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Increasing community integration and inclusion for people with intellectual disabilities

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ABSTRACT

Historically residential facilities for individuals with intellectual disabilities have served the role of segregation and congregation with no real focus on integration into the community. More recently the focus has been to get people out of residential institutions and into community-based living settings. This work examines an approach to changing the systems and culture at a large residential facility to create higher rates of transitions to community-based living settings. A multi-phased systematic implementation approach is discussed in which each successive phase builds upon the previous phase. This approach creates opportunities for community integrated activities and then utilizes these community contexts as functional learning opportunities. Results are evaluated in the areas of community presence, community participation, community integration and community inclusion. Data indicate significant increases in each of these areas based on changing the facility focus, simplifying the intrusive accountability systems, aligning resources and teaching staff how to utilize support plans more efficiently to teach skills in functionally appropriate community integrated activities.

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1. Introduction

Historically, integration of individuals with intellectual disabilities (IDs) into the community was discouraged and avoided based on the theories of treatment at the time. Consequently, individuals were separated, congregated and isolated, sent away to institutions with separate schools and work

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options (Mirfin-Veitch, Bray, & Ross, 2001). This has proven to be ineffective from a treatment standpoint and leads to individuals with ID feeling devalued, disadvantaged, and treated like eternal children (Martin, 2006). Over the years there has been a plethora of treatment techniques that promised to ameliorate these issues with varied results. More recently avid movements to transition individuals with ID to community-based living settings and “de-institutionalization” efforts have not produced uniformly better results for everyone (Mansell, 2006). A consistent factor in both the rate of moving into a community-based setting and remaining in a community-based setting is individual level of ability. Myers, Ager, Kerr, and Myles (1998) found the more significant an individual’s disability the fewer opportunities he/she has to participate in community activities. White and Dodder (2000) found that adults with higher levels of adaptive behavior have greater levels of community integration. Further complicating these issues for individuals with significant ID is the increased prevalence of comorbid behavioral challenges that effect social skills and abilities (Matson, Minshawi, Gonzalez, & Mayville, 2006). Finally, quality of life data continue to indicate that quality of life remains poor for individuals with significant ID and the higher the ability level of the person the higher they score on quality of life measures (Perry & Felce, 2003; Singh et al., 2004). Therefore, functional skills acquisition becomes paramount for individuals with significant ID to assist them in moving from a residential setting into a community-based living setting.

Traditionally, learning opportunities offered to individuals with ID have occurred in artificial contexts such as segregated day programs and isolated sheltered workshops. This has been especially true for individuals living in residential facilities. These isolated, segregated operations gave little credence to the functionality and contextual fit of the learning opportunities provided. Skills training programs often focused on individual deficits and ignored the relevance of the training to the individual and his/her true goals. Individuals with less significant ID and higher adaptive abilities have more success in gaining and maintaining community-based living options. This leaves individuals with more significant challenges to reside in residential facilities. Therefore it is imperative for residential facilities to have a keen focus on increasing individual functional ability. The traditional scattered “shotgun” approach to skills training with the hope of hitting some of the individual skills needed is an inefficient and ineffective approach to teaching specific community-based skills. Unfortunately, this is often the approach utilized for individuals with ID who live in residential facilities. Foci of supports for individuals with ID has shifted to enhancing individual quality of life including providing the supports, learning opportunities, and real-life activities which enable individuals to experience inclusion and to become meaningful contributors to the larger society (Carr, 2007). Treatment orientation for individuals living in residential settings should be movement to the next level of care which is often community-based living. Support strategies must focus on where the person wants to live and then design relevant functional learning opportunities to support the person to achieve their desired goal. This helps to eliminate the scattered “shotgun” approach to skills acquisition by facilitating realistic person driven objectives and interventions that assist the person to meet their individual goals.

Teaching in a traditional academic classroom setting can be effective for individuals with ID and can improve academic skills (Cole, Waldron, & Majd, 2004). A newer more innovative approach to traditional classroom teaching for adults with ID is the utilization of psychosocial habilitation treatment malls to deliver contextually appropriate functional learning opportunities (Thorn, Bamburg, & Pittman, 2007). However, traditional classroom settings have limitations regarding learning context as they cannot always occur in real-life settings in the normal rhythm of life. Classroom based learning opportunities are beneficial and necessary for some people, but only serves as the basic foundation upon which to build skills. Regardless of the teaching methodology, learning techniques can be further enhanced when learning opportunities occur across multiple contexts, particularly real-life community-integrated contexts. This is a crucial factor for individuals with significant ID who need to learn practical functional skills and partake in real-life activities and experiences in order to transition to a more independent life. Positive behavior support (PBS) literature has embraced and championed the concept of learning in natural contexts, keenly focusing on the ecological validity and social validity of treatment strategies (Carr et al., 2002). Matson and Boisjoli (2009) identified 56,320 peer reviewed journal articles on the topic of ID published from 1979 to the first quarter of 2008. However this research has given little attention to systems and supports to capitalize on skills development during recreational activities (O’Reilly, Lancioni, & Kierans, 2000). These less formal activities can serve a crucial role in the formation of natural learning

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