
2.77	3.00	3.00	0.490

### VARIABLE: SATISFACTION 8

Response:	1		2		3	
	n	%	n	%	n	%
GROUP						
1	0	0.0	4	44.4	5	55.6
2	1	50.0	0	0.0	1	50.0
3	0	0.0	5	55.6	4	44.4
4	1	6.7	3	20.0	11	73.3
ALL	2	5.7	11	31.4	22	62.9

Mean	Median	Mode	SD
2.56	3.00	3.00	0.527
2.00	2.00	1.00 & 3.00	1.414
2.56	3.00	3.00	0.527
2.67	3.00	3.00	0.617
2.57	3.00	3.00	0.608



## SATISFACTION OUTCOMES

### VARIABLE: SATISFACTION 9

Response:		1		2		3					
GROUP		n	%	n	%	n	%	Mean	Median	Mode	SD
1		0	0.0	2	22.2	7	77.8	2.78	3.00	3.00	0.441
2		1	50.0	0	0.0	1	50.0	2.00	2.00	1.00 & 3.00	1.414
3		0	0.0	7	77.8	2	22.2	2.22	2.00	2.00	0.441
4		1	6.7	7	46.7	7	46.7	2.40	2.00	2.00	0.632
ALL		2	5.7	16	45.7	17	48.6	2.43	2.00	3.00	0.608

### VARIABLE: SATISFACTION 10

Response:		1		2		3					
GROUP		n	%	n	%	n	%	Mean	Median	Mode	SD
1		0	0.0	1	11.1	8	88.9	2.89	3.00	3.00	0.333
2		0	0.0	1	50.0	1	50.0	2.50	2.50	2.00 & 3.00	0.707
3		1	11.1	6	66.7	2	22.2	2.11	2.00	2.00	0.601
4		1	6.7	4	26.7	10	66.7	2.60	3.00	3.00	0.632
ALL		2	5.7	12	34.3	21	60.0	2.54	3.00	3.00	0.611

**Legend:**

**Satisfaction Questions:**

1. How would you rate the services you (the consumer) received?
2. Did you (the consumer) get the kind of service you (he/she) wanted?
3. Did the program meet your (the consumer) needs?
4. If a friend needed to retirement, would you recommend this program to him/her?
5. How satisfied are you with the amount of help you (the consumer) received?
6. Overall, how satisfied are you with the service you (the consumer) received?
7. If you (the consumer) needed help again, would you (he/she) come back to the program?
8. How satisfied are you with the way you (the consumer) learned about retirement?
9. How satisfied are you with the way you (the consumer) learned about making choices?
10. How satisfied are you with your (the consumer) retirement plan (PATH)?

**Group Labels:**

- |          |                            |
|----------|----------------------------|
| Group 1: | Consumers                  |
| Group 2: | Family Members             |
| Group 3: | Government Representatives |
| Group 4: | Service Providers          |

**Responses:**

1. Not satisfied
2. Somewhat satisfied
3. Very satisfied

## **APPENDIX 5: ETHICAL REVIEW COMMITTEE APPROVAL**

Copy

THE UNIVERSITY OF MANITOBA  
***Inter-Departmental Correspondence***

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Date March 20/95

To: B. Galaway, Chairperson, Ethics Committee  
From: S. Frankel, Associate Professor. *SF*  
Subject: Approval of Thesis Research: Carie Solmundson

The above-mentioned graduate student will undertake a thesis which is part of a project for which Dr. Michael J. Mahon of the Faculty of Physical Education and Recreation Studies is the principal investigator.

The project has been approved by the Faculty of Physical Education and Recreation Studies Committee on Research Involving Human Subjects. A copy of the approval document is attached.

Is it necessary for the Faculty of Social Work Ethics Committee to independently review this proposal, or is the finding of the Faculty of Physical Education and Recreation Committee on Research Involving Human Subjects sufficient?

SF/rh  
Att.



THE UNIVERSITY OF MANITOBA

FACULTY OF SOCIAL WORK

Winnipeg, Manitoba  
Canada R3T 2N2

Tel: (204) 474-7050  
Fax: (204) 261-3283

March 24, 1995.

Ms. Carie Solmundson,  
62 Lanark Street,  
Winnipeg, MB,  
R3N 1K7.

Dear Ms. Solmundson:

This is further to communication from Professor Sid Frankel regarding your thesis research.

Our present procedures do not require us to do a research ethics review for proposals where a member of our Faculty is serving as a co-investigator with a member of another Faculty and the Faculty of the primary investigator has completed a research ethics review. We are, however, prepared to do a research ethics review if requested. You are not required to submit your proposal to us for review providing all the research procedures you will be using have been submitted to a research ethics review by the Faculty of Physical Education and Recreation Studies.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Burt Galaway', written over the typed name.

Burt Galaway,  
Professor.

BG/rh  
cc - Sid Frankel



**FACULTY OF PHYSICAL EDUCATION AND RECREATION STUDIES**

**COMMITTEE ON RESEARCH INVOLVING HUMAN SUBJECTS**

**TITLE OF PROPOSAL:**

**The implementation of the leisure link leisure education program with adults with mental retardation**

**PRINCIPAL INVESTIGATOR:**

**Dr. Michael Mahon**

**SPONSORING AGENCY:**

## Sturgeon Creek Enterprises

The Committee on Research Involving Human Subjects (Faculty of Physical Education and Recreation Studies) has evaluated the above proposal according to the criteria of the University of Manitoba Committee on Research Involving Human Subjects and finds it to be:

<b>X</b>	<b>acceptable</b>
_____	<b>not acceptable</b>

under the approval category:   X   Approved;        Renewal Approved;  
       Approved in Principle;        Tabled;        Withdrawn;        Denied

**January 21, 1993**

D. Hryciuk  
D. Hryciuk, Chair

**Notes:**