INTELLECTUAL AND DEVELOPMENTAL DISABILITIES
2014, Vol. 52, No. 5, 367–378

DOI: 10.1352/1934-9556-52.5.367

Changing Attitudes Toward Disabilities Through Unified Sports

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Abstract

A cognitive/affective/behavioral intervention was implemented to change attitudes of college students towards individuals with disabilities. College swim team members were randomly assigned to intervention ($N = 16$), and no-intervention control groups ($N = 17$), with intervention group students and 8 Special Olympics swimmers working together to pursue swimming-related goals in 4 sessions over a 6-week period. Results indicated that on a revision of the Symons, Fish, McGuigan, Fox, and Akl (2012) attitudes inventory, the intervention group participants displayed significant increases in positive attitudes from pre- to posttest, whereas the control group participants did not. Written participant comments corroborated this improvement. A key element in the improved attitudes was the increased comfort level experienced by the college swimmers in their interactions with the Special Olympics swimmers.

Key Words: *attitudes towards disabilities; Unified Sports; Special Olympics, intellectual and developmental disabilities; inclusion*

Despite massive legislative efforts such as the Education for All Handicapped Children Act of 1975 and the Americans With Disabilities Act of 1990 that characterized the second half of the 20th century, research on attitudes and behavior towards individuals with disabilities still provides evidence of devaluation, stigmatization, and isolation (Carter, Hughes, Guth, & Copeland, 2005; Ditchman et al., 2013). In educational settings, pre-existing negative biases can sabotage efforts to include children with intellectual and other developmental disabilities (IDD) in general education classrooms. Without the positive support of teachers and peers, inclusion is unlikely to succeed. Moreover, even recent research demonstrates that mere exposure rarely leads to positive attitude or behavioral change, and, in fact, sometimes has the opposite effect (e.g., Manetti, Schneider, & Siperstein, 2001; Siperstein, Parker, Bardon, & Widaman, 2007.) It is quality, not quantity, of contact that predicts positive attitudes (McManus, Feyes, & Saucier, 2011).

Nonetheless, there is evidence from published research that successful integration of children and adults with and without disabilities is possible and beneficial (Jacobson, Mulick, & Rojahn, 2007; Krajewski, Hyde, & O'Keefe, 2002; Özer et al., 2012). Attitude change is a necessary component of this integration and has been found to be most successful when two criteria are met: *equal status contact*, and *pursuit of a common goal*.

When there is equal status contact, individuals involved in the situation or event all have value and power. When two parties have equal "power" or equal status contact, they are more likely to witness and appreciate the competence and abilities of the other party. For example, equal status is a strong component in cooperative learning, a popular style of learning that promotes structuring positive interdependence (Slavin, 1990). Cooperative learning can be demonstrated in various contexts. The context may be academic in which, for example, two or more students work on different segments of a group project. The students learn from each other and each member's contribution is essential to the end product (Gillies & Ashman, 2000; Wishart, Willis, Cebula, & Pitcairn, 2007). Nonacademic domains, such as recreational and sports programs, are also excellent venues for cooperative learning. Whether the goal is painting a community mural or winning a team athletic competition, success cannot be achieved unless each member contributes. Each person in these situations has an important, although not necessarily identical,

DOI: 10.1352/2326-6988-52.5.367

contribution to make in the pursuit of common goals, the important second component of successful attitude change.

The pursuit of common goals–contact that involves people participating together in order to achieve a shared purpose–is more likely to change attitudes in a positive direction than any other aspect of contact (Allport, 1979, p. 276). The shared objective of arriving at the common outcome serves as a powerful force to motivate working together, creating cooperative interdependence, and facilitating positive attitude change (Jacobson et al., 2007; Siperstein et al., 2007). When all participants can make positive contributions to achieve the common goals, abilities and strengths are likely to be recognized and valued.

Attitude change can be effected by both behavioral and cognitive interventions. Equal status contact and pursuit of common goals, although primarily behavioral, also contain a cognitive component. For example, children with and without disabilities in a 5th-grade classroom involved in a cooperative learning group are interacting directly and indirectly (behavioral), but they are also observing each other, drawing conclusions about the competence of each group member, deciding with whom they might want to work, and so forth. These observations, conclusions, and decisions all involve cognitive activity, and can contribute to the development of, and change in, attitudes.

Several recent research studies in school settings have demonstrated the efficacy of an approach that combines behavioral and cognitive interventions. Krahé and Altwasser (2006) examined three different experimental interventions to improve attitudes towards the children with physical disabilities in a middle school. In one condition, a *cognitive intervention* challenged the students to think about disability and question the common stereotypes of disabilities. In this intervention the students talked about personal experiences, developed a definition for the word "disability," discussed labeling, learned the history of treatment and mistreatment of individuals with disabilities, and discussed interacting with people with disabilities. A second condition was a *cognitive-behavioral intervention*. The students in this group experienced the same cognitive intervention for a shorter period of time, and received a behavioral intervention for the duration of the time. During the behavioral portion the students participated in Paralympic sports with nine athletes with physical disabilities. Equal status contact was the main focus in this portion of the intervention, with pursuit of a common goal accomplished in the playing of Paralympic games. The third condition, a *control group*, experienced no intervention. Krahé and Altwasser used a modified version of the Questionnaire About Attitudes Towards the Physically Disabled (Seifert & Bergmann, 1983, as cited in Krahé & Altwasser, 2006) as a pre- and posttest measure of the students' attitudes. The results showed that the cognitive-behavioral intervention resulted in significantly greater attitude change compared to the cognitive-only intervention and the no-intervention conditions. Neither the cognitive-only intervention nor the no-intervention conditions produced significant attitude change.

Campbell, Gilmore, and Cuskelly (2003) also confirmed that combined behavioral and cognitive methods can produce a change in attitudes. They studied 274 student teachers as they participated in structured fieldwork experiences (behavioral) and were enrolled in a class about Down syndrome and inclusion (cognitive). Multiple measures of knowledge about, and attitudes toward, individuals with disabilities were used in a pretest/posttest design. The results demonstrated that the interventions were effective across a number of measures, with attitudes towards Down syndrome, inclusion, and other disabilities significantly more positive on the posttest than they had been on the pretest.

As Krahé and Altwasser (2006) demonstrated, one context that provides an opportunity for naturally occurring cognitive and behavioral interventions with the possibility of equal status contact is physical activity and athletic participation. Many children with intellectual and/or other developmental disabilities are included in physical education classes in schools and also participate in athletic competitions both in school and in their communities. Indeed, physical activity is recommended not only for children but also for adults with IDD, given the dangers of a sedentary lifestyle and the value of physical activity (Bartlo & Klein, 2011; Mahy, Shields, Taylor, & Dodd, 2010; Shannon, Schoen, & Tansey, 2009). Although historically, children and adults with IDD were excluded from sports as they were from intellectual pursuits, recognition of its value and the beginning of movements such as Paralympics and Special Olympics has encouraged athletic participation by children and adults with disabilities (Harada,

DOI: 10.1352/2326-6988-52.5.367

Siperstein, Parker, & Lenox, 2011; Lyons, Corneille, Coker, & Ellis, 2009). Indeed, the Special Olympics movement is both a reflection of the importance of sports, as well as a catalyst for creating environments in which persons with and without disabilities can participate together as they do in unified sports (Eidelman, 2011). Research by Weiss and colleagues has documented benefits of Special Olympics participation in positive self-concept for athletes (Weiss & Bebko, 2008; Weiss, Diamond, Demark, & Lovald, 2003). Additionally, Glidden, Bamberger, Draheim, and Kersh (2011) reported higher levels of happiness in both athletes about themselves and parents about their athletes when they were participating in sailing/kayaking competitions.

Furthermore, Özer et al. (2012) demonstrated that an integrated sports program has a positive effect not only on athletes with disabilities, but also may influence participants without disabilities. Adolescent students with and without ID either were randomly assigned to an 8-week unified soccer training programming or a control group. Results indicated that at the program's conclusion, the students with IDD displayed significant improvements in social competence as well as decreases in problem behaviors in comparison to a control group. Moreover, the attitudes of the participants without IDD were more positive toward their partners with IDD, whereas the attitudes of students in the control group did not change.

Nonetheless, obstacles remain to the inclusion of individuals with IDD in physical education classes during the school-age period, and in other sports contexts during adulthood. Townsend and Hassall (2006) demonstrated that although the majority of students in an inclusion environment in New Zealand had positive attitudes towards participating in sports with people with IDD, attitudes were less positive for males than females, and were more negative for older than younger children. Moreover, in a comprehensive review of the published literature from 1990–2009 on inclusive physical education, Qi and Ha (2012) concluded that although benefits from this inclusion were frequently demonstrated, obstacles, including negative attitudes from other stakeholders, including teachers and students without disabilities, persisted.

In sum, physical activity and sports participation are important lifestyle behaviors for all individuals, those with and without disabilities. For those with disabilities, obstacles persist and prevent ready access and full inclusion in these activities. The negative attitudes of others can pose problems in granting access and implementing inclusion. Findings of previous research have demonstrated that intervention programs that utilize information (cognitive) and contact (behavioral) appear to have a significant effect on positive change in attitudes towards individuals with disabilities. Although the studies have varied in terms of subjects, procedures, and type of disability, the participants that were exposed to a cognitive and a behavioral intervention were more likely to demonstrate a positive attitude change than were those who experienced only one component or no intervention at all.

Attitudes consist of not only cognitive and behavioral dimensions, but also *affective facets* (Breckler, 1984; Fazio & Olson, 2003). This affective aspect of attitudes refers both to the general emotional valence of the attitude–arousing good or bad emotions–as well as the level of activation or arousal (Fishbein & Ajzen, 2010, pp. 78–79). For example, positive attitudes about persons with ID could incorporate a cognitive component of beliefs that they have athletic competencies, an affective component in the form of strong feelings about their being part of a team, and a behavioral component of a propensity to interact with them.

Demonstrating effectiveness of multimodal approaches to attitude change (ones that consist of cognitive, behavioral, and affective components), is consistent with the elaboration likelihood model of attitude change (Petty & Cacioppo, 1986, 1996; Petty & Wegener, 1999.) This model predicts that deeper processing of the message will lead to greater and more durable changes in attitude. Petty, Haugtvedt and Smith (1995) describe the conditions that are likely to lead to deeper processing, which include personal relevance, higher motivation for processing, and positive mood.

In the current study we build upon the previous research by creating an intervention that is informed by the elaboration model of attitude change. The intervention contains cognitive, affective, and behavioral components, and utilizes interactions of equal status contact and pursuit of common goals. Whereas most of the previous research was conducted in a formal school environment, the current study is implemented outside of a formal school environment, thus expanding the nature of the relevant context. Swimming was

DOI: 10.1352/2326-6988-52.5.367

chosen as the activity for this particular session for multiple reasons. First, swimming can be organized as a cooperative learning environment. Martino and Johnson (1979) found that cooperative learning experiences in the pool promoted more friendly interaction between high school seniors with learning disabilities and high school seniors without disabilities. Second, swimming is often a life-long sport with participation of people of all ages, and availability and engagement is year-round and global. Therefore, if results demonstrating positive attitude change are obtained, it can have applicability to many participants worldwide.

The choice of swimming also entailed pragmatic considerations, including the ready availability of both a college swim team and Special Olympics swimming participants, and an appropriate-sized pool that could accommodate weekend hours when students were not in classes. Because the college and Special Olympics swimmers already shared a mutual interest in swimming, it was likely that the pursuit of common goals would be attained. Last, competitive swimming easily accommodates participants of varying ability levels in the same activity. Relays, for example, can be completed with a wide range of ability levels. Relays, much like the cooperative learning example given earlier, require the success of all members in order for the team to be successful, thus providing equal status contact and the pursuit of a common goal.

We posed three questions in this research context: (1) Can a cognitive/affective/be-havioral intervention implemented in the context of a unified swimming program result in more positive attitudes of persons without disabilities towards persons with intellectual and/or developmental disabilities? (2) Do persons without disabilities report that they have benefited from this intervention, and if so, in what ways? (3) Do Special Olympics swimmers in this unified program report that they benefit from this experience, and if so, in what ways?

Method

Participants

Recruitment and selection. Potential participants included 41 members of a college varsity swim team. The study was briefly described, and the 41 swimmers were asked if they would be willing or able to participate in the intervention portion of the study that included fixed time commitments over a 6-week period. Ten students indicated that they would not or could not commit to all of the intervention requirements. The first session, which included a pretest, was attended by 33 of the 41 eligible swimmers, 27 who had initially indicated that they could be in the intervention, and 6 who had said that they could not participate in the intervention.

Characteristics. The 27 intervention-eligible swimmers were randomly assigned to an Intervention group ($N = 16$, 9 female, 7 male, mean age = 20.0 years) or a Control group ($N = 11$, 9 female, 2 male, mean age = 19.45). The six participants who had indicated that they could not meet the requirements of the intervention sessions but took the pretest, constituted a second, Non-Randomly Assigned Control group (2 female, 4 male, mean age = 19.83). The Intervention and Randomly Assigned Control groups were of unequal size, because the swimming intervention required 16 college swimmers in order to maintain a 2:1 ratio of college to Special Olympics swimmers.

Special Olympics swimmers. In addition to the 33 college swimmers, eight Special Olympics swimmers participated in the intervention portion of the swim program and responded to questions at the end of the program. The six male and two female Special Olympics swimmers ranged in age from 13 to 25 (mean age = 17.6 years), and all were still in school with the exception of the eldest. The etiology of their IDD was varied and included Down syndrome, other known genetic/chromosomal diagnoses, and unknown causes of neurological damage.

Procedure

Before the study began, all research protocols were reviewed and approved by the appropriate Institutional Review Board. The duration of the study was 6 weeks and the intervention consisted of one cognitive/affective preparation session and four 1-hour sessions with Special Olympics swimmers, spaced 1 week apart, except for a 2-week interval between sessions 2 and 3. Before the first and after the last of these sessions, all college participants completed an adaptation of a scale that had been designed to measure medical student attitudes toward persons with disabilities (Symons, Fish, McGuigan, Fox, & Akl, 2012), described in the Materials section. Following the completion of the pretest, all participants were informed that they had been randomly assigned to either the Intervention

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or the Control group. Control group participants then departed, and Intervention Group participants remained for the cognitive/affective session. This session involved the presentation of information regarding IDD, the importance of belonging as an innate human need, and information about the Special Olympics participants. These three items are considered the cognitive portion of the session. Three additional portions of the intervention were primarily affective, but also included content that likely contributed to the cognitive components. Participants shared their experiences with people with disabilities and experiences on teams where they felt as if they belonged. They viewed a 14-minute video about a high school male student with ID who participated on his school's track team (ESPN, 2012). The video had a strong affective component as it emphasized the connection between the student's running career and the blossoming of his social life and enhanced self-esteem. The strong affective component is documented by the video's comments on YouTube. Of the 62 comments, 11 commenters wrote that they cried and 13 discussed feelings of inspiration.

The final primarily affective intervention component involved intervention group participants listening to a high school graduation speech by a student with Down syndrome (Daniels, 2002). In the speech, entitled *Inclusion Is Not a Place, It's a Feeling,* Troy Daniels (TD to his friends), addressed the importance of peers that made him feel included rather than the law stating that he was included. It concludes with, "*The law says that I am included but it is my friends who say…'TD come sit by me.'''*

After the completion of the above intervention, the intervention group participants reviewed letters, pictures, and a video sent by five of the Special Olympics athletes who would be participating in the upcoming sessions. The purpose of these items was for the college participants to get to know the Special Olympics athletes before the first day. The Special Olympics athletes were also sent a picture of the team and the pool so that they could be familiar with the environment and the people that they would meet. Finally, the participants were briefed on the agenda for the first session of the program, advised of the planned schedule, what to expect in terms of swimming ability, and given advice to be welcoming and easy-going, meaning friendly and relaxed. The four sessions of unified swimming were spent mostly in the water with a variety of games and competitions that emphasized teams and striving toward a common goal, such as diving for pennies, playing water-polo, and relays. This program was designed specifically for this research, but utilized techniques that are common in swimming instruction. All 33 college swim team participants completed the posttest within 72 hours of the final intervention session. In addition to the Attitudes Toward Persons With Disabilities Scale, two open-ended questions and a section for comments were included.

Materials

Attitude measurement of college swimmers. The Medical Student Attitudes Toward Persons With Disabilities Scale was adapted from Symons et al. (2012), and is referred to as the Attitudes Toward Persons With Disabilities Scale hereafter. Specifically, one item that was specific to medical professionals (*People with disabilities should be cared for in any primary care office as opposed to a specialty clinic)* was replaced by *People with disabilities should be educated in a regular classroom*. Six items that were responses to seeing patients in a clinical setting were eliminated. Also, minor modifications were made in other items to eliminate male-biased language. The final inventory consisted of 18 statements relevant to the respondent's attitudes and behaviors towards persons with disabilities. Sample items are: *I am only comfortable around people with intellectual disabilities if they are well behaved,* and *Most people with disabilities feel sorry for themselves*. Participants responded to all items on a 4-point Likert Scale ranging from 1 (*Strongly Disagree*) to 4 (*Strongly Agree*). Symons et al. (2012) reported very good internal reliability with Cronbach $\alpha = .857$ in their sample of 342 medical students. The pretest results reflected adequate internal reliability with Cronbach $\alpha = .716$ in the current sample of 33 college students.

Symons et al. (2012) also described a factor analysis that identified five factors based on their items, four of which were retained in our modification. However, three of these factors consisted of only two or three items, had unacceptable internal reliability in our sample (Cronbach $\alpha = .11–.40$) and, therefore, were not analyzed separately. One factor, measuring *Comfort interacting with persons with disabilities*, however, consisted of eight items, demonstrated good internal reliability in the current study (Cronbach $\alpha = .76$) and was retained for analysis. It contained items such as *I am*

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Table 1
Attitudes Toward Disabilities: Means (SD) *for Intervention and Control Groups*

		Inventory total		Factor 1	
Group	*n*	Pretest *M(SD)*	Posttest *M(SD)*	Pretest *M(SD)*	Posttest *M(SD)*
Intervention	16	59.38 (4.71)*	64.31 (2.75)	28.94 (3.23)*	30.19 (1.94)
Randomly Assigned Control	11	57.57 (4.43)	55.88 (5.68)	28.50 (2.40)	27.45 (2.96)
Non-Randomly Assigned Control	6	54.67 (3.88)	53.17 (3.66)	27.00 (2.00)	26.50 (2.88)

Note. Inventory total maximum = 72; Factor 1 (Comfort interacting with persons with disabilities), maximum = 32.
*Significant increase from pre- to posttest, $p < .05$.

comfortable being around a person who has an intellectual disability that lives by him or herself. In addition to the posttest administration of the Attitudes Toward Persons With Disabilities Scale, participants responded to two open-ended questions: (1) *Do you feel that participating in this program was beneficial for you personally?* and (2) *Have your attitudes towards people with disabilities in general changed (more negatively or more positively) since the beginning of the program? Please explain.* There was also a section for other comments on all posttests.

Special Olympics swimmers postintervention measures. Five questions were posed to Special Olympics swimmers at the conclusion of their final session by an interviewer who was blind to the study's purpose and hypotheses. Two questions used a 3-point Likert response scale of *No, Maybe, Yes*, with each response choice written on a poster that also included a large red X for *No*, a question mark for *Maybe*, and a large green check mark for *Yes*. These two questions were: (1) Did you like coming here more than you did in the beginning? (2) Do you want to keep coming here? Three other questions with a free response format asked what they did and did not like about the program and whether they wanted to stay friends with the college swimmers.

Results

College Swimmers

Attitude scores. Total scores on the Attitudes Toward Persons With Disabilities Scale were compared for male and female participants. Results of an independent samples *t*-test indicated no significant differences between male ($M = 57.14$, $SD = 4.70$) and female ($M = 58.50$, $SD = 4.72$) scores on the pretest, $t(31) = .82$, $p > .05$ and, therefore, all additional analyses were conducted with the combined male/female sample.

The means and standard deviations for the pretest and posttest total scores on the Attitudes Toward Persons With Disabilities Scale are displayed in Table 1 for the Intervention and two Control groups. Scores for the three groups on the pretest are similar. However, the participants in the Intervention Group manifested a substantial increase in positive attitudes at posttest, whereas participants in the Control groups did not. This increase was typical of the Intervention group as all but two Intervention Group participants reported increased scores ranging from +1 to +11 from pretest to posttest. A two-way mixed-design ANOVA was conducted on these data with a between-subjects Group factor (Intervention, Randomly Assigned Control, Non-Randomly Assigned Control) and a within-subjects Time factor (Pretest, Posttest). Table 2 displays the results of this analysis, indicating a significant main effect of Group and a significant Group × Time interaction. The main effect of Time was not significant. Because of the significant interaction, post hoc comparisons were performed only for the Group × Time interaction, comparing Groups separately for the pretest and posttest.

The pretest results did not indicate a significant difference in scores among the Intervention Group ($M = 59.38$, $SD = 4.71$), the Randomly Assigned Control Group ($M = 57.57$, $SD = 4.43$), and the Non-Randomly Assigned Control Group ($M = 54.67$, $SD = 3.88$), $F(2, 30) = 2.46$, $p = .102$. The three groups started out with very similar scores, indicating similar attitudes. In contrast, a one-way analysis of variance showed that the groups' scores were significantly different on the

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Table 2
Analysis of Variance for Total and Discomfort Factor Attitude Scores

Source	*df*		*MS*		*F*		*p*	
	Between subjects							
	Total	Discomfort	Total	Discomfort	Total	Discomfort	Total	Discomfort
Group (G)	2	2	388.81	39.44	2.49	3.43	< .001	.046
Error	30	30	27.12	11.51				
	Within subjects							
	Total	Discomfort	Total	Discomfort	Total	Discomfort	Total	Discomfort
Time (T)	1	1	4.69	.134	.49	.054	NS	NS
G × T	2	2	88.54	9.38	9.005	3.76	< .001	.035
Error	30	30	9.78	2.49				

posttest $F(2,30) = 22.54$, $p < .001$. Post hoc comparisons revealed that the Intervention Group ($M = 64.31$, $SD = 2.75$) scores were significantly higher than both the Randomly Assigned Control ($M = 55.88$, $SD = 5.67$) and the Non-Randomly Assigned Control ($M = 53.17$, $SD = 1.49$), with the two Control groups not differing from each other. Thus, the Intervention Group's attitudes were significantly more positive than those of either of the control groups after the intervention. Furthermore, *t*-tests between pre- and posttest scores for each group indicated that only the Intervention Group also had significantly higher posttest scores ($M = 64.31$, $SD = 2.75$) than pretest scores ($M = 59.38$, $SD = 4.71$, $t(15) = 4.83$, $p < .01$). Following the intervention, the participants reported significantly more positive attitudes than prior to the intervention.

The results for the factor of *Comfort interacting with persons with disabilities* of The Attitudes Toward Persons With Disabilities Scale mirrored the findings for the inventory as a whole (see Table 1 and Table 2). A two-way ANOVA resulted in a significant main effect for Group, no significant main effect for Time, and a significant Group × Time interaction $F(2, 30) = 3.76$, $p = .035$. Follow-up simple effects tests of the interaction revealed that the pretest results did not indicate a significant difference in scores between the Intervention Group the Randomly Assigned Control Group and the Non-Randomly Assigned Control Group $F(2,30) = 1.05$, $p = .362$. However, a one-way ANOVA revealed a main effect for Group on the posttest. There was a significant difference between the Intervention Group and the Randomly Assigned Control ($M_{difference} = 2.73$, $p = .026$) and the Intervention Group and the Non-Randomly Assigned Control ($M_{difference} = 3.69$, $p = .013$). Paired samples *t*-tests indicated that the Intervention Group significantly improved from the pre-test ($M = 28.94$, $SD = 3.23$) to the posttest ($M = 30.19$, $SD = 1.94$), $t(15) = 2.37$, $p = .032$ but that the two control groups did not.

Narrative responses. Following the completion of the posttest survey, participants in the Intervention group responded in narrative form to three items that focused on benefits, attitude change, and other comments. All 16 participants responded that they had found the experience beneficial; 14 of 16 wrote that their attitudes had become more positive, and two participants indicated that they were positive at the start and the program just reinforced those preexisting attitudes. Open-ended comments were written by 13 of the 16 participants. Although no formal qualitative analyses were performed, the first author reviewed these comments and identified three themes: Greater comfort level in the situation (7 participants, sample comment: "At first I was nervous about the 'right' way to interact with them but I soon learned that there is no 'right' way, I just had to be myself.") A second theme was that the college participants discovered how "normal" the Special Olympics athletes were. Six participants responded that they came into the program thinking that there would not be many similarities between the two groups, but they found that "even though they are on a different intellectual level many people were still on the same social level and we had many things in common."

The third theme, enjoyment, was identified in the narratives of 11 of the 16 participants.

DOI: 10.1352/2326-6988-52.5.367

Participants wrote that they had enjoyed the program and wanted it to continue. Two participants mentioned that they had not before had the opportunity to get close to someone with disabilities and that they did not want this opportunity to end. Four participants wrote that they had developed genuine friendships through this program. On the last day, many individuals exchanged contact information to continue their relationships.

Special Olympics Swimmers

All Special Olympics swimmers responded *Yes* to the two questions posed at the end of the final session, indicating that they did all like the program that they wanted it to continue. The remaining open-ended questions received brief, but enthusiastic responses that focused on how they enjoyed hanging out with friends, hoped to continue being friends with the college swimmers, and enjoyed playing in the water.

Discussion

The primary research question addressed in this study was whether a cognitive-affective- behavioral intervention that included equal-status contact and pursuit of common goals would improve attitudes of a sample of college student swimmers towards individuals with IDD. The question was answered in the affirmative: The participants in the intervention group whose attitudes did not differ significantly from the participants in the control groups before the intervention, showed a significant improvement after the intervention, whereas the attitudes of members of the control groups did not. This finding demonstrates that interventions to change attitudes can be successful and is consistent with other studies such as those of Krahé and Altwasser (2006), Campbell et al. (2003), and Özer et al. (2012), which also reported more positive attitudes towards persons with disabilities following an intervention in comparison to preceding it.

Moreover, the current results provide evidence that one of the dimensions in which attitudes improved significantly was in the increased comfort that the participants without disabilities experienced in interacting with the swimmers with disabilities. Discomfort has been identified as one of the obstacles to successfully integrating classrooms, workplaces, and recreational opportunities. In their psychometric study of a scale measuring the attitudes of persons without disabilities towards persons with disabilities, Forlin, Fogarty, and Carroll (1999) documented that discomfort in social interactions accounted for the largest amount of variance in the factor structure. Generally, this discomfort is experienced in interactions with persons with varying types of disabilities and is high when prior contact with individuals with disabilities is minimal (Gething, 1991; Gething & Wheeler, 1992). Erroneous beliefs about persons with disabilities (e.g., they are not competent; we have nothing in common with them) shape attitudes (Fishbein & Ajzen, 1975). Reduction of discomfort may be an essential part of an effective intervention for improving attitudes. In the current study, this initial discomfort, possibly based on erroneous beliefs that were the result of insufficient personal experience, was reduced by our intervention that provided accurate and positive information and was reinforced by the additional interactions and outcomes among the college and Special Olympics swimmers (Fishbein & Ajzen, 2010, Chapter 10).

The narrative responses to the open-ended questions supported the importance of increasing comfort levels as one focus of a successful intervention. Two of the three identified themes–greater comfort in the situation and the normality of the Special Olympics swimmers–suggest important contributory aspects of the intervention. Respondents indicated explicitly that they felt more comfortable. Moreover, the theme of perceiving individuals as "normal" likely reduced both the anxiety of not knowing how to behave, as well as the fear of making mistakes in social interactions.

This reaction of discomfort reduction was likely fostered by the equal status contact and pursuit of common goals, both of which were promoted by the intervention. All of the Special Olympics swimmers had swimming skills that enabled them to be a part of a team that, in each session, had a goal that they were pursuing. For example, some sessions included relays and others including diving for pennies and similar games organized by teams of combined college and Special Olympics swimmers. The common goal was to win for the team and all swimmers worked to achieve the team goal. This cooperative interdependence enabled participants to recognize each other's strengths and positive attributes (Jacobson et al., 2007; Siperstein et al., 2007). Working together and using each other's strengths may have gener-

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alized to other activities even if there was not an assigned common goal.

One limitation in interpreting the success of the intervention is that we did not include a measure of *social desirability* and control for it in the measurement of attitudes. However, social desirability has not usually been measured in studies of attitudes toward disability; when it has been measured, persons who have scored high on social desirability have not reported more positive attitudes towards persons with intellectual disability (Antonak & Harth, 1994; Horner-Johnson et al., 2002; Yazbeck, McVilly, & Parmenter, 2004). Thus, it is not likely that participants reported more positive attitudes only because they realized it was more socially desirable.

Despite the success of the program intervention, there may be obstacles in its adoption by others. To maximize the effect, the intervention was designed as multifaceted with combined cognitive, affective, and behavioral components, making it impossible to assess which feature or combination of features was crucial in causing the attitude improvement. Based on previous research, as well as the elaboration likelihood model of attitude change (Petty et al., 1995), we believe that all three components contributed. Attitudes are defined as having all three attributes, so it is likely that changes made in all three will exert the most impact. Moreover, there is evidence that more limited interventions are not effective in improving attitudes (e.g., Krahé & Altwasser, 2006). However, if the current findings were to be used to design a program with limited resources, we would recommend retaining the affective and behavioral components, but eliminating the cognitive component. Other studies have shown little effect of knowledge about disabilities being related to positive attitudes (Hastings, Hewes, Lock, & Witting, 1996; Krahé & Altwasser, 2006; McManus et al., 2011).

A related concern is whether the program could effectively be scaled up in size. The 2:1 ratio of swimmers without disabilities to swimmers with disabilities created conditions that were excellent for optimizing successful personal interactions. Also, the common interest and activity of swimming likely catalyzed intimate contact and bonding that decreased social distance and helped move attitudes in a positive direction (Weinberg, 1978). However, these results might not generalize to a program that was larger in scope, less focused on a single sport or activity, and had more swimmers with disabilities relative to those without disabilities.

Directions for future research abound. In addition to modifying the components of the intervention to determine the relative impact of cognitive, affective and behavioral facets, the durability of the attitude changes is of great interest. Short-term positive attitude change is relatively trivial, especially if, over time, attitudes revert to their original level. With few exceptions (e.g., Clore & Jeffery, 1972; Kishi & Meyer, 1994), long-term maintenance of changed attitudes toward persons with disabilities has not been systematically studied. The elaboration likelihood model predicts that attitude change that involved elaborated processing, as did our intervention, would yield more durable attitude change (Petty & Cacioppo, 1986, 1996), leading to a prediction that intervention participants would maintain their more positive attitudes, continuing to differ significantly from control participants. Empirical evidence to support this prediction would be a valuable addition to the research database.

Finally, we have demonstrated that we can change specific attitudes as a result of an intervention with cognitive, affective, and behavioral components. However, not only do we not know how durable this change will be, but we also cannot assume that it will generalize to situations that are notably different. Kersh (2011) persuasively writes that we need to recognize that attitudes are part of a macro-environment, embedded in social and cultural contexts that are far less malleable and more resistant to the interventions that we create on the individual level. In addition to investigating how to facilitate attitude change in a positive direction in individuals, we also need to focus on why some attitudes are resistant to change, both in individuals and in society as a whole. This two-pronged approach is likely to be more successful both in reducing negative attitudes and enhancing positive ones. The current research provides a foundation for expansions of this kind.

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Received 10/03/2013, accepted 5/29/2014.

This research was a senior project conducted by Emma Sullivan under the supervision of Laraine Glidden in fulfillment of the requirements of the B.A. in Psychology. It was approved by the St. Mary's College of Maryland IRB. Emma Sullivan is now a graduate student at University of Maryland, Department of Counseling, Higher Education and Special Education. Thanks go to The St. Mary's College of Maryland Swim Team and the St. Mary's County Special Olympics Swim Team whose cooperation was essential to the success of this research.

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INTELLECTUAL AND DEVELOPMENTAL DISABILITIES
2014, Vol. 52, No. 5, 405–406

DOI: 10.1352/1934-9556-52.5.405

Résumés en Français

Main-d'œuvre en soutien direct auprès des personnes ayant une déficience intellectuelle : salaires actuels, avantages et stabilité

Matthew D. Bogenschutz, Amy Hewitt, Derek Nord et Renee Hepperlen

Le personnel de soutien direct et les superviseurs de première ligne jouent un rôle intégral dans la vie des personnes ayant une déficience intellectuelle (DI). Ils sont régulièrement directement responsables d'assister les personnes ayant DI dans l'objectif de vivre et participer pleinement dans leur communauté. Ces deux groupes de travailleurs ont typiquement des faibles revenus avec un accès limité aux avantages sociaux, ce qui contribue au taux élevé de roulement du personnel comparativement à d'autres travailleurs de même niveau de qualification aux États-Unis. Cet article résume les résultats et est la première investigation depuis plusieurs années pour étudier systématiquement les salaires, les avantages et la stabilité du personnel de soutien direct et des superviseurs de première ligne travaillant auprès des personnes ayant une DI. Les résultats suggèrent que le personnel de soutien direct peut s'attendre à gagner un salaire de 11,25 $ l'heure, tandis qu'un superviseur devrait s'attendre à un salaire horaire de 15,45 $. Les avantages liés à l'emploi étaient quant à eux très limités dans l'échantillon. Les implications, incluant la relation aux rapports passés du développement de la main-d'œuvre en soutien direct, sont discutées.

Approche centrée sur l'observation pour évaluer les troubles du spectre de l'autisme en Tanzanie

Ashley J. Harrison, Eric H. Zimak, Stephen J. Sheinkopf, Karim P. Manji et Eric M. Morrow

Dans de nombreux pays à faibles revenus, un manque de services pour évaluer les troubles du spectre de l'autisme (TSA) est observé. Des lignes directrices seront émises afin de réaliser des évaluations interculturelles dans le contexte de ressources valides limitées en Tanzanie. Par l'étude des différences comportementales, sociales et adaptatives, il a été possible de fournir des évaluations pour réaliser un diagnostic différentiel selon les meilleurs standards de pratique auprès de 41 enfants de Tanzanie âgés de 2 à 21 ans. L'utilité d'un outil d'observation comportemental et flexible est décrite, soit *le Childhood Autism Rating Scales*, deuxième édition (*CARS2*), afin de réunir de l'information diagnostique sensible au contexte culturel. Il a été observé que le groupe ayant un TSA était caractérisé par des scores significativement plus élevés au *CARS*, F 5 21.09, p, .001, g2 5 .37, que le groupe de comparaison ayant un retard de développement. Des recommandations supplémentaires sont exprimées concernant des adaptations culturelles d'outils d'évaluation actuels qui pourraient être utilisés dans des pays pour lesquels des normes pour ces instruments ne sont pas disponibles tels que la Tanzanie.

Identification de bons foyers de groupe: indicateurs qualitatifs utilisant un cadre conceptuel de la qualité de vie

Christine Bigby, Marie Knox, Julie Beadle-Brown et Emma Bould

Malgré un changement vers un soutien plus individualisé, les foyers de groupe sont susceptibles de demeurer utilisés pour les personnes présentant une déficience intellectuelle (DI) sévère. En conséquence, la recherche de façons de déterminer et de maintenir la qualité de ce type de résidence continue. Cet article s'appuie sur une analyse qualitative approfondie des observations des participants sur une période de 9 à 12 mois dans sept foyers de groupes pour 21 personnes ayant une DI sévère ou profonde. Il explore la conceptualisation de bons résultats et de bon soutien pour ce groupe en termes de qualité de vie et de pratiques du personnel. Les indicateurs qualitatifs de bons résultats pour ce groupe utilisant les domaines de la qualité de vie peuvent être utilisés par des inspecteurs, des visiteurs de la communauté, des organismes subventionnaires, des personnes ayant une DI, ou des membres de leur famille, et ce, afin de guider leurs observations et leur jugement à l'égard des foyers de groupe.

Modifier les attitudes relativement aux déficiences par les sports unifiés

Emma Sullivan et Laraine Masters Glidden

Une intervention cognitive/affective/comportementale a été implantée afin de changer les

DOI: 10.1352/1934-9556-52.5.405

attitudes de collégiens par rapport aux personnes présentant des déficiences. Des membres d'équipes collégiales de natation ont été assignés aléatoirement à l'intervention (N=516), et des groupes contrôles sans intervention (N=517), avec les étudiants du groupe intervention et huit nageurs des Olympiques spéciaux travaillant ensemble dans la poursuite de buts en lien avec la natation. L'étude a été réalisée au cours de quatre séances sur une période de 6 semaines. Les résultats à l'inventaire révisé des attitudes de Symons, Fish, McGuigan, Fox et Akl (2012) indiquent que les participants du groupe intervention ont démontré une amélioration significative entre le pré et le post test dans les attitudes positives, alors que les participants du groupe contrôle ne se sont pas améliorés. Les commentaires écrits des participants ont corroboré cette amélioration. Un élément clé dans l'amélioration des attitudes résidait dans l'augmentation du niveau de confort vécu par les collégiens-nageurs dans leurs interactions avec les nageurs des Olympiques spéciaux.

Propriétés psychométriques de la version portugaise du *Adaptive Behavior Scale*

Sofia Santos, Pedro Morato et Ruth Luckasson

Le construit des comportements adaptatifs a obtenu une attention substantielle dans le domaine des services à la personne depuis les dernières années au Portugal, et sa mesure est devenue partie intégrante de l'évaluation des populations ayant une déficience intellectuelle (DI). Au Portugal, bien qu'une certaine attention ait été récemment accordée au concept des comportements adaptatifs, le diagnostic de la DI demeure exclusivement basé sur les mesures de QI. Dans cet article, le processus d'adaptation et de validation de la version portugaise du *Adaptive Behavior Scale* (*PABS*), effectué à partir d'un échantillon de 1875 personnes avec ou sans DI, est expliqué. Les résultats de l'étude sont discutés en termes de fidélité et de validité du *PABS* pour l'échantillon étudié. Le *PABS* semble être une mesure valide et fiable des comportements adaptatifs chez des individus au Portugal présentant une DI.

Dans leurs propres mots: la place de la foi dans la vie des jeunes présentant un trouble du spectre de l'autisme ou une déficience intellectuelle

Eleanor X. Liu, Erik W. Carter, Thomas L. Boehm, Naomi H. Annandale et Courtney E. Taylor

Bien que l'importance de la spiritualité et de la religion chez les Américains soit bien documentée, on en sait très peu sur la place que revêt la foi dans la vie des jeunes présentant une déficience intellectuelle (DI) ou un trouble du spectre de l'autisme (TSA). Dans cette étude ayant pour méthode des entretiens qualitatifs, les perspectives de 20 jeunes ayant une DI ou un TSA quant à leur foi, l'expression de leur spiritualité, et leur handicap, ont été étudiées. Les participants ont identifié des expressions spirituelles et des thèmes clés reflétant l'importance de la foi dans leur vie. Ils ont également partagé des perceptions de leur handicap dans le contexte de leur foi, soulignant l'affirmation et l'acceptation de ce dernier. Des recommandations sont offertes aux familles, aux communautés religieuses et aux systèmes de services pour soutenir la formation spirituelle et son expression au sein des personnes présentant une DI ou un TSA.

La traduction des résumés en Français a été coordonnée par « AAIDD- Chapitre Québec » avec la collaboration de Julie Maltais et Diane Morin.
The French translation of the abstracts has been coordinated by ''AAIDD- Quebec Chapter'' with the collaboration of Julie Maltais and Diane Morin.

INTELLECTUAL AND DEVELOPMENTAL DISABILITIES
2014, Vol. 52, No. 5, 407–408

DOI: 10.1352/1934-9556-52.5.407

Résumés en Español

Equipo de Trabajo de Apoyo Directo que ayudan a personas con DID: Salarios Actuales, Beneficios y Estabilidad

Matthew D. Bogenschutz, Amy Hewitt, Derek Nord, y Renee Hepperlen

Los Profesionales de Apoyo Directo (PAD) y Supervisores de Primera Línea (SPL) juegan un rol integral en la vida de las personas con Discapacidad Intelectual y del Desarrollo (DID), frecuentemente son responsables directos de apoyar a las personas con DID para que vivan y participen plenamente en sus comunidades. Estos dos grupos de trabajadores han sido empleados con bajos sueldos y acceso limitado a beneficios alternativos, lo que contribuye a las altas tasas de renovación de personal, en comparación con similares trabajadores calificados en los Estados Unidos. Este artículo resume los hallazgos y es la primera investigación en varios años que estudia sistemáticamente los salarios, beneficios alternativos, y la estabilidad de los PAD y los SPL, como personal de apoyo a las personas con DID. Las investigaciones sugieren que un PAD típico puede esperar ganar alrededor de $11,25 dólares por hora, mientras que un SPL puede esperar sueldos de aproximadamente a $15.45 dólares por hora. Sin embargo, la preocupación fue que la provisión de los beneficios alternativos fue bastante limitada en esta muestra. Se discuten las implicancias, que incluyen una relación con informes anteriores del desarrollo del equipo de trabajo de los PAD.

Enfoque Centrado en la Observación para la Evaluación de los TEA en Tanzania

Ashley J. Harrison, Eric H. Zimak, Stephen J. Sheinkopf, Karim P. Manji, y Eric M. Morrow

En muchos países de bajos ingresos, hay una escasez de servicios para la evaluación de los Trastornos del Espectro Autista (TEA). Se proporcionarán directrices para realizar evaluaciones multiculturales dadas las limitaciones de los recursos en Tanzania. Tras examinar las diferencias conductuales, sociales y adaptativas fuimos capaces de proporcionar evaluaciones de diagnóstico diferencial alineadas con las mejores prácticas estandarizadas para 41 niños en Tanzania, cuyas edades estaban entre los 2 y 21 años. Describimos la utilidad de un instrumento flexible de observación de la conducta, la Escala de Evaluación de Autismo Infantil, Segunda Edición (EEAI2), para recopilar información de diagnóstico de una manera culturalmente sensible. Observamos que el grupo de niños con TEA se caracterizó por puntuaciones significativamente más altas en el EEAI2, F 5 21.09, *p*, 001, g2 5 0,37, en comparación con el grupo que incluía niños con retraso general. Se proporcionan recomendaciones adicionales para realizar adaptaciones culturales a los actuales instrumentos de evaluación para su uso en un país sin instrumentos normalizados como Tanzania.

Identificando Buenos Hogares Comunitarios: Indicadores Cualitativos Usando un Marco de Calidad de Vida.

Christine Bigby, Marie Knox, Julie Beadle-Brown, y Emma Bould

A pesar del cambio hacia un apoyo más individualizado, los hogares comunitarios se mantendrán para las personas con Discapacidad Intelectual Severa. Así, la búsqueda continua para determinar y mantener la calidad de estos contextos. Este artículo se basa en un profundo análisis cualitativo de las observaciones a participantes realizadas durante un periodo de 9 a 12 meses en siete hogares comunitarios de 21 personas con Discapacidad Intelectual Severa y Profunda. Además, exploramos la conceptualización de los buenos resultados y el apoyo a este grupo en términos de su calidad de vida y las prácticas del personal. Los indicadores cualitativos de los buenos resultados de este grupo, mediante el uso de los dominios de la calidad de vida, pueden ser utilizados por los auditores, los visitantes de la comunidad, fundadores, gestionadores, o miembros de la familia para guiar la observación y los juicios sobre los hogares comunitarios.

Cambiando las Actitudes hacia las Discapacidades a través de los Deportes Unificados

Emma Sullivan, y Laraine Masters Glidden

Una intervención cognitiva/afectiva/conductual fue implementada para cambiar las actitudes de los estudiantes universitarios hacia las personas con discapacidad. Los estudiantes universitarios, miembros del equipo de natación, fueron asignados al

DOI: 10.1352/1934-9556-52.5.407

azar para la intervención (N 5 16), y otro grupo de control sin intervención (N 5 17). Los estudiantes del grupo de intervención trabajaron junto a 8 nadadores de Olimpiadas Especiales para perseguir objetivos relacionados a la natación en cuatro sesiones durante un periodo de 6 semanas para lograr algunas metas relacionadas con este deporte. A través de la revisión de los resultados del Inventario de Actitudes (Symons, Fish, McGuigan, Fox & Akl, 2012) indicaron que los participantes del grupo de intervención mostraron un aumento significativo en las actitudes positivas a partir del pre y post-test, mientras que los participantes del grupo de control no lo hizo. Los comentarios de los participantes corroboraron por escrito esta mejora. Un elemento clave de las actitudes de mejora fue el aumento del nivel de comodidad experimentada por los nadadores universitarios en sus interacciones con los nadadores de Olimpiadas Especiales.

Propiedades Psicométricas de la Versión Portuguesa de la Escala de Conducta Adaptativa.

Sofia Santos, Pedro Morato, y Ruth Luckasson

El constructo de Conducta Adaptativa ha ganado una prominente atención en los servicios humanos en los últimos años en Portugal, y su medición se ha convertido en una parte integral de la evaluación de las poblaciones con discapacidad intelectual. En Portugal, el diagnóstico sigue basándose exclusivamente en las medidas de CI, aunque recientemente se ha prestado cierta atención al concepto de Conducta Adaptativa. En este artículo, explicamos el proceso de adaptación y validación de la versión en portugués de la Escala de Conducta Adaptativa (ECAP) sobre una muestra de 1875 personas con y sin discapacidad intelectual. Los resultados del estudio se discuten en términos de la fiabilidad y validez del ECAP en la muestra. El EPAC parece ser una evaluación válida y fiable de la Conducta Adaptativa en personas con discapacidad intelectual en Portugal.

Con sus Propias Palabras: El Lugar de la Fe en la Vida de Jóvenes con Autismo y Discapacidad Intelectual

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Aunque la importancia de la espiritualidad y las conexiones religiosas entre las personas de los Estados Unidos están bien documentadas, se sabe poco sobre el lugar de la fe en la vida de los jóvenes con Discapacidades del Desarrollo. En este estudio cualitativo, examinamos las perspectivas de 20 jóvenes con Discapacidad Intelectual o Autismo acerca de su fe, expresiones espirituales, y la discapacidad. Los participantes identificaron las expresiones espirituales claves y los temas fundamentales que reflejan la importancia de la fe en sus vidas. Ellos también compartieron la percepción de su discapacidad en el contexto de su fe, destacando la afirmación y la aceptación de su discapacidad. Ofrecemos recomendaciones a las familias, a las comunidades religiosas y los sistemas de servicios de apoyo a la formación espiritual, a la expresión, y las conexiones de los jóvenes con discapacidad.

La traducción de los resúmenes al Español ha sido coordinada por la ''Universidad Católica del Maule'', Talca, Chile. Con la colaboración de Camila Manríquez-Morales, Nicole Abdala-Rebolledo, Camila Carreño-Valdés, Bárbara Machuca-Jorquera, Paula Castillo-Rosson, Marcela Garrido-Valenzuela, Sandra Sánchez-Peña, Daniela Jorquera-Bustamante, María Pomés-Correa, Manuel Monzalve-Macaya y Juan Lagos-Luciano.

The translation into Spanish has been coordinated by Católica del Maule University, Talca, Chile; with the colaboration of Camila Manríquez-Morales, Nicole Abdala-Rebolledo, Camila Carreño-Valdés, Bárbara Machuca-Jorquera, Paula Castillo-Rosson, Marcela Garrido-Valenzuela, Sandra Sánchez-Peña, Daniela Jorquera-Bustamante, María Pomés-Correa, Manuel Monzalve-Macaya and Juan Lagos-Luciano.