A DESCRIPTION OF LEISURE COUNSELING SERVICES
IN TEXAS COMMUNITY MENTAL HEALTH AND
MENTAL RETARDATION CENTERS

THESIS

Presented to the Graduate Council of the
North Texas State University in Partial
Fulfillment of the Requirements

For the Degree of

MASTER OF SCIENCE

By

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Denton, Texas
December, 1976

The purpose of this study is to determine the extent of leisure counseling provided in Texas Community Mental Health and Mental Retardation Centers.

Data was gathered from responses to a survey sent to Texas Community MHMR Centers. There was a ninety-three per cent response rate. The results indicated leisure counseling was not being provided, although some minor components of leisure counseling were being conducted at individual centers. Recommendations were made for expansion of recreation programs, the institution of counseling sessions dealing with leisure related topics on a regular basis, the use of leisure interests assessment instruments, and the development of a systematic recreation information referral system.
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CHAPTER I

INTRODUCTION

Recreation's role in society is to provide the opportunity for all people to achieve what Gray has described as "an emotional condition that flows from a feeling of well being and satisfaction. It is characterized by feelings of mastery, achievement, exhilaration, acceptance, success, personal worth, and pleasure" (3, p. 11).

The therapeutic recreation specialist within an agency should attempt to provide this opportunity for the agencies' clients. This service should assist other disciplines in the habilitation or the rehabilitation of those clients. O'Morrow (4) has indicated that the emphasis in many rehabilitation programs has been in areas of vocational, psychological, and educational counseling while little attention has been placed on leisure experiences. Other studies indicate an expansion of leisure time (1, 3). Currently, the average American has approximately one-third of his life in free, unobligated time (1, p. 5; 4, p. 69). If an agency is to serve the public it should attempt to provide services which will assist the public, not only in areas involved with obtaining a job and remaining on it, but also with the remaining one-third of life not directly connected with work.
A Texas agency, concerned with providing rehabilitation services to six target groups collectively referred to as the mentally impaired, is the Texas Department of Mental Health and Mental Retardation (TDMHMR). These six target groups are (a) emotionally disturbed children and adolescents, (b) mentally retarded persons, (c) mentally ill adults not impaired through substance abuse or developmental causes, (d) mentally impaired aged, (e) persons mentally impaired through alcohol abuse, and (f) persons mentally impaired through drug abuse (10, p. 5). TDMHMR identifies in its "at risk" classification twenty-six percent of the state's population, or 3,200,000 Texans. This figure projected to 1985 is 4,000,000. The "at risk" population consists of all persons suffering from some form of mental impairment and in possible need of some form of service at a future date. A sub-group of the "at risk" classification is the "in need" group. The "in need" group "demonstrated sufficient symptomology to require professional, therapeutic intervention" (10, p. 5). The "in need" group was estimated to number approximately 743,748 in 1974. Of these, 158,679 were served by the TDMHMR and affiliated programs during 1974. (10). TDMHMR operates or assists in the operation of three types of agencies; Mental Health Service agencies, Mental Retardation agencies, and Community Service agencies. The majority of clients of TDMHMR are served by twenty-seven Community Mental Health and Mental Retardation Centers which are Community Service agencies. These centers
served 90,862 clients in 1975. Services of the Community Mental Health and Mental Retardation Centers vary from agency to agency. Thirteen of the twenty-seven agencies listed in the TDMHMR Annual Report (8) indicated some form of recreation programing was occurring either on a part-time basis, full-time, or during summers only. All twenty-seven agencies indicated services in counseling and/or education. No agency indicated specific involvement in leisure counseling although elements of the service may have been present. Part of the mission of TDMHMR is "restoring the individual who has suffered a mental impairment, to function at the highest degree possible ..." (10, p. 1). Surely this should include assistance in finding an appropriate leisure life style.

Statement of the Problem

This study describes the extent to which leisure counseling is currently being conducted in Texas Community Mental Health and Mental Retardation Centers (Community MHMR Centers).

In order to accomplish this objective, a survey instrument was developed to measure the extent of leisure counseling in the Community MHMR Centers.

Purpose of the Study

The purpose of the study was to describe the extent of leisure counseling services in Texas Community MHMR Centers. This description was based on responses to a mailed survey covering the following points.
a) To determine the provision made by the centers to provide recreation services to the clients.

b) To determine if the centers developed the clients' recreation skills and promoted an understanding of the role of leisure in everyday living.

c) To determine if counseling programs which involve the development of a client's values, attitudes, and ideas relating to leisure have been developed to assist the client.

d) To determine the extent that personal or community recreation resources are used by the clients.

e) To determine if the centers were using assessment instruments to assist the client in identifying his leisure interests.

f) To determine if provision had been made for the use of recreation information referral services.

Delimitations

This study was delimited to the Texas Department of Mental Health and Mental Retardation Community Centers as listed in the TDMHMR Report (9), supplemented by additional information from the Denton State School Community Services Office as to current (1976) Administrators or Executive Directors and addresses. A list of these agencies may be found in the Appendix.
Definitions

Definitions pertinent to this study were:

1. **Community Mental Health and Mental Retardation Centers**: are those elements of the Texas Department of Mental Health and Mental Retardation (TDMHMR) which are located on a regional basis and are providing services to children, adolescents, adults, and families with problems of mental health, alcohol, drug abuse, or mental retardation.

2. **Leisure Counseling**: is a service which assists clients in the development of their leisure life style. It may take three forms; (a) development of recreation skills, knowledge, and understanding, (b) development of personal attitudes, values, and ideas relating to leisure, and (c) providing the client with necessary information to identify, locate and utilize appropriate leisure resources.
CHAPTER BIBLIOGRAPHY


7. Stracke, Dick, President of the National Therapeutic Recreation Society, unpublished taped communication to Charles R. Fikes, Spring, 1975.


indicated recreation counseling was.

The technique in the rehabilitation process whereby a professional person uses all information gathered about a patient prior to discharge to further explore interests and attitudes, with respect to leisure, recreation and social relationships, in order to enable the patient to identify, locate and use recreation resources in the community (15, pp. 226-227).

Since that definition appeared, many authors have accepted and used O'Morrow's concept. Since 1973, however, several authors have preferred to use the term leisure counseling (5, 10, 11, 12). Other authorities in the field, Stracke (19) and Hitzhusen (7) use both recreation and leisure counseling, with definite meanings for both. The distinction between the two appears to be that recreation counseling implies primarily information exchange, or in Stracke's words "the how to and where to" (19), and leisure counseling as "a formal, intellectual discussion of several sessions for those who need life patterns changed in regard to life, including recreation and leisure as an attitude, not a block of time" (19).

Those authors using O'Morrow's definition have, to varying degrees, disregarded the concept that the patient is hospitalized and that the counseling takes place prior to discharge. There is, in addition, an element in recreation calling the concept avocational counseling (16).

McDowell (10) offers probably what is the most comprehensive definition and suggests three models. Leisure counseling is defined as "a helping process which facilitates interpretive, affective, and/or behavioral changes in others
toward the attainment of their total leisure well being" (10, p. 20). McDowell uses this definition in developing three models for the provision of leisure counseling: avocational, recreation, activities counseling, which is an information gathering and dissemination service; developmental, educational counseling, which is a more traditional counseling service; and therapeutic, remedial counseling, which is a recreation skill development service (10, p. 23).

Two of the major deficiencies in the literature are a lack of consensus on an exact definition of leisure counseling, and a variety of terms describing the same general process. All these definitions may be found being used, in some cases, interchangeably.

Objectives

The diversity of opinion on specific definitions of leisure counseling service lends considerable confusion to the clear statement of objectives and goals (18). Objectives of the original recreation counseling service included socialization, leisure or recreation awareness, recreation skill development, and the use and availability of community recreation resources (19). These basic objectives are still supported, in whole or in part, by writers in the field. The specific emphasis varies from author to author. The referral service model using a counseling process to facilitate decision making is supported by Dickason (4), Land (9), and Hoffman and Ely (8). The importance of the individual and his
development in a leisure life style is emphasized by Austin (2), Fain (5), Gunn (6), O'Morrow (15), and Stracke (19).

McDowell stresses the role of the counselor in the developing "...of a healthy, mature, self actualizing person..." (11, p. 99). McDowell, in a later work, has kept the same overall objectives and develops what is probably the most comprehensive view of leisure counseling (10). He indicates there are three models of leisure counseling currently in use. Avocational, recreation, activities counseling is primarily concerned with matching a client's expressed desire with an available resource. Developmental, educational counseling is concerned with resolving a client's felt need for recreation or leisure. Therapeutic, remedial counseling is concerned with teaching a recreation skill in order to further develop the realization of the need for recreation (10).

Shank and Kennedy (18) have pointed out that one of the major deficiencies in the literature is the failure to clearly state behavioral objectives for leisure counseling service. McDowell (10), while providing what is perhaps the clearest conceptualization of leisure counseling, also fails to clearly state behavioral objectives for the service. Without clear goals and objectives, the service will probably continue to be diffuse and vague in its approach.

Procedures

Perhaps a logical method of describing the procedures involved in the provision of leisure counseling services would
be to consider the service as existing on a continuum ranging from McDowell's therapeutic, remedial model through the developmental, educational model, to the avocational, recreation, activities counseling model (10). McDowell indicates these models are not mutually independent but does not specifically indicate the existence of a continuum of service. Some of the procedures are similar in all three models. At some point during the provision of the service an assessment is conducted of the client's interests. An attempt is made during the service to identify, locate, and participate in community or personal recreation resources.

If leisure counseling does exist on a continuum, each of the models could be entered into by the client at any point. Therefore, a description of each model should be made to adequately understand the process.

The therapeutic, remedial counseling model is perhaps the one which is the most often described in the literature (2, 3, 4, 5, 8, 10, 11, 12, 13, 14, 20). The provision of this service is based on the assumption that the client lacks leisure skills, knowledge, and understanding (10). Initially the client may be required to participate in individual or group activities for the sake of the activity. Underlying this activity for activity sake is an assumption that an attitude change or a better understanding of leisure can be made more effectively if a behavior pattern is first established. An assessment of the client is made using observation and diagnostic work-ups. As a tool for use in developing an assessment of
client's interests, the McKechnie Leisure Activities Blank (LAB) (12) apparently has the most validity of any of the other assessment instruments available (6, 18).

Other assessment instruments available include Overt's Avocational Activities Inventory (AAI) (16), McDowell's Self Leisure Interest Profile (SLIP) (11), Minenda's Leisure Interest Finder (1), and several other pencil and paper tools not in published form; "What's Important to You?" "Recreation is where you find it", "What's your Hex Appeal?" and "How's your sense of Humor?" (20). Pain advocates using a picture file in addition to an assessment instrument to assist the client in identifying leisure interests (5).

After teaching some recreational skills and beginning an assessment of the client's interests, counseling sessions are used to assist the client with problem solving techniques. The sessions can be individually or in groups. They are generally conducted on a daily or weekly basis for an hour. After interests are developed, the client or clients are given an opportunity to pursue the chosen leisure interests in the community. Discussions of activity preference after participation can be used to reinforce positive aspects of the experience (19).

Although both the therapeutic, remedial model and the developmental, education model use similar procedures in assisting the client "to resolve leisure 'felt difficulty' and/or improve leisure performance understanding" (10, p. 23),
the developmental, education process is perhaps the least discussed (10, p. 22). The assumption upon which the developmental, education model is based is the client's need to be assisted in the resolution of his 'felt difficulty'. Assessment instruments may be used to begin the exploration of client interests as well as interviewing techniques. Decision making techniques may be taught as well as interpersonal focus on bridging real/ideal; value clarification; and lifestyle clarification (10). Gunn (6) suggests using transactional analysis and Gestalt awareness to assist the client in getting in touch with his own feelings. Austin suggests the purpose of recreation counseling "is to facilitate wise choices on the part of the patient" (2, p. 2). He indicates two approaches, formal (structured) and informal (unstructured). The informal structure is of several sessions and is a free discussion of leisure topics with the leader (counselor) not controlling the topics. The formal structure sessions are individual units complete within themselves, with specific topics for discussion. The families of the clients are often involved in both types of sessions because "in most cultures the major source for recreation experience is the home, family and friends" (2, p. 9).

McDowell describes the counseling process as involving (a) responses to the feelings and thoughts of the clients, (b) accepting where the client is at the present time before dealing with where the client is going, (c) counseling, being
voluntary, is not effective when the client is required to participate, and (d) counseling involves communication on verbal and non-verbal levels (11, p. 98).

The sessions should be conducted weekly for an hour or more for six to ten weeks (11, 19). McDowell's model indicates an evaluation of the success of the model would be if the client's 'felt difficulty' was resolved (10, p. 23). On a continuum perhaps a further step would be added by assisting the client to locate and successfully participate in newly developed leisure interests.

The avocational, recreation, activities counseling model is, in essence, a referral service. The assumption basic to this model is that the client is seeking "or need leisure resource information to engage in desired interests" (10, p. 23). The process followed would be to use the same assessment instruments and perhaps audio/visual aids to assist the client in locating his particular interests, then using information gathered about the community to provide the client with the information he requested. Overs (1) has developed an Avocational Activities File which is appropriate for use with this type of referral service. In some cities this information is available through community recreation departments (19). Ideally it should be possible for a citizen to telephone a recreation department and be able to obtain the needed information in a very short time.
It should be stated that while each of these models can be in separate settings, they could operate in a central location. McDowell indicates all could be implemented in Mental Health agencies, rehabilitation centers, sheltered workshops, private business, and in correctional facilities (10, p. 23). Professional training for counselors working with the avocational, recreation, activities counseling models and with the therapeutic, remedial model could be undergraduates or graduates in rehabilitation counseling, social work, psychology, behavioral science or therapeutic recreation. Counselors working with the developmental, educational model should have a postgraduate degree or degrees and/or experience in counseling, social work, psychology, or therapeutic recreation (10).

Assessment Instruments

The various assessment instruments are designed to assist the client in selecting or clarifying leisure interests. Overs introduced an instrument called the Avocational Activities Inventory (AAI). It is modeled on the Dictionary of Occupational Titles and contains the basic classifications and provides for sub-divisions of the basic classes to specific activities. The system has been further refined and issued in the form of a handbook (17). This tool is of particular interest because it not only classifies the various activities, but it also indicates the possibility for use of the activity by various special populations.
Fain's (5) concept is based on a possible difference between what a client actually does (real) and what he would like to do (ideal) (5, p. 5). The actual activities have been reclassified into seven attitude and motivational concepts. The thought behind this classification seems to be to develop insight into why an activity is performed or preferred. Fain also utilizes a picture file to stimulate thought and comment about various recreational activities by the client.

McDowell (8) approaches leisure counseling from a counseling viewpoint. He indicates counseling includes the following relationships: (a) someone seeking help, (b) someone willing to help, (c) in a setting (d) which permits help to be given and received (11, p. 98). McDowell suggests the counseling process be centered on the leisure self-concept including leisure as seen by self, and leisure as thought to be seen by others. McDowell developed a Self Leisure Interest Profile (SLIP) which combines Fain's concept of real and ideal leisure (5) with Overs' Avocational Activities Inventory (16).

McKechnie's (12) Leisure Activities Blank (LAB) is based on his attempt to "establish empirically the psychological meaning and significance of participation in a given leisure activity" (12, p. 4). McKechnie's LAB is drawn from a list of 120 leisure activities that have the highest participation in the United States. The client then indicates the degree of his past preferences and desires for future use of these activities. The reasoning behind the construction of such a tool is:
Reviews of large numbers of published and unpublished studies, in which the clinical method of prediction was pitted against the statistical or actuarial method, indicate that prediction of human adjustment or other complex behavior on the basis of empirically derived actuarial data is almost always more accurate than prediction based upon clinical impressions (12, p. 5).

Gunn (6) indicates that the traditional methods, surveying the clients' interests, have not fully explored the need to help clients solve their internal conflicts and anxieties. She advocates "utilization of techniques in Gestalt therapy awareness and transactional analysis... to offer the leisure counselor some useful means of helping clients resolve their internal conflicts and anxieties concerning their play behavior and attitudes" (6, p. 3). Gunn's theory, in part, is that much of our behavior is controlled by what we feel others desire us to do.

Summary

The development of leisure counseling service in the years since 1957 has been, at best, sporadic. There is a general inconsistency in the use of terminology concerning leisure, recreation, or avocational counseling. There is an apparent wide divergence of goals and objectives for the service. Several assessment instruments are available for the leisure counselor, but little data exists on the validity of the instruments (18). In addition, there is very little data available concerning the use of the instruments on population groups other than psychiatric. The majority of the work in the field has been done with psychiatric clients (2, 3, 7, 8,
11, 13, 19, 20), or has been of a general nature with no population specified (4, 5, 6, 14, 15, 16, 17, 18). There are no published results of the long range effect of leisure counseling. It should be apparent that if leisure counseling is to be considered a valid technique, then some work should be done to show the results of the service.

Specific information is lacking in the area of how to set up and staff a leisure counseling program. The approach which comes closest to filling this gap is the leisure counseling kits available through the American Alliance for Health, Physical Education, and Recreation (1). The last reported survey of the extent to which leisure counseling is being conducted was written in 1968 (15). That report surveyed psychiatric inpatient institutions. Little data is currently available on the extent to which some form of leisure counseling is being conducted in agencies serving clients either in the community (Mental Health Agencies) or serving populations other than psychiatric.

Finally, this review has been concerned primarily with leisure counseling and has not dealt with the programming of the Community Mental Health and Mental Retardation Centers. There is little published information available indicating specific programming areas of those centers.

If the concept of leisure counseling has validity then it would be appropriate for an agency such as Community Mental Health and Mental Retardation Centers to utilize such a service
to assist their clients in finding an appropriate leisure life style.
CHAPTER II

REVIEW OF THE LITERATURE

An early article on recreation and leisure counseling appeared in 1957 (13). The article described a new service, recreation counseling, which was being implemented at the Veteran's Administration Hospital in Kansas City. The motivation for the service was explained:

It has been our experience that with sustained psychiatric treatment in the hospital environment withdrawn patients have come to participate with apparent enjoyment in social-recreational activities. Contact with patients who have required rehospitalization here or at nearby psychiatric centers indicates that some tend to lapse into solitary ways on discharge and thus set the stage for reactivation of old pathological patterns of behavior. Our observations suggested that in several of these cases, specific guidance in this area---living through the non-working hours---was indicated. As a consequence, a new patient service was instituted which we termed Recreation Counseling (13, p. 1).

From this beginning and especially in the past seven years, there has been increasing interest among therapeutic recreators, and, in some instances, community recreators, in leisure counseling. This review of literature assessed the available literature in four ways: (a) definitions, (b) objectives, (c) procedures, and (d) assessment instruments.

Definitions

One of the first attempts at specifically defining the term recreation counseling was by O'Morrow in 1968 (15). He
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CHAPTER III

PROCEDURES

This study was designed to describe the extent of current leisure counseling practices by Community Mental Health and Mental Retardation Centers (Community MHMR Centers) in Texas. Since McDowell's therapeutic, remedial model of leisure counseling (2) involves recreation services, the study explored those services as they are related to leisure counseling. In order to accomplish this goal, a mailed survey was conducted. The mailed survey form was selected because the twenty-seven Community MHMR Centers are spread over a wide geographic area and consist of a number of separate facilities.

The following factors were also considered in selecting the mailed survey form:

1. The survey allowed ease in establishing contact and ease of completion. The respondent could select his own time to fill out the survey form as slowly or as rapidly as he pleased (1).

2. The survey elicited factual answers and was therefore easy to tabulate.

3. The survey form allowed for uniform question presentation. "All people who receive questionnaires receive the same questions in the same format with the same accompanying materials" (1, p. 19).
The following limitations were also considered when selecting the mailed survey form:

1. The response rate was an important factor; a rate of sixty per cent was considered necessary to be representative of the group surveyed.

2. There is a bias against mailed surveys. Some individuals are biased against mailed survey forms as being disreputable, unscientific, or impersonal (1).

Administration of the Evaluation Instrument

The survey form had three enclosures; a cover letter explaining the purpose of the study, an endorsement letter from an official of the Texas Department of Mental Health and Mental Retardation, and a Stamped self-addressed envelope in which the respondents returned the survey.

A concerted effort was made to collect data from all Community MHMR Centers listed in "How Do You Measure a Miracle?" (3) verified and supplemented by information from the Denton State School as to current addresses and administrators. All mailings were done on Mondays in order that the survey form would arrive during the middle of the week. A minimum of two follow-up efforts were made to gather the data. The first was a second copy of the cover letter and survey form mailed to all potential respondents who had not returned the form at the end of the second week and was mailed on the Monday of the third week. The second follow-up was mailed on Monday of the
fifth week and was a letter indicating the importance of the study and pleasure with responses to date and asking for cooperation.

It was expected that the majority of responses would be returned by the end of the sixth week, and since the response rate at that time exceeded sixty per cent further follow-up efforts were not made.

Each survey contained a place for the name and address of the individual who completed the form. The information requested was information that is available for public record, however, a provision was made on the form for confidentiality. In addition, each survey form was numbered and an explanation was made in the cover letter that the number on the survey form was to be used for identification of survey forms and for ease of tabulation. Respondents were checked off on a check-list after receipt of the returned surveys. Non-respondents were identified from that check-list.

To encourage a high response rate, the following strategy was selected. Each cover letter was personalized, i.e., Dear Dr. Jones, and individually signed. Included in the cover letter was the name, address, and telephone number of the person to contact should a problem or question have arisen. The survey form was reproduced on a photo-offset press. The cover letter and the survey form were printed on a high quality paper.
A provision was made for the respondent to receive an abstract of the study if he indicated one was desired. A post-card was mailed to the respondent after receipt of the returned survey, thanking him for his participation in the study.

A field test of the survey instrument was made prior to mailing the forms to the respondents. The field test was made at the Denton State School. Revisions were made in the survey as a result of the field testing, and the survey was mailed.

Analysis of the Data

After the surveys were returned, descriptive statistics were used to report the results of the study. Both tables and narrative form were used to describe the results of the study. Some interpretation of the data was made and conclusions drawn.
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3. Texas Department of Mental Health and Mental Retardation, "How Do You Measure a Miracle?" *Impact*, V(November-December, 1975).
CHAPTER IV

RESULTS OF THE STUDY

The study was to describe the extent to which leisure counseling was being conducted in Texas Community Mental Health and Mental Retardation Centers. This was accomplished by a survey instrument designed to elicit information from the twenty-seven Texas Community MHMR Centers. The first mailing was a copy of the survey with a cover letter explaining the study, and a letter of endorsement from Richard L. Smith, Superintendent of the Denton State School, Denton, Texas. The second mailing, which followed the first by two weeks, included another copy of the survey with accompanying cover letters. The third mailing was a letter encouraging completion of the survey. The return rate of the survey form was 93 per cent, with twenty-five of the twenty-seven centers responding.

The purpose of the study included six points, which were as follows:

a) To determine the provision made by the centers to provide recreation services to the clients.

b) To determine if the centers developed the clients' recreation skills and promoted an understanding of the role of leisure in everyday living.

c) To determine if counseling programs which involve
the development of a client's values, attitudes, and ideas relating to leisure have been developed to assist the client.

d) To determine the extent that personal or community recreation resources were used by the clients.

e) To determine if the centers were using assessment instruments to assist the client in identifying his leisure interests.

f) To determine if provision had been made for the use of recreation information referral services.

This chapter is concerned with the data gathered from the returned surveys. The data which pertained to the six points in the problem statement was explored. An analysis based on these responses as related to pertinent factors in the literature was discussed and conclusions were drawn. In dealing with the data, the responses have been converted to percentages.

Recreation Services

In order to describe the leisure counseling services of TDMHMR Community Centers, it was first desirable to determine which client groups were being served. All twenty five responding centers indicated that recreation was provided for clients of the centers. Table I shows the client groups served with recreation services by each center.
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<td></td>
<td>Emotionally Disturbed Children and Adolescents</td>
</tr>
<tr>
<td>N</td>
<td>X</td>
</tr>
<tr>
<td>O</td>
<td>X</td>
</tr>
<tr>
<td>P</td>
<td>X</td>
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<tr>
<td>Q</td>
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<td>X</td>
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<td>V</td>
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<td>W</td>
<td>X</td>
</tr>
<tr>
<td>Y</td>
<td>X</td>
</tr>
<tr>
<td>Z</td>
<td>X</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>7</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Some of the centers indicated a desire for the results of the survey to remain confidential, therefore, the letters in Table I representing the centers were assigned on a random basis.

Across Texas, the majority of clients served with recreation services were the mentally retarded with twenty-one centers. The client group served least was the mentally impaired aged with three centers. Only two centers served all client groups.

While all twenty-five centers responding did provide recreation services, only 24 per cent did so on a full-time basis. Sixty-four per cent provided the services on a part-time basis. Twelve per cent of the centers did not indicate whether clients were served on a part or full-time basis.

Twenty-four centers reported that staff of the center provided the recreation services. Of these twenty-four centers, 54 per cent used only center staff and the remaining centers used a combination of personnel from other agencies and volunteers. It is interesting to note that of the twenty-four centers using staff, 20 per cent indicated that individuals responsible for the recreation service were actually classified as recreation personnel. Other job titles included MHMR aids, MHMR service assistants, MHMR associates, MHMR specialists, Mental Health workers, case workers, counselors, social workers, occupational therapists, and psychologists.
The centers indicated that recreation services were provided for more than one purpose. When asked if the services were provided for (a) diagnostic and evaluation purposes, (b) treatment purposes, (c) leisure activities, (d) other purposes, the centers responded as shown in Table II. Respondents were asked to indicate all appropriate responses.

TABLE II

PURPOSE FOR THE PROVISION OF RECREATION SERVICES

<table>
<thead>
<tr>
<th>Objective of Service</th>
<th>Per Cent of Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic and Evaluation</td>
<td>.......................</td>
</tr>
<tr>
<td>Treatment</td>
<td>8</td>
</tr>
<tr>
<td>Leisure Activities</td>
<td>20</td>
</tr>
<tr>
<td>Other</td>
<td>.......................</td>
</tr>
<tr>
<td>Diagnostic &amp; Evaluation and Leisure</td>
<td>16</td>
</tr>
<tr>
<td>Leisure and Treatment</td>
<td>44</td>
</tr>
<tr>
<td>Leisure and Other</td>
<td>4</td>
</tr>
<tr>
<td>Treatment and Other</td>
<td>4</td>
</tr>
<tr>
<td>Diagnostic &amp; Evaluation, Treatment, and Leisure</td>
<td>4</td>
</tr>
</tbody>
</table>

Other purposes indicated by the centers as part of the provision of recreation services were for personal and social adjustment and developmental reasons.

Skill Development and Understanding of the Role of Leisure in Everyday Living

Another purpose of the study was to determine if centers were teaching recreation skills. Of the responding centers, 92 per cent indicated that the teaching of skills was a part
of their recreation program, and 8 per cent indicated that skills were not taught.

Centers were asked if a discussion of the role of leisure in everyday living was occurring during recreation programs. Such a discussion was shown to occur in 60 per cent of the centers, while 24 per cent were not discussing this role. Sixteen per cent did not know if such discussions were being conducted.

Counseling Programs

Counseling programs involving psychological, and/or educational, and/or vocational counseling were found to be offered by all twenty-five responding centers. During counseling sessions, 64 per cent indicated that values, attitudes, and ideas relating to the role of leisure in everyday living were developed. Twelve per cent indicated these concepts were not being developed and 24 per cent did not know if these concepts were being developed in their centers.

Counseling sessions which involve leisure discussions were provided by MHMR Centers primarily on an as needed basis, 68 per cent. Only one center reported such a session on a weekly basis. The sessions were primarily on an hour or less basis, 64 per cent, with only three centers or 12 per cent, providing sessions lasting more than one hour. There were eight centers, 32 per cent, that did not respond to this question.
Specific counseling sessions devoted to leisure related topics were offered in only 24 per cent of the responding centers. Fifty-six per cent did not have counseling sessions devoted to leisure related topics, and 20 per cent did not know if these sessions were offered.

Recreation Resources

Another purpose of the study was to determine the extent of use of personal or community recreation resources by the clients. When asked if potential personal recreation resources were discussed during recreation programs, 80 per cent of the responding centers indicated these potential resources were discussed. Four per cent did not know if these discussions were taking place, and 16 per cent were not discussing these potential personal recreation resources.

In regard to community recreation resources, it is apparent that the TDMHMR Community Centers were involved in conducting recreation programs in a community setting. Only one center indicated that its recreation programs were conducted exclusively in its own facilities. Seventy-six per cent reported using both its own facilities and community based facilities, and 20 per cent used community based facilities only.

When asked if community recreation resources were discussed during recreation programs, 84 per cent indicated such discussions were occurring. Twelve per cent did not know if
such discussions were taking place, and one center did not discuss community recreation resources.

Assessment Instruments

In response to a question as to whether or not clients were assisted in identifying their own leisure interests, 92 per cent of the respondents indicated they were assisting clients with interest identification. The remaining 8 per cent did not know if clients were assisted in leisure interest identification.

Centers were asked if assessment instruments, including the Leisure Activities Blank (LAB) (11), Self Leisure Interest Profile (SLIP)(10), Avocational Activities Inventory (AAI) (16), American Association for Health, Physical Education, and Recreation Leisure Counseling Kit (1), or other instruments, were being utilized. Only two centers were employing any type of assessment instrument. Twenty centers, or 80 per cent, stated that such an instrument was not being used to assist clients in identifying their leisure interests. Twelve per cent did not know if such an assessment instrument was being used. Of the two centers using an assessment instrument, one indicated that an assessment was a part of a departmental evaluation, and the other center indicated it was using a center interest survey.
Recreation Information Referral Services

A final purpose of the study was to determine if provision was made for the use of recreation information referral services. Centers were asked if clients were assisted in locating community resources for their expressed leisure interests. Twenty centers, or 80 per cent, indicated that this assistance was being given. Twelve per cent did not know if this service was provided, one center was not providing this service, and one center did not respond.

The centers were asked to indicate how the information on community resources was assembled. Options for response were (a) personal knowledge of leisure resources in the community, (b) inter-agency communication, (c) recreation resource files, and (d) other. Table III indicates the responses.

<table>
<thead>
<tr>
<th>Method of Assembly</th>
<th>Per Cent of Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Knowledge</td>
<td>32</td>
</tr>
<tr>
<td>Inter-agency Communication</td>
<td>4</td>
</tr>
<tr>
<td>Recreation Resource Files</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Personal Knowledge and Inter-agency Communication</td>
<td>36</td>
</tr>
<tr>
<td>Inter-agency Communication and Recreation Resource Files</td>
<td>4</td>
</tr>
<tr>
<td>Personal Knowledge, Inter-agency Communication, and Recreation Resource Files</td>
<td>8</td>
</tr>
<tr>
<td>No Response</td>
<td>12</td>
</tr>
</tbody>
</table>
The two methods most relied upon for information on community recreation resources were personal knowledge, and personal knowledge in combination with inter-agency communication. Together these accounted for 68 per cent of the information concerning community recreation resources. It would appear that the best method for this assemblage of information would be a combination of personal knowledge, inter-agency communication, and recreation resource files. However, only two centers, or 8 per cent, rely on the combination of these three for assembling information.

Discussion

Leisure counseling has been defined as a service which assists clients in the development of their leisure lifestyle. It may take three forms; (a) development of recreation skills, knowledge, and understanding, (b) development of personal attitudes, values, and ideas relating to leisure, and (c) providing the clients with necessary information to identify, locate, and utilize appropriate leisure resources.

While it has been demonstrated that the Texas Mental Health and Mental Retardation Community Centers have components of leisure counseling as stated in the definition, the extent to which these components have been drawn together in a systematic manner to provide a viable leisure counseling service can be questioned. To a large extent the centers did not use personnel classified as recreation personnel to teach recreation skills or develop an understanding of the role of leisure in
everyday living. The centers did not provide specific, regularly scheduled counseling sessions to develop attitudes, values, and ideas relating to leisure. There is not a systematic method of identifying leisure interests, and the information provided clients to assist in locating community leisure resources was provided primarily from personal knowledge.

McDowell (9) indicated that a therapeutic remedial model of leisure counseling would be based on the assumption that clients lacked leisure skills, knowledge, and understanding. O'Morrow (14), who made one of the first attempts to define recreation counseling and conducted one of the first surveys of the service (10, 17), stated that concepts concerning leisure or recreation counseling were based on the assumption that recreation skill development services were available. Similar connections between leisure counseling and the development of recreation skills have been made by Stracke (19), who has been involved in leisure counseling at the Veterans Administration Hospital at Kansas City since the mid-1950's. Land (8), who has been involved with recreation counseling in a day treatment setting, and Hitzhusen (6), who has been concerned with recreation counseling in institutionalized adult psychiatric and alcoholic patients, also point to the need for development of recreation skills, knowledge, and understanding in the leisure counseling process.
This study has shown that the majority of the responding centers were providing services to develop recreation skills. However, those centers providing services did not do so with fully qualified recreation staff. In the centers surveyed by this study, recreation service was provided by staff classified as recreation personnel in only 20 per cent of the centers. O'Morrow (14) found the responsibility for recreation service was provided by recreation personnel in half of the institutions and shared by recreation personnel and social service in the other half.

Hitzhusen (6), Hoffman and Ely (7), Land (8), O'Morrow (14), and Stracke (18) imply that recreation services were provided on a full-time basis. Only 24 per cent of the responding centers in Texas indicated that recreation services were provided on a full-time basis.

Bushell (2), Dickason (3), Hoffman and Ely (7), McDowell (9), Olsen and McCormack (12), O'Morrow (15), and Stracke (19) indicated that recreation programs can be used to develop an understanding of the role of leisure in everyday living. Respondents in this study indicated that in 60 per cent of the centers a discussion of the role of leisure in everyday living was being conducted in their recreation programs. The effectiveness of a discussion that is provided on a part-time basis only can be questioned.

Respondents indicated counseling sessions which involve a development of attitudes, values, and ideas occurred in 64 per cent of the centers. However, specific sessions devoted
to leisure related topics were provided by only 24 per cent of the centers. While the structure of counseling sessions reported in the literature varies, there was a major difference between sessions as reported in the literature and what was occurring in the responding centers. McDowell (9) advocated formal or informal sessions on a regular basis, generally daily or weekly, for from six to ten weeks. Stracke (18) did not specify how many sessions are required, but did indicate the sessions should be on a regularly scheduled basis. Bushell (2) did not specify an exact schedule but considered the service to be ongoing. Land (8) outlined counseling which could last for several sessions. Dickason (3), Hitzhusen (6), and Hoffman and Ely (7) also did not specify any number of sessions, but all did indicate the sessions were provided on a regular basis. Only one center in Texas had regularly scheduled counseling sessions involving a discussion of leisure related topics and the development of attitudes, values, and ideas relating to leisure.

In order to assist the client to identify, locate, and utilize community recreation resources, it should first be desirable to identify the client's preferences in terms of both interests and resources. While identification of client leisure interests appears to be a vital part of leisure counseling, the literature did not reflect a best method to accomplish this identification (1, 4, 6, 7, 9, 10, 11, 12, 16, 18). Olsen and McCormack (12) found their clients had
difficulty in determining what leisure activities were really desired. Similar difficulties in identifying leisure interests have been reported by Hitzhusen (6) with adult psychiatric and alcoholic clients, Hoffman and Ely (7) with hospitalized psychiatric clients, and Land (8) with day treatment for psychiatric clients. The need to formally assess leisure interests was the basis upon which the various assessment instruments were developed. Stracke (18, 19) advocated using an assessment instrument in conjunction with a counseling session to help clarify these interests. Gunn (5) indicated assessment instruments, as well as transactional analysis and Gestalt therapy, could aid a client in identifying leisure interests. McDowell (9) suggested two possibilities, the use of some form of assessment instrument and diagnostic and evaluation techniques by staff personnel. However, neither the assessment instrument nor diagnostic and evaluation techniques were extensively utilized by Texas Community Centers. Only two in Texas reported the use of an assessment instrument to aid clients in identifying, locating, and utilizing community recreation resources. Only 16 per cent reported the use of recreation programs for diagnostic and evaluation purposes (Table III).

The major special population served by the Community MHMR Centers were the mentally retarded (Table I). The literature did not mention the mentally retarded in conjunction with the use of assessment instruments. However, the major
characteristic of this special population, sub-average intellectual development, indicated that this group also needs formal assistance to identify leisure interests. Perhaps the use of Fain's picture file (4) or Stracke's audio/visual aids (18) could be used with a population whose intellectual development made decision making difficult.

When leisure interests have been identified, then leisure counseling services can help the client locate a source for those interests. Overs (16) provided in the Avocation Activities Inventory (AAI) a systematic means for gathering the information concerning leisure resources in the community. Dickason (3) supported the use of the AAI as a systematic method of assembling information. Bushell (2) also indicated the need to supply the client with information from the community in order to assist the client to form a link between what has been identified as an interest and what exists to support that interest in the community. Responding centers in Texas indicated 80 per cent were assisting clients in locating community recreation resources.

The information supplied the clients about community recreation resources was gathered by personal knowledge (32 per cent) and personal knowledge in combination with inter-agency communication (36 per cent). The validity of information based on personal knowledge solely may be questioned considering the geographic areas and/or population density covered by some of the centers. The AAI combined knowledge of the community with
inter-agency communication to provide an accessible resource file to assist clients locate their desired leisure interests (1, 3, 16). This systematic approach, or perhaps a similar one, would appear to be more effective than relying on personal knowledge.

Conclusion

This study has identified six elements of leisure counseling which were assumed to be essential to the provision of an effective leisure counseling service. The six points dealt with the provision of recreation service, the development of skills and understanding of recreation, counseling programs, personal and community recreation resources, the use of assessment instruments, and the use of recreation referral services. Community MHMR Centers could comply with only the element dealing with the use of community recreation resources. The other five elements were only partially met.

Recreation programs were provided by the centers, but these programs were not provided by personnel classified as recreators. It is doubtful if programs provided by personnel other than recreators could provide an effective understanding of the role of leisure in everyday living or provide the background necessary for effective development of the range of recreation skill necessary for a variety of capabilities of the clients served.
Counseling programs which involve a discussion of attitudes, values, and ideas relating to leisure were provided only on a limited basis. These counseling programs were also not provided on a regularly scheduled basis. It is doubtful that programs lacking in depth of understanding and meeting only on an irregular basis could provide the necessary background for clients to develop their attitudes, values, and ideas relating to leisure.

Only two centers reported the use of any leisure assessment instrument. Unless a valid measure of client interests had been established, it would be improbable that an effective plan could be made to assist clients to identify, locate, and utilize appropriate leisure resources.

Finally, some centers did indicate attempts to provide referral services for their clients. However, the data for this service was primarily based upon the personal knowledge of an individual in the center. It is doubtful if an individual could provide effective referral services without some alternate means of acquiring information. In addition when viewed in the context that there has been no effort to establish clients interests, it is unlikely that a center could provide referral services in an effective manner.

Recommendations

The Texas Community MHMR Centers should expand their recreation programs from part-time to full-time, and recruit therapeutic recreation personnel to provide this service.
The centers should provide counseling sessions on a regularly scheduled basis in which attitudes, values, and ideas relating to leisure are developed. In addition, the centers should provide counseling sessions devoted specifically to leisure related topics.

The centers should use assessment instruments in some form to assist the clients identify their leisure interests.

The centers should develop a systematic method of gathering and providing clients with information regarding their leisure interests.

It is recommended that case studies be made in order to determine the professional background and training of personnel conducting recreation programs, the content and structure of such programs, counseling methods utilized, methods for identifying clients' leisure interests, and specific methods for supplying clients with necessary information to locate their leisure interests in the community.
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APPENDIX

COVER LETTER TO LEISURE COUNSELING SURVEY

One of the difficulties faced by some special population groups is an inability to utilize leisure time to their advantage. Leisure counseling is a service that has been designed to assist these individuals in developing appropriate leisure life-styles. Many of the components of this service are currently in use. The enclosed survey, to be used in completing requirements for a Master's Thesis, is designed to describe the extent to which this service, leisure counseling, is currently being conducted in Texas Community MHMR Centers.

The survey form, consisting of twenty-five questions, should take less than fifteen minutes to complete. I have enclosed a stamped, self-addressed envelope for your convenience in returning this survey. You will find a number on the survey form to be used for identification and ease of tabulation. Should you experience any difficulty in completing the form or should any questions occur, please do not hesitate to contact me.

Thank you for your time and cooperation.

Sincerely,

Charles R. Fikes
1110 Edinburg
Denton, TX 76201
(817) 382-0753
June 7, 1976

Administrators and Executive Directors
Texas Department of Mental Health and Mental Retardation
Community MHMR Centers

Dear Sir:

Charles Fikes, an employee of Denton State School and a graduate student at North Texas State University, is conducting research in an area of service called leisure counseling. This service is currently being used by several community mental health centers, state schools, and psychiatric institutions across the nation. No information is available on the elements of this service in Texas. I encourage you to assist Charles in his research on a potentially valuable service to clients of TDMHMR.

Sincerely,

R. L. Smith
Superintendent

RLS/sky
LEISURE COUNSELING SURVEY

The following definitions are provided to assist in the completion of this survey.

Leisure Counseling: A service which assists clients in the development of their leisure life-style. It may take three forms: (a) development of recreation skills, knowledge, and understanding of the role of leisure in everyday life, (b) development of personal attitudes, values, and ideas relating to leisure, and (c) providing the client with necessary information to identify, locate, and utilize appropriate leisure resources.

Recreation Services: Programs which are designed to meet the leisure needs of participants, generally considered to be associated with an activity (sports, games, arts, crafts, hobbies, music, etc.).

DIRECTIONS: Please respond to the questions by a circle of the appropriate letter(s).

1. Does your center provide any recreation services?
   a. YES
   b. NO (If no, please skip to question 12.)
   c. UNKNOWN

2. Indicate those client groups served with recreation services.
   a. emotionally disturbed children and adolescents
   b. mentally retarded persons
   c. mentally impaired aged
   d. mentally impaired persons not impaired through substance abuse or developmental causes
   e. persons mentally impaired through drug abuse
   f. persons mentally impaired through alcohol abuse

3. Recreation services are provided on a ...
   a. full-time basis
   b. part-time basis
   c. year round basis
   d. seasonal basis only, indicate season

4. Recreation services are provided by ...
   a. staff members, indicate type of staff position
   b. personnel from other agencies
   c. volunteers
5. Recreation services are provided for ...  
   a. diagnostic and evaluation purposes  
   b. treatment purposes  
   c. leisure activities  
   d. other, please specify purpose__________________________

6. Are recreation skills taught during the recreation program?  
   a. YES  
   b. NO  
   c. UNKNOWN

7. During recreation programs are potential personal recreation resources discussed?  
   a. YES  
   b. NO  
   c. UNKNOWN

8. During recreation programs is the role of leisure in everyday living discussed?  
   a. YES  
   b. NO  
   c. UNKNOWN

9. During recreation programs are community recreation resources discussed?  
   a. YES  
   b. NO  
   c. UNKNOWN

10. Recreation services for clients are a result of ...  
    a. staff evaluation  
    b. client expressed interest  
    c. other, please indicate reason(s)__________________________

11. Recreation programs are conducted in ...  
    a. the agency's facilities  
    b. other facilities (park & recreation department, YMCA, etc.)

12. Does your agency provide psychological and/or educational and/or vocational counseling?  
    a. YES  
    b. NO (If no, please skip to question 17.)  
    c. UNKNOWN
13. During counseling sessions are attitudes, values, and ideas relating to the role of leisure in everyday living developed?
   a. YES  
   b. NO  
   c. UNKNOWN  

14. Are there counseling sessions specifically devoted to leisure related topics?
   a. YES  
   b. NO  
   c. UNKNOWN  

15. Counseling sessions which involve a discussion of leisure are provided on ...
   a. a daily basis  
   b. a weekly basis  
   c. an as needed basis  
   d. not provided  
   e. other, please specify______________________________________________  

16. Counseling sessions involving discussions of leisure are ...
   a. an hour or less in length  
   b. more than an hour in length  

17. Are the clients of your agency assisted in identifying their own leisure interests?
   a. YES  
   b. NO  
   c. UNKNOWN  

18. Does your agency use a leisure interest assessment instrument to assist the client in identifying his leisure interests?
   a. YES  
   b. NO  (If no, please skip to question 20.)  
   c. UNKNOWN  

19. Indicate the assessment instrument(s) being used to assist the client in identifying his leisure interests.
   a. Leisure Activities Blank (IAB)  
   b. Self Leisure Interest Profile (SLIP)  
   c. Avocational Activities Inventory (AAI)  
   d. American Association for Health, Physical Education and Recreation Leisure Counseling Kit  
   e. other, please specify______________________________________________
20. Are clients of your agency assisted in locating community resources for their expressed leisure interests?
   a. YES   
   b. NO    (If no, skip to question 22.)  
   c. UNKNOWN

21. The information on community leisure resources is assembled by...
   a. personal knowledge of leisure resources in the community  
   b. interagency communication  
   c. recreation resource files  
   d. other, please specify_____________________

22. Is your agency currently offering leisure counseling for your clients?
   a. YES  
   b. NO  
   c. UNKNOWN

23. In your opinion is leisure counseling a valuable service to clients?
   a. YES  
   b. NO  
   c. UNKNOWN

24. Do you desire that your responses to this survey remain confidential?
   a. YES  
   b. NO  

25. Do you wish to receive an abstract of this study?
   a. YES  
   b. NO

NAME, ADDRESS, AND TITLE OF PERSON COMPLETING THIS FORM

______________________________________________________________

______________________________________________________________

Thank you for your cooperation.

Charles R. Fikes
1110 Edinburg
Denton, TX 76201
(817) 382-0753
LISTING OF TEXAS COMMUNITY MHMR CENTERS

Abilene Regional MHMR Center
  Russ Evans, Administrative Director
  P.O. Box 3253
  Abilene, TX 79604

Amarillo MHMR Regional Center
  Clark E. Wooldridge, Administrator
  P.O. Box 3250
  San Jacinto P.O.
  Amarillo, TX 79106

Austin-Travis County MHMR Center
  John Weimer, Administrative Director
  1430 Collier
  Austin, TX 78704

Southeast Texas Regional MHMR Center
  Roger Pricer, Ph.D., Executive Director
  590 Center
  Beaumont, TX 77701

MHMR Center for Central Texas
  Roy Cronenberg, Executive Director
  Box 250
  Brownwood, TX 76801

Brazos Valley MHMR Center
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  Bryan, TX 77801

Nueces County MHMR Community Center
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  Corpus Christi, TX 78404

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  1200 Stemmons Tower North
  Dallas, TX 75207

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  Denison, TX 75020
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305 S. Broadway
Tyler, TX 75701

Gulf Bend MHMR Center
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Victoria, TX 77901

Heart of Texas Region MHMR Center
Dean Maberry, Executive Director
P.O. Box 1277
Waco, TX 76703

Wichita Falls Community MHMR Center
James R. Zug, Executive Director
1800 Rose St.
Wichita Falls, TX 76301
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