

## Delivering Recreational Therapy Services to Support Outcomes In Young Adults with Developmental Disabilities As They Transition Out of Services

Fatema H. Ibrahim, CTRS

### Overview

- ~15% of children under 17 have one or more DD.
- Children with a DD are provided greater support systems, special education services, and opportunities than are young adults.
- Services become difficult to find and afford, negatively impacting QOL and leading to social isolation, diminishing of social skills and an increased likelihood of developing depression.

### TR Service Delivery and TR Outcome Models

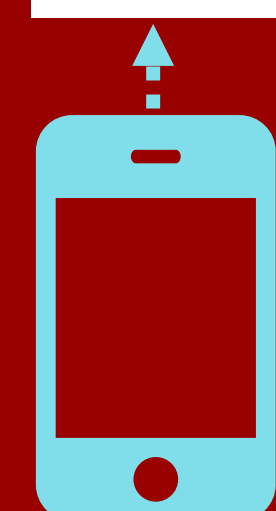
- Describe outcomes that could be achieved through recreation services; meant to help achieve client outcomes in practice.
- Aimed to empower the client, the clients' perception of leisure experiences determines whether interventions are leisure or non-leisure.
- Emphasize QOL and its relationship to leisure experiences as an important aspect of being human
- Also focus on functional outcomes being essential to optimal health

### Linking

- The ultimate goal of these models is to allow the clients to achieve the highest possible health and well-being from the experiences and leisure choices they decide to partake in.
- The CTRS identifies various methods of interventions to design services, recreation and leisure experiences.

### IMPLICATIONS

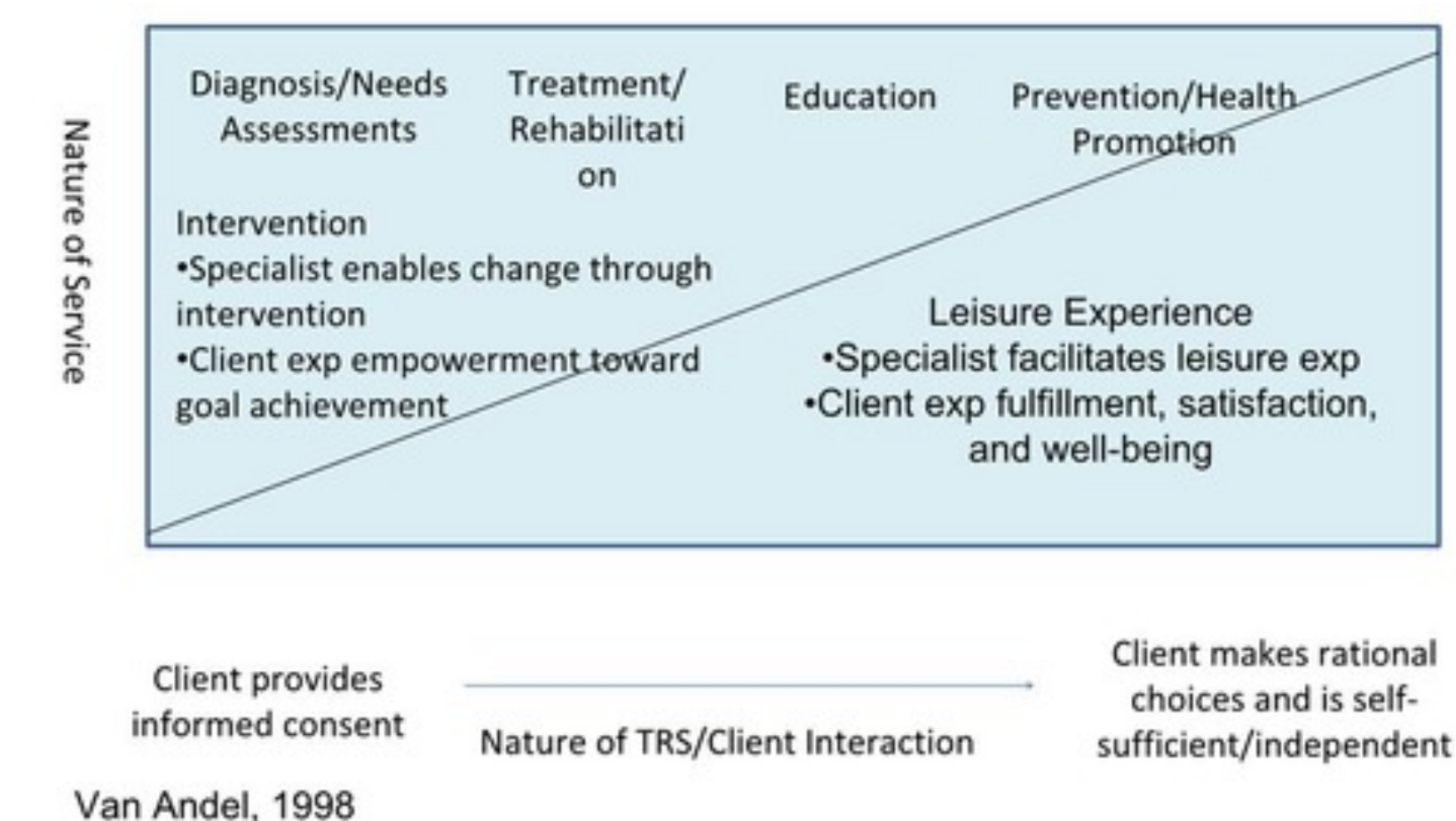
As an RT seeks to design appropriate interventions and leisure experiences for this population, they can use these models to address leisure and health outcomes with an intent to improve functional capabilities. Providing tailored leisure experiences per the models will allow individuals to develop skills for a successful transition, empowering them to access opportunities that will improve their health, wellness, and QOL.



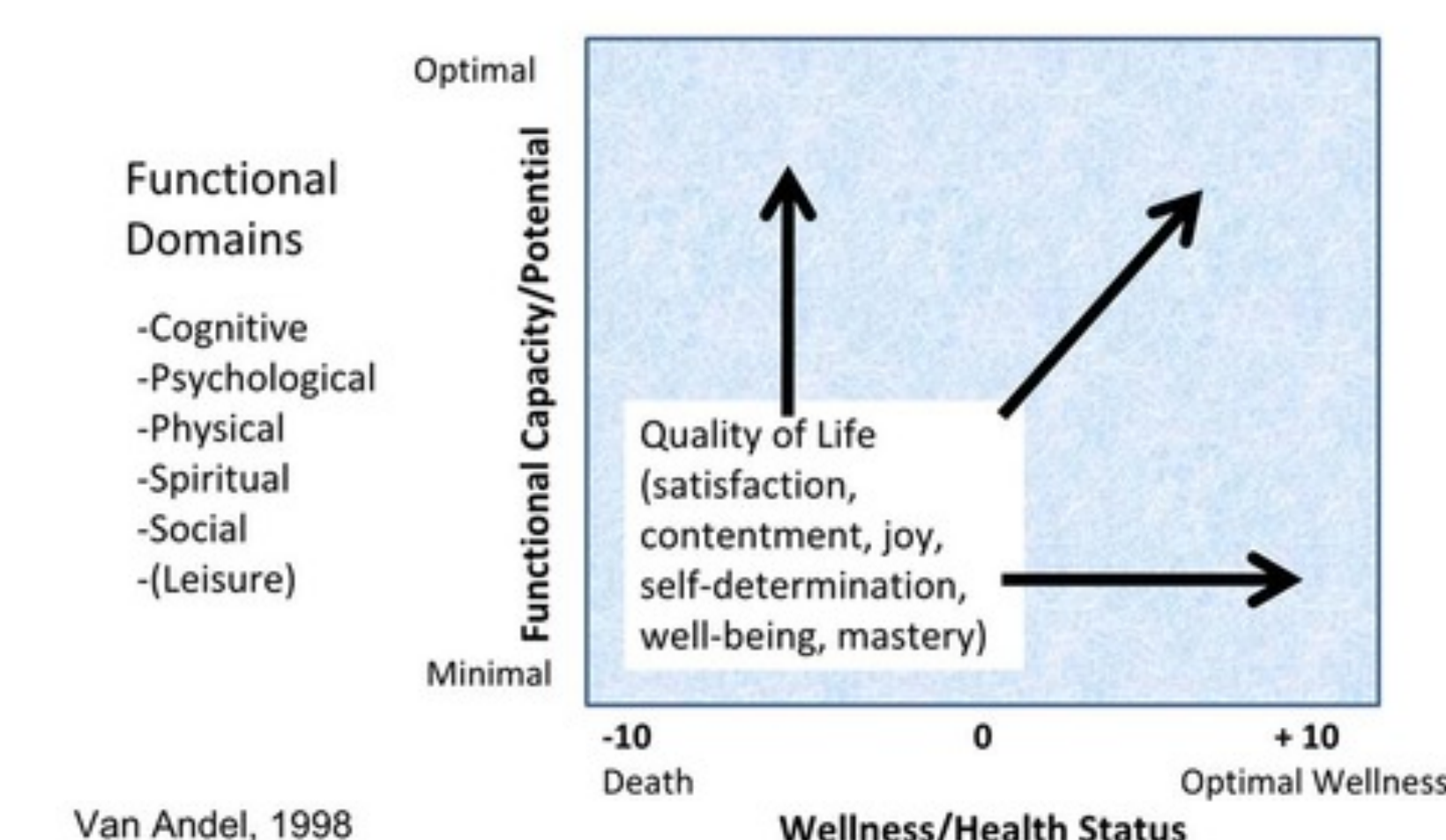
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# A CTRS following the TR Service Delivery and TR Outcome Models can assist an individual with DD in developing the skills needed for a successful transition from high-school to adulthood.

TR Service Delivery Model



Therapeutic Recreation Outcome Model (Van Andel, 1998)



### References

- Cai, R.Y. & Richdale, A.L. (2016). Educational experiences and needs of higher education students with autism spectrum disorder. *Journal of Autism Spectrum Disorders, 4* (1),31-41.
- CDC's work on Developmental Disabilities. (2017). Developmental Disability. *Centers for Disease Control and Prevention*. Retrieved from: <https://www.cdc.gov/ncbddd/developmentaldisabilities/about.html>
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- Zablotsky B., Black L.I., & Blumberg S.J. (2017). Estimated prevalence of children with diagnosed developmental disabilities in the United States, 2014-2016. NCHS Data Brief, no 291. National Center for Health Statistics. *Centers for Disease Control and Prevention*.



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Poster title: **Delivering Recreational Therapy Services to Support Outcomes In Young Adults with Developmental Disabilities As They Transition Out of Services**

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Abstract:

Developmental disabilities (DD) are a cluster of long-term, chronic conditions categorized as severe manifesting before the age 22. About 15% of children under 17 have one or more DD. Children with a DD are provided greater support systems, special education services, and opportunities than are young adults. After high school these services become difficult to find and afford, negatively impacting quality of life. As an RT seeks to design appropriate interventions and leisure experiences for this population, they should consider using the TR Service Delivery and Outcome Models to guide their practice. These models can be utilized as a hybrid model to address leisure and health outcomes with an intent to improve functional capabilities. Providing tailored leisure experiences per the models will allow individuals to develop skills for a successful transition, empowering them to access opportunities that will improve their health, wellness, and QOL.

Full list of references:

Cai, R.Y. & Richdale, A.L. (2016). Educational experiences and needs of higher education students with autism spectrum disorder. *Journal of Autism Spectrum Disorders*, 4 (1), 31-41.

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