

LET'S TAKE A WALK! FOSTERING INCLUSION ONE
STEP AT A TIME

By

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LET'S TAKE A WALK! FOSTERING INCLUSION
ONE STEP AT A TIME

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Abstract: Negative attitudes towards intellectual and developmental disabilities can be a significant barrier to social inclusion. The current study examined 24 college students' experiences from participating in *Let's Take A Walk!*, a 10-week inclusive intervention program on their college campus. The purpose of this mixed methods study was to examine changes in attitudes from pre to post intervention and explore college students' reported experiences. The Attitudes Towards Intellectual Disability Questionnaire (Morin, Crocker, Beaulieu-Bergeron, & Caron, n.d.) was used to measure attitudes of college students toward intellectual and developmental disabilities. Results revealed a decrease in negative attitudes and a significant increase in positive attitudes in comfortability, pity, knowledge of capacity and rights, and interaction. Qualitative focus groups were conducted to explore the experiences of college students. Seven salient themes emerged from the qualitative analysis 1) A New Experience; 2) A New Understanding; 3) Relationship with Walking Partner; 4) Positive Impact; 5) Positive Energy; 6) A Sense of Community; 7) Engaging with the Public. Qualitative data were analyzed through a social inclusion lens, based on the framework of social inclusion provided in Simplican Leader, Kosciulek, and Leahy (2015). Students reported experiencing deep levels of social inclusion as they created strong friendships with their walking partners and as *Let's Take A Walk!* became part of their college campus community. The results of this study suggest that everyone can benefit from social inclusion, and that creating opportunities for social inclusion on college campuses could be a way to combat barrier to social inclusion in society.

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CHAPTER I

INTRODUCTION

Dehumanization is the process of society defining a group of people who share a common characteristic, as less than human (Haslam & Loughnan, 2014). This process has led to mass genocide, slavery, and countless forms of segregation (Kelman, 1976; Staub, 1989). Throughout history individuals with intellectual disability have been dehumanized, segregated, and seen as less than (Wehmeyer, 2013). Less capable. Less important. Not worthy of living, working, and socializing with the mainstream of society. However, changes in policy and practice over the past 50 years have resulted in more individuals with disabilities living in the community rather than institutions, a process known as deinstitutionalization (Hewitt et al., 2013). This process has taken decades and has brought about many challenges. As individuals sought opportunities to live, work, and play in their communities, it became apparent that segregation had not ended: while physical segregation may have diminished with the closing of institutions, social segregation had not (Amado, Stancliffe, McCarron, & McCallion, 2013). Consequently, social inclusion became one of the 10 national goals in research, policy, and practice for individuals with intellectual and developmental disabilities (American Association on Intellectual and Developmental Disabilities [AAIDD], 2016). Borgenschutz et al. (2015), highlights the national goal of social inclusion:

Social inclusion is an important “next frontier” in research, policy, and practice for people with intellectual and developmental disabilities (IDD), and is central to advances in inclusive community living and participation, employment, and education. Despite some progress in recent decades, many people with IDD often still live in their communities without truly being part of their communities. Pressing forward to understand social inclusion, and the policies and practices that promote it, is necessary to move the field forward in ways that value and embrace people with IDD as full members of their communities and the greater society. (p. 211)

To date, the body of research on social inclusion wherein studies have examined the many aspects of social inclusion range from how to measure and define true social inclusion (Amado et al., 2013; Simplican, Leader, Kosciulek, & Leahy, 2015), to how to create social inclusion in specific settings, such as employment (Meacham, Cavanagh, Shawn, & Bartram, 2017) as well as the benefits (Johnson Douglas, Bigby, & Iacono, 2012; Mahar, Cobigo, & Stuart, 2013) and challenges (Abbott & McConkey, 2006) that often accompany the transitions into socially inclusive environments. To date, most of the research on the benefits and challenges of social inclusion focused on the experience of the individuals with intellectual and developmental disabilities (Wilson, Jacques, Johnson, & Brotherton, 2016) or their caregivers (Overmars-Marx, Thomese, & Meininger, 2017), rather than the experiences of the community at large. The few studies that included the experiences of persons without disabilities found that not only do individuals with disabilities benefit from social inclusion but, society at large benefits from the inclusion of individuals with disabilities (Mahar, Cobigo, & Stuart, 2013; Mansell, Elliot, Beadle-Brown, Ashman, & Macdonald, 2002). These findings are in keeping with broader research on diversity, which states benefits from diversity can be experienced from everyone involved, not just the minority populations (Stevens, Plaut, & Sanchez-Burks, 2008). In other words, when people interact with other people who are different than they are, there are unique opportunities for personal growth and well-being. Despite probable benefit, attitudes of persons without a

disability often inhibit them from engaging in relationships with individuals with disabilities (Casale-Giannola & Kamens, 2006; Dorwick et al., 2005).

Consequently, social inclusion and attitudes toward disability should not be examined solely for the sake of supporting individuals with disabilities' rights to live and participate in communities, but should also be examined with the understanding that society benefits from social inclusion. The current study aims to address the lack of research on community attitudes toward disability and the role those attitudes have in fostering social inclusion highlighted by Simplican et al. (2015). Specifically, this mixed-methods study will add to the body of research on social inclusion by examining the attitudes and experiences of students who participated in an inclusive walking program on a University campus.

Key Terms:

Intellectual Disability. A diagnosis of intellectual disability is marked by impairments in intellectual functioning as well as in adaptive behaviors (American Psychiatric Association [APA], 2013; Schalock et al., 2010). Impairments in intellectual functioning and adaptive behaviors may vary widely in degree of severity, and must be present during an individual's developmental period (before age 18) rather than adult onset (APA, 2013; Schalock et al., 2010).

Developmental Disability. Developmental disability is a broad term that covers a wide variety of diagnoses including intellectual disability. Developmental disability is marked by an impairment in cognitive or physical functioning or a combination of the two. Impairments must be present before the individual reaches the age of 22. Impairments must manifest in significant deficits in at least three of the following areas: self-care, receptive and expressive language, learning, mobility, self-direction, independent living, and/or money management (U.S. Department of Health and Human Services, 2000)

Intellectual and Developmental Disabilities. Many individuals have both an intellectual disability and a developmental disability. Thus, intellectual and developmental disabilities is a

term used to describe the individuals who meet the criteria listed above for both an intellectual disability and a developmental disability.

Community Living. According to Hewitt, Nord, Bogenschutz, & Reinke (2013) community living can be defined as follows:

...having a place to live and work in the community; skills to manage a living environment and navigate the community; and skills to ensure self-care, safety, and personal health. It also means being included in community activities of interest and having a social network, rich with friends, family members, and allies (p. 17).

Social Inclusion. While there is not an agreed upon definition for social inclusion, research has identified several factors that can contribute to overall social inclusion (Bogenschutz & Novak-Amado, 2016; Simplican et al., 2015). The many factors that contribute to social inclusion can be broken down into two domains, interpersonal relationships factors and community participation factors (Simplican et al., 2015).

CHAPTER II

REVIEW OF LITERATURE

Segregation of individuals with intellectual and developmental disabilities has been present throughout history. Individuals with intellectual and developmental disabilities have been denied the right to live, work, and participate in communities (Hewitt et al., 2013). In the last century, this segregation was primarily established and perpetuated through institutionalization (Hewitt et al., 2013). Institutions were intended to offer a safe living environment where individuals could receive medical care as needed. Unfortunately, they eventually became warehouses where individuals were often neglected and treated as less than human (Ferguson, Ferguson, & Wehmeyer, 2013). As a result, advocates pushed for changes in policies, supports, and services for individuals with intellectual and developmental disabilities to shift away from institutional living and towards community living (Wehmeyer, Bersani, & Gagne, 2000). As individuals with intellectual and developmental disabilities transitioned out of institutional settings and into community living, it became evident that living in the community did not automatically establish social inclusion (Amado et al., 2013). Thus, the need for research to both define social inclusion as well as examine multiple means of fostering social inclusion in the lives of individuals.

Social Inclusion Model

To date, the field of intellectual and developmental disabilities has not established an agreed upon definition for social inclusion. However, Simplican et al. (2015), created an ecological model (see Figure 1) that can be used to examine the many dynamic factors that contribute to social inclusion. Simplican et al. (2015) argues that social inclusion is not simply community participation, nor can it be solely measured through interpersonal relationships. Instead, Simplican et al. (2015), suggests that social inclusion can be better understood when looking at both community participation and interpersonal relationships. Simplican et al. (2015) does not offer an outline for how to create social inclusion, nor does the bi-domain model provide outcomes by which to measure social inclusion, instead the authors offer the model to be used to define the complex concept of social inclusion (see Figure 1).

The interpersonal relationships domain is comprised of three kinds of characteristics: category, structure, and function. The *category* of interpersonal relationships is the type of relationship, which can most easily be understood by looking at who the relationship is with (e.g. family, friend, partner, staff, acquaintances) and does the relationship facilitate *bonding* or *bridging*. Bonding relationships are relationships where both members share a common factor or share a piece of identity with one another (e.g. similar disability, shared culture, or shared religion). Relationships that are built on or focus on common factors are classified as bonding relationships. Bridging relationships encompass relationships that are built on or focus on diversity between individuals rather than common factors. The *structure* of interpersonal relationships focuses on the logistics of the relationship. This component takes into account the length, origin, frequency and location of interactions, as well as reciprocity, intensity, formality, and complexity of the interpersonal relationships. The *function* of interpersonal relationships refers to what purpose the social support within a relationship serves: emotional, instrumental, or informational. Each of these three components provides a structure to examine an individual's

interpersonal relationships, a structure which allows for a more holistic view of the very diverse range of relationships that can exist within social inclusion.

The community participation domain is comprised of three characteristics as well: category, structure, and level. The *category* of community participation is the type of activity an individual is participating in within a community (e.g. leisure, political, employment, school, religious, and cultural activities). The *structure* of community participation is describing the level to which the participation integrates individuals with and without intellectual and developmental disabilities. Simpican et al. (2015) provides three levels of integration: segregated, semi-segregated, and mainstream. Segregated community participation only includes individuals with intellectual and developmental disabilities and no individuals without disabilities. Segregated participation can also include direct support staff and family members. Semi-segregated participation only includes individuals with intellectual and developmental disabilities and their staff or family members participate, but the activity is held within the community (e.g. a group of individuals with intellectual and developmental disabilities going out to eat at a restaurant). Semi-segregated participation can also include participation that is in a segregated setting (e.g. living facility), but includes individuals without intellectual and developmental disabilities coming into the segregated setting. Mainstream community participation takes place in fully integrated settings, such that individuals with and without intellectual and developmental disabilities interact with one another in a community based setting. The *level* of community participation can be described as the degree of engagement an individual exhibits within community participation. Level of engagement can be categorized as presence, encounter, or participation. Presence would simply be an individual being present within the community with minimal, if any, contact with other community members. Encounter would be presence in the community as well as interactions with strangers or brief acquaintances. Finally, participation would be presence in the community that fosters and supports interpersonal relationships within the community.

The two domains are not intended to be viewed as two separate entities that function independently; rather, community participation is meant to support interpersonal relationships and interpersonal relationships are seen as supporting community participation. Simplican et al. (2015) suggests that these two domains foster one another such that growth in one supports growth in the other, creating a cycle where each domain feeds off of and contributes to the other. Together the two domains represent a more holistic view of community inclusion that can be examined through an ecological lens, such that community participation and interpersonal relationships can be examined on the individual, interpersonal, organizational, community, and socio-political levels (Simplican et al., 2015). The authors acknowledge that a primary barrier to an individual experiencing the bi-domain ecological social inclusion is that there are often not enough resources for either domain to function in a way that allows the two domains to support one another and create bi-directional growth. Rather, many individuals experience few opportunities for community participation and/or interpersonal relationships, which leads to an overall lack in social inclusion.

Social inclusion model applied. To date, there is little research assessing social inclusion through the bi-domain lens presented by Simplican et al. (2015). While further research is needed to examine the scope and applicability of the bi-domain model, current research has begun utilizing the model to analyze and label inclusive experiences. Researchers have used the model to guide analysis of qualitative interviews to assess for positive outcomes as a result of social inclusion through a combination of community participation and interpersonal relationships (Corazza & Dyer, 2017; Werner & Hochman, 2017).

Werner and Hochmen (2017) utilized Simplican et al. (2015) in guided analysis of qualitative interviews examining the participation of individuals with intellectual disability in the Israeli Defense Forces (IDF). Historically, individuals with intellectual and developmental disabilities have been excluded from serving in the IDF with their peers regardless of the individuals' abilities. Recently, a program was started within the IDF that permits individuals

with intellectual disability to serve the IDF by carrying out daily duties at a local military base, while continuing to live at home. In order for individuals to be invited to participate in the program they must be able to utilize public transportation, carry out daily living activities independently, and use a cellphone. Participants receive training and support throughout their time in the program, and are eventually charged with various duties around the base (e.g. transport, military equipment, custodial) and receive equal pay and rank as other soldiers within the IDF.

Werner and Hochmen (2017) examined the experience of 31 young adults who participated in the IDF's inclusive program. The 12 female and 19 male participants ranged in age from 21 to 30 and had a wide range of diagnoses (e.g. Down syndrome, Fragile X syndrome). Along with interviewing the 31 young adults, 36 relatives and 28 commanders of the 31 participants were also interviewed. The authors analyzed data from interviews utilizing a partially-focused analysis (Shkekdi, 2011) specifically looking for themes from the interviews related to interpersonal relationships and community participation. The authors then replicated the bi-domain model, entering the data from their own study into the graphic template in Simplican et al. (2015). This allowed for the authors to apply real life experiences to the two domains as well as the three factors within each domain. The authors used the labels within each factor to identify and label the participant reported experiences. Interpersonal relationships between soldier participants with an intellectual disability and other soldiers without a disability, commanders, and project staff were labeled bridging relationships. Whereas, interpersonal relationships between soldier participants with an intellectual disability and other soldier participants with an intellectual disability were labeled bonding relationships. Results supported the bi-domain model of social inclusion and highlighted the importance of integrating social inclusion into naturally occurring, everyday aspects of life.

Simplican et al.'s (2015) bi-domain model has also been utilized to analyze the qualitative data of individuals participating in mixed ability rugby (Corazza & Dyer, 2017).

Corazza and Dyer (2017) added to the body of research documenting the mixed ability sports movement by examining the experiences of 38 athletes who had been playing on a mixed ability rugby team for at least one year prior to the study. Mixed ability rugby is defined as athletes both with and without disabilities competing with and against one another. Teams play with all of the same rules and regulations that apply to the game of rugby, making only minor adjustments when needed based on an athlete's support needs. Participants were recruited from one of two mixed ability rugby teams from rugby clubs with long standing mixed ability programs, with one club located in the UK and one located in Italy. Focus groups were conducted with 15 participants who identified as having a disability, (*Note.* Authors do not clarify type of disability for any participants) and online questionnaires were conducted with the 23 participants who identified as not having a disability. Researchers utilized the bi-domain model of social inclusion to extract themes around community participation and interpersonal relationships. Athletes reported several positive outcomes including increased interpersonal relationships for both athletes with and without disabilities, as well as athletes without a disability gaining a better understanding of disability as a result of their experiences (Corazza & Dyer, 2017).

Research has also utilized the broader definition of social inclusion presented in Simpican et al. (2015) to highlight the many different forms that beneficial social inclusion can take. Wilson et al. (2017) reported the experiences of adults with intellectual and developmental disabilities who participated in a social support group (SSG). SSGs were pre-established groups that disability support professionals developed after recognizing a need for greater social support among the individuals with whom they worked. Support professionals began volunteering their time to coordinate and facilitate monthly outings for individuals with intellectual and developmental disabilities within SSGs. Outings included a wide range of activities including going out to eat, seeing a movie, or going bowling. Facilitators interacted with the social support groups only when necessary and worked to ensure that individuals within the group were able to interact as independently as possible.

Wilson et al. (2017) examined the experiences of 10 adults (7 males, 3 females) with intellectual disability, ranging in age from 19 to 48, who participated in a pre-established SSGs. Through one-on-one interviews, participants reported that involvement in a supported social group led to positive outcomes in well-being as well as belonging and connectedness. Additionally, participants reported an increased social support network. The authors argue that while supported social groups would be labeled as “segregated” within the Simplican et al. (2015) model of social inclusion, and therefore may not fit within the traditional definition of social inclusion, the more inclusive bi-domain model allows for individuals with intellectual and developmental disabilities to have relationships with other individuals with disabilities. Wilson et al. (2017) advocate that individuals can benefit from a broader understanding of social inclusion that encompasses supported social groups.

While social inclusion has been examined across multiple settings (e.g., sports, military/vocation settings, and social groups), research has identified the period of transitioning into adulthood as a particularly challenging time for individuals with intellectual and developmental disabilities. One factor that contributes to the many challenges in this life stage, is the lack of opportunities for social inclusion with same age peers. In 2018, an estimated 5,500 students with intellectual disability enrolled in postsecondary education programs in the U.S. (Think College, 2018), a fraction in comparison to the estimated 20 million students without intellectual disability enrolled in post-secondary education programs in the U.S. as of 2015 (National Center for Education Statistics, 2018). Furthermore, there are currently 263 post-secondary education programs for individuals with intellectual disability (Think College, 2018) compared to 4,627 degree institutions in the US (National Center for Education Statistics, 2018). Due to a lack of opportunities in pursuing post-secondary education, most individuals with intellectual disability do not go on to college like their same age peers without intellectual disability. During the time that their peers are in enrolled in college, individuals with disabilities ages 18 to 21 are often still attending high school or transitioning into vocational settings

(Wagner, Newman, Cameto, Garza, & Levine, 2005). This can create a gap in social inclusion opportunities for individuals with disabilities to interact with same-age peers without disabilities during this time period in their lives.

Benefits and Barriers to Social Inclusion

In an effort to address this gap, many professionals, parents, and self-advocates are working towards creating opportunities for social inclusion on university campuses (Grigal & Hart, 2010; Grigal, Neubert, Moon, Grigal, & Redd, 2001). With the implementation of inclusion on university campuses, research has focused primarily on the benefits for individuals with disabilities (Hamill, 2003; Neubert, Moon, & Grigal, 2004), but there is little research on the benefits that peers experience. One of the first studies to examine peer benefits of social inclusion, highlights the experience of the peers of a college age woman with Down syndrome who attended an entry level speech class at her local university (Casale-Giannola & Kamens, 2006). Students in the class reported increases in positive attitudes towards disability, and a significantly decreased belief that having a peer with Down syndrome in their class would negatively impact their personal education (Casale-Giannola & Kamens, 2006).

Other studies have also worked to capture the views of peers who participate in social inclusion experiences on university campuses. Studies have looked at both social inclusion within a classroom setting (Griffin, Summer, McMillan, Day, & Hodapp, 2012; Izzo, & Shuman, 2013) and social inclusion on university campuses outside of the classroom (Dolyniuk, Kamens, Corman, DiNardo, & Totaro, 2002; Hardman, & Clark, 2006; Kamens, Dolyniuk, & DiNardo, 2003). In both scenarios, students have reported increases in positive attitudes towards disability (Hardman & Clark, 2006; Izzo, & Shuman, 2013; May, 2012) and increased knowledge and understanding of disability (Dolyniuk et al., 2002; Kamens et al., 2003). While increased positive attitudes and increased knowledge were determined in the studies above, two peer characteristics were determined to predict likelihood for positive peer attitudes. Peer gender and previous experience with individuals with intellectual and developmental disabilities could be predictors of

positive outcomes for peers (Griffin et al., 2012; Izzo, & Shuman, 2013; Westling, Kelley, Cain, & Prohn, 2013). Such that, female participants and participants who had previous relationships or experiences with individuals with intellectual and developmental disabilities were more likely to have positive attitudes towards disability.

Research has identified many potential barriers to social inclusion for individuals with intellectual and developmental disabilities in post-secondary educational settings (Casale-Giannola & Kamens, 2006; Grigal, Hart, & Weir, 2013). Lack of current policy supporting individuals with intellectual disability to enroll in universities has been identified as a primary barrier to social inclusion on university campuses (Grigal et al., 2013). While there are currently laws that protect individuals with intellectual disability from discrimination on university campuses (e.g., Americans with Disabilities Act Amendments), Grigal et al. (2013) suggests that more policies are needed that work to directly support individuals in the transition to postsecondary education settings (e.g., policies around funding and accreditation of programs). Difficulty in procuring basic supports by individuals with disabilities has also been identified as a barrier for social inclusion on university campuses (Casale-Giannola & Kamens, 2006; Dorwick, Anderson, Heyer, & Acost, 2005). Furthermore, negative attitudes of peers, teachers, and administrators towards intellectual and developmental disabilities has also been identified as a significant barrier (Casale-Giannola & Kamens, 2006; Dorwick et al., 2005). With this understanding, further research is needed to better understand the impact of negative attitudes towards disability on university campuses, as well as interventions that can increase positive attitudes towards disability on university campuses.

Attitudes Towards Intellectual and Developmental Disabilities

As noted in the social inclusion model (Simplican et al., 2015), interpersonal relationships are an integral part of social inclusion. Despite potential benefits, individuals' without disabilities attitudes towards disability can often cause a barrier that inhibits them from fostering relationships with individuals with disabilities. Research shows that an important piece

of relationships between people with and without disabilities, are the attitudes that the person without a disability has towards disability and the individuals that have them (Burge et al., 2007; Findler et al., 2007; Henry et al., 1996; Lau & Cheung, 1999; Verdonschot et al., 2009). In order to improve attitudes of individuals without disabilities towards disabilities and the individuals that have them, it is important to first understand what attitudes are, how attitudes are measured, the historical context of society's attitudes towards disability, and the role these attitudes have in facilitating or hindering relationships between individuals with and without disabilities.

Defining and measuring attitudes. In order to better understand and increase positive attitudes, attitudes must first be defined. However, to date the literature on attitudes, contains more than 30 different definitions of the term (Rao, 2004). This lack of an agreed upon definition and broader understanding of attitudes creates many challenges when understanding the general status of attitudes towards a particular group of people (e.g., individuals with intellectual and developmental disabilities) as well as determining how to assess and measure those attitudes. While there is not an agreed upon definition for attitude, research has long agreed on a framework of components that come together to create attitudes (McGuire, 1985). The attitude framework presented in McGuire (1985) establishes affect, cognition, and behavior as three components of attitudes. According to Zanna and Rempel (1988), attitude can be developed from one component, a combination of two components, or all three components (i.e., what we feel, think, and how we act can shape our attitudes) as well as generate a response to a stimulus that is affective, cognitive, and/or behavioral in nature (i.e., our attitudes can evoke emotional, cognitive, and behavioral responses) (Eagly & Chaiken, 1992). This understanding of attitudes being comprised of three common factors informed the development of a leading measure used to assess the knowledge and attitudes of individuals without disabilities towards individuals with intellectual disability, (Morin, Crocker, Beaulieu-Bergeron, & Caron, n.d.).

Attitudes throughout history. The attitude of the general public towards individuals with intellectual and developmental disabilities has changed throughout history (Ouellette-Kuntz

et al., 2003, 2010). The deinstitutionalization movement has been identified as a major contextual factor contributing to increased positive public attitudes toward disability (Hasting et al., 1998; Schwartz & Rabinovitz, 2001). However, the shift in attitudes has not always been as quick or broad reaching as advocates in the field might hope for (Yazbeck et al., 2004). Despite the American deinstitutionalization movement in the 1960's and 70's, research in the 1990's was still reporting negative public attitudes towards community living for individuals with intellectual and developmental disabilities (Antonak & Harth, 1994). Negative public attitudes toward disability can negatively impact the lives of individuals with intellectual and developmental disabilities in many ways. Opportunities in employment, health care, housing (Siperstein et al., 2003), community integration, daily living and social participation (Burge et al., 2007; Findler et al., 2007; Henry et al., 1996; Lau & Cheung, 1999; Verdonschot et al., 2009) are all factors in the lives of individuals with intellectual and developmental disabilities that research has identified as being negatively impacted by negative public attitudes. However, over the past several years, as more and more individuals with intellectual and developmental disabilities have moved into communities, research has found an increase in positive attitudes towards individuals with intellectual and developmental disabilities from the general public (Goreczny et al., 2011; Ouellette-Kuntz et al., 2012).

Identified attitudes factors. Research has identified several characteristics (e.g., age, education, gender) of individuals without disabilities that predict likelihood of positive or negative attitudes toward disability. The *age* of the individuals without a disability has been identified as possibly predicting attitudes towards disability. Such that older adults are significantly more likely to have negative attitudes when compared to their younger peers. One study found the age cutoff between positive and negative attitudes to be present in adults as young as 41 years (Yazbeck et al., 2004), while another study found the cut off present in adults 65 years and older (Ouellette-Kuntz et al., 2009). *Education* is another research identified predictive factor. Wherein individuals who have a higher level of education are more likely have to have

positive attitudes towards disability than individuals with lower levels of education (Antonak & Harth, 1994; Oullett-Kuntz et al., 2009; Yeazbeck et al., 2004). Research has also examined the impact of *gender* on attitudes towards intellectual and developmental disabilities. However, research has been inconclusive in this area with some research reporting women are more likely to have positive attitudes than men (Leyser & Greenberger, 2008), and other research reporting a lack of significant difference between men and women (Oullett-Kuntz et al., 2009; Ten Klooster et al., 2009; Yazbeck et al., 2004). Of the big five *personality* traits, openness and agreeableness have been identified to predict positive attitudes towards intellectual and developmental disabilities as well (Page & Islam, 2015).

However, *contact* with individuals with intellectual and developmental disabilities has been identified as perhaps the strongest predictor of attitudes (McManus et al., 2011; Morin et al., 2013; Page & Islam, 2015). Research on the effects of contact between individuals with intellectual and developmental disabilities and persons without disabilities on attitudes is guided by the Allport (1954) contact theory. Contact theory (Allport, 1954) suggests that contact between diverse social groups may decrease negative attitudes within those social groups towards the other. Research on contact between individuals with and without disabilities has explored this possible effect on attitudes. Frequency of contact, operationally defined as simply the number of times that a person without a disability interacts with an individual with a disability, has been found to be a weak predictor of positive attitudes (McManus et al., 2011; Morin et al., 2013; Page & Islam, 2015). However, quality of contact (assessing the type of relationship, negative or positive interactions, etc.) has consistently been found to be a strong predictor of positive attitudes towards disability by persons without a disability (McManus et al., 2011; Morin et al., 2013; Page & Islam, 2015). Such that, when a participant reported having a positive relationships with an individuals with a disability, the participant was more likely to report a positive attitude towards disability.

Current Study

While research has examined the experiences of individuals with intellectual and developmental disabilities who engaged in social inclusion on university campuses, little is known about the experiences of their peers without disabilities who engage in social inclusion on university campuses. Research has identified that attitudes towards disability can impact social inclusion opportunities. Therefore, further research is needed to better understand peer attitudes towards disability and potential interventions that can increase positive attitudes towards disability. The current study will address this gap in research by examining the experiences and changes in attitude of undergraduate students who participated in *Let's Take A Walker!*, a semester long social inclusion walking intervention program on a university campus. The following research questions will be addressed:

Research Question One:

How does social inclusion on a university campus impact attitudes of students without intellectual disability towards intellectual and developmental disabilities?

Research Question Two:

How do students describe their experiences of participating in an inclusive walking intervention program?

CHAPTER III

METHODOLOGY

Introduction

Minimal research is available that focuses primarily on the experiences of individuals without disabilities within inclusive settings. The present study aimed to capture the experiences of undergraduate students (hereafter referred to as Student Walkers) who participated in an inclusive walking program alongside adults with intellectual and developmental disabilities. This study involved the secondary analysis of data collected as part of a larger intervention study conducted at a South Central U.S. university from January to May 2018. The intervention was a 10-week walking program wherein community members with intellectual and developmental disabilities (referred to hereafter as Community Walkers) came to the university campus and walked with a Student Walker for 45 minutes twice a week. The original study was approved by the University's Institutional Review Board and consisted of three waves of data collection (pre, mid, & post intervention) from Student Walkers, Student Control, Community Walkers, and Community Walkers' Caregivers.

My secondary analysis was conducted to meet thesis requirements for a master's degree in Human Development and Family Science with a specialty in Marriage and Family Therapy. The secondary analysis was approved by the University Institutional Review Board and examined individual Student Walker responses to quantitative surveys and qualitative focus group. Quantitative data were collected through pencil and paper self-report, and included data on

demographics as well as measures assessing attitudes towards individuals with intellectual and developmental disabilities. Quantitative data were collected in three waves, pre, mid, and post intervention, which will be referred to as Time 1, Time 2, and Time 3 respectively, from here on. Student Walker qualitative data were collected only at Time 3 through focus groups designed to gather themes regarding Student Walkers' experiences throughout the intervention.

Researcher Identity

I received my undergraduate degree in Human Development and Family Science from the same university at which this study was conducted. I was first introduced to the field of intellectual and developmental disabilities through taking a required undergraduate level course. After the course, I was invited to work as a research assistant for the National Core Indicators research project, which I worked on for the past five years. I am currently a third-year master's student, studying Human Development and Family Science with a specialty in Marriage and Family Therapy. I have interacted with individuals with intellectual and developmental disabilities in several capacities over the past six years. I am a founding member of a student-led organization that promotes inclusion of individuals with intellectual and developmental disabilities on our university campus. I also served as a facilitator for a book club and writing club for adults with intellectual and developmental disabilities for four years. In addition, I have ongoing friendships with several individuals with intellectual and developmental disabilities that have grown out of my participation in inclusive activities. My experiences have allowed me to personally see and experience the benefits of participating in inclusive activities and creating inclusive communities. My status as a student and my desire to advocate for inclusive communities, and ultimately social inclusion, shape the way I view this study. However, I was not involved with the larger study during the intervention period. I joined the research team after the intervention period was complete when I conducted focus groups with Student Walkers.

Sample and Procedures

Recruitment. Student Walkers were recruited based on their enrollment in undergraduate courses or clubs across campus. Principal investigators for the study went to pre-selected undergraduate classes and clubs to announce the study and recruit participants. All recruitment classes were entry level courses comprised of underclassmen (freshmen and sophomores) in a Human Science related field (e.g. human development and family sciences, nutritional sciences). An interest signup sheet was passed around the class or club meeting after the announcement was made collecting students' contact information. Students were then contacted via phone calls with additional information about the research project. During recruitment, students were informed of pre-determined walking times and asked whether they would be able to participate in the intervention based on schedule availability. Inclusion criteria also included students' ability to walk for 45 minutes. If students were willing and able to participate during walking times, they were selected for the Student Walker group. Students who met study inclusion criteria, but who were not available during walking times were assigned to the student control group. Students were paid \$10 for completing assessments at each of the three waves of data collection (for a total of \$30 if all three were completed). Student Walkers were paid an additional \$100 for participating in the intervention, this amount was reduced if a Student Walker missed multiple walking sessions. Student Walkers were paid an additional \$10 after completing the focus group at the end of the intervention period.

Participants. Background information was collected from Student Walkers at all three waves of data collection via self-report surveys. A total of 26 Student Walkers were recruited and completed the initial wave of data collection, with two dropping out of the study after the initial wave of data collection was completed, but prior to the start of the intervention. The following descriptives are from the first wave of data collection with 24 total Student Walkers (males: $n = 2$; females: $n = 22$). Student Walkers ranged in age from 18 to 21 years ($M = 19.79$, $SD = 1.32$). The majority of Student Walkers reported being White ($n = 17$, 70.8%), with the remainder being

Black ($n = 4$, 16.7%), Hispanic/Latino ($n = 2$, 8.3%), and American Indian ($n = 1$, 4.2%). Student Walkers reported enrollment hours ranged from 13 to 18 credit course hours ($M = 15.38$, $SD = 1.24$), meaning all students reported being full time students. Student Walkers reported a wide variety of college majors Human Development and Family Science ($n = 9$, 37.5%), Journalism ($n = 2$, 8.3%), Business ($n = 2$, 8.3%), Communication Sciences and Disorders ($n = 2$, 8.3%), and Other ($n = 9$, 37.5%). The majority of Student Walkers ($n = 15$, 62.5 %) reported being unemployed with the remaining Student Walkers ($n = 9$, 37.5 %) reporting part-time employment. Half the Student Walkers ($n = 12$) did not miss more than one of the total 19 walking sessions (*Note.* 3 walking sessions were cancelled for inclement weather or university holidays). The average number of walking sessions attended was 17, and the minimum number of sessions attended by a Student Walker was 13 sessions ($n = 1$). A little over one third ($n = 9$, 37.5%) of Student Walkers reported having an extended family member with intellectual and developmental disabilities, with one ($n = 1$, 4.2%) of those nine Student Walkers also reporting having an immediate family member with intellectual and developmental disabilities.

Measures

Demographics. Demographic information was collected at all three waves of data collection as part of the Student Walkers' paper and pencil survey. Student Walkers provided information on gender, date of birth, and race, as well as information related to employment, college major and number of hours enrolled.

The Attitudes Towards Intellectual Disability Questionnaire (ATTID) assesses attitudes (affective, behavioral, and cognitive) towards intellectual disability and can be used across different populations of participants as well as across time within the same population of participants to track change over time (Morin, Crocker, & Beaulieu-Bergeron, 2013). The ATTID was developed around the following previously validated measures: Mental Retardation Attitude Inventory – Revised (Antonak & Harth, 1994), Community Living Attitudes Scale – Mental Retardation (Henry et al., 1996), and Pictographic Scale (Nowicki, 2006).

The ATTID is a 67-item self-report questionnaire. Each item is answered on a 5-point Likert-scale, ranging from *totally agree* (1), *agree* (2), *neither agree nor disagree* (3), *disagree* (4), to *totally disagree* (5). The questionnaire is comprised of three sections; affective, behavioral, and cognitive with 18, 19, and 30 scored items for each section respectively. The affective and behavioral sections are comprised of items from two vignettes that assess the participants' likely affective and behavioral responses to the scenario. The two vignettes highlight the varying levels of support needs an individual with intellectual and developmental disabilities may have. Examples provided include: "Dominic is able to take care of his own health and personal needs, but sometimes needs reminding ... [he] knows how to use and telephone and write" (Morin et al., n.d.). "Raphael communicates using sounds and gestures ... requires constant assistance when moving around and always has to be accompanied on outings" (Morin et al., n.d.). The names of the individuals in the vignettes were changed to names more common in the South Central U.S. (i.e., John and Bryan) in order to avoid any unnecessary bias. Affective response questions include items assessing participants' likelihood to feel pity, sadness, anxiety, fear, embarrassed, insecure, wary, touched/moved, and comfortable as a result of the vignette. Behavioral response questions include items assessing participants' likelihood to avoid, move away from, and interact with an individual with an intellectual disability based on the vignette (Morin et al., n.d.). The cognitive section is comprised of items aimed at assessing participants' overall knowledge of intellectual disability. Questions about causes of intellectual disability, support needs as a result of intellectual disability, rights of individuals with intellectual disability, and community inclusion are all included in the cognitive section.

While the ATTID has three broad sections (affective, behavioral, cognitive), the three sections are divided into five factors for scoring; discomfort ("*If you met John on the street and John tried to talk to you, do you think you would feel comfortable talking to him?*"), sensibility/tenderness ("*If you met John on the street and John tried to talk to you do you think you would, feel sad?*") (Note. all items in this factor are reverse coded), interactions ("*Would you*

agree to supervise John at your work?”), knowledge of capacity and rights (“*In your opinion, the majority of people with an IDD [intellectual and developmental disabilities] are able to handle money?”*), and knowledge of causes (“*Do you believe that IDD [intellectual and developmental disabilities] is more common in underprivileged settings?”*) (Morin, et al., n.d.). The cut-off scores for each of the five factors are as follows, 1 or 2 = positive attitude, 3 = neutral attitude, and 4 or 5 = negative attitude. A mean score for each of the five factors is provided for the entire sample, as well as a total sample percentage of positive, neutral, and negative answers for each of the five factors. To more easily interpret the findings of the current study more easily, the discomfort factor will be renamed comfortability. Increase in the mean score of comfortability (previously labeled discomfort) from Time 1 to Time 3 would convey that Student Walkers became more comfortable around individuals with intellectual and developmental disabilities as a result of participating in *Let’s Take A Walk!*. Similarly, the sensibility/tenderness factor will be renamed pity. All of the items in pity (previously labeled sensibility/tenderness) factor are reverse coded such that an increase in scores from Time 1 to Time 3 for the pity factor would mean that students felt less pity for individuals with intellectual and developmental disabilities just for having a disability.

According to Morin et al. (2013), the ATTID reports reliability (Cronbach’s alpha) with an overall score of 0.92 and test/re-test ranging from 0.62 to 0.83. The current study had an overall reliability (Cronbach’s alpha) of 0.77.

Qualitative focus groups. Focus groups were semi-structured based on a 20-item interview guide, developed by one of the principal investigators and myself (see Table 1). Questions were open ended with additional probes as needed, to spur more meaningful conversation amongst participants. The focus group guide was piloted myself with two student volunteers who were not part of the research sample, but volunteered as walking guides in the intervention twice a week. Questions within the focus group guide were reworded to add clarity based on feedback provided from the pilot. An undergraduate research team member invited

Student Walkers to signed up for focus group sessions based on schedule availability. Students signed up for focus groups on a signed up sheet and were aware of other Student Walkers who would be attending the same session. Focus groups were conducted the week after the last walking session was completed (*Note.* Focus groups were conducted the same week that Student Walkers were required to complete their final university exams for the semester). A total of seven focus groups were conducted with no less than two and no more than four Student Walkers present at each group. I facilitated each focus group along with an undergraduate research assistant present to take notes. As I was not involved with the intervention portion of the study, the focus group sessions were the first time I interacted with the Student Walkers within the context of this study. All seven focus groups were conducted in a conference room in an office building on the university campus. A total of 18 of the 24 Student Walkers (75%) participated in one of the seven focus groups. The remaining six Student Walkers (25%) chose not to participate based on personal preference or schedule conflicts with focus group times. Length of focus groups ranged from 38 to 55 minutes. Focus groups were audio recorded, and transcribed word-for-word by a third-party transcriptions service. I checked each transcription for accuracy by listening to the audio recording while reading the transcript word-for-word. When the transcript did not match the audio recording, I listened to the recording a second time to make sure I heard correctly, and then changed the transcript to match the correct wording in the recording.

Analyses

Quantitative analyses. Participant responses from the ATTID at Time 1 and Time 3 were examined to assess how attitudes toward disability, based on the five factors, changed over the course of the intervention. Raw scores from the five factors (comfortability, knowledge of capacity and rights, interaction, pity, and knowledge of causes) were used to categorize Student Walkers' attitudes towards intellectual disability as positive, neutral, or negative, with cutoff scores being 1-2, 3, and 4-5 respectively. Mean scores for each participant within each of the five

factors were used in paired sample *t*-tests to assess the Student Walkers' change in attitudes based on the five factors from Time 1 to Time 3.

Qualitative analysis. Transcripts from the seven Student Walker focus groups were coded using the first six steps of Colaizzi's (1978) seven step phenomenological method, as simplified and outlined in Sanders (2003). Due to time constraints, based on thesis submission deadlines, it was not feasible to reach out to participants for Step 7: member checking. Focus group transcripts were analyzed through the lens of the social inclusion model presented in Simplican et al. (2015). For Step 1, I started by reading through each transcript at least five times to establish familiarity, and then listened to each focus group while simultaneously reading along an additional two times. During this step, I kept a detailed log of my reflections on each focus group. To begin Step 2, I extracted significant statements around social inclusion from the first two transcripts. Significant statements are those that capture the overall story of the transcript (Sanders, 2003). After extracting 20 statements from the first focus group and 36 statement from the second focus group, I met with an internal auditor who is a qualitative expert who also served as a research supervisor throughout the analysis process. My qualitative internal auditor reviewed the statements to ensure I was capturing the overall story of each transcript and encompassing the social inclusion model before I continued with the remaining five transcripts. I completed Step 2 for the remaining five transcripts and extracted a total of 141 significant statements across the seven transcripts. To begin Step 3, I assigned meanings to each extracted significant statement for the first two transcripts and then met with my qualitative internal auditor again, to ensure that the assigned meanings were capturing the voice of the statement. After receiving approval from my qualitative internal auditor that I was capturing the voice of the statements, I continued Step 3 with the remaining five transcripts. Initial analysis of the 141 statements in Step 4 produced 10 themes with 3 themes having two sub themes each. Initial analysis was sent for review to my qualitative internal auditor as well as an external auditor, who is a colleague with experience in social inclusion as well as qualitative analysis, and had no other connections to the *Let's Take A*

Walk! project . Despite my external and qualitative internal auditors not discussing their responses with one another, similar feedback was provided. After reviewing their individual feedback, I made changes to themes and sub themes accordingly. Which included relabeling themes, and reorganizing themes and sub themes. Final analysis for Step 4 yielded 10 themes with five of the themes having two sub themes each. For Step 5, a detailed description was written for each of the 10 themes. In Step 6, I wrote a succinct description of each theme, which included reorganization and relabeling of themes. Each draft in Step 6 was reviewed by a content expert who is a university assistant professor, served as my thesis advisor, and has experience in qualitative analysis. All reorganization of themes was done with the content expert's input, and as a result of the content expert's feedback. The final write up includes 7 themes, with five of the themes having two or more sub themes.

Trustworthiness and Credibility

In order to establish credibility, the current study utilized internal and external audits, rich thick descriptions, and clarifying researcher bias (Lincoln & Guba, 1985). Internal and external auditors were chosen based on experience in social inclusion and qualitative analysis to enhance the overall rigor of analysis. Changes were made in all areas where feedback from the internal and external auditors overlapped. In an effort to increase credibility, rich, thick descriptions of the current study, intervention and assessments, have been provided (Creswell, 1998; Lincoln & Guba, 1985). These rich, thick descriptions allow readers to easily determine to what settings findings can be transferred. Additionally, a clear description of the researcher's past experiences and orientations may be found in the "research identity" section of this document.

CHAPTER IV

RESULTS

Quantitative analyses were conducted to answer research question one: How does social inclusion on a university campus impact attitudes of students without intellectual disability towards intellectual and developmental disabilities? Qualitative analysis was conducted to answer research question two: How do students describe their experiences of participating in an inclusive walking intervention program?

Quantitative Results

Student Walker data from the ATTID questionnaire (Morin et. al., n.d.) was analyzed to answer the first research question. Descriptive statistics for Student Walkers' attitudes for Time 1 and Time 3 can be found in Table 2. A paired samples t-test was used to determine significant change in participants' attitudes from Time 1 to Time 3 (see Table 3). The increase in positive attitudes was significant for comfortability, knowledge of capacity and rights, interaction, and pity, with knowledge of causes being the only insignificant change.

Qualitative Findings

The second research question was explored by qualitative analysis of the transcripts of seven focus groups with Student Walkers post intervention. Through initial coding of focus group data, it became evident that many, if not all, Student Walkers' views of individuals with intellectual and developmental disabilities shifted as a result of their experiences in *Let's Take A Walk!*. Some Student Walkers became more comfortable being around individuals with

intellectual and developmental disabilities, while other Student Walkers evolved in understanding individuals with intellectual and developmental disabilities as their equals. As Student Walkers described their experiences, seven salient themes emerged 1) A New Experience; 2) A New Understanding; 3) Relationship with Walking Partner; 4) Positive Impact; 5) Positive Energy; 6) A Sense of Community; 7) Engaging with the Public.

Theme: A New Experience

Student Walkers from six of the seven focus groups described their experience in *Let's Take A Walk!* as being outside the norm or a new experience. Student Walkers described the ways in which *Let's Take A Walk!* was different in two sub themes: *Social Inclusion as a New Experience* and *Seeing Campus in a Whole New Light*.

Social inclusion as a new experience. Student Walkers within six of the seven focus groups discussed that participating in a socially inclusive activity with individuals with intellectual and developmental disabilities was an unfamiliar experience for them. Most Student Walkers reported that their previous experience of interacting with individuals with intellectual and developmental disabilities was minimal. One Student Walker recalled his early education experience before coming to college,

We didn't have class with people with disabilities, so we would only see them in the hallway or at events or at lunch, and even then they sat separate from us. But here [at *Let's Take A Walk!*] you get to just hang out with whoever you want, and you have the freedom to talk to them, where before I was never presented with that situation.

This Student Walker highlighted the experiences shared by many other Student Walkers that shows the limited opportunity to interact with peers who had intellectual and developmental disabilities. Several Student Walkers described their college experience as a unique time in their development to participate in socially inclusive activities,

On college campuses, it's stressed that we're diverse, to get you ready to go out into the world, but this is the first time I've ever really seen people with disabilities on campus.

Now that I have participated in *Let's Take A Walk!*, if I was to be presented with someone else who's disabled, I wouldn't even think twice about it.

Seeing campus in a whole new light. When asked to describe any differences they noticed when walking around campus with *Let's Take A Walk!* versus other times (e.g., walking to class), Student Walkers from five of the seven focus groups described the experiences as profoundly different. Many Student Walkers reported that while walking around campus during *Let's Take A Walk!* they were much more aware of their surroundings. One Student Walker described it by saying, "As a student, you just put your earbuds in and you just get where you're going. But when you're with *Let's Take A Walk!*, you're really engaged the whole time." Student Walkers described noticing buildings and people they had never noticed before.

Theme: A New Understanding

Across all seven of the focus groups, when Student Walkers described their experiences in *Let's Take A Walk!*, they reported that through the process they gained a new understanding of individuals with intellectual and developmental disabilities. From Student Walkers' discussion of their newly gained understanding, three sub themes emerged: *Widened Horizons*, *A New Way to Communicate*, and *They're Just Like Us*.

Widened horizons. During five of the seven focus groups, Student Walkers reflected on how they became more comfortable around individuals with intellectual and developmental disabilities as a result of participating in *Let's Take A Walk!*. One Student Walker stated, "I was already pretty comfortable but I feel like the program helped me get more comfortable around people [individuals with intellectual disability]" Several Student Walkers reported a similar experience of becoming more comfortable and more confident in their ability to interact with individuals with intellectual and developmental disabilities. One Student Walker described the process of becoming more comfortable by stating, "*Let's Take A Walk!*, really helped widen my horizons," This Student Walker highlighted that *Let's Take A Walk!* was the first opportunity that many Student Walkers had to interact with individuals with intellectual and developmental

disabilities in a consistent way. This consistency allowed Student Walkers to become more comfortable around individuals with intellectual and developmental disabilities over time. For other Student Walkers who had interacted with individuals with intellectual and developmental disabilities prior to participating in *Let's Take A Walk!*, the rise in comfort came from interacting in a new way.

A new way to communicate. In five of the seven focus groups Student Walkers also discussed how they learned to adjust their communication in order to meet the communication needs of their walking partner. One Student Walker discussed learning common words in sign language so that she could communicate more effectively with her walking partner. Another Student Walker described how she learned that her walking partner communicated best by reading lips, so she adapted by making sure her partner could always see her mouth when she was speaking. Student Walkers went on to report that gaining this understanding of how to communicate with their walking partner made them more confident that they could communicate with other individuals with communication support needs in the future. One Student Walker captured this stating,

[Now], I'd be more okay with a person like the Community Walkers sitting next to me and just chatting with them. While at first I might have just smiled and nodded and like moved on. I've had different experience [now] so I can try and actually speak with them, and get to know them.

They're just like us. Through the focus group discussions, it became evident that many Student Walkers' perspectives had shifted away from seeing individuals with intellectual and developmental disabilities as "them." However, during the focus groups it was apparent that Student Walkers continued to struggle with finding language to use when describing their new experiences and resulting shifts in thinking. Additionally, Student Walkers were asked not to use their Community Walker partners' name during interviews in order to protect participants'

privacy. Consequently, while the sub theme includes “us” and “them” language, the sentiment of Student Walkers indicated that they came to a place of seeing “we.”

Student Walkers from six of the seven focus groups reported that before *Let's Take A Walk!* they believed that individuals with intellectual and developmental disabilities were different from individuals without intellectual and developmental disabilities in a way that made them less relatable. Student Walkers explained that because of their experience in *Let's Take A Walk!* they now see individuals with intellectual and developmental disabilities as capable and relatable. One Student Walker captured this shift in thinking stating, “...learning about my partner and seeing how they're not helpless at all. They really can take care of themselves, really live a normal life, like all of us. That was really enlightening for me, now I don't see them any differently.” Another Student Walker stated, “I realized they're capable of a lot more than I gave them credit for initially.” The belief *they're just like us* was echoed by several other Student Walkers who explained what they had learned about individuals with intellectual and developmental disabilities. As one Student Walker highlighted, Community Walkers with individual and developmental disabilities enjoy having fun and playing games, “just like everybody else.”

Theme: Relationship with Walking Partner

When describing their experiences during *Let's Take A Walk!*, Student Walkers from six of the seven focus groups specifically highlighted the relationships they formed with their Community Walker partner. As Student Walkers described these relationships two sub themes emerged: *Evolving Relationships* and *True Friendship*.

Evolving relationships. Student Walkers from five of the seven focus groups described the process of how their relationships with their Community Walker partner evolved from the first day they met at *Let's Take A Walk!* to the end of the intervention study. Many Student Walkers described how they and their Community Walker partners were unsure of one another

and even shy the first day they met. One Student Walker described this interaction in the following way,

I was nervous. I just didn't really know what to ask him, what was okay to ask. I would ask [Community Walker partner] questions and he wasn't really comfortable opening up to me [at the beginning], and then by the end [of *Let's Take A Walk!*]it was just like a normal conversation.

Many other Student Walkers echoed this statement with similar descriptions of noticing how their relationship with their Community Walker partner evolved as they each became more comfortable with one another over the course of the 10-week walking program.

True friendship. In addition to describing how their relationship with their Community Walker partner changed over time, Student Walkers from five of the seven focus groups described their relationship with their Community Walker partner as a *true* friendship. One Student Walker stated,

I've always interacted with people who have disabilities, but I've never formed a friendship that I believe that could last for a very long time. But with my partner, I feel like we could have the potential to be friends almost forever.

This statement highlights the unique dynamic that Student Walkers experienced, with many of them developing friendships with individuals with intellectual and developmental disabilities for the first time. The same Student Walker captured the complexity of this relationship dynamic by highlighting potential biases in saying, “some people, don't think that there's the same interests [between people with and without intellectual and developmental disabilities], but there is. It's just you wouldn't think that at first, and then you're like, ‘Oh. We literally do the exact same thing’.”

Theme: Positive Impact

During focus groups, Student Walkers were asked to describe what, if any, personal benefits they experienced from *Let's Take A Walk!* Student Walkers from all seven focus groups

described areas of their lives that were positively impacted by participating in *Let's Take A Walk!* Two sub themes emerged from Student Walkers' discussions of the positive impacts: *Personal Benefits* and *Break from Stressors*.

Personal benefits. Student Walkers from six of the seven focus groups reported experiencing a wide variety of personal benefits as a result of participating in *Let's Take A Walk!*. One Student Walker reported that their grades improved for the semester, "I feel like *Let's Take A Walk!* helped my grades because I wanted to always get my school work done so I could do this." Multiple Student Walkers reported that participating in *Let's Take A Walk!* motivated them to be more physically active or want to take a walk on days that they did not meet for *Let's Take A Walk!* walking sessions. Many Student Walkers also reported that they believed the walking sessions twice a week had positive effects on their physical health, even if their physical activity outside of *Let's Take A Walk!* did not increase.

Break from stressors. Student Walkers from six of the seven focus groups described *Let's Take A Walk!* as a source of stress relief. Many Student Walkers described the semester they participated in *Let's Take A Walk!* as particularly stressful regarding school and their personal lives. One Student Walker explained that *Let's Take A Walk!* provided a place she could escape their stressors for an hour twice a week by saying, "once I got there, all my stresses went away because I don't have to worry about doing homework or where I came from." Other Student Walkers described similar experiences of not having to worry about personal life or school stressors during their walking times with their Community Walker partner. Student Walkers described these breaks as having a significant impact on their semester. One Student Walker stated, "This has definitely been one of my hardest semesters, but I feel like if *Let's Take A Walk!* wasn't part of it, it would have been so much worse." Student Walkers from four of the seven focus groups went on to describe that *Let's Take A Walk!* was a break from their life stressors by providing a safe place. One Student Walker explained, "different things were going on at home and in my personal life, so this was just a place where I could come and not be judged." Another

Student Walker explained, “[*Let’s Take A Walk!*] just let me just have a safe place. It helped [by] clearing my mind.”

Theme: Positive Energy

Student Walkers from six of the seven focus groups explained that the positive energy conveyed by Community Walkers and other Student Walkers during each walking session was contagious. One Student Walker explained this exchange in the following way, “It’s contagious, [in the sense that] they’re happy, they say ‘hi’ when you walk in the door, they hug you or greet you, and then you leave feeling like their happy rubbed off on you.” Student Walkers described over and over how walking through the front door of the building where everyone met to start the walking sessions was an uplifting experience that continued throughout the duration of the walking session. One Student Walker described the infectious atmosphere by saying,

I think it was the extreme amounts of joy and everyone is laughing and cheering, and [*Let’s Take A Walk!*] just seems like something very exciting, and loving, and it seems like something that people would be drawn to that you’d want to be a part of.

Theme: A Sense of Community

Student Walkers from six of the seven focus groups described that they had gained a sense of community by participating in *Let’s Take A Walk!* One Student Walker described this by saying, “Definitely meeting new people and all the relationships formed with everybody. It’s like it’s a little community that’s created.” Many Student Walkers were enrolled in classes together, which allowed them to interact with one another outside of *Let’s Take A Walk!*. Additionally, several Community Walkers worked on campus, and many Student Walkers reported seeing the Community Walkers outside of *Let’s Take A Walk!*, at their places of employment. Student Walkers reported that these interactions contributed greatly to their gained sense of community on their college campus.

Theme: Engaging with the Public

As Student Walkers from all seven focus groups described their experiences within *Let's Take A Walk!* a theme emerged that focused exclusively on interactions that Student Walkers had with people who were not affiliated with *Let's Take A Walk!*. Student Walkers described these interactions with their college campus community in two sub themes: *Navigating Negativity* and *Celebrating Acceptance*. Both sub themes illustrate how Student Walkers navigated the perception of others regarding *Let's Take A Walk!* on their college campus.

Navigating negativity. Student Walkers from six of the seven focus groups described negative encounters they experienced when walking with their partner around campus. Negative experiences ranged from people being annoyed that Community Walkers were walking slowly to completely ignoring and walking away from a Community Walker when the Community Walker asked a question. One Student Walker described their response to a negative encounter by stating, "People should be treated like people. You shouldn't act like you're scared of [Community Walker partner], or if [Community Walker partner] touches you you're going to catch whatever they have. Treat people like people." While some Student Walkers recollected their own emotional responses to negative encounters with people on their campus, other Student Walkers remarked on the difference between their reaction and their Community Walker partner's reaction to the encounter. One Student Walker stated, "It hurt, it sucked to me though for longer than just that. He [Community Walker] was over it really fast, but I'd still think about it for the rest of my day." Many other Student Walkers reported similar responses, of feeling hurt or defensive of their walking partner after a negative experience.

Celebrating acceptance. In addition to the negative experiences, Student Walkers also reported positive experiences of acceptance from people on their college campus. Student Walkers from four of the seven focus groups reported being unsure at the beginning of *Let's Take A Walk!* of how their friends and the campus community would respond to *Let's Take A Walk!*.

One Student Walker stated her feelings towards *Let's Take A Walk!* changed throughout the semester,

In the beginning of the semester, I just didn't tell anybody that I did *Let's Take A Walk!* And then once people started seeing me around campus they would ask me what I was doing. I was excited to tell them about *Let's Take A Walk!* and said they should join too.

Other Student Walkers recollected specific positive reactions,

When we'd stop in front of the library and do the races, people [who were not part of *Let's Take A Walk!*] would stop and watch and smile and they would end up clapping along with us. Or I know a few times people came up and asked what we were doing, or my friends would ask, 'hey, what is this?'"

In each of the positive experiences with outsiders, Student Walkers reported ways that they had seen the campus community be accepting of *Let's Take A Walk!*.

CHAPTER V

DISCUSSION

Important Findings

Social inclusion research primarily focuses on the benefits that individuals with intellectual and developmental disabilities experience when participating in socially inclusive activities (Wilson et al., 2016). The results of the current study indicate that people who do not have an intellectual disability can also benefit from participating in socially inclusive activities. College students who participated in *Let's Take A Walk!*, reported an increase in positive attitudes towards intellectual and developmental disabilities. These students went on to describe that their views of intellectual and developmental disabilities shifted as a result of participating in the program. Some students' views shifted in a way that made them more comfortable around individuals with intellectual and developmental disabilities, while other students views' shifted in a way that allowed them to see individuals with intellectual and developmental disabilities as peers with many similarities to bond over. Additionally, students described a level of social inclusion that highlighted deep meaningful interpersonal relationships and a level of community participation that included engaging with and becoming a part of the larger college campus community.

The current study aimed to address the gap in current literature on social inclusion by examining the impacts of social inclusion on the attitudes of individuals without intellectual

disability. Current research examines social inclusion almost solely from the perspective of individuals with intellectual and developmental disabilities or their caregivers (Overmars-Marx et al., 2017; Wilson et al., 2016). Additionally, research has identified that the attitudes of persons without intellectual and developmental disabilities can be a significant barrier to engaging in socially inclusive activities (Casale-Giannola & Kamens, 2006; Dorwick et al., 2005). The current study examined one possible way to increase positive attitudes and potentially decrease barriers to individuals without intellectual disability engaging in socially inclusive activities.

Interpretation of Findings Through Social Inclusion Framework

Qualitative analysis was interpreted through the social inclusion lens provided in Simpican et al. (2015). Salient themes around community participation and interpersonal relationships emerged from the analysis. As qualitative analysis unfolded it became evident that Student Walkers initially experienced more surface level social inclusion within *Let's Take A Walk!*. Student Walkers reported experiencing acquaintance level relationships with their Community Walker partners (i.e. not family, friends, or caregivers), which were primarily informational in function. Simpican et al., (2015) describes informational relationships as those that focus primarily on the exchange of knowledge. In the beginning of the intervention period, Student Walkers described having surface level conversations with their walking partners, which primarily focused on learning information about one another. Throughout the focus groups, it was clear that Student Walkers also experienced an immediate level of community participation. Student Walkers described *Let's Take A Walk!* as being present on their college campus, but did not describe *Let's Take A Walk!* as being an active part of their campus community at the beginning of the intervention.

Student Walkers went on to describe a shift in the level of social inclusion they experienced, throughout the duration of the intervention. Most Student Walkers described that their relationships with their Community Walker partners evolved into deep meaningful friendships. These relationships shifted from informational to emotional in function, showing a

deeper level of connection. Emotional relationships are those that provide emotional support (Simplican et al., 2015). Student Walkers also described a shift in the level of community participation they experienced during *Let's Take A Walk!*. Student Walkers explained that by the end of the intervention the level of participation shifted from presence to participation within their college community. Within the Simplican et al. (2015) framework presence includes simply being physically present in an inclusive environment and participating means actively engaging with the community while in an inclusive environment. Student Walkers explained that *Let's Take A Walk!* became part of their college campus as Student Walkers and Community Walkers engaged with other people on the college campus who were not involved in *Let's Take A Walk!*. Additionally Student Walkers reported that they gained a sense of community within their college campus by participating in *Let's Take A Walk!*.

While not considered a theme, qualitative analysis did reveal that three Student Walkers saw themselves as helpers or role models during their time in *Let's Take A Walk!*. Each of these students, along with six other students, reported having an extended family member with intellectual and developmental disabilities. Future studies should examine the impact that having a family member with intellectual and developmental disabilities may have on persons' attitudes towards intellectual and developmental disabilities and how those attitudes are impacted by participating in socially inclusive activities.

The current study findings support previous research that engaging in socially inclusive activities on a college campus can increase positive attitudes toward intellectual and developmental disabilities among students who do not have intellectual disability (Hardman & Clark, 2006; Izzo, & Shuman, 2013; May, 2012). This study utilized the Attitudes Towards Intellectual Disability Questionnaire (ATTID; Morin et al., n.d.) to measure this change in attitudes over time. To date, research using the ATTID does not report change in attitudes over time, rather previous research has utilized the ATTID to measure the attitudes of a population at a given time (Morin et al., 2013; Morin, Valois, Crocker, & Lopes, 2018). Research has also

utilized the ATTID to identify participant factors (e.g. personality traits, previous contact, gender, age) that predict positive or negative attitudes (Morin et al., 2015; Morin et al., 2018) A handful of studies have also utilized the social inclusion framework outlined in Simplican et al. (2015) to examine socially inclusive activities (Corazza & Dyer, 2017; Werner & Hochmen, 2017; Wilson et al., 2017). The current study expands on this work by utilizing the social inclusion framework to examine social inclusion on a college campus.

Methodological Strengths

The primary strengths of this study were the mixed methodology and the rigor of the qualitative analysis. Mixed analyses methodology provides a more comprehensive picture of study findings (Johnson & Onwuegbuzie, 2004). The rigor of the qualitative analysis adds to the strength of this paper as well. An additional strength of this study is its addition to a sparse field of research. Very few studies have examined the benefits of social inclusion from the perspective of persons without intellectual and developmental disabilities. Additionally, this study uses a leading measure (ATTID) to assess attitudes towards intellectual and developmental disabilities, providing quantifiable data regarding change in attitudes.

Limitations

Although this study utilized mixed methods and a leading measure for assessing attitudes, it should be noted that the convenience sample started out with relatively positive attitudes towards intellectual and developmental disabilities. Additionally, the sample was fairly homogenous, with all but two participants being female and the majority of participants being White. Additionally, while the sample size was adequate for qualitative analysis, a larger, more heterogeneous sample would better serve future quantitative analysis utilizing the ATTID (Morin, n.d.). More heterogeneous samples should include participant with a more evenly dispersed reported gender and a wider range in reported age. Finally, member checking was not completed due to time constraints.

Implications

While the current study's aim was to track changes in attitudes towards intellectual and developmental disabilities in Student Walkers from Time 1 to Time 3 and explore their reported experiences, future studies should work to continue identifying any personal factors (e.g. gender, previous relationships) that might impact change in attitudes of college students over time. The implications for practice from this study are significant. This study supports previous research that everyone can benefit from social inclusion (Mahar, Cobigo, & Stuart, 2013; Mansell, Elliot, Beadle-Brown, Ashman, & Macdonald, 2002). In line with the national research goal on social inclusion (Borgenschutz et al., 2015), the intervention from this study can be easily replicated on other college campuses to create opportunities for social inclusion. Allowing students to have socially inclusive experiences interacting with peers with intellectual and developmental disabilities could increase students' positive attitudes towards intellectual and developmental disabilities. The positive attitudes of these students could carryover as they enter the work force, which could combat a major barrier (negative attitudes) for social inclusion.

Conclusion

Perhaps the most important lesson learned from this study is that people without intellectual disability can benefit from participating in socially inclusive activities. Research has focused primarily on how social inclusion benefits individuals with intellectual and developmental disabilities, with very little research on how social inclusion benefits persons without intellectual disability. Student Walkers reported a wide range of personal benefits they experienced including gained friendships and a sense of community as well as increase in positive attitudes towards intellectual and developmental disabilities. Future research should aim to examine other potential benefits of social inclusion for persons without intellectual disabilities with the aim of informing practice and policy around promoting social inclusion.

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APPENDICES

APPENDIX A

Tables and Figures

Table 1

Student Walker Focus Group Interview Guide

1. What three words would you use to describe LTAW?
2. When you first heard about LTAW, what was it about the program that made you excited or want to be involved?
 - a. Probe:
 - i. How did you make the decision to be part of LTAW?
3. What concerns or questions did you have before the LTAW walking sessions started?
 - a. Probe:
 - i. If at all, how do you feel like those affected your ability to really engage the first few weeks?
4. Think back to the very first day you hoed up to LTAW to meet your partner. I've heard from other students that that first day was pretty hectic, but try to think about your interactions with your partner specifically. What sticks out in your mind or what do you remember about meeting your partner and walking together for the first time?
 - a. Probes:

Table 1

Continued

- i. Do you remember feeling anxious? Excited?
 - ii. What if anything, did you notice about your partner?
 - iii. What do you remember about your first interactions?
 - iv. Describe your thoughts or emotion leading up to meeting them?
5. Now thinking back to just last week as we wrapped LTAW up. How would you say your interactions with your walking partner have changed over the semester?
 - a. Probe:
 - i. Did you get more or less excited to come each week at the semester went on?
6. Okay so now I want you to think about LTAW in general, not just your partner specifically. How did you thoughts and feelings towards the walking program change over the semester?
 - a. Probe:
 - i. Tell me more, what about it made you happy?
7. When you think back about the entire semester, what was your favorite part/What was the best part of LTAW?
8. Did you feel the weekly walking session with your partner had any positive effects? If so, were there any benefits to you? To your partner? To others?
 - a. Probe:
 - i. Tell me more, what about it made you happy?
9. What was your least favorite part/What did you dislike about LTAW?

Table 1

Continued

10. So inclusion can be a challenging task and difficult to navigate at times. Did you feel the weekly walking session with your partner had any negative effects for you, your partner, or other people on campus?
11. So we had you all complete several assessments throughout the semester. How do you think LTAW has affected your health?
 - a. Probe:
 - i. Physical health
 - ii. Stress
12. Participating in LTAW was a big time commitment throughout the semester. What kept you coming to the walking session every weekday?
13. How many sessions did you have to miss?
 - b. If none, how were you able to make it to all walking sessions?
 - i. Probe:
 1. If personal trait or characteristic is provided, probe what about the program (people, compensation, personal benefit) made it something they committed to so strongly.
 - c. If some, what were the reasons they had to miss? What were the barriers to attending certain sessions?
14. If we were to recreate the program, do you have any suggestions?
 - d. Probes:
 - i. Program structure?
 - ii. Higher student participation?

Table 1

Continued

15. If your friend was considering participating in LTAW next semester and was asking you about it, what would you say to them?

e. Probes:

- i. What would you tell them are the positive reasons for participating?
- ii. What would you warn them about? What are the drawbacks for participating?

16. Now I want you to think about walking around campus. You probably walk in a lot of the same places with your partner that you walk every day with your other friends or by yourself when you are walking to and from classes. I want you to think about those two different experiences, of walking on campus for LTAW and walking on campus for any other reason. How was it different walking with your partner then the other times you walk around campus?

a. Probes:

- iii. How did you feel?
- iv. Were you thinking different things?

17. What reactions did you see or experience from other college students or people on campus?

b. Probes:

- v. Any positive reactions? Any negative reactions?

18. How, if at all, have your views of community members with a disability changes as a result of LTAW?

c. Probe:

Table 1

Continued

vi. How do you think you came to that conclusion?

19. So a big part of LTAW was having community members with disabilities be on campus who either have never been on campus or who do not frequently come to campus. What are your thoughts about bringing community members with a disability on college campuses?

d. Probe:

vii. Is this somewhere inclusion should happen?

viii. Are there benefits? Drawbacks?

20. As you think about your experience with LTAW is there anything else that you want to share that I did not ask about today?

Note. LTAW is the abbreviation for Let's Take A Walk!, which is the name of the intervention program

Table 2

Percentage of Positive, Neutral, and Negative Student Walker Attitudes

	Time 1			Time 3		
	% positive attitude	% neutral attitude	% negative attitude	% positive attitude	% neutral attitude	% negative attitude
Comfortability	92.10%	5.40%	2.50%	97.30%	1.50%	1.20%
Pity	37.80%	23.80%	38.50%	61.80%	12.50%	25.70%
Knowledge of Causes	69.50%	20.40%	10.20%	64.90%	29.70%	6.00%
Knowledge of Capacity and Rights	81.70%	15.00%	3.30%	94.60%	4.20%	1.30%
Interaction	86.80%	11.50%	1.70%	91.20%	6.10%	2.70%

Table 3

Change in Student Walker Attitudes

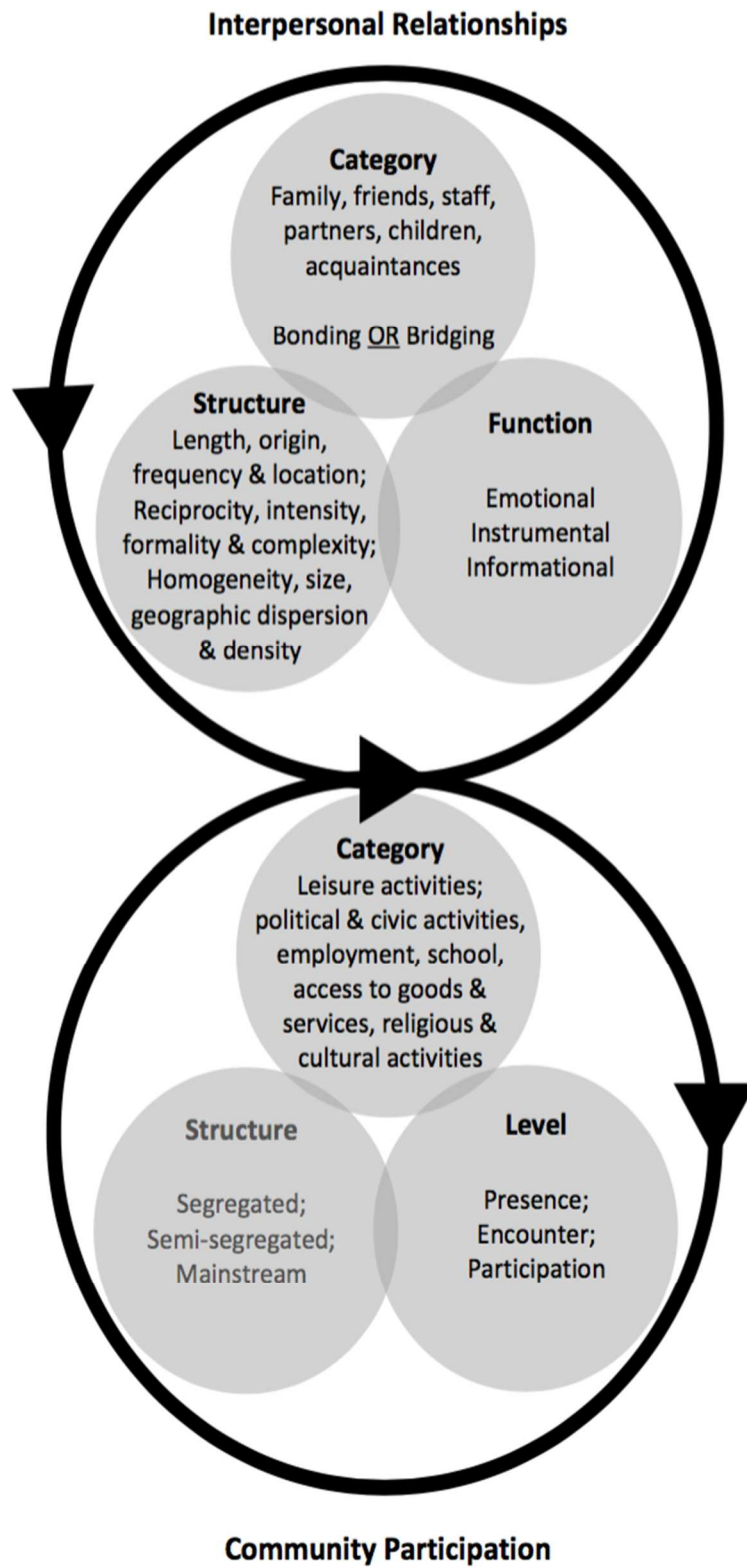
Outcome	Time 1		Time 3		95% CI for Mean Difference	<i>t</i>
	<i>n</i>	<i>M(SD)</i>	<i>n</i>	<i>M(SD)</i>		
Comfortability	24	1.45 (0.43)	24	1.22 (0.31)	[.10, .37]	3.51**
Pity	24	2.85 (0.76)	24	2.18 (0.76)	[.31, 1.01]	3.91**
Knowledge of Causes	24	2.29 (0.49)	24	2.25 (0.51)	[-.13, .21]	0.5
Knowledge of Capacity and Rights	24	1.79 (0.41)	24	1.42 (0.41)	[.24, .48]	6.12***
Interaction	24	1.58 (0.44)	24	1.41 (0.46)	[.03, .31]	2.59**

Note. CI = confidence interval.

* $p < .01$, ** $p < .05$, *** $p < .001$

Figure 1

Social Inclusion Model



VITA

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