Leisure Education and Later-Life Planning: A Conceptual Framework

Jennifer Mactavish* and Michael J. Mahon†

*Faculty of Physical Education and Recreation Studies, Health, Leisure & Human Performance Research Institute, University of Manitoba, Winnipeg, Manitoba; and †Faculty of Physical Education and Recreation, University of Alberta, Edmonton, Alberta, Canada

Abstract Older adults with intellectual disability represent a growing segment of the elderly population in developed and, to some extent, in developing nations worldwide. A considerable body of research has addressed this burgeoning demographic over the past 20 years. Although some variations appear within etiological subgroups, the biological processes of aging and related concerns (e.g., changes in health status) are similar for people independent of whether a person has an intellectual disability. The unique life experiences of individuals with intellectual disabilities, however, introduce social and environmental factors and practices that affect healthy aging and life quality, but are less well understood. As such, later-life planning is an accepted, although not always practiced, mechanism used and directed by adults without disabilities to plan for their futures in later life. Planning for this life stage among older adults with intellectual disabilities, if it is done at all, typically is a parent/family-driven process with a limited scope of focus (e.g., guardianship, financial security). Drawing on previous research in the areas of later-life planning and leisure education, the authors present a conceptual rationale for melding these two processes and propose principles and content elements that could facilitate the use of *leisure education as a framework for* holistically exploring later-life options and issues.

Keywords: older adults, later-life planning, leisure education

INTRODUCTION

According to the World Health Organization (WHO), there are approximately 580 million older adults worldwide, with an anticipated increase to more than one billion by the year 2020 (as cited in Janicki, 2001). The same growth trend is evident among people with life-long disability as well (Ansello & Janicki, 2000). Although difficult to pinpoint precisely, recent estimates suggest that 7–10% of the global population has some form of impairment or disability that affects participation in daily life (WHO, 2002). By 2015 the total number of older adults with life-long disability is expected to triple in the United States alone (*New York Times*, October 7, 1999). Individuals with intellectual disability represent an increasing segment of the older population, not only in the United States but in developed and developing nations around the world (Janicki & Ansello, 2000; Manton & XiLiang, 2001). Consequently, our needs have intensified for better understanding a wide range of issues that affect these individuals and of the supports they may require for quality living in later life (Davidson, Heller, Janicki, & Hyer, 2004; Heller, 2004).

Recognizing this need, the Lifespan and Disability Project (LDP) was launched. The LDP involved an interdisciplinary team of researchers who collaborated on a series of studies, which employed various forms of inquiry (e.g., quasiexperimental, naturalistic, participatory action research) and sources of information (e.g., older adults with intellectual disability, service providers, caregiver/family members), to explore issues (e.g., social integration, independence, leisure education) broadly related to later-life quality (e.g., Mactavish, Lutfiyya, & Mahon, 2000; Mactavish, Mahon, & Rodrigue, 1996; Mahon & Goatcher, 1999; Mahon & Mactavish, 2000; Mahon et al., 2000). Integrating examples of results from this research with related literature, the purpose of this paper is twofold: (1) to present a rationale for extending the use of person-centered leisure education as a process for exploring later-life issues and options; and (2) to propose additional principles and content elements that would facilitate the use of leisure education as an integrated/holistic approach to later-life planning.

SETTING THE STAGE: OVERARCHING THEMES IN PREVIOUS AGING AND INTELLECTUAL DISABILITY RESEARCH

In one of the earliest publications on aging and intellectual disability, Dybwad (1962, p. 717) described the emergence of

aging as a "new social phenomenon" that would demand attention of future researchers. In the 40 years since this article, research pertaining to older adults with intellectual disability has increased and over the past 20 years in particular a growing body of literature has emerged (e.g., Ansello & Rose, 1989; Hogg, Lucchino, Wang, & Janicki, 2001; Janicki & Ansello, 2000; Seltzer, Krauss, & Janicki, 1994; Sison & Cotton, 1989). While acknowledging that much remains to be learned, there is general agreement in this literature that beyond some etiologically specific concerns, the biological stages of aging and influencing factors encountered by people without disabilities also affect those with intellectual disability. Typically, when variations to this norm are evident they appear to be the function of social and environmental factors and practices unique to the life experiences of individuals with intellectual disabilities (Davidson, et al., 2004; Hogg, et al., 2001; Thorpe, Davidson, & Janicki, 2001). To enhance understanding of these unique factors, three overarching issues – each relevant to the purpose of this paper – have been identified from the existing literature: (1) the need to include the perspectives of older adults with intellectual disabilities on matters that affect their lives (Davidson et al., 2004; Goode, 1988; Taylor & Bogdan, 1990); (2) the importance of enhancing knowledge about later-life issues and planning processes (Heller, Miller, Hsieh, & Sterns, 2000; Sterns, Kennedy, Sed, & Heller, 2000); and (3) the identification of lifestyle conditions and practices that contribute to healthy aging (Davidson et al., 2004).

Including Perspectives of Individuals with Intellectual Disability

Much of our understanding about older adults with intellectual disability is based on the opinions of researchers, service providers, and/or family members/caregivers (Goode, 1988; Janicki & Ansello, 2000; Rosen, Simon, & McKinsey, 1995). While problematic for a variety of reasons (e.g., failure to account for the perspectives of individuals with intellectual disability) across disciplinary lines, this "by-proxy" approach to generating knowledge is of particular concern when central concepts of interest (e.g., successful aging, life quality, leisure, social integration, self-determination) are highly complex social constructions that are subject to individual variations in meaning (Haring, 1991; Hutchison & McGill, 1992; Schalock, 1996).

Findings from a study, conducted as part of the LDP, are used to illustrate this point. In this study, in-depth qualitative interviews were used to explore the meaning of independence and its relationship to leisure from three perspectives: older adults with intellectual disabilities, family members, and service providers (Mactavish et al., 1996). While individual variations were evident in the data, two common themes emerged – one specific to family members and service providers, the other to older adults. For family members and service providers the notion of independence was based on the ability of older adults to perform basic living tasks (e.g., personal care activities) and to make decisions with minimal external assistance. Older adults also acknowledged

the importance of these factors, but viewed them as secondary to "being free . . . free to do what I want with nobody telling me how to live and what to do all the time." The relationship between independence and leisure also yielded different perspectives by informant group. Specifically, older adults viewed leisure as a time to "do their own thing, to make their own decisions" and, as such, they consistently connected their recreation pursuits with enhanced feelings of independence. In contrast, family members and service providers did not consider leisure a key determinant of independence.

Issues in Later Life and Planning Processes

In the later-life planning literature there has been increasing recognition of the need to include the perspectives of older adults with intellectual disability and the need for better understanding of later-life issues and planning processes that enhance life quality. As was previously noted, aging-related issues and planning needs are applicable not only to individuals with intellectual disability, but to the general population as well. There are, however, considerations unique to the experiences of people with intellectual disability that warrant their examination as a distinct subgroup (Thorpe et al., 2001). For instance, unlike members of the general population who play an active role, if not control, planning and decision making (Moschis, 2002), many older adults with intellectual disabilities seldom enjoy comparable levels of involvement (Gold, 1987).

Ideally, planning for later life should be an extension of planning processes undertaken throughout the life course (i.e., a life span approach to planning); however, this currently is not standard practice (Davidson et al., 2004). Traditionally, planning for later life, if it occurred at all, was a parent- and/or family-driven process that concentrated on a limited range of issues such as guardianship, finances, and residential provisions for older adults with intellectual disability (Bigby, 2000; Heller & Factor, 1994). Formulation of these plans seldom involved older adults, and when they did, parental views often took precedence (Gold, 1987; Mahon, Mactavish, Mahon, & Searle, 1995; Smith & Tobin, 1989). To address these concerns, researchers have advocated for greater emphasis on person-centered approaches to later-life planning (Heller et al., 2000; Heller & Factor, 1993; Sterns et al., 2000). These approaches place the older adult with an intellectual disability at the center of the planning and decision-making process. In keeping with a life span development orientation, person-centered later-life planning is conceptually grounded in an ecologic perspective of empowerment (Rappaport, 1987). According to Rappaport, empowerment involves individuals' gaining a sense of mastery and control over their lives and becoming more connected within their communities. Within a later-life planning framework, empowerment is accomplished by providing older adults with information, skills training, and the opportunities to experience new options and to make informed choices (Heller, Factor, Sterns, & Sutton, 1996).

Lifestyle Conditions and Practices that Enhance Healthy Aging

The final overarching theme from the existing literature pertains to lifestyle issues and practices that promote healthy aging. Interest in this area is an outgrowth of research in two areas: (1) lifestyle factors that may present increased health risks among older adults with intellectual disability (Mughal, 2000); and (2) concerns about the social value of intervention and support services and the extent to which these enable individuals with intellectual disability to achieve valued social roles (Thorpe et al., 2001).

Research evidence, from developed countries at least, suggests that the health- and aging-related conditions experienced by older adults with intellectual disability are comparable to their peers without disabilities (WHO, 2002). Notable variations, largely attributed to lifestyle factors, have been identified, however (Evenhuis, Henderson, Beange, Lennox, & Chicoine, 2000; Heller et al., 2000; Mughal, 2000). For example, individuals with intellectual disability, independent of age, consistently rate among the most sedentary members of society, with highly passive forms of leisure engagement (e.g., watching television) and limited involvement in physical activity (Hawkins, 1993; Rimmer, Braddock, & Marks, 1995; Turner & Moss, 1996). Consequently, it is not surprising that as older adults, these individuals often are more prone than the general population to health concerns such as obesity, coronary artery disease, hypertension, and diabetes (Hogg et al., 2001; Merrick et al., 2004; Mughal, 2000; WHO, 2002). Also documented in previous research is the exacerbation of these health concerns by insufficient knowledge about health-promoting behaviors (e.g., exercise, nutrition, cessation of smoking), limited programs and unmet service needs in this area, and lack of decision-making control in areas such as food choices and leisure activities (Evenhuis et al., 2000; Heller et al., 1996; Pruchno & McMullen, 2004).

With respect to the social value of intervention and support services, previous research has focused on a wide range of valued outcomes, many of which are broadly subsumed within notions about quality of life and informed by philosophical principals in human and disability rights. Examined within this work are outcomes such as: (1) increased practical, leisure, or life-enhancing skills (e.g., making choices between alternative activities); (2) improved dietary and general health factors that prevent limitations in functioning; (3) varied involvement in preferred life activities within the community; (4) recognition that meaningful, challenging, and productive roles may be continued throughout the life span; and (5) an increased (or strengthen) network of acquaintances, friends, and valued social roles (Thorpe et al., 2001).

Research on lifestyle factors that affect health and the value of services for counteracting these affects converge in recommending the need for, and importance of increasing availability and access to health education programs (Heller et al., 2000; Mughal, 2000; Rimmer et al., 1995). It also has been cautioned that participation in these educational programs must be self-determined and contingent on individual choice, as it is for older adults in the general population (Hogg, 1994; Hogg et al., 2001).

OVERARCHING THEMES AND THE LEISURE, LEISURE EDUCATION CONNECTION

The overarching themes identified from existing research involving older adults with intellectual disability parallel discussions in the leisure-based literature, which emphasize: (1) the importance of individual perspectives in understanding socially constructed concepts (e.g., leisure, quality of life); (2) the need for better understanding issues in later life; (3) the role of leisure in addressing these issues and facilitating healthy lifestyle conditions; and (4) the leisure practices that promote optimal aging and life quality (Hawkins, 1993; Mactavish et al., 2000; Mactavish & Searle, 1992; Mahon et al., 1995; Mahon & Goatcher, 1999).

Person-centered leisure education – a subfield within leisure studies – is a process potentially capable of bridging these distinct, yet interrelated, areas of emphasis and accommodating the themes identified in the aging and intellectual disability research as well. Emphasizing a person's needs and interests as the driving force, Bullock and Mahon (2000) described leisure education as "an individualized and contextualized educational process through which a person develops an understanding of self and leisure and identifies and learns the cluster of skills necessary to participate in freely chosen activities which lead to an optimally satisfying life" (p. 332). This approach usually involves three domains of interest (awareness, skill learning and rehearsal, and self-determination), each composed of a number of subcomponents (e.g., awareness of leisure, self, and resources). Person-centered leisure education is grounded in the principles of normalization and self-determination, which are conceptually related to the basis for person-centered later-life planning – empowerment. Normalization rests on the premise that individuals with disabilities be afforded access to the patterns and conditions of everyday living that are as close as possible to, if not the same, as those enjoyed by the general population (Nirje, 1985). Implicit in this principle is that individuals with intellectual disabilities have opportunities to experience life fully and to make decisions that will affect their experiences. Self-determination complements this notion in that it refers to the attitudes and abilities required to act as the primary causal agent in one's life and to make choices regarding one's actions free from undue external influences (Wehmeyer, 1992).

Contemporary directions in aging and intellectual disability research, particularly in later-life planning, and leisure education share a number of similarities (e.g., recognize the importance of reflecting a person's needs/interests, promoting self-determination, empowerment, and individual decision making) in pursuit of a common aim – enhancing individual life quality. Emerging evidence suggests that individually, both approaches are effective means for achieving this aim (Bullock & Mahon, 2000; Heller et al., 1996; 2000; Hoge & Dattilo, 1999).

PERSON-CENTERED LEISURE EDUCATION AS A
FRAMEWORK FOR LATER-LIFE PLANNING

Despite the obvious parallels, the relationship between these two processes and the potential utility of a leisure education-based approach to later-life planning has not been thoroughly examined. In previous studies (Kleiber, 1982; Krain, 1995; Perritt, 1991), all focusing on older adults without disabilities, the potential merit of melding these processes was suggested; while another study (Mahon & Goatcher, 1999) directly explored the application of this notion to older adults with a lifelong disability. Conducted as part of the LDP, Mahon and Goatcher employed a quasiexperimental, field-based design to assess the efficacy of a leisure education-based later-life planning model. The planning model, delivered to the experimental group only, included three components: (1) retirement and leisure awareness, and decision making; (2) Planning Alternative Tomorrows with Hope (i.e., PATH) planning; and (3) leisure initiation. The first phase integrated elements found in most traditional leisure education programs including leisure awareness and leisure decision making. Consistent with the leisure education model advanced by Bullock and Mahon (2000), the leisure awareness component of the first phase concentrated on helping the participants develop a contextualized understanding of leisure within their lives and personal and community resources such as money, people and relationships, transportation, personal routine preferences and community resources. Adding to this focus, factors and concerns specific to later life were infused into this component of the planning model. For example, the resource component of leisure awareness was extended to include community resources available to older adults.

The decision-making element of Mahon and Goatcher's study built on previous research that examined leisure decision making among adolescents and adults with intellectual disabilities (Mahon, 1994). The Decision-Making in Leisure (DML) model, originally tested by Mahon and Bullock (1992) and verified in subsequent research (Mahon, 1994; Mahon & Martens, 1996), involves a four-step approach: (1) identification of desired leisure experiences (goals); (2) consideration of alternatives (options) for achieving the desired outcome(s); (3) description of possible consequence of various options (e.g., level of enjoyment, affordability, accessibility); and (4) selection (choice) of an alternative(s) that satisfies the individual's desired goal(s). This model has proved useful in enhancing the ability of adolescents and adults to make independent decisions regarding their leisure time engagements. Since later life is a period of increased personal time for many older adults, the DML model was expected to be an appropriate tool for assisting older adults with intellectual disabilities in making decisions about later-life planning.

While the leisure awareness and decision-making components were thought to be well suited to the later-life planning context, Mahon and Goatcher (1999) speculated that the com-

plexities of planning at this life stage would require an additional component – one designed to build a support network of individuals committed to the success of a given individual's plan. This resulted in the addition of PATH planning in the second phase of the research. PATH is a form of personal futures planning, which was popularized in the field of intellectual disability during the mid-1990s. PATH planning is a creative process "designed to help a group of people create a life of meaning and contribution for the person who is the focus of the planning" (Mount & Zwernik, 1990, p. 1). Unlike more traditional planning processes, which are often deficit focused, the interests, aspirations, and capabilities of the individual with intellectual disability are the focal point in PATH planning. The individual and a core group of people (e.g., friends, family) closely associated with their lives are brought together to map out a plan, and to determine the personal and community resources necessary to achieve the plan.

The final component that Mahon and Goatcher (1999) included in their later-life planning approach incorporated a leisure initiation process (Mahon, 1994), which involved teaching individuals to develop and carry out leisure plans as independently as possible. Again, because of the interest for older adults to remain as independent as possible, this process seemed to fit.

Mahon and Goatcher's (1999) results generally supported the appropriateness and effectiveness of a leisure education-based approach to later-life planning. Their findings showed that the participants who received the planning intervention reported significantly greater leisure and life satisfaction than their control group counterparts. These finding are consistent with previous research in which leisure activity participation was found to have positive effects on retirement and life satisfaction (Hawkins, 1993; MacEwen, Barling, Kellowy, & Higginbottom, 1995). Mahon and Goatcher also found that the intervention resulted in significant lifestyle changes for individual participants, with two moving into full retirement by the end of the project and others choosing to continue to work on a part time basis to allow more time for leisure. For participants who did not opt for full retirement, concerns about loss of friends and social contacts in their work setting and loss of income were the most frequently cited reasons for their decision. Determining how to accommodate these two key concerns was recommended as an area in need of future research.

In summary, the results of Mahon and Goatcher's work underscore the importance of individualized approaches to planning and the need to focus on a broad range of options as retirement is not the only outcome or consideration in planning for later life. The results of this work also endorse the appropriateness and effectiveness of a leisure education-based approach to later-life planning. Participants' concerns about issues (e.g., finances, alternatives to retirement) outside the scope of the planning model, however, indicated the need for further learning about this process and additional content elements that may be useful to incorporate.

PROCESS AND CONTENT CONSIDERATIONS
FOR EXTENDING LEISURE EDUCATION AND
LATER-LIFE PLANNING

Results of a recent LDP initiative offers one source of information about additional process and content considerations in later-life planning. In this study, a participatory action research framework was used to bring older adults with an intellectual disability, academics, and former service providers together as a collaborative team (Mahon & Mactavish, 2000). Participatory action research involves individuals who typically have been objects or subjects of study as full partners in the research enterprise (Oliver, 1997). Additionally, generating knowledge and translating that knowledge into action is one of the defining characteristics of this form of research (Stringer, 1996). Consistent with these aims, the intention of the study was to enhance knowledge about the later-life concerns of older adults and to translate this knowledge into actions that would support them in achieving their visions for the future.

In terms of later-life concerns, it was apparent that the participants in this study wrestled with a variety of matters, all of which revolved around a central overarching theme, *life changes as people get older.* The essence of this theme involved a cluster of issues: the affects of advancing age on health and employment status, financial stability, maintaining connections with family and friends, preserving a sense of meaning and purpose in life, and participating in making important life decisions (Mahon & Mactavish, 2000). Hope and fear crystallized the participants' views about each of these issues – hopes and positive aspirations juxtaposed by fears about contrary outcomes. For example, lacking awareness about finances and plans that had been made on their behalf in this area led to fears about financial security and the possible negative implications of this in familiar and comfortable spheres of life (e.g., changes in home situation, loss of work role). The ability to sustain established leisure interests also was frequently linked to concerns about finances and, more generally, fears that others (e.g., support providers) may not share or support the importance attributed to leisure as way of maintaining social contacts and personally meaningful activities that contributed to the participants' sense of autonomy, life satisfaction, and happiness.

When asked about strategies others (e.g., parents, carers, support providers) could use in helping them address their concerns and realizing their hopes, the participants shared a number of suggestions that reflected an altruistic desire to *teach others through their experiences.* Embedded in this theme were two related ideas: the importance of self-knowledge (e.g., "We may be slow but we know what we need . . .") and external recognition (e.g., by family members, supportive others) of credibility and competence in informing, if not making, life decisions. In short, the participants in this study viewed themselves and their contemporaries as having the capacity – if listened to, appropriately supported, and involved in decision making – to achieve their visions for the future. The following

quotes are examples of the data that supported this theme cluster.

It would be good if people like us could be open and talk about things we've learned about. It might get somebody going on something that would help them . . . I am getting old and I don't have much to leave behind, but that would be something. I want to leave something.

It's hard to make plans. It's hard because I have lots of ideas about how things should be in my life, but at home, they make my mind up for me . . . They don't let me decide for myself . . . they seem to know better than me. Anything I say doesn't go, they know better . . . but I don't think they always do.

When people ask for help, people should listen and do something about it. Like I keep telling them [referring to the social worker] – I want a paying job. I says give me a job at a filling station. I can pump gas, change your oil, whatever . . . but I still don't have one (a job)! . . . It's like teachers, too. When I went to school I was always asking for help. Nobody listened. I didn't get the help I needed. People should listen or you don't get any help, or the help you are asking for.

These key findings further substantiate the rationale for a person-centered, leisure education-based approach to later-life planning. When viewed from an action research perspective a number of process- and content-related recommendations also are evident that may prove useful for those interested in adopting such an approach. Figure 1 contains an overview of these recommendations.

Process Recommendations

As can be seen in Figure 1, the principle of normalization, self-determination, and empowerment provide the conceptual basis for advancing a person-centered, leisure education-based approach to later-life planning. Subscribing to and enacting the principles of these underlying concepts is the first step toward such an approach – one that reflects the needs and interests of older adults. Additional beliefs for guiding this process might include: (1) presumption of credibility – presume the credibility of and competence of older adults to direct their own lives and to provide the supports that they may require in making this happen; (2) "I am more than my disability" – consider other factors that may have an equal or greater influence on people's lives and experiences (e.g., social class); (3) make a commitment to assisting people in maintaining connections that contribute to their sense of identify, security, and social belonging; and (4) planning is an ongoing and dynamic process – one time planning, started once people have already reached later-life is too late (i.e., need for life span planning,
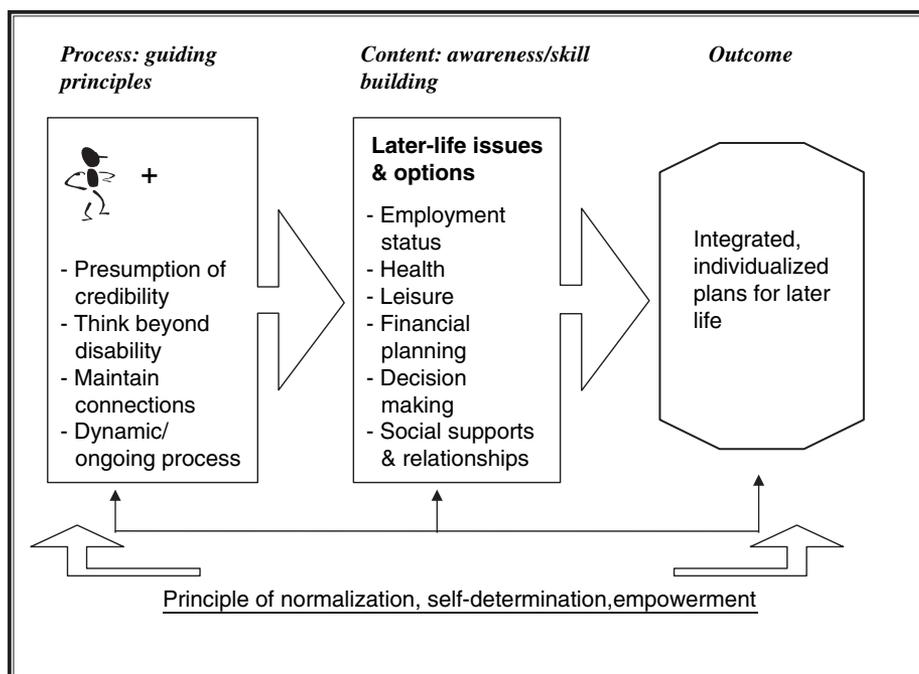
FIGURE 1

A conceptual framework for meshing/extending leisure education and later-life planning.

whereby later-life planning is a natural extension of previous plans).

Content Recommendations

When planning and decision making occurs without input or awareness of the individual with an intellectual disability, unnecessary anxieties (e.g., financial implications for other life domains) and concerns about the implications of "what will happen to me in the future" may be evoked, as was evident among the participants in our research. A melding of person-centered, later-life planning and person-centered, leisure education offers a unique opportunity and approach for addressing this concern. Enacting this suggestion could be done applying a modified version of Mahon and Goatcher's (1999) model. For example, as illustrated in Figure 1, the "retirement/leisure awareness" component of their model could be expanded to focus on "awareness and skill building" for considering a host of interconnected interests and issues in later life. Awareness might involve informing the individual with an intellectual disability, in a manner suitable to his/her needs and abilities, about plans that the parents, for example, might have put in place. Awareness also could involve enhancing parent, carer, or support providers' understanding of the issues or concerns most salient to the individual with an intellectual disability – with the purpose of incorporating these

concerns into subsequent plan development. Another method for promoting awareness and skill building, which has the added benefit of enhancing direct involvement of people with intellectual disabilities in the planning process, could be facilitated using the DML model. For example, this model could be effective for guiding an older individual interested in changing his/her employment status by identifying alternatives, considering the implications of these options, and arriving at a decision that accommodates his/her employment interests while taking into account other areas of life that might be affected (e.g., finances, social connections).

Guardianship, finances, and residential placements, the focus in traditional, parent/carer-driven approaches to later-life planning, are certainly important considerations; however, they are not the only matters to be addressed in setting the stage for living well into the future (Sterns et al., 2000). Adopting a leisure education-based perspective in later-life planning offers a way of incorporating other factors that lend quality to later life. Leisure, with its recognized role as a facilitator of life quality, is one such interest that merits greater attention in this area. Conceptually, leisure is a human construction that is inextricably linked to people's lives and experiences. It cannot be understood fully, or facilitated effectively, when considered as a separate and distinct realm of life (Kelly, 1996) or as a singular concept. Indeed, leisure has been defined in a number of different ways (e.g., as activity, as free time, as meaningful and satis-

fying experiences, or as some combination of these – Mannell & Kleiber, 1997), all of which are relevant in later-life planning. The basis for an individual's understanding of leisure therefore is likely to vary by person and context. As such, awareness of leisure and its role and value in an individual's life (e.g., enjoyment, socially connecting with others, fostering a sense of belonging) also warrants attention, and if identified as a priority by the individual, should be integrated into the planning process.

Other key issues and options (i.e., identified in the center box in Figure 1) in later-life planning and their importance to each individual are likely to vary by individual as well. In other words, although appearing somewhat linear or hierarchical in the figure, the appropriateness of the content considerations presented in this model must be evaluated in relation to the unique interests and aspirations of each individual. The outcome of this approach would be an individualized, holistic plan that reflects a person's priorities and supports his/her views about quality living in later life. In this way, the content and outcome components of Figure 1 also reflect the underlying concepts of normalization, self-determination, and empowerment.

In conclusion, by linking results from studies conducted as part of the LDP with related literature, we have established a conceptual rationale for extending the use of person-centered leisure education as process for exploring a broad range of options and issues in later life. Additionally, we have proposed several process and content considerations that reflect the expressed needs and interests of older adults with intellectual disabilities and have offered some examples for implementing these suggestions. Future work is needed to develop curricular content for translating the ideas advanced in this paper into practice, and for assessing the efficacy of this approach in supporting older adults in pursuit of their visions for the good life.

REFERENCES

Ansello, E., & Janicki, M. (2000). The aging of nations: Impact on the community, the family, and the individual. In M. Janicki, & E. Ansello (Eds.), *Community supports for aging adults with lifelong disabilities* (pp. 3–18). Baltimore, MD: Paul H. Brookes.

Ansello, E., & Rose, R. (1989). *Aging and lifelong disabilities: Partnership for the twenty-first century*. Palm Springs, CA: Elder Press.

Bigby, C. (2000). Models of parental planning. In M. P. Janicki, & E. F. Ansello (Eds.), *Community supports for aging adults with lifelong disabilities* (pp. 81–95). Baltimore, MD: Paul H. Brookes.

Bullock, C., & Mahon, M. J. (2000). *Introduction to recreation services for people with disabilities: A person-centered approach* (2nd ed.). Champaign, IL: Sagamore.

Davidson, P., Heller, T., Janicki, M., & Hyer, K. (2004). Defining a national health research and practice agenda for older adults with intellectual disability. *Journal of Policy and Practice in Intellectual Disabilities*, *1*, 2–9.

Dybwad, G. (1962). Administrative and legislative problems in the care of the adult and aged mentally retarded. *American Journal on Mental Deficiency*, *66*, 716–722.

Evenhuis, H., Henderson, C., Beange, H., Lennox, N., & Chicoine, B. (2000). Healthy ageing – Adults with intellectual disabilities: Physical health issues. *Journal of Applied Research in Intellectual Disabilities*, *3*, 175–194.

Gold, M. (1987). *Parents of the adult developmentally disabled*. New York: Brookdale Center on Aging.

Goode, D. (1988). *Discussing quality of life: The process and findings of the work group on quality of life for persons with disabilities*. Valhalla, NY: Mental Retardation Institute, Westchester, County Medical Center.

Haring, T. G. (1991). Social relationships. In L. H. Meyer, C. A. Peck, & L. Brown (Eds.), *Critical issues in the lives of people with severe disabilities* (pp. 195–217). Baltimore, MD: Paul H. Brookes.

Hawkins, B. (1993). Leisure participation and life satisfaction off older adults with mental retardation and Down syndrome. In E. Sutton, A. Factor, B. Hawkins, T. Heller, & G. Seltzer (Eds.), *Older adults with developmental disabilities: Optimizing choice and change* (pp. 141–156). Baltimore, MD: Paul H. Brookes.

Heller, T. (2004). Introduction to the special issue on aging: Family and service support systems. *American Journal on Mental Retardation*, *109*, 349–351.

Heller, T., & Factor, A. (1993). Aging family caregivers: Support resources and changes in burden and placement desire. *American Journal on Mental Retardation*, *98*, 417–426.

Heller, T., & Factor, A. (1994). Facilitating future planning and transitions out of the home. In M. Seltzer, M. Wyngaarden-Kraus, & M. Janicki (Eds.), *Life course perspectives on adulthood and old age* (pp. 39–50). Washington, DC: American Association on Mental Retardation.

Heller, T., Factor, A. R., Sterns, H. L., & Sutton, E. (1996). Impact of person-centered later life planning training program for older adults with mental retardation. *Journal of Rehabilitation*, *16*, 77–83.

Heller, T., Miller, A. B., Hsieh, K., & Sterns, H. (2000). Later-life planning: Promoting knowledge of options and choice-making. *Mental Retardation*, *38*, 395–406.

Hoge, G., & Dattilo, J. (1999). Effect of a leisure education program on youth with mental retardation. *Education and Training in Mental Retardation and Developmental Disabilities*, *34*, 20–34.

Hogg, J. (1994). Leisure and intellectual disability: The perspective of ageing. *Journal of Practical Approaches to Developmental Handicap*, *18*, 13–16.

Hogg, J., Lucchino, R., Wang, K., & Janicki, M. (2001). Healthy ageing – Adults with intellectual disabilities: Ageing and social policy. *Journal of Applied Research in Intellectual Disabilities*, *3*, 229–255.

Hutchison, P., & McGill, J. (1992). *Leisure, integration and community*. Concord, ON: Leisurability Publications.

Janicki, M. P. (2001). Toward a rationale strategy for promoting healthy ageing amongst people with intellectual disabilities. *Journal of Applied Research in Intellectual Disabilities*, *14*, 171–174.

Janicki, M. P., & Ansello, E. F. (Eds.). (2000). *Community supports for aging adults with lifelong disabilities*. Baltimore, MD: Paul H. Brookes.

Kelly, J. R. (1996). *Leisure* (3rd ed.). Boston, MA: Allyn and Bacon.

Kleiber, D. (1982). Optimizing retirement through lifelong learning and leisure education. In N. Osgood (Ed.), *Life after work: retirement, leisure, recreation, and the elderly* (pp. 319–329). New York: Praeger.

Krain, M. (1995). Policy implications for a society aging well: Employment, retirement, education, and leisure policies for the 21st century. *American Behavioral Scientist*, *39*, 131–151.

MacEwen, K., Barling, J., Kelloway, K., & Higginbottom, S. (1995). Predicting retirement anxiety: The roles of parental socialization and personal planning. *Journal of Social Psychology*, *135*, 203–213.

Mactavish, J. B., Lutfiyya, Z. M., & Mahon, M. J. (2000). "I can speak for myself" involving individuals with an intellectual disability as research participants. *Mental Retardation*, *38*, 216–227.

Mactavish, J. B., Mahon, M. J., & Rodrigue, M. (1996). Older adults with a mental disability: Exploring the meaning of independence. *Proceeding of the 8th Canadian Congress on Leisure Research*. Ottawa, ON: The University of Ottawa.

Mactavish, J. B., & Searle, M. S. (1992). Older individuals with mental retardation and the effect of a physical activity intervention on selected social psychological variables. *Therapeutic Recreation Journal*, *26*, 38–47.

Mahon, M. J. (1994). The use of self-control techniques to facilitate self-determination skills during leisure in adolescents and young adults with mild and moderate developmental disabilities. *Therapeutic Recreation Journal*, *28*, 58–72.

Mahon, M. J., & Bullock, C. (1992). Teaching adolescents with mild developmental disabilities to make decisions in leisure through the use of self-control techniques. *Therapeutic Recreation Journal*, *26*, 9–26.

Mahon, M. J., & Goatcher, S. (1999). Later-life planning for older adults with mental retardation: A field experiment. *Mental Retardation*, *37*, 371–382.

Mahon, M. J., & Martens, C. (1996). Planning for the future: The impact of leisure education on adults with developmental disabilities in supported employment settings. *Journal of Applied Recreation Research*, *21*, 283–312.

Mahon, M. J., & Mactavish, J. (2000). A participatory action study of later life planning. Proceedings of the 2000 International Association for the Scientific Study of Intellectual Disability, Seattle, Washington. *Journal of Intellectual Disability Research*, *44*, 378.

Mahon, M. J., Mactavish, J., & Bockstael, E. (2000). Social integration, leisure, and individuals with intellectual disability. *Parks and Recreation – National Parks and Recreation Association*, *April*, 25–40.

Mahon, M., Mactavish, J., Mahon, M. J., & Searle, M. (1995). *Older adults with mental disability: Exploring the meaning of independence*. Winnipeg, MB: University of Manitoba.

Mannell, R., & Kleiber, D. (1997). Social science and the quest for happiness, health, and the good life. In R. Mannell, & D. Kleiber (Eds.), *A social psychology of leisure* (pp. 5–28). State College, PA: Venture.

Manton, K. G., & XiLiang, G. (2001). Changes in the prevalence of chronic disability in the United States black and non-black population above age 65 from 1982 to 1999. *Proceeding of the National Academy of Science*, *98*, 6354–6359.

Merrick, J., Davidson, P., Morad, M., Janicki, M., Wexler, O., & Henderson, C. (2004). Older adults with intellectual disability in residential care centers in Israel: Health status and service utilization. *American Journal on Mental Retardation*, *109*, 413–420.

Moschis, G. (2002). Retirement and retirees: An emerging business opportunity. *Generations*, *26*, 61–65.

Mount, B., & Zwernik, K. (1990). *Making futures happen. A manual for facilitators of personal futures planning*. St. Paul, MN: Metropolitan Council.

Mughal, D. (2000). Health promotion and disease prevention. In M. P. Janicki, & E. F. Ansello (Eds.), *Community supports for aging adults with lifelong disabilities* (pp. 193–210). Baltimore, MD: Paul H. Brookes.

Nirje, B. (1985). The basis and logic of the principle of normalization. *Australian and New Zealand Journal of Developmental Disabilities*, *11*, 65–68.

Oliver, M. (1997). Emancipatory research: Realistic goal or impossible dream? In C. Barners, & B. Mercer (Eds.), *Doing disability research* (pp. 15–31). Leeds, UK: Disability Press.

Perritt, L. (1991). Adjusting to retirement: Vocational and avocational issues. *Topics in Geriatric Rehabilitation*, *6*, 74–85.

Pruchno, R., & McMullen, W. (2004). Patterns of service utilization by adults with developmental disability: Type of service makes a difference. *American Journal on Mental Retardation*, *109*, 362–378.

Rappaport, J. (1987). Terms of empowerment/exemplars of prevention: Toward a theory for community psychology. *American Journal of Community Psychology*, *15*, 121–128.

Rimmer, J., Braddock, D., & Marks, B. (1995). Health characteristics and behaviors of adults with mental retardation residing in three living arrangements. *Research in Developmental Disabilities*, *16*, 489–499.

Rosen, M., Simon, E. W., & McKinsey, L. (1995). Subjective measure of quality of life. *Mental Retardation*, *33*, 31–34.

Schalock, R. L. (1996). Reconsidering the conceptualization and measurement of quality of life. In R. L. Schalock (Ed.), *Quality of life, volume 1: Conceptualization and measurement* (pp. 123–139). Washington, DC: AAMR.

Seltzer, M., Krauss, M., & Janicki, M. (Eds.). (1994). *Life course perspectives on adulthood and old age.* Washington, DC: AAMR.

Sison, G. F. P., & Cotton, P. D. (1989). The elderly mentally retarded persons: Current perspectives and future directions. *Journal of Applied Gerontology*, *8*, 151–167.

Smith, G., & Tobin, S. (1989). Permanency planning among older parents of adults with lifelong disabilities. *Journal of Gerontological Social Work*, *114*, 35–59.

Sterns, H. L., Kennedy, E. A., Sed, C. M., & Heller, T. (2000). Later-life planning and retirement. In M. P. Janicki, & E. F. Ansello (Eds.), *Community supports for aging adults with lifelong disabilities* (pp. 179–191). Baltimore, MD: Paul H. Brookes.

Stringer, E. T. (1996). *Action research: A handbook for practitioners.* Thousand Oaks, CA: Sage.

Taylor, S. J., & Bogdan, R. C. (1990). Quality of life and the individual's perspective. In R. L. Shalock (Ed.), *Quality of life: Perspectives and issues* (pp. 27–40). Washington, DC: American Association on Mental Retardation.

Thorpe, L., Davidson, P., & Janicki, M. (2001). Healthy ageing – Adults with intellectual disabilities: Biobehavioral issues. *Journal of Applied Research in Intellectual Disabilities*, *3*, 218–228.

Turner, S., & Moss, S. (1996). The health needs of adults with learning disabilities and the Health of the National Strategy. *Journal of Intellectual Disability Research*, *40*, 438–450.

Wehmeyer, M. (1992). Self-determination and the education of students with developmental disabilities. *Education and Training in Developmental Disabilities*, *27*, 302–314.

World Health Organization (WHO). (2002). Healthy aging: Adults with intellectual disabilities: Summative report. *Journal of Applied Research in Intellectual Disabilities*, *14*, 256–275.