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Acceptance of Persons with Disabilities among Students at SCSU

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Acceptance of Persons with Disabilities among Students at SCSU

by

Rachel Leighton Briant

A Thesis

Submitted to the Graduate Faculty of

St. Cloud State University

in Partial Fulfillment of the Requirements

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Master of Science

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Thesis Committee:

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Abstract

This Quasi-experimental research project measured the perceptions that graduate students held toward persons with disabilities. A pretest and posttest design was administered to a non-control group before and after their participation in the “disABILITY Awareness Event” that took place at St. Cloud State University in St. Cloud, Minnesota. The event was composed of seven different stations that had “simulation experiences.” Each of these stations represented a specific disability, and were led by members of the community who had each individual disability. It was hypothesized that participation in the “disABILITY Awareness Event” would increase awareness and decrease negative stigma among participants toward persons with disabilities. The results revealed a significant increase in disability acceptance among students.

Acknowledgments

Above all, I want to extend my sincerest thanks to my wonderful parents. All that I am has much to do with the beautiful examples you've always set for me. I hope you know how much I appreciate your consistent and overflowing love. From the very bottom of my heart; mahalo nui loa. Thank you!

I would like to acknowledge my anchor and biggest encouragement throughout the process of this paper, Amy. The amount of beauty you have produced through the event itself is remarkable, and your advocacy for persons with disabilities is never-failing. Thank you for always having faith in me and for your undying patience and guidance. I couldn't have made it without you.

To two incredibly influential members of my committee- Brad and Roxanne. Thank you for your diligence and concern for this project and paper. Your unique angles bring such valued perspectives to the topic of disability awareness. I have appreciated your honesty and support greatly.

To acknowledge Steve, the creator of the event that this paper is based on. None of the amazing outcomes and wonderful opportunities that I've experienced in my graduate career would have been possible without your creative spirit. Thank you for sharing a piece of your world with all of us at SCSU. My life has been forever changed!

And finally, my biggest supporters; Garrick and Kona. All of the late nights and endless hours spent in our home office would not have been as productive and as enjoyable as they were without your genuine understanding and patience. I could never thank you enough. You are the lights of my life.

“My Label”

I am a HUMAN
And *that* is my label.
Not crippled or gimped, delayed or disabled.
I am a HUMAN
With strengths, hopes, and dreams
Not to be overshadowed by accommodations or needs.
I am a HUMAN
Who deserves justice too
Who has the same skin, blood, and bones as do you.
Why two separate races: *disabilities*, and *not*?
We all have abilities,
And all matter.
A lot.

Rachel L. Briant

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Chapter I: Introduction

“And so even though we face the difficulties of today and tomorrow, I still have a dream. It is a dream deeply rooted in the American dream. I have a dream that one day this nation will rise up and live out the true meaning of its creed: ‘We hold these truths to be self-evident, that all men are created equal.’ ... I have a dream today!” (King, 1969)

Throughout Mr. King’s fight for righteousness, the idea of equality among all people was something he advocated tirelessly for. During the Civil Rights era in the United States, citizens began to realize the amount of segregation that was occurring all around them. This segregation originated because of disconnect between the majority (the white man) and the minority (the black man). Because of the constant diligence that activists promoted, discrimination against racial minorities began to dwindle on the local, state, and national level. Freedom and rights were also carried over to educational settings and, just as importantly: the workplace. Even though the presence of racial discrimination still lingers in this 20th century, it is evident that the roots of prejudiced hatred do not ground as strongly as they did just 40 years ago. Common public spaces are not segregated based on skin-color, discrimination in any type of professional setting is illegal, and the President of the United States of America is an African-American male.

This same theme of segregation and discrimination is at the heart of this paper. Although this (United States) nation has seemed to combat the evils of racial segregation, take into account another population- persons with disabilities. Is there a solid sense of equality between the majority: persons *without* disabilities, and the minority: persons *with* disabilities?

The negative stigma towards persons with disabilities can be easily noticed by the fact that society has literally categorized them into a separate group of people. They are not

referred to as “people”; they are referred to as people *with disabilities*. A staggering fact: People with disabilities comprise the world’s largest minority group (WHO, 2011). What is also true: “people with disabilities” compose the *only* group that any given person can be a part of (WHO, 2011).

When considering racial equality versus disability equality, there are many similarities. One margin of the population (the minority) experiences a lack of luxuries, while the other part (the majority) does not go without. Thomas Jefferson said it well, when he stated that “Justice will not be served until those who are unaffected are as outraged as those who are.” However, the fight for equivalence that persons with disabilities face is arguably more complicated than just overcoming attitudinal biases that are often times placed on them by the majority of people who do not have disabilities. To put it simply, it will take more than just allowing all people to ride the city bus to reach a true state of equality. This is because persons with disabilities are not always given the opportunity to access their full potential if they are not provided with just and reasonable accommodations. However, since an all-inclusive society (one free from discrimination and lack of accommodation) does not exist, it is impossible to witness the full capacities that persons with disabilities possess. It is this cyclical way of thinking: between lack of accommodation and impending stigma toward persons with disabilities, that provided rationale for the existence of this research project. Therefore, this research in this study investigated the following question: *Does participation in the “disABILITY Awareness Event” change students’ perceptions regarding persons with disabilities?* It was hypothesized that the event would indeed change students’ perceptions by raising their awareness and sensitivity toward persons with disabilities.

Social Perceptions

Evidence indicates that people hold negative perceptions toward persons with disabilities. This stigma often arises due to cultural norms, trends, and beliefs that are associated with people that have disabilities (Abbott & McConkey, 2006; Ferrara, Burns, & Mills, 2015).

“Perceptions” refer to, as: feelings, attitudes, and perspectives that student subjects had in regard to persons with disabilities. Whether these held perspectives originated deliberately or ignorantly, the researcher hypothesized that it was unlikely that each student participant was aware of the unidentified attitudes they intrinsically possessed. Theorizing that the existence of “perceptions” were indeed held among participants, the researcher acknowledged the multiple facets of reasoning for the existence of these proposed perceptions.

It is evident that the data collected for this project would have never been possible if it were not for the idea that started it all. To expose the topic of “disability,” the “disABILITY Awareness event” was introduced. The idea for a program that promoted the inclusion and acceptance of persons with disabilities was imagined by a man who can now be referred to as the “Father” of the disABILITY Awareness event: Steve Anderson.

A Personal Story

Steve created a program called “In My Shoes” when he worked at a Vocational Day Program for adults with disabilities in St. Paul, Minnesota. “In My Shoes” was presented to a wide-range audience: from young children, to adult professionals, with and without disabilities. During the planning process, Steve thought that it would be great to develop a

program that would “give folks a taste of what persons with disabilities are capable of” (S. Anderson, personal communication, March 2015). Thus, the purpose of the program was to showcase the *abilities* persons with disabilities utilize to accomplish tasks in daily life. The first half of this 2-hour program consisted of the audience learning about a wide range of disabilities through lecture and different activities. During the second half of the program, an art facilitator worked and helped design “In My Shoes” with Steve at the Vocational Program. Working together, the two took audience members through different simulation experiences. These simulations each represented a specific disability, and allowed the participants to feel what having a disability would be like. The disability stations composed of a range of disabilities, including blindness, paraplegia, and cerebral palsy to name a few. In each of the simulations, participants were asked to draw (their version) of a simplistic picture, containing three items: a house, a tree, and a sun. However, they had to draw their renditions *while* experiencing each disability. For example, for the “blindness” simulation, the participants were asked to draw the picture while blindfolded (to simulate what drawing would be like if an individual was blind).

For the cerebral palsy (CP) simulation, pieces of string were tied to the participants’ wrists. When they would attempt to draw, volunteers would sporadically yank the string in random directions, consequently simulating the common and frequent involuntary muscle spasms that often appear among symptoms for those that have CP. As one could imagine, the numerous versions of the replicated house, tree, and sun, were all completed in a variety of ways, depending on the particular disability being simulated. Some participants drew with their toes while maneuvering the pen between their feet while the paper laid on the floor, and

some attempted to draw the “simple” picture with the pen in their mouth. Steve was sure to observe the wide range of reactions that the participants had. Following the simulations, Steve commented:

People get angry, some people just laugh (and, I can appreciate that!) But, that’s actually how it feels! It is a simple picture that we all have been asked to draw at a very young age. A house, a tree, and a sun... something that simple, can be that difficult. I’m not saying that it can’t be done, but that you must come up with a different way to do it. (S. Anderson, personal communication, March 2015)

Steve shared that one of the most beautiful things about the program was that it focused around art. In elementary schools, “Some of the kids, with disabilities, are not offered art,” he said. “They don’t have the opportunity to do art in school because the school would look at them and say, ‘They can’t possibly do art.’ And what we found is that art is a great catalyst—anyone can do it” (S. Anderson, personal communication, March 2015). He went on to say that this program was a perfect way for those involved to be exposed to disabilities, because:

It was amazing, especially for those who had never even touched a paintbrush—what they could do with their art and their disability. And once they were given the opportunity, and told that there isn’t any right or wrong to it, it was amazing. It was an expression of the self. (S. Anderson, personal communication, March 2015)

Being that the “disABILITY Awareness Event” fosters so much around experience, it was evident that Steve’s personal experiences had led him to be motivated to make the program what it is. Having cerebral palsy himself, Steve fully understands the stigma and the unique set of skills that accompany living with a disability. “CP has a wide range of how it affects folks. I would guess that my CP is probably considered moderate to mild, because it only affects my motor coordination and my speech” (S. Anderson, personal communication, March 2015). Based on these symptoms, Steve wanted to simulate a way to experience his

CP. Since it was difficult to simulate the way that he talked, he had the idea of simulating “what people see,” of his CP. This led him to the drawing idea, which involved the string, tied wrists, and the simplistic picture. Steve went on to share other life experiences that validated his desire to simulate CP to better convey his perspective:

One thing that terrifies me, and I do it a lot because of my profession... When I go to conferences and they have a lunch or dinner setup, it is more often times than not: buffet-style. (And you’re probably thinking, why is he going off on this tangent?!) But the muscle control, in any buffet as well as the drawing simulation, is very similar. And that’s something that is with me; constantly. I’m not saying: ‘Oh, poor me!’ But I am saying: give thought before going through a buffet line. It *terrifies* me, because they don’t have any place to put your plate down. So now you’re trying to balance your plate in one hand, and trying to scoop whatever else in the other hand—and you still have to get to the end WITHOUT dropping your plate! And, God forbid, they have HOT soup! That would be a nightmare! So, that is ultimately (and, I know we can’t do it in one hour) what I want students, or whoever goes through the simulations, to take from the experience. To not feel sorry, I don’t want anyone to feel sorry, but to think about—this is one short slice of what it would be like. If you think about everything you do throughout the day, whether it be buttoning your shirt, or anything else you take for granted. I’m not saying it can’t be done—you just come up with other ways of doing it. And so I ask students when they are going through the simulation, ‘Do you think this is hard?’ The majority say ‘Yes! This is horrible!’ So then I say, ‘But, if you would do this daily for a long period of time, do you think you would get better?’ And they answer, ‘Well yeah... probably.’ And that’s it; it’s just a different way of looking at how you do things. (S. Anderson, personal communication, March 2015)

Reflecting on the program as a whole, Steve is delighted that it has been implemented on the campus of St. Cloud State University. In the pilot “disABILITY Awareness Event” that took place in spring 2014, and the second event (which is the event that this study is based on—which occurred in fall 2014) Steve designed and led the CP simulation experience. When asked his perspective on this particular research study, Steve seemed reserved about the pretest/posttest design. He wondered, “How do you measure? A survey can only do so much” (S. Anderson, personal communication, March 2015). It seemed to him that a real change

would be one that is able to be noticed around campus, in the way that members of the campus community look at people with disabilities. After being asked if he thought that students' perspectives about persons with disabilities would indeed change following the simulations, he concluded:

That is my hope. You're not going to change everyone. But, if they pause to think... 'Wow. I've never thought about that before...' Then we've done our job. We have done our job if they pause, and think. Because ultimately, your perspective changes if your life is touched". (S. Anderson, personal communication, March 2015)

Bringing “In My Shoes” to SCSU

Following the structure of the Rehabilitation Counseling Master's Program at St. Cloud State University, the foundation for this research project first originated in a graduate-level Groups Counseling class. The “disABILITY Awareness Event” was a collaboration of a group of individuals ranging from students, faculty, and members of the community who held a disability. The foundation of the event modeled the “In My Shoes” program that was held in St. Paul, MN. To ensure that *ability* was represented in the title—the disABILITY Event sprung to life. The event included interactions with persons with disabilities and a unique perspective that gave participants the opportunity to experience what having a disability would be like. Members of the community who had a disability led the “simulation experiences” to highlight the characteristics of seven separate disabilities. This research project evaluated findings of the 2nd annual “disABILITY Awareness Event” at St. Cloud State University.

disABILITY Awareness Event

The intended goal of this project was to measure if intervention would affect how students would perceive the given population of interest—“persons with disabilities.” This

intervention was in the form of the “disABILITY Awareness Event,” held on the campus of St. Cloud State University. The primary goal of this project was to evaluate the potential misconceptions that students had regarding disability, and to diminish those potential misconceptions by participating in and completing the disABILITY Awareness Event. The hypothesis, according to the researcher, was that the completion of the disABILITY Awareness Event would indeed diminish negative conceptions that graduate students held concerning those with disabilities. The intended purpose of this study is to raise awareness and increase familiarity among graduate students concerning those with disabilities to produce a higher level of sensitivity. Relevant theory would include the Social Model of Disability, which includes negative pre-dispositions, systematic and environmental barriers, and varying levels of exclusion (all on a societal level) toward those that have a disability. This model would also suggest that even though some members of society have psychological, sensory, intellectual, or physical limitations, they experience their lack of ability in part by the systematic barriers as well as stigma (whether intended or inadvertent) that society imposes on them.

Chapter II: Literature Review

This review of the literature will gather relevant findings related to the topic of “disability” and how it is perceived. Additionally, there will be a review of the different types of approaches that have been empirically documented to build awareness; such as educational interventions that aim to provide comprehensive knowledge on the topic of disability. This review will also deliver an overview of the following topics: an overview of disability, the history of disability, demographics concerning people who experience disability, the amount of people affected by the widespread prevalence of disability, disability and the stigma that often coincides, an economic perspective regarding disability, constructs of disability, and lastly; interventions that aim to raise awareness about persons who have disabilities.

From the Top—An Overview

Even though often times used interchangeably, the words “impairment,” “disability,” and “handicap” all have precisely different meanings. According to the World Health Organization (as cited in Carter, 2015) their definitions are as follows:

Impairment: Any loss or abnormality of psychological, physiological or anatomical structure or function.

Disability: Any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.

Handicap: A disadvantage for a given individual that limits or prevents the fulfillment of a role that is normal.

These descriptions are imperative to understanding the various forms of terminology society uses to describe persons with disabilities. To summarize, Carter (2015) expands:

As traditionally used, impairment refers to a problem with a structure or organ of the body; disability is a functional limitation with regard to a particular activity; and handicap refers to a disadvantage in filling a role in life relative to a peer group. (p. 1)

Carter (2015) reiterates the distinguishing factors of each of these three terms through a relevant example:

For instance, [consider] a 4-year old boy who has a congenital disorder called cerebral palsy (CP.) The presence of CP causes his legs to become tight, stiff, and challenging to move. He is unable to walk or even stand. (p. 1)

Considering this given scenario, the proper definitions include the following:

Impairment: The inability to move the legs.

Disability: The inability to walk.

Handicap: The extent to which CP can prevent this individual from fulfilling a normal role at home, in preschool, and in the community.

Although CP will not disallow this particular 4-year old from taking part in all typical elementary activities, it may deter him from participating in recreational events that are considered “normal” for a child his age. Nevertheless, Carter (2015) continues her clarification by acknowledging that:

[Even though] no treatment may be currently available to lessen [his] impairment, [there are] appropriate services and equipment [that] can reduce the extent to which cerebral palsy prevents [him] from fulfilling a normal role in the home, school, and community as he grows. (p. 1)

On a broader spectrum, the National Council on Disability (2003) states that persons with disabilities are often clustered into their own population group. Members of society generally classify people into one of two groups: people *with* disabilities, and people *without* disabilities. It is gathered, according to the majority of American society, that a person is seen

as belonging to one group or the other. Therefore, individuals that belong on the “non-disabled” side of the grouping, but who look to receive accommodation under the ADA may be perceived as a “deceitful, malingering, and greedy imposter.” Views such as this represent a terrible oversimplification of a much more complicated reality. (National Council on Disability, 2003). The National Council on Disability (2003) continues:

Human beings do not really exist in two sharply distinct groups—those with disabilities and those without. The actual reality is what has been called a "spectrum of abilities." The spectrum of abilities was a key concept described in a 1983 report by the U.S. Commission on Civil Rights—*Accommodating the Spectrum of Individual Abilities*. The Commission noted that, while the popular view is that people with disabilities are impaired in ways that make them sharply distinguishable from nondisabled people, instead of two separate and distinct classes, there are in fact "spectrums of physical and mental abilities that range from superlative to minimal or nonfunctional". (p. 87)

A Heavy History

Preceding the 20th century, American society construed those with disabilities as sick, inept, and defective. For years, persons with disabilities were seen as non-people; unable to contribute or participate in society due to their conceived incapacities. Prior to the late 1800s, it was common for someone who had epilepsy, cerebral palsy, autism, or a cognitive disorder to be strictly confined to their family’s living quarters. At the time, persons with disabilities did not typically live as long as they do today (Burtner, 2014).

Following this timeframe and its unique rationale, the late 1800s introduced a new form of housing for people with disabilities: institutions. These establishments were constructed at both the state and federal level and provided housing for tenants. Societal influence cultivated the creation and upkeep of these residencies. Since the institutions were generally located on the edges of towns and cities, the segregation of persons with disabilities became even more of a societal standard (Burtner, 2014).

Several legislative acts that encouraged inclusion of persons with disabilities took place in the mid and late 1900s. The Civil Rights Act of 1964, the Rehabilitation Act of 1973, and many other advances in the constitution and healthcare policy allowed those in need of assistance to access services for the first time. Arguably the most influential piece of legislation advocating for persons with disabilities was the Americans with Disabilities Act (ADA) which passed in 1990 (Burtner, 2014). The ADA was founded with the intention to provide equality by decreasing the disparity between those with disabilities and those without. This occurred through removing environmental and social barriers that negatively impacted daily experiences as well as delivering the grounds for empowerment and advocacy.

According to the United States Department of Justice–Civil Rights Division (2011a)

The Americans with Disabilities Act (ADA) of 1990 prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, state and local government services, public accommodations, commercial facilities, and transportation. It also mandates the establishment of TDD/telephone relay services. (p. 1)

This legislative act has also played a crucial role in promoting the inclusion of persons with disabilities. Among many of its purposes, it strives to “invoke the sweep of congressional authority, including the power to enforce the fourteenth amendment and to regulate commerce, in order to address the major areas of discrimination faced day-to-day by people with disabilities” (United States Department of Justice–Civil Rights Division, 2011b).

Demographics

Over one billion people, approximately 15% of the World’s population, have a disability (WHO, 2014). In the United States, it is estimated that just over 12% of the country’s population has a disability (Erickson, Lee, & von Schrader, 2014). This 12% was

gathered from a sample size of 3,035,296 American citizens that took the American Community Survey (ACS) in the year 2012. Although it does not represent the entire American population, it is believed to be a valid estimate that represents the amount of persons that have disabilities. Overall, when comparing how each of the U.S. states rank concerning prevalence of disability, Puerto Rico (a United States territory) had a percentage of persons reporting disabilities at 21.1%. West Virginia had the highest prevalence among the 50 states, with 18.6% of its people having a disability. Additional states that revealed an increased presence of disability were Kentucky and Arkansas (both at 16.9%) and Alabama at 16.4%. Ranking with the lowest amount of disability was Utah, having only 9.3% of its residents reportedly having a disability. Other states that had a lower average presence of disability included: Colorado (10.0%), California (10.1%), and Maryland, Minnesota, and New Jersey, all with an incidence of 10.3% (Erickson, Lee, & von Schrader, 2014). *{To clarify the above data and to verify the information provided, the ACS (as well as the SIPP–Survey of Income and Program Participation) have replaced other forms of measurement that the U.S. Census Bureau once utilized to collect data. The ACS is now a main avenue traveled to collect statistics that are reported in the U.S. Census (United States Census Bureau, 2013). One difference between the ACS and the U.S. Census is that the Census only measures civilian responses (while the ACS includes two separate samples, including residents in both housing units and in group facilities). However, the Census is able to reach a greater amount of people, delivering larger population and sample sizes. Concerning these statistics, another factor for varying data could be the numerous definitions that depict the meaning of the term “disability” among surveys and participants (Erickson, Lee, von Schrader, 2014).}*

Disability: Prevalence and Distinguishing Factors

Disability is inevitable; influencing every region, nation, and society on planet Earth. Whether fleeting or permanent, welcomed or unexpected, significant or not; experience with disability is highly probable in any lifetime (WHO, 2015). Furthermore, an individual's chance of experiencing disability significantly increases with age. Research shows that in the United States, disability affects less than 10% of people 15 and younger, and almost 75% of people who are 80 and older (Carmona & Moritsugu, 2005). Regardless of whether an individual is familiar with disability or not, it is likely that they will personally encounter disability at some point in their lives.

The International Classification of Functioning, Disability and Health (ICF) depicts disability as a wide description, classifying a number of impairments which limit an individual's activity and function. This universal text offers a framework for standard classifications of different health-related conditions. These various states of well-being are described, by the ICF, through discrete domains that are categorized by the perspectives of the body, the individual, and society (WHO, 2001). This specific text uses explicit jargon to classify health related domains into "body functions and structures" and "activities and participation." The writing in the ICF purposefully avoids language that may be construed as disrespectful or offensive to any particular individual.

The terms "body functions and structures" and "activities and participation" are applied to the commonly accepted terminology in attempts to replace long-standing (and previously mentioned) language such as: "impairment," "disability," and "handicap." These

new and progressive adjectives extend the scope of the classification to allow for a more diplomatic and positive approach when referring to the topic of disability.

Concerning the domains of body, function, and participation, certain limitations are sometimes placed on persons who have disabilities. The World Health Organization (2001) is a specialized agency of the United Nations that is involved with monitoring and aiding in issues concerning public health on the international level. This organization suggests that when regarding society in general, individuals' performances are compared to other individuals that align with similar health diseases, disorders, or injuries. Therefore, by the process of instinctively clustering humans into isolated classes, minority groups are often subjected for potential discrimination. When rates of performance are being measured between two individuals, this welcomes issues with the social environment. For instance, consider an individual who tests positive for the Human Immunodeficiency Virus (HIV). Even if they do not present symptoms of HIV or show any existence of disease, they may still experience shortages to the accessibility of services. They may also experience an increase of discrimination and stigma, deliberately due to the instant judgments that members of society extend (WHO, 2001).

What about Stigma?

Along with the everyday societal and economic implications that living with a disability invites, a myriad of individuals are also faced with attitudinal biases from members of society. Ferrara et al. (2015) administered a study during the 2012 Paralympic games with the intent to influence the public's attitude towards persons with disabilities. The researchers claimed that "despite some changes to the way that people with intellectual disabilities (ID)

are viewed in society, negative attitudes prevail.” As cited in Ferrara et al. (2015) Abbott and McConkey (2006) suggest the significance of eliminating stigma: “Addressing negative attitudes is important, as they have been found to be a barrier to inclusion in mainstream life for people with Intellectual Disabilities” (p. 20).

Still, Abbott and McConkey (2006) relay the mandatory components needed in achieving this feat of inclusion. Not just persons with disabilities, but advocates without disabilities, are essential partners in providing a holistic approach to obtaining equality.

Abbott and McConkey (2006) elaborate:

However, people with intellectual disabilities are often dependent on others to make these strategic analyses, which may be one of the reasons why their social exclusion continues even though there have been major shifts in service delivery and policy to increase their community presence. (p. 276)

As conceptualized by Link and Phelan (2001) as cited in Scior, Addai-Davis, Kenyon, and Sheridan (2013) the processes of how stigmatization is employed in a variety of ways: “In current conceptualisations, stigmatisation occurs when (1) individual attributes are labelled; (2) evaluated negatively; and (3) labelled individuals experience status loss and discrimination” (p. 1015).

The presence of disability is widespread and often affects more than just the person who is experiencing the disability. It is apparent that just over one quarter of today’s 20 year-olds will acquire a disability before they retire. Statistics show that these disabilities develop from a variety of health related issues, including: heart disease, back injuries, cancer, and other illnesses. It is by these predispositions, and not by accidents or another form of impairment, that these non-congenital disabilities occur (Council for Disability Awareness, 2010-2012).

An Economic Perspective

Ridding stigma and discrimination towards persons with disabilities would not only contribute to equality and overall acceptance, but also to the United States work force. Secretary-General of the United Nations Ban Ki-moon preached that “[As members of civilization] we must remove all barriers that affect the inclusion and participation of persons with disabilities in society, including through changing attitudes that fuel stigma and institutionalize discrimination.” He went on further to say that “We need to work harder to ensure that infrastructure and services support inclusive, equitable, and sustainable development for all” (UN News Centre , 2013).

In a population size composed of individuals from all races, ethnicities, genders, and education levels in the year 2012, approximately 33.5% of persons with disabilities at the working age of 21-64 were employed in the United States (Erickson et al., 2014). An additional 10% were not working, but were actively looking for work. The national average for persons with disabilities living below the poverty line was 28.4% in 2012. It was also reported that 19.9% of persons with disabilities were receiving Supplemental Security Income (SSI) benefits (Erickson et al., 2014).

Persons with disabilities represent a minority group that is part a large amount of the unemployed population. While persons without disabilities have an unemployment rate of 5.6%, persons with disabilities are unemployed at a rate which is almost double: a staggering 11.2% (United States Department of Labor, 2015). Retrieved from *SSI Annual Statistical Report* (2003) much of the increase in cost for Social Security disability benefits is due to increases in the number of beneficiaries. According to the United States Social Security

Administration: “Since 1990, the number of disabled-worker beneficiaries has increased 84 percent; disabled widow(er)s, 105 percent; and disabled adult children, 24 percent.” It is also noted that “increasing numbers of blind and disabled SSI recipients contribute to the higher cost of the SSI program” (U.S. Social Security Administration, n.d.). Consequently, if more persons with disabilities became employed, Social Security would see an increased number of individuals that would participate in depositing funds, rather than retrieving them.

Furthermore, the financial resources that compose SSI would not be continually accessed at such a consistent rate. An article titled “Economics and People with Disabilities” in *The Center for an Accessible Society* (2015) comments:

Recent research has confirmed that the economic expansion of the 1990s has significantly boosted the incomes of most working-age men and women without disabilities. But men and women with disabilities have been left behind, and did not share in the economic growth of the 1990s. Not only did their employment and labor earnings fall during the recession of the early 1990s, but employment and earnings continued to fall during the long economic expansion that followed. Many of these people are skilled professionals who are highly marketable in today's economy. (p. 1)

Constructs of Disability

A variety of explanations which clarify disability and its implications have been formulated in the literature. Two of the most common models that are deduced from this reasoning are the “medical model” and the “social model.”

The *medical model of disability* is a clinical clarification of a disease, disorder, or condition which views disability as a problem within the individual. It exposes the various types of treatment and medicine needed to in order to promote the health of the individual under the reformation of health care policy. With administration by health-care professionals, the disability is understood as a limitation, which should be cured, solved, or fixed. Under the

medical model, disability is treated as an inadequacy, hence the word's underlying definition; lack of ability (WHO, 2001).

The *social model of disability* places emphasis on the *individual*, seeing the issue of disability as socially-created. Under this social model, the term disability does not imply that persons with disabilities are broken, inept, or defective due to their perhaps unique characteristics. Rather, it is an idea of collected thoughts exposing that there are differences in each person. However, many of these differences are exposed and even highlighted due to the social environment. Thus, it is up to society to reverse these individual stereotypes, allowing all members to equally participate and interact on a parallel level. For this inclusion to transpire, more than just an attitudinal adjustment is required. Social action in the form of accommodation and modification of the current environment would contribute in the management of the issue. Further, surpassing healthcare matters, the topic of disability being continually viewed at the political level could lead to the fulfillment of justices for persons with disabilities. According to this social model, the solution does not just involve adaptation of environment and stigma; but also the existence and practice of basic, civil rights for mankind (WHO, 2001).

In an excerpt taken from “*Including All of Our Lives: Renewing the social model of disability*” by Liz Crow (1996):

My life has two phases: before the social model of disability, and after it. Discovering this way of thinking about my experiences was the proverbial raft in stormy seas. It gave me an understanding of my life, shared with thousands, even millions, of other people around the world, and I clung to it. This was the explanation I had sought for years. Suddenly what I had always know, deep down, was confirmed. It wasn't my body that was responsible for all my difficulties, it was external factors, the barriers constructed by the society in which I live. I was being dis-abled—my capabilities and opportunities were being restricted—by prejudice, discrimination, inaccessible

environments and inadequate support. Even more important, if all the problems had been created by society, then surely society could un-create them. Revolutionary! (p. 2)

Disability Awareness: Population and Environment

Despite the major forthcoming in disability history, as well as the inclusion of persons with disabilities in the classroom and workplace, Lindsey and Edwards (2013) remain hesitant to guarantee that interventions exposing the issue of disability can prove to be successful in eliminating stigma. Due to the lack of established strategies regarding disability awareness interventions, they relate that (between interventions that focus around disability) “the common elements of the effective components have not been synthesized and remain largely unknown.” However, from research of their own through data collection, definitive findings were discovered. Focusing their efforts on studies that utilized school-aged children 5-19, Lindsey and Edwards questioned if there were: 1) mutual components of interactions that focused on disability awareness, and 2) existing philosophies to guide the efficacy of future interventions. Their research measured both knowledge of disability amongst participants, as well as attitudes and levels of acceptance amid peers. Of the 42 studies reviewed, the majority of studies (34) showed that participants demonstrated significant improvements in attitude, and eight studies indicated that improvements in knowledge about persons with disabilities had been gained. A total of five studies reported that no significant findings regarding knowledge about persons with disabilities, nor a change in attitude had been made following the intervention (Lindsey & Edwards, 2013).

Another research study conducted by Papaioannou, Evaggelinou, Barkoukis, and Block (2013) piloted a disability awareness event—also among children. They measured

children's attitudes relating to their peers who had physical disabilities. Through the study, the researchers identified that one's attitude is not only significantly based on one's experience, but that it also has the vulnerability to be influenced. Papaioannou et al. (2013) found that:

[Attitudes] can indicate the tendency to either approach or avoid the behavior at hand. Approaching or avoiding this behavior will, in turn, evoke new attitudes about this behavior. The attitude-behavior relationship can be conceptualized as a continuous circle with change occurring in both directions. (p. 19)

The particular environment in which this research occurred is derived as a uniqueness of the study. Alternative to the common school setting for a disability awareness event among children, this specific study examined student participants who were simultaneously attending summer camp. According to the researchers, this strategic atmosphere gave a new angle while evaluating participants' attitudes (especially since physical disability was being measured). Contrary to a typical educational setting, a summer camp offers an increased level of recreational activities as well a diverse range of extracurricular events including: art, athletics, and unstructured games. The team also noted that participants were evaluated in a "relaxed environment that promote[d] social interaction and development of close interpersonal relationships." Their findings, in fact, were quite similar to other prior disability awareness events that occurred in schools. Papaioannou et al. (2013) elaborate: "These findings are in accordance with past evidence in education settings suggesting that programs including information, and group discussions about disability can influence the attitudes of children without disabilities" (p. 25).

In addition to disability awareness interventions among children, there has also been significant research that has been completed concerning the stigmatization of persons with disabilities. Deducted from research conducted by Scior et al., a potential origin of stigma was

detected. As relayed in their study, it is seen that individuals are stigmatized when they: 1) experience personal characteristics being labeled; 2) are evaluated in a negative manner; and 3) experience status loss and discrimination (Link & Phelan, 2001). These findings suggest that the concept of stigma, if aggressively acted upon, can be much more intense than just a bad attitude. Instead, its meaning can also take on a form of actions that may be perceived as bigotry, particularity when it coincides with discrimination, segregation, and lack of accommodation.

A fourth study, prepared in Merida, Venezuela (Perez, Arteaga, & Reyes, 2014) measured the attitudes of physical education teachers who worked directly with children with disabilities. The researchers deemed the need for this study significant in their quest to better understand human behavior and development. Throughout their exploration of the literature, they discovered that according to Bronfenbrenner (1979), several prior studies established that persons with disabilities were “considered unequal from a biophysical viewpoint” (Perez et al., 2014).

Due to the differences that persons with disabilities possess, there is often added accommodations and offered resources at their disposal. While members of society witness the unique treatment that persons with disabilities may receive in the workplace, home, or school-setting, they associate persons with disabilities as different. As revealed in a study conducted by Hoyos, Grillo, and Chavarro (2010) members of society (without a documented disability) might unintentionally classify members of society that have a disability in an inferior population group. Especially in educational settings, care-givers do not always hold children with disabilities to the same standards as their able-bodied peers. Hoyos et al.,

(2010) explain: “For example, if you determine that a child or adolescent has a disability; parents or teachers may reduce expectations for the individual at school, both in daily activities and those that occur in the learning / teaching process” (p. 52).

Overall, the research concludes that disability awareness interventions have positively altered individuals’ attitudes in terms of how they view other children and persons with disabilities. Models of successful attempts in these past disability events share fostering awareness by presenting the topic of “disability” as a *difference* and not as a *defect*.

The awareness events reviewed in this study lack consistency among the type of disability focus that was offered in the interventions. Some viewed the term “disability” as a broad range (as in the study conducted by Lindsey & Edwards, 2013) while others were much more specific with their depiction of the term (i.e., “intellectual disabilities” in the research by Ferrara et al., 2015).

The literature also demonstrates a working knowledge of why there is, in some cases, an evident stigma that is directed towards persons with disabilities. It also justifies that this stigma contributes to negative attitudes in society and the workplace, and why this stigma can suffocate society’s opportunity to rise to its full potential.

However, the research lacks a proven solution in regard to ending this recurring pattern of stigma and discrimination. Further, there is lack of evidence that provides the existence of an inclusive awareness approach that fosters 1) interactions with persons with disabilities and 2) simulation exercises to experience disabilities. Given the lack of empirical evidence regarding the topic of disability awareness intervention, it still behooves us to document the good work that is being done in the field.

Chapter III: Methodology

This Quasi-experimental research project measured the perceptions that graduate students held about persons with disabilities. A pretest and posttest design was administered to a non-control group. IRB Approval through St. Cloud State University was written and obtained prior to the start of the research.

Sample

A group of approximately 100 students participated in the “disABILITY Awareness Event” on October 3, 2014. All participants had majors that held an emphasis in the field of Health and Human Services.

Of the approximate 100 students that participated in the event, only a portion completed the surveys in their entirety. Initially, the groupings were as follows:

Pretests with Identification: 18

Pretests without Identification: 31

Posttest with Identification: 18

Posttest without Identification: 25

Along with the 18 pre and posttest surveys that were paired, an additional 10 were able to be matched. The matches was due to very specific demographic information, verbiage of demographic information, age, and in only a few instances; handwriting. For instance, only one participant identified with “Palestinian-Arabic” for ethnicity, and only one participant was age 51. Since the numbers “2” and “4” ca be transcribed in a variety of ways, it was also logical to match a pretest and posttest according to handwriting in some cases. Only

extremely evident surveys were paired in the pre and posttest groupings. After the appropriate survey-matches were made, the sample size consisted of 28 participants.

Descriptive Statistics

Of the 28 total participants: the demographic information (gender, ethnicity, and age) are as listed.

Gender: 4 of the subjects were males and 24 of the subjects were females;

Ethnicity: 25 subjects were white, 2 were Asian, 1 was Palestinian-Arabic; and

Age: 17 of the subjects were ages 21-23 and 11 participants were ages 24-51.

Measurement Design

The project utilized a pretest and posttest survey to determine the perceptions of students. Students' perceptions were measured prior to their participation in the disABILITY Awareness Event via the pretest survey, which was developed by the researcher. Following the pretest survey, participants took part in the "disABILITY Awareness Event," held by the Rehabilitation Counseling Graduate Department at SCSU. The survey employed a Likert scale, ranging from a 1: *Strongly Disagree* to 4: *Strongly Agree*, with score of 2: *Somewhat Disagree*, and 3: *Somewhat Agree* falling in-between (see Appendix B). After their participation through the simulation experiences, participants took the posttest survey.

Measurement Items

Several questions in the pretest/posttest were worded in a negatively-skewed manner, opposed to some questions that were worded positively. For example, Question # 1: "I feel uncomfortable around a person with a disability" versus Question #8: "I am close friends with a person that has a disability" are measuring in two different directions. If a participant

strongly agreed with Question #1, they would answer with a 4 on the Likert scale, meaning that they are very uncomfortable around a person who has a disability. Hence, their response to Question #8 would likely be a 1. (It is derived that if an individual is extremely uncomfortable around someone who has a disability, that they are likely not close friends with a person who has a disability.) Therefore, reverse coding was implemented to ensure consistency among all items. If reverse coding was not utilized, results would not be representative of the participants' intended level of held disability acceptance. Questions that were "positive" in nature and therefore not altered: #2, #7, #8, #9, and #10. Questions that were "negatively" worded (and therefore altered) were: #1, #3, #4, #5, and #6. After the questions were appropriately skewed, the survey was set to measure a "Disability Acceptance" score. "Disability Acceptance" was created by averaging the responses of the 10 items to measure a participant's sensitivity and acceptance toward persons with disabilities. Therefore, a score of 4 would be representative of a high level of disability acceptance. Conversely, a score of 1 would indicate a low score of disability acceptance.

Item Groupings

To provide distinction among the survey questions for more concise groupings, the following categories were derived:

1. Social: Perceptions of being around someone who has a disability:
 - (Research question #1: I feel uncomfortable around a person with a disability.)
 - (Research question #3: I am afraid to look at the person straight in the face who as a disability.)

- (Research question #5: You have to be careful what you say when you are working with people with disabilities because you might offend them.)
2. Relationship: Perceptions of being in a close relationship with someone who as a disability:
- (Research question # 8: I am close friends with a person that has a disability.)
 - (Research question #9: Someone with a disability can be just as attractive as someone without a disability.)
 - (Research question #10: I would be in a committed relationship with a person with a disability.)
3. Services: Perceptions of professional care/services and persons with disabilities:
- (Research question #6: Persons with disabilities receive the same level of care as persons without disabilities.)
 - (Research question #7: I clearly understand the role of professionals who provide services for persons with disabilities.)
4. Lifestyle: Perceptions of lifestyles that persons with disabilities live:
- (Research question #2: I am aware of the problems that people with disabilities face.)
 - (Research question #4: It is difficult for a person with a disability to lead a normal life.)

Cronbach's Alpha

Cronbach's Alpha was computed to demonstrate internal consistency for the survey. Due to low sample size, reliability estimates included both the pretest and posttest items (N = 20) which resulted in a fairly strong estimate of reliability ($\alpha = 0.66$). (See Table 1.)

Table 1

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.657	.695	20

Among the four different groups of categorized questions, the "Relationship" category of questions (N = 6) also had a high Cronbach's Alpha of .71. This indicated that the questions focusing around one's willingness to be in a relationship with someone who had a disability coincided with a high reliability. (See Table 2.)

Table 2

Reliability Statistics

Cronbach's Alpha	N of Items
.706	6

The other three categories: Social, Services, and Lifestyle had considerably low reliability estimates, and therefore were not included in the analyses.

Procedure

This event is composed of

- 1) Disability Simulations,
- 2) Community Member Involvement/Interaction,
- 3) Post-Simulation "Disability Panel," and
- 4) Interaction with all attendees of the event.

Research was obtained on October 3, 2014, on the campus of St. Cloud State University in St. Cloud, Minnesota. Participants of the event were composed of both undergraduate and graduate students. Upon registration for the event, students retrieved their “free lunch” ticket, and gave their first and last names to the volunteers manning the registration booth. They were then escorted to a separate table and asked to fill out the paperwork necessary for this study. This included a consent form that outlined the voluntary nature of the study (*see Appendix A*) as well as the pretest survey. Anonymous (but identifiable—to compare pre and posttest) information was requested at the top of the survey. This was done by requesting the student’s first and last characters of their “Star ID,” as well as their given color group in the disABILITY Awareness Event. A “Star ID” is an 8-digit identification code composed of letters and numbers that each student is assigned by the University (*see Appendix B*). The students were assigned to color groups at the time of their registration for the event by the event’s logistics committee. This assignment was random, and set in place to ensure that simulation-transitions went smoothly. Immediately following registration, students completed the pretest survey. The survey consisted of ten questions that revolved around persons with disabilities and the lifestyles that they lead. After completion of

the pretest survey, participants were led by volunteer “tour guides,” who were also students, that navigated them through eight different simulation experiences. At each simulation experience, students spent 15 minutes learning about each specific disability from various members of the community that *had* each individual disability. The details of each simulation are as follows:

1. ADHD

Students with ADD and/or ADHD gave their presentation while helpers of the event acted in a very disrupting manner. To be extremely distracting *during* the presentation, a big ball was purposefully bounced all around the room, conversations were being had a very high volumes, and volunteers laughed obnoxiously and repeatedly. This was intended to simulate the hyperactivity and distractibility that ADHD presents in the brain. The presenters also simulated ADD/ADHD by having the audience read a story on the projector screen, while additional noises, pictures, and stimuli would appear unexpectedly.

2. AUTISM

Two students with Autism gave their presentation and simulation by conveying sensory overload (a common characteristic of having autism). They represented this using a video of what appears to be a normal shopping experience to Wal-Mart, but turns into an extremely noisy and stressful experience instead.

3. Cerebral Palsy (CP)

To simulate Cerebral Palsy, community members with CP had participants attempt to replicate a very simple picture of a tree, sun, and house the best they could. After tying string

to the drawer's wrists, the leaders of the simulation would aggressively pull the strings (making the "drawing" portion not so easy) to replicate unnecessary muscle-spasms.

4. DEAF/HOH (Hard of Hearing)

Students participating in the simulations were forced to communicate with members of the community that were talking via American Sign Language. Since many students were not familiar with ASL, they had to figure out how to speak to someone that is deaf or has a hearing impairment.

5. MENTAL HEALTH

Persistent Mental Health disorders such as OCD, Anorexia/Bulimia, and Schizophrenia were simulated in this simulation. Participants were given a piece of paper to read, and asked to hold a cup full of pens at the same time WHILE being asked to keep the cup full of pens at all times. While attempting to fluently read the typed words on the paper, students running the simulation would walk around and remove pens from the cups. The participants experienced what fixating on one thing (trying to keep the cup full of pens) while trying to accomplish an ordinary task (reading) may be like. Much like those with mental health disorders; they often have one thing that they are focused on, which in turn makes average daily responsibilities much more difficult. Small (but heavy) bags of cat litter were also sporadically placed on participants' shoulder to simulate sensory overload and depression/anxiety.

6. SPINAL CORD INJURY

Participants sat in wheelchairs to experience what limited-mobility might be like. They were asked to travel down skinny hallways, around tight turns, and to even transfer from

the wheelchair to a table (similar to what paraplegics experience when crawling into bed every night.) Students and community members that all had experienced Spinal Cord Injury ran this simulation.

7. VISION LOSS

Participants wore special goggles that shielded vision for this simulation. They were asked to walk around, fill out worksheets, and shake hands of people who had their full vision. This simulated Blindness and Vision Loss for those that have never experienced loss of sight before.

Participants completed the posttests immediately following the simulation experiences.

Next, student participants were able to socialize with members of the community who had a disability during an hour-long lunch. Following lunch, a “disABILITY Panel” spoke about disability-related issues, and answered questions that the audience had.

Chapter IV: Results

Independent samples t-tests were conducted to measure the differences in Disability Acceptance between all participants and their pre and posttests as well as three demographic variables: age, ethnicity, and gender.

Age

Based on Levene's Test for Equality of Variances for two age groups in the pretest, ($F = .398$, *ns*) equal variances are assumed. Disability acceptance for the age group of 21-23 ($N = 17$), ($M = 2.92$, $SD = 3.1$) was not significantly different than the age group 24+ ($N = 11$), ($M = 2.86$, $SD = .37$), $t(26) = .46$, *ns*.

Equal variances were also assumed according to the Levene's Test for two age groups in the posttest, ($f = .498$, *ns*). Disability acceptance for the age group 21-23 ($N = 17$) ($M = 3.02$, $SD = .30$) was not significantly different than the age group 24+ ($N = 11$), ($M = 2.97$, $SD = .343$), $t(26) = .41$, *ns*.

Ethnicity

The ethnic responses among participants were grouped into two groups: white ($N = 25$) and other ($N = 3$). Based on the pretest, ($f = .27$, *ns*) equal variance is assumed. Disability Acceptance among "white" participants in the pretest ($N = 25$) ($M = 2.9$, $SD = .34$) was not significantly different than the "other" ethnic group ($N = 3$), ($M = 3.0$, $SD = .47$). $t(26) = 0.0$, *ns*.

Based on the posttest for ethnic groups, ($f = 1.12$, *ns*) equal variance is assumed. Disability Acceptance among "white" participants in the posttest ($N = 25$), ($M = 3.0$, $SD =$

.30) was not significantly different than the “other” gender group ($N = 3$), ($M = 3.0$, $SD = .47$), ns. $t(26) = .21$, ns.

Gender

The gender responses among participants were grouped into two groups: male ($N = 4$) and female ($N = 24$). Based on the pretest, ($F = .02$, ns) equal variance is assumed. Disability Acceptance among male participants in the pretest ($N = 4$) ($M = 2.85$, $SD = .39$) was not significantly different than the female gender group ($N = 24$), ($M = 2.9$, $SD = .33$). $t(26) = -.32$, ns.

Based on the posttest for gender groups, ($f = .32$, ns) equal variance is assumed. Disability Acceptance among male participants in the posttest ($N = 4$), ($M = 3.1$, $SD = .39$) was not significantly different than the female gender group ($N = 24$), ($M = 3.0$, $SD = 3.1$), ns. $t(26) = -.66$, ns.

Pre and Posttest

A paired samples t-test was conducted to measure the effectiveness of the “disABILITY Awareness Event” at changing participant’s perceptions towards persons with disability. Results indicate that the two groups were highly and significantly correlated with each other ($r = .72$, $p < .05$) indicating that paired t-tests were appropriate. Results conclude that the participants significantly increased their disability acceptance levels as a result of the intervention. Specifically, average disability acceptance scores for the posttest group ($M = 3.00$, $SD = .31$) were significantly higher than the pretest group ($M = 2.90$, $SD = .33$). Therefore, participation in the event proved to raise students’ awareness and sensitivity toward persons with disabilities.

Table 3

Paired Samples Correlations

Pair 1: Disability Acceptance Pretest & Disability Acceptance Posttest		
N	Correlation	Sig.
28	.723	.000

Table 4

Paired Samples Test

Pair 1: Disability Acceptance Pretest & Disability Acceptance Posttest			
Paired Differences Interval of the Difference Upper	05% Confidence t	df	Sig. (2 tailed)
-.01068	-2.288	27	.030

Discussion

Overall, there was a significant difference between the pretest and the posttest scores. There was no statistical significance between any of the three demographic groups: age, ethnicity, or gender. This justifies that the experience of the “disABILITY Awareness Event” raised student participants’ acceptance of persons with disabilities.

Chapter V: Conclusion

Due to the evolution of the event that has taken place since this October 3rd, future implications reveal that it would be appropriate to conduct this study again. In the Spring 2015 event that followed this study, several alterations have been made regarding the terminology exercised in the event. Instead of referring to the disability experiences as “simulations,” a new term has been coined. They are now titled “Experiential Learning Scenarios;” each one being titled an “ELS.” This new titled was adopted in the hopes to stray away from the oppression that can be associated with the word “simulation.” Although the event promotes the experience of disability, it is not intended to ever be able to replicate a person and their disability. Each individual’s experience with disability can be conveyed through a simulation experience, but never truly simulated. Also, to escape the negativity that is fundamentally associated with the “dis” of “disABILITY,” the event itself has transformed into “*Embracing the Difference*: the ABILITY event.”

Benefits

Results of this study could have a dramatic influence throughout the campus community at SCSU. If adverse attitudes toward persons with disabilities become transformed into attitudes of understanding and awareness, students with disabilities on campus would experience higher levels of acceptance and inclusion among their peers. Student participants in this project are also given the opportunity to take experiences from the disABILITY Awareness Event and carry it with them beyond campus walls. Participation in the event solidifies a new perspective among students in the way persons with disabilities are perceived. It is this change in thinking that has the opportunity to be carried out into the workings of

mankind, to provide: accommodations, policy, and biases associated with persons that have disabilities.

Further, more lives are affected that just the students and participants that take part in the event. The leaders of each station, who are members of the community that have a disability, are also extremely touched by the nature of the event. They are not just given the opportunity to share the uniqueness that distinguishes them as a person, but also are provided with the chance to own their disability and the special features that make them who they are.

Limitations

An evident limitation of this study are the questions that compose the pretest and posttest surveys. They were not proven as effective, but rather just decided upon by the researcher. More accurate and reliable questions are suggested for future research. Also, some of the questions included in the research were not relevant to what the event was attempting to measure and accomplish. (For example: #6: Persons with disabilities receive the same level of care as persons without disabilities.) Furthermore, the event would not necessarily have the capacity to change specific items. (For instance: #8: I am close friends with a person that has a disability.)

There was also a lack in numbers when comparing the pretest and posttest surveys. The majority of participants completed the survey questions, but failed to indicate the identifying information, located in the box in the top right corner of the survey. Hence, it was impossible to match pre and posttests in a valid manner. This accounted for a final sample size of 28.

One hundred percent of student participants were majoring in the field of health and human services at the time of the study. This implies that there is a likelihood that many of the students were either predisposed to persons with disabilities, or, held a sensitivity to persons with disabilities prior to their attendance in the “disABILITY Awareness Event.” Familiarity and/or knowledge of persons with disabilities among participants could be considered a limitation of this study.

Another limitation would include the fact that students took the posttest survey after their participation in the simulation experiences, and not after the entire event. Results of the study may have been different if the posttest was administered after the students had gotten not just the simulation experience, but the panel and lunch experiences as well.

Future Research

A call for future research would validate the results found in this study. More reliable questions as well as a larger number of participants would be advised to yield more statistically significant results.

The effects of this study have the potential to make vast impacts on the campus of St. Cloud State University and college campuses worldwide. Those that had initially negatively stigmatized disability have the potential to not just learn, but *experience* the obstacles that those with disabilities face. The project will also contribute to the field of Rehabilitation Counseling for it is acting to dispose of unwanted stigma to the population that it works directly with. Perhaps, if society wasn't grouped into: “people *with* disabilities” and “people *without* disabilities,” then there would be no reason for unwarranted stigma. This

way, there would be rationale to have need for only one group in which members of society could belong: “people.”

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Appendix A

Consent Form

Dear Graduate Student,

You are invited to voluntarily participate in a research study investigating awareness of patients with a disability. This research is being conducted by Rachel Briant (Rehabilitation Counseling Graduate Student) as her Master's Thesis Project.

By signing your name at the bottom of this page, you are giving consent to participate in this study.

There is no anticipated risk from participating in this study.

There is no monetary or other incentive to participate, and there is no consequence if you decline to participate.

The benefits include contributing to the knowledge base regarding graduate students' awareness of persons with disabilities and the attitudes and potential misconceptions that they may hold. Results of this study aim to provide students with a more positive perception regarding those with disabilities.

The survey consists of 10 questions that inquire your experience of those with disabilities, and your perceptions of them. Each question is to be answered with one of the four options regarding your personal opinion: 1) Strongly Disagree, 2) Somewhat Disagree, 3) Somewhat Agree, or 4) Strongly Agree. There will be three questions to collect demographic information: gender, ethnicity, and age. You will not be asked for your name on the survey.

All information will be anonymous. All resulting statistics will be kept in a locked office, in a locked file cabinet. All results will be reported aggregately with no identifying or individual information. You may answer all, or part of the questions. Data will be stored for three years in the locked offices of Dr. Amy Knopf. After three years, data will then be shredded by the researcher.

If you have any questions or would like the survey results, please contact the researcher or her advisor noted below:

Rachel Briant
(763) 300-2929
brra1301@stcloudstate.edu

Dr. Amy Knopf
ahknopf@stcloudstate.edu

Your completion of the surveys indicate your willing to participate and that you are 18 years of age or older. Thank you.

Appendix B

Survey

Student Disability Questionnaire

Likert Scale for all questions:

- 1 Strongly Disagree
- 2 Somewhat Disagree
- 3 Somewhat Agree
- 4 Strongly Agree

First & Last Characters
of your **STAR ID**:
(blue12345=b5)

Your **Color Group** at the
disABILITY Event:

1. I feel uncomfortable around a person with a disability _____
2. I am aware of the problems that people with disabilities face _____
3. I am afraid to look at the person straight in the face who has a disability _____
4. It is difficult for a person with a disability to lead a normal life _____
5. You have to be careful what you say when you are working with people with disabilities because you might offend them _____
6. Persons with disabilities receive the same level of care as persons without disabilities _____
7. I clearly understand the role of professionals who provide services for persons with disabilities _____
8. I am close friends with a person that has a disability _____
9. Someone with a disability can be just as attractive as someone without a disability _____
10. I would be in a committed relationship with a person with a disability _____

My Gender _____

My Ethnicity _____

My Age _____