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Using Disability Awareness Instruction to Promote Peer Acceptance and  
Positive Attitudes Toward Students with Disabilities

Margot Caroline Gardiner

A thesis submitted to the faculty of  
Brigham Young University  
in partial fulfillment of the requirements for the degree of  
Educational Specialist

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## ABSTRACT

### Using Disability Awareness Instruction to Promote Peer Acceptance and Positive Attitudes Toward Students with Disabilities

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This qualitative study examines the experiences and attitudes of elementary school students regarding individuals with disabilities, following five weeks of disability awareness instruction. It also evaluates the social validity of disability awareness instruction as an intervention tool based on student perceptions, and compares the use of a didactic teaching approach with one that also incorporates the use of bibliotherapy techniques. The current study is part of a larger study using a pre-test, post-test experimental group design (Teerlink, 2012). Participants included 322 elementary school students. Each class of first through sixth grade students was randomly assigned to one of three conditions: a bibliotherapy treatment group ( $n = 125$ ), a didactic teaching group ( $n = 124$ ), and a no-intervention control group ( $n = 73$ ). Data for this study were collected at post-test only, using a short-answer, open-ended questionnaire administered to all participants, as well as focus group interviews conducted with three to four students from each grade level.

Results indicate that age and grade level seemed to have a progressively strong influence on whether students knew someone with a disability or recognized the presence of a disability among those with whom they were acquainted. In their attempts to define what it means to have a disability, as well as to identify specific disabilities, student responses seemed to lean towards observable impairments such as Down syndrome, physical disabilities, and speech/language impairments. The overwhelming majority of participants indicated that they would like to be friends with someone who had a disability and that the most important thing they learned from the disability awareness lessons was to be kind and helpful to those with disabilities. Although the majority of students expressed the desire to be friends with people who had disabilities and clearly recognized the importance of treating them with kindness and compassion, students were equally split on whether or not these ideals were actually being implemented by students in their school. In addition, when students were given the opportunity to describe their own observations and examples of how students with disabilities were treated at their school, they were more likely to describe incidents of conflict or unpleasant interactions rather than recalling incidents of kindness or positive interactions. Students specifically identified communication issues and coping with stressful or frustrating situations as the biggest challenges or fears associated with trying to be friends with someone who has a disability. Students from both the bibliotherapy group and the didactic teaching group seemed to share similar attitudes towards individuals with disabilities and respond with equally positive enthusiasm to the intervention. Implications for future research and practice are discussed.

Keywords: bibliotherapy, disabilities, childhood attitudes, inclusion, peer acceptance

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## DESCRIPTION OF THESIS STRUCTURE AND CONTENT

This thesis, *Using Disability Awareness Instruction to Promote Peer Acceptance and Positive Attitudes Toward Students with Disabilities*, is written in a hybrid format. This format combines the elements of traditional thesis requirements and journal publication formats.

This research is an extension of an honor's thesis (Teerlink, 2012); Teerlink and her thesis advisor prepared and taught all lessons and collected all data. Her thesis focused on analyzing and reporting results from the quantitative data (2012). The current thesis targets the analysis and reporting of the qualitative data. Both data sets will be used to prepare a manuscript ready for submission to a peer-reviewed education journal.

The initial pages of this thesis represent requirements for submission to the university. The thesis report is presented as a manuscript consistent with length and style requirements for education journals. It includes the following sections: introduction, method, results, discussion, and references.

Appendix A includes an extended literature review as presented at the prospectus defense, and its accompanying reference list. Appendix B includes the assent and consent forms for students, parents, and teachers. Appendices C, D, and E contain the open-ended questions posed to students. Appendix F provides information about each of the five children's books used during bibliotherapy sessions. Appendices G and H include the specific lesson plans and unit organizers for the lessons.

## Introduction

Today, more than 5.9 million students with disabilities are receiving special education services in the United States, and more than half of these children (62.6%) are spending at least 80% of their school day in general education classrooms with their typically developing peers (U.S. Department of Education, 2016). Commonly referred to as “inclusion” or “mainstreaming,” this approach has become the preferred method for educating students with disabilities (Alquraini & Gut, 2012). Unfortunately, this has not always been the case. Prior to 1975, the majority of children with developmental or intellectual disabilities were either segregated into self-contained classrooms or excluded altogether by the public education system in the United States (Smith, 2005).

Over time, public opinion and social policy regarding educational opportunities for students with disabilities began to change as a result of the civil rights movement, case law, and federal legislation during the late 1960s and early 1970s (Chinn, 2004; Keogh, 2007). In 1975, Congress passed the Education for All Handicapped Children Act (EHA), or Public Law 94-142. This groundbreaking legislation required all states to provide a free and appropriate education to students with disabilities, regardless of the nature or severity of their disability (Taylor, 2011). Students with disabilities were to be educated in general education classrooms with their typically developing peers to the maximum extent appropriate and in the least restrictive environment (Alquraini & Gut, 2012; EHA, 1975, sec. 1412(5)(B)). In 1990, inclusive education received even greater emphasis following the reauthorization of EHA, renamed the Individuals with Disabilities Education Act (IDEA), and subsequently reauthorized in 1997 and 2004 (Smith, 2005).

The inclusion of students with disabilities in general education settings has provided many academic, social, and emotional benefits—not only for students with disabilities but also for their typically developing peers (Wiener & Tardiff, 2004). Researchers have found that typical students who interact socially and are educated in the same classroom with students with disabilities develop higher levels of emotional understanding and are more accepting of children with special needs than their counterparts who interact only with typically developing peers (Diamond, 2001).

Research suggests that students with disabilities who receive special education support in more inclusive settings demonstrate higher social and emotional functioning, experience greater levels of peer acceptance, have fewer behavior problems, feel less lonely, and report higher levels of self-perceived competence in academic subjects than students placed in self-contained classrooms (Wiener & Tardif, 2004). Studies have repeatedly found that academic achievement in reading and math increases for students with disabilities who are placed in inclusive settings, compared with their counterparts in special classrooms (Cole, Waldron, & Majd, 2004; Downing, Spencer, & Cavallaro, 2004; Hall & Wolfe, 2003; Katz & Mirenda, 2002). In addition, researchers indicate that students with disabilities who are educated alongside their typically developing peers generally earn better grades and higher standardized test scores than students with disabilities who are placed in self-contained classrooms (Rea, McLaughlin, & Walther-Thomas, 2002).

In spite of the many positive outcomes of inclusive education, many researchers agree that the simple act of placing students with and without disabilities together in the same classroom is generally not enough to generate positive attitudes and peer acceptance toward students with disabilities (Carter, Hughes, Guth, & Copeland, 2005; Han, Ostrosky, & Diamond,

2006). In some cases, inclusion presents significant social and emotional challenges for students with disabilities. Several studies have found that students with special educational needs are rejected more frequently and experience higher levels of bullying than their typically developing classmates (de Monchy, Pijil, & Zandberg, 2004; Nakken & Pijil, 2002; Raskauskas & Modell, 2011). This is especially troubling when one considers the long-term effects of repeated bullying and peer rejection, which can include academic problems, discipline problems, truancy, dropping-out, delinquency, aggression, violence, and mental health problems (Frederickson, 2010). Furthermore, studies indicate that students who are victims of bullying are more likely to engage in bullying themselves, as a way to reduce or avoid future victimization (Estell et al., 2009; Nabuzoka, 2003; Rose & Espelage, 2012).

In order to enhance the benefits of inclusive education, and prevent bullying and peer rejection, educators must be actively engaged in identifying and implementing strategies that promote acceptance, understanding, and friendship between students with and without disabilities (Batchelor & Taylor, 2005; Estell et al., 2009; Routel, 2009). Before evaluating the effectiveness of intervention strategies designed to prevent or eliminate negative stereotypes and prejudice in children, it is important to understand how these attitudes are formed and developed (Nowicki, 2006; Routel, 2009). Researchers have conceptualized 'attitude' as a multidimensional, three-component model, comprised of cognitive (how the child thinks), affective (how the child feels), and behavioral (how the child acts or intends to act) components (Morton & Campbell, 2008; Triandis, 1971; Vignes, Coley, Grandjean, Godeau, & Arnaud, 2008). Intervention strategies that seek to change attitudes are considered most effective when they address each of the three attitude components (Vignes et al., 2008).

Recent studies have also found compelling results to suggest that prejudice and bias in children (as well as adults) can be reduced through indirect or vicarious experiences.

Researchers in social psychology refer to this theory as the “extended contact effect” or “indirect cross friendship hypothesis” (Cameron & Rutland, 2006; Cameron, Rutland, Brown, & Douch, 2006; Wright, Aron, McLaughlin-Volpe, & Ropp, 1997). The use of “extended contact” rather than “direct contact” provides several advantages when attempting to reduce intergroup bias (Wright et al., 1997). It can be used in settings and situations where there is little or no opportunity for direct contact with individuals from unfamiliar groups, it can be used as a preparatory tool prior to direct contact, and it allows participants the opportunity to experience a form of contact without the feelings of anxiety that often accompany direct contact (Cameron & Rutland, 2006).

Bibliotherapy is a promising intervention strategy for improving children’s perceptions and attitudes toward individuals with disabilities, because it addresses all three components of ‘attitude’ and utilizes the principles and theoretical framework of ‘extended contact’ (Cameron & Rutland, 2006; Routel, 2009). Over time, bibliotherapy has been defined in various ways depending on the context of the specific setting and purpose for which it is being used (Abdullah, 2002; Strobel, 2011). For the purpose of this study, bibliotherapy is defined as the use of children’s literature coupled with group discussion and reinforcement activities, with the intent to increase awareness, improve attitudes, and influence behavior. Traditionally, bibliotherapy has consisted of four interactive steps or elements: (a) pre-reading, (b) guided reading, (c) post-reading discussion, and (d) a problem-solving activity designed to reinforce the ideas presented in the book (Forgan, 2002).

For many reasons, bibliotherapy is particularly well suited for use in school settings. It is relatively inexpensive to implement, it can be administered using skills that teachers have already been trained to use in the classroom, and teachers can customize their selection of books to fit the individual needs and concerns of their students (Maich & Belcher, 2012; Routel, 2009). In addition, books are already a major part of the general education curriculum, bibliotherapy promotes good reading skills and a love for literature, and it represents a non-invasive, child-friendly technique that can be used with individual students, in small groups, or with an entire class (Abdullah, 2002; Routel, 2009; Sullivan & Strang, 2002). The type of bibliotherapy most frequently used in school settings is referred to as ‘developmental bibliotherapy’ because it focuses on teaching children appropriate social and developmental skills, as well as addressing everyday issues and problems (Abdullah, 2002; Catalano, 2008; Forgan, 2002; Prater, Johnstun, Dyches, & Johnstun, 2006).

Bibliotherapy has been used to help children cope with a wide range of problems and concerns, including; depression, anxiety, grief, anger, fear, divorce, abuse, illness, and adoption, as well as issues associated with gender and sexual identity (Catalano, 2008; Duimstra, 2003; Forgan, 2002; Gregory, Canning, Lee, & Wise, 2004; Kurtts & Gavigan, 2008; Nicholson & Pearson, 2003; Routel, 2009; Vare & Norton, 2004). By carefully selecting books that present positive and accurate portrayals of characters with disabilities, bibliotherapy provides an innovative, engaging, and effective way for teachers to increase their students’ awareness of issues associated with disability and assist them in developing more empathy and understanding for individuals with disabilities (Kurtts & Gavigan, 2008; Prater et al., 2006).

## **Statement of the Problem**

Research indicates that there are many academic, social, and emotional benefits associated with inclusive education. In contrast, studies have also found that students with special educational needs are rejected more frequently and experience higher levels of bullying than their typically developing classmates (de Monchy, Pijil, & Zandberg, 2004; Nakken & Pijil, 2002; Raskauskas & Modell, 2011). In order to enhance the benefits of inclusive education, and prevent bullying and peer rejection, educators must be actively engaged in identifying and implementing intervention strategies that promote acceptance, understanding, and friendship between students with and without disabilities (Batchelor & Taylor, 2005; Estell et al., 2009; Routel, 2009). Disability awareness instruction is one strategy to be considered.

## **Statement of Purpose**

The purpose of this study is to: (a) examine the knowledge, experiences, and attitudes of elementary school students regarding individuals with disabilities following five weeks of disability awareness instruction, (b) evaluate the social validity of disability awareness instruction as an intervention tool, and (c) compare the use of a purely didactic teaching approach with one that also incorporates the use of bibliotherapy techniques. This study is part of a larger study that was conducted using a pre-test, post-test experimental group design. While the original researchers have already analyzed and addressed the quantitative data elsewhere (Teerlink, 2012), this study will investigate the qualitative data that were collected during the original study but never examined.

## **Research Questions**

1. What percentage of participating students know someone with a disability and are able to identify this person's type of disability?

2. What percentage of participating students has played with someone who had a disability and what percentage of these students describes their interaction as a positive versus negative experience?
3. How do participating students describe or define what it means to have a disability?
4. What percentage of participating students would like to be friends with someone who has a disability?
5. What skills or strategies would participating students use to build friendships with peers with disabilities?
6. What are the potential challenges or difficulties that participating students have regarding friendship with an individual with disabilities?
7. What percentage of participating students feel that students with disabilities are treated well at their school and what examples do they provide regarding positive or negative treatment?
8. Which aspects of the disability awareness lessons did participating students like most?
9. Which aspects of the disability awareness lessons did participating students like the least?
10. What did participating students identify as the most important thing they learned from the disability awareness lessons?

## **Methods**

### **Design**

This study is part of a larger study using a pre-test, post-test experimental group design. Each class of first through sixth grade students was randomly assigned to one of three conditions: a bibliotherapy treatment group, a didactic teaching group, and a control group. Students completed quantitative measures at pre- and post-intervention.



For the qualitative portion of this research project and aim of the current study, all participants were asked to complete open-ended, short-answer questionnaires. In addition, 22 students participated in post-intervention focus group interviews, including four first-grade students, four second-grade students, three third-grade students, four fourth-grade students, three fifth-grade students, and four sixth-grade students.

Students were selected to participate in the focus groups based upon their comparative scores between pre- and post-test on the quantitative measures. The student with the highest change on accepting responses, the student with the highest change on non-accepting responses, and one student who demonstrated little or no change in responses from each grade level were each selected for group interviews. In cases where two students shared equal scores for highest change, both students were invited to attend the focus group interviews. For this reason, first, second, fourth, and sixth-grade focus groups consisted of four students, rather than three. Students from each assignment group were represented.

### **Participants**

Participants included first through sixth grade students attending Nielsen Elementary School in North Rural School District (pseudonym), in the Intermountain West between January and May 2012. The pool of participants included 355 students. Twenty-eight students were eliminated from the study due to negative or lack of parental consent. Five students who did not complete both pre- and post-treatment surveys were also eliminated from the study. A total of 322 students completed both pre- and post-test psychometric surveys as well as the open-ended questionnaires examined in this study. A total of 22 students, including three to four students from each grade level, were selected to participate in focus group interviews with the researchers. Pseudonyms are used for all participants in this study.

The parents of each student received a consent form from the researchers, which explained the intent of the study and the anticipated procedures (see Appendix B). Parents were asked to sign and return the form, stating that they understood the research procedures and were willing to allow their children to participate. Parents were provided with the researchers' contact information so they could ask questions, discuss their concerns, or collect more information about the study. An alternate activity was provided for the children of parents who did not give consent.

Each student was invited to sign an assent form, signifying that they agreed to participate in the study (see Appendix B). Additional assent and consent forms were obtained from the students and parents of those who were selected to participate in focus group interviews (see Appendix B). Teachers of each participating class were also asked to sign consent forms prior to commencement of the research (see Appendix B). All research procedures for this study were approved by the Institutional Review Board (IRB) of Brigham Young University, as well as administrators from the North Rural School District prior to data collection.

Classrooms were randomly assigned to the bibliotherapy, didactic teaching, or control groups. One class from each grade level was assigned to the bibliotherapy group and one class from each grade level was assigned to the didactic teaching group. After classes from each grade level had been assigned to the bibliotherapy and didactic groups, only four of the six grade levels had classes remaining. The remaining four classes were assigned to the control group, including one class from first, second, fourth, and fifth grade. As previously mentioned, experimental and control groups were comprised of entire classrooms in order to prevent crossover effects due to communication between students from the same class.

Class size ranged from 18 to 31 students, with an average class size of 22 students. At the time of the original study, 53% of students from Nielsen Elementary School were economically disadvantaged, 6% were classified as having limited English proficiency, 10% were ethnic minorities, and 12% had some form of identified educational disability. Six students had developmental disabilities, such as autism, Down syndrome, and intellectual disability. Nielsen Elementary School was considered to be an inclusive school—where all students, regardless of the nature or severity of their disability, were assigned to a general education classroom for their grade level while receiving appropriate individualized instruction in the resource room (usually for no more than one hour per day).

**Experimental bibliotherapy group.** The experimental bibliotherapy group consisted of 125 students from six classrooms, which included one class from each grade level. Each class in the bibliotherapy group received one 30-minute bibliotherapy lesson each week for five consecutive weeks. One week after the last bibliotherapy lesson was given, students in the experimental bibliotherapy group were asked to complete a brief questionnaire of five open-ended questions.

**Experimental didactic teaching group.** The experimental didactic teaching group consisted of 124 students from six classrooms, including one class from each grade level. Each class in the didactic group received 30 minutes of formal researcher-directed instruction about disabilities on a weekly basis for five consecutive weeks. One week after the last didactic instruction session, students from the didactic teaching group were asked to complete a brief questionnaire of five open-ended questions.

**Control group.** The control group consisted of 73 students from four classrooms, including one class from first, second, fourth, and fifth grade. Students in the control group

classrooms continued to receive regular instruction throughout the intervention phase and did not receive any experimental treatment. Students in the control group were asked to complete only the last two questions on the short-answer questionnaire, as the first three questions specifically addressed the disability awareness lessons, which students in the control group did not receive.

### **Setting**

This study took place at Nielsen Elementary School, a Title I school in a rural town of approximately 3000 residents. All students, including those with disabilities, were included in general education classrooms for instruction. The experimental interventions (bibliotherapy/didactic instruction) and short-answer questionnaires were administered to students in their general education classrooms as part of their language arts instruction. Focus group interviews were conducted in the principal's office and in the school counselor's office.

### **Measures**

**Short answer questionnaire.** This questionnaire was developed for social validity related to the disability awareness lessons and students' experiences with the study (see Appendix C). Questions 1, 2, and 3 asked students to provide feedback regarding the bibliotherapy or didactic instruction they received. Questions 4 and 5 asked students to provide general information regarding their knowledge and understanding about individuals with disabilities. Students assigned to the bibliotherapy and didactic instruction groups were asked to complete all five questions.

**Focus group interviews.** The primary researchers developed the focus group interview questions to obtain rich descriptions of students' experiences with and attitudes toward individuals with disabilities. The interview guide included six questions (e.g.,

“What do you think it means to have a disability? Do you know someone with a disability? Tell me more.”). See Appendix D for the interview guide.

**Justification for selecting measures.** The quantitative data collected using psychometric rating scales during the original study provided only minor statistically significant differences between groups. Although changes were detected in the attitudes of students from pre- to post-test, most changes were not statistically significant. One possible reason for the lack of significance is a ceiling effect with the pre-test data (overall, very positive attitudes toward individuals with disabilities) among the students at this inclusive school. As a result, information gathered using qualitative measures might provide more meaningful data that could not be obtained through quantitative measures.

Researchers suggest that focus groups, personal interviews, and other qualitative measures may have certain advantages that quantitative methods do not (Merriam, 1998; Singh, 2008; Snyder, 2012). For example, when students are asked to provide feedback in a group setting, they often build on each other’s comments and ideas, which makes it possible for evaluators to collect a lot of information in a relatively short period of time (Linville, Lambert-Shute, Fruhauf, & Piercy, 2003). Furthermore, open-ended questions allow participants to answer freely, explain the meaning behind their answers, and provide more in-depth information about their opinions and experiences.

Qualitative research is based on “the view that reality is constructed by individuals interacting with their social worlds. Qualitative researchers *are interested in understanding the meaning people have constructed*, that is, how they make sense of their world and the experiences they have in the world” (Merriam, 1998, p. 6; italics in

original). Qualitative research may be particularly well suited for studying the attitudes of children toward their peers with disabilities because it allows the researcher to investigate the experiences and interactions that have shaped the way children perceive others and make sense of their social world.

### **Interventions**

The original researchers delivered a brief PowerPoint presentation in each class to introduce the study and provide a basic description of individuals with disabilities. Disabilities were described in general terms that even the youngest participants could understand, such as, “Something that works differently with your body or your brain that makes it very difficult to do regular things in life without extra help” (Teerlink, 2012, p. 13). In addition, a scripted protocol was followed to provide survey instructions, emphasize confidentiality, and minimize the potential effects of social desirability (e.g., “There are no wrong or right answers;” Teerlink, 2012, p. 15).

Researchers returned every Friday for five consecutive weeks to deliver a 30-minute lesson to students in each of the two experimental groups. Students in the bibliotherapy group received lessons based on a different children’s book each week, followed by a class discussion and activity. Each book included a positive, accurate, and appropriate characterization of a child with disabilities (See Appendix F). For example, *The Best Worst Brother*, written by Stephanie Stuve-Bodeen, describes the relationship between an older sister and her younger brother who has Down syndrome, which affects his ability to communicate. In *Just Because*, by Rebecca Elliott, a brother lovingly describes his sister, who is unable to walk, talk, or move around. In *Thank you, Mr. Falker*, by Patricia Polacco, the author tells the story of a young girl with dyslexia who

overcomes her reading disability with the help of devoted teacher. Other books that were utilized in the bibliotherapy lessons included, *My Brother Charlie*, by Holly Robinson Peete and Ryan Elizabeth Peete, as well as *Don't Laugh At Me*, by Steve Seskin and Allen Shamblin.

Several bibliotherapy lesson plans were adapted from published curriculum, written by faculty members in the Department of Counseling Psychology and Special Education at Brigham Young University (Heath, Dyches, & Prater, 2013; Prater & Dyches, 2008). Researchers developed additional lesson plans (Teerlink, 2012). Lesson plans for the didactic teaching group were developed by the researchers and included researcher-led instruction, followed by class discussion and activities.

Researchers alternated their teaching assignment so they taught each group of students. This helped prevent the confounding variable of teacher influence on students' learning and perceptions.

### **Data Collection**

The open-ended questionnaire was given to all participants. Sticky notes with the student's first name and last initial were attached to the top sheet of each questionnaire and later removed and replaced with confidential identification numbers for each student. All connections between names and data were later destroyed.

One week after the last of five lessons was presented, researchers returned to administer the post-intervention surveys to all students. At that time, posters were presented to each class in order to remind them about the definition of disability, which had been presented during the researchers' first visit.

**Administration of short answer questionnaires.** Researchers, with the help of classroom teachers, asked students to provide written responses to a list of open-ended, short-answer questions. Students in lower grades who had difficulty spelling and who asked for help were given help only with spelling.

**Administration of focus group interviews.** Researchers held the focus group interviews three weeks after post-test surveys were completed. Each interview began with introductions and other conversations to build rapport. Because the interviewers had also been the teachers of the lessons, they had already become acquainted with all of the students. After the building-rapport portion of the interview concluded, the remaining portion consisted of a 20-30 minute conversation with the students regarding their awareness, understanding, and personal experiences with individuals with disabilities. Researchers and students were free to ask follow-up questions related to the discussion. The interviews were audio-recorded using *Notability* software on an iPad-2. One original researcher transcribed the interviews and a student research assistant verified the transcriptions.

### **Data Analysis**

Transcripts from the focus-group interviews and responses from the open-ended questionnaires were analyzed based on the principles and procedures of grounded theory (Åge, 2011; Denzin & Lincoln, 1994; Glaser, 1978; Nikolarazi et al., 2005). According to this theory, the researcher begins by reading the transcripts multiple times to become familiar with the stories, experiences, and ideas being expressed. The next step is to identify the specific comments or “meaningful units,” which are related and informative to the study (Nikolarazi et al., 2005, p. 108). As common themes and categories emerge, the researcher conducts “open



coding” by highlighting the meaningful units using different colors to represent each theme or category (Åge, 2011, p. 1600; Glaser, 1978).

In order to increase validity for this study, two independent researchers conducted the process of identifying “meaningful units” or categories and then color-coding the student responses to each survey and focus group question. After each researcher completed her independent coding, the two met together to verify and compare their results. In each instance where a student’s response was coded differently by each researcher, the two would discuss the reasons behind their coding decision until both researchers came to a consensus on which category would best represent the response. In some cases, the researchers jointly agreed to combine or create new categories in order to represent the data more accurately. If written answers were illegible or if the meaning was determined unclear by both researchers, answers were categorized as “not interpretable.” Inter-rater reliability was reached for every student response for both the open-ended questionnaires and the focus group interviews.

Connections, similarities, and patterns were identified and compared among students in each of the three randomized groups and in each grade level. Common response patterns were then quantified according to frequency. Response frequencies for each category were then calculated into percentages for all participants, each assignment group, and each grade level, using an Excel software spreadsheet.

After methods of constant comparison and increasingly selective coding were utilized, the relation between various categories and groups were considered using a process known as theoretical coding (Glaser, 1978). According to Glaser (1978) and Åge (2011), this process is most effectively achieved by writing down “theoretical memos” (Glaser, 1978, p. 83), which “elaborate on the theoretical codes” and represent “immediate notations of emerging ideas about

categories and how they inter-relate” (Åge, 2011, p. 1600). The researcher then sorts these memos into a theoretical outline and develops a final theory or “core category,” which connects the other categories and theories together (Åge, 2011; Glaser, 1978, p. 95; Nikolarazi et al., 2005). For the purpose of this study, two researchers conducted the process of theoretical coding through collaborative discussions. The researchers arrived at several theoretical conclusions, which are outlined in the discussion section.

## **Results**

Results are presented according to the research questions. Data from the open-ended questionnaires are presented first followed by data from the focus group interviews, except in cases where data from only one source were used to answer the question. The names of any specific individuals referenced in the data have been replaced with pseudonyms in order to protect confidentiality.

**Research Question 1: What percentage of participating students know someone with a disability and are able to identify this person’s type of disability?** Answers to this question come from both the open-ended questions as well as the focus group interviews.

*Open-ended questionnaires.* Among the 322 students who completed open-ended questionnaires, 78% ( $n = 251$ ) indicated that they knew someone with a disability and 67% ( $n = 217$ ) were also able to identify this person’s type of disability. When examined by assignment group, similar results were found across all three groups. For example, among the 125 students in the experimental bibliotherapy group, 79% ( $n = 99$ ) indicated that they knew someone with a disability, and 63% ( $n = 79$ ) were able to identify the type of disability. From the didactic teaching group, 76% ( $n = 94$ ) of the 124 respondents said they knew someone with a disability and 68% ( $n = 84$ ) were able to identify the type of disability. Of the 73 students assigned to the

control group, 79% ( $n = 58$ ) indicated that they knew someone with a disability and 74% ( $n = 54$ ) were able to identify the type of disability. See Table 1 for a display of these results.

Table 1

*Do You Know Someone With A Disability?*

	Experimental Bibliotherapy Group $N = 125$	Didactic Teaching Group $N = 124$	Control Group $N = 73$	All Respondents Combined $N = 322$
	$n$ (%)	$n$ (%)	$n$ (%)	$n$ (%)
Yes, I know someone w/ a disability	99 (79%)	94 (76%)	58 (79%)	251 (78%)
Yes, I know someone w/ a disability, AND identified the type of disability	79 (63%)	84 (68%)	54 (74%)	217 (67%)
No, I don't know someone w/ a disability	26 (21%)	30 (24%)	15 (21%)	71 (22%)

When asked to identify the type of disability their friend or acquaintance had, the most common response overall and across each of the three assignment groups included reference to Down syndrome, including 14% ( $n = 17$ ) from the experimental group, 14% ( $n = 17$ ) from the didactic teaching group, 29% ( $n = 21$ ) from the control group, and 17% ( $n = 55$ ) from the three groups combined. Other disabilities that were mentioned with notable frequency included: physical disabilities, such as “can’t walk” or “uses a wheelchair,” with 10% ( $n = 12$ ) from the experimental group, 13% ( $n = 16$ ) from the didactic teaching group, and 7% ( $n = 5$ ) from the control group; speech and language impairments, such as “can’t talk” or “doesn’t speak well,” with 8% ( $n = 10$ ) from the experimental group, 10% ( $n = 12$ ) from the didactic teaching group, and 5% ( $n = 4$ ) from the control group; autism or Asperger’s syndrome, with 10% ( $n = 12$ ) from the experimental group, 9% ( $n = 11$ ) from the didactic teaching group, and 1% ( $n = 1$ ) from the control group; learning or reading disabilities, such as “hard to learn,” “trouble learning,” and

“dyslexia”, with 4% ( $n = 5$ ) from the experimental group, 1% ( $n = 1$ ) from the didactic teaching group, and 8% ( $n = 6$ ) from the control group. Other categories that were mentioned include attention difficulties, mental illness, anger issues, diabetes, brain damage, and medical problems. See Table 2 for a display of these results.

Table 2

*What Kind Of Disability Does This Person Have?*

	Experimental Bibliotherapy Group $N = 125$	Didactic Teaching Group $N = 124$	Control Group $N = 73$	All Respondents Combined $N = 322$
	$n$ (%)	$n$ (%)	$n$ (%)	$n$ (%)
Down syndrome	17 (14%)	17 (14%)	21 (29%)	55 (17%)
Physical disability	12 (10%)	16 (13%)	5 (7%)	33 (10%)
Speech/language impairment	10 (8%)	12 (10%)	4 (5%)	26 (8%)
Autism	12 (10%)	11 (9%)	1 (1%)	24 (7%)
Learning/reading disability	9 (7%)	7 (6%)	10 (14%)	26 (8%)

When examined by grade level, results from the open-ended questionnaires indicate the percentage of students who reported knowing someone with a disability increased steadily between first and third grade. Fifty-one percent ( $n = 31$ ) of first grade respondents, 69% ( $n = 37$ ) of second grade respondents, and 88% ( $n = 44$ ) of third grade respondents indicated that they knew someone with a disability. Among upper grade students, results remained relatively stable, with 98% ( $n = 48$ ) of fourth grade respondents, 93% ( $n = 51$ ) of fifth grade respondents, and 94% ( $n = 50$ ) of sixth grade respondents reporting that they knew someone with a disability. See Table 3 for a display of these results.

Table 3

*By Grade Level: Do You Know Someone With A Disability?*

	First Grade <i>N</i> = 61	Second Grade <i>N</i> = 54	Third Grade <i>N</i> = 50	Fourth Grade <i>N</i> = 49	Fifth Grade <i>N</i> = 55	Sixth Grade <i>N</i> = 53
	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)
Yes, I know someone w/ a disability	31 (51%)	37 (69%)	44 (88%)	48 (98%)	51 (93%)	50 (94%)

**Focus group interviews.** Among the 22 students who participated in the focus group interviews, 86% ( $n = 19$ ) indicated that they knew someone with a disability. Only one student (5%) reported not knowing anyone with a disability, and the remaining two students (9%) did not answer the question.

Among the 19 students who reported knowing someone with a disability, 79% ( $n = 15$ ) were also able to identify the type of disability their friend or acquaintance had. Of those who identified the type of disability, 32% ( $n = 6$ ) reported a physical disability such as “can’t walk,” 21% ( $n = 4$ ) reported a speech or language impairment such as “can’t talk,” 16% ( $n = 3$ ) reported a learning or reading disability such as dyslexia, 5% ( $n = 1$ ) mentioned Down syndrome, and 5% ( $n = 1$ ) mentioned autism. Other categories mentioned include intellectual disabilities, hearing impairments, learning disabilities, physical deformities, physical injuries, and medical conditions.

Interestingly, 58% ( $n = 11$ ) reported having a classmate with a disability, 26% ( $n = 5$ ) described seeing someone in the community with a disability, 26% ( $n = 5$ ) indicated that they knew someone with a disability without identifying their relationship to that person, 21% ( $n = 4$ )

stated they had a disability themselves, and 16% ( $n = 3$ ) mentioned having a family member with a disability.

**Research Question 2: What percentage of participating students has played with someone who had a disability? How many of these students describe this as a positive or negative experience?** When asked if they had ever played with someone who had a disability, 18 (82%) out of the 22 students who participated in the focus group interviews responded affirmatively. Only one student (5%) indicated that he or she had not played with someone with a disability, and three students (14%) did not answer the question. Of the 18 students who answered affirmatively, 17% ( $n = 3$ ) described it as being a positive experience, 22% ( $n = 4$ ) described a negative or difficult experience, and 61% ( $n = 11$ ) described their experience neutrally, without indicating whether it was positive or negative. See Table 4 for a display of these results.

A fourth-grade male student described a positive experience, saying, “In math, we just like give each other high fives and stuff.” A sixth-grade male student also indicated a positive experience, reporting that, “Sometimes I’ll go to the high school with my mom and all the autistic kids will be there and um sometimes, they like talk about their baby dolls and stuff and it’s really cute.” A third-grade female student described a negative or difficult experience, saying, “He pushes people down the slide sometimes. He’s, he’s, he pushes people down the slide because he wants them to go. He, like, sits by the slide and whenever somebody comes by him he grabs their leg and pushes them down the slide. Well, once, twice, I’ve gotten hurt because he, once he pushed me down and I wouldn’t go down because I didn’t want to go down. So he came down on top of my back. It hurt. And he took off my shoe.” The remaining students simply reported playing with a specific person by name, without describing the event or

providing enough detail to suggest whether it was a positive or negative experience. For example, a third-grade female student reported that, “I play with Tracy and Travis all the time.” A sixth-grade male student said, “Um, Lydia. I help her with her math. ‘Cause she’s usually, I’m usually the only person that she’ll let. Yeah.”

Table 4

*Have You Ever Played With A Kid With Disabilities?*

	Focus Group Participants <i>N</i> = 22
	<i>n</i> (%)
Yes, I have played with someone with a disability	18 (82%)
No, I have not played with anyone with a disability	1 (5%)
No response/not interpretable	3 (14%)
	Participants who answered affirmatively <i>N</i> = 18
Positive Experience	3 (17%)
Negative or Difficult Experience	4 (22%)
Neutral Experience	11 (61%)

**Research Question 3: How do participating students describe or define what it means to have a disability?** When asked what it means to have a disability, 45% (*n* = 10) of the students interviewed during the focus groups responded with answers related to a person’s difficulty or inability to do what other people do. For example, one first-grade male student said, “They can’t do what other people can do.” A second-grade female student said, “If you have a disability, then that means you . . . it’s harder for you to do things than other people.” A fifth-grade female student answered, “Like your mind can’t really do what it is supposed to be able to do and so it makes you hard to be able to like talk or like be able to do things.” A fifth-grade male student responded that, “It makes it difficult to do things.”

The second most common response (18%,  $n = 4$ ) among students in the focus group interviews was that a disability is related to a problem with one's physical body. Students provided answers such as one second-grade female student, who said, "Your body doesn't work the same, it's trying to do but it's not meant to do that," or a third-grade female student who stated, "Some people are born that they can't really walk that well, so they have to be in wheelchairs." While describing what it means to have a disability, several students mentioned specific types of disabilities, such as autism (14%,  $n = 3$ ), dyslexia (14%,  $n = 3$ ), hearing impairments (14%,  $n = 3$ ), speech impairments (9%,  $n = 2$ ), mental problems (9%,  $n = 2$ ), and vision impairments (5%,  $n = 1$ ). None of the students used negative stereotypes or historically derogatory terms to define what a disability is or to describe people with disabilities. See Table 5 for a display of these results.

Table 5

*What Does It Mean To Have A Disability?*

	Focus Group Participants $N = 22$
	$n$ (%)
Difficulty/inability to do what others do	10 (45%)
A problem with one's physical body	4 (18%)
No response/not interpretable	4 (18%)
Can't hear	3 (14%)
Can't talk	2 (9%)
Can't see	1 (5%)

**Research Question 4: What percentage of participating students would like to be friends with someone who has a disability, and why?** When asked if they would like to be friends with someone who has a disability, 95% ( $n = 21$ ) of students in the focus group



interviews responded affirmatively. When asked to provide reasons why they would like to be friends with someone with disabilities, the most common response (32%,  $n = 7$ ) was that they would want the individual with disabilities to have friends or that they would not want them to be lonely. For example, one first-grade female student said, “Yes, because I don’t want them to be lonely and I don’t want them to be bullied.”

The second most common response (18%,  $n = 4$ ) was that they wanted to help them or teach them in some way. One second-grade female student said, “Yes, because they might not have a friend and um, so they um, and so I can help teach them what I know. And so, um, they feel more talented than before.” A fifth-grade male student provided the following response, reporting that, “They’re way nicer and it’s fun to play with them cause you get to do something different and try to teach them how to play new stuff that they don’t get, and all that.” See Table 6 for a display of these results.

Table 6

*Would You Like To Be Friends With A Kid With Disabilities, And Why?*

	Focus Group Participants $N = 22$
	$n$ (%)
Yes, I would like to be friends with a kid with disabilities	21 (95%)
No, I would not want to be friends with a kid with disabilities	1 (5%)
I want them to have friends/I don’t want them to be lonely	7 (32%)
I want to help them/teach them	4 (18%)
I want to stand up for them/I don’t want them to be bullied	3 (14%)

**Research Question 5: What skills or strategies would participating students use to build friendships with peers with disabilities?** When asked what they could do to be friends with kids with disabilities, one of the most common responses across each of the three

assignment groups included reference to “being nice” or “being friendly,” including 54% ( $n = 68$ ) from the experimental group, 43% ( $n = 53$ ) from the didactic teaching group, and 30% ( $n = 22$ ) from the control group. For example, a third-grade male student wrote, “Be kind to them.” A fifth-grade female student wrote, “Be nice to them and get to know that they are like you.” A sixth grade male student wrote, “You can be really nice and be friends with them.”

Other responses mentioned more specific actions for building friendships with peers who have disabilities, such as helping them in some way, playing with them at recess or eating lunch with them. Respondents who indicated they would be helpful in some way included 29% ( $n = 36$ ) from the experimental group, 28% ( $n = 35$ ) from the didactic teaching group, and 26% ( $n = 19$ ) from the control group. Respondents who indicated they would play with them at recess or eat lunch with them included 25% ( $n = 25$ ) from the experimental group, 28% ( $n = 35$ ) from the didactic teaching group, and 40% ( $n = 29$ ) from the control group. For example, a third-grade male student wrote, “I can play with them and help them.” A fourth-grade female student wrote, “Ask them if they want to sit by you at lunch or play with them at recess.” A fifth-grade female student wrote, “You can be friendly and help them out, you can also be patient with them and teach them new things.” A sixth-grade female student responded, “You could help them with things they can’t do as well.” A sixth-grade male student wrote, “I can help them, not make fun of them, or when someone else is being mean, I can help by standing up for them.”

Among students assigned to the experimental group, the most common response (54%,  $n = 68$ ) made reference to being nice or kind in some way. This category was also the most popular response (43%,  $n = 53$ ) among students in the didactic teaching group. However, the most common response among students in the control group (40%,  $n = 29$ ) included reference to playing with them or eating lunch with them. See Table 3 for a display of these results.

When responses from all three assignment groups were analyzed based on grade level, the most common response among first, second, third, fifth, and sixth grade students fell under the broad category of “being nice” or “being friendly.” These respondents included 36% ( $n = 61$ ) of first-graders, 41% ( $n = 54$ ) of second-graders, 40% ( $n = 50$ ) of third-graders, 58% ( $n = 55$ ) of fifth-graders, and 57% ( $n = 53$ ) of sixth graders. Among fourth-grade students, however, the most common response (51%,  $n = 49$ ) fell under the category of “playing with them or eating lunch with them.” See Table 7 for a display of these results.

Table 7

*What could you do to be friends with kids with disabilities?*

	Experimental Bibliotherapy Group $N = 125$	Didactic Teaching Group $N = 124$	Control Group $N = 73$	All Respondents Combined $N = 322$
	$n$ (%)	$n$ (%)	$n$ (%)	$n$ (%)
Be nice, friendly, or patient	68 (54%)	53 (43%)	22 (30%)	143 (44%)
Help them	36 (29%)	35 (28%)	19 (26%)	111 (34%)
Play with them at recess or eat lunch with them	25 (20%)	35 (28%)	29 (40%)	89 (28%)

**Research Question 6: What are the potential challenges or difficulties that participating students have regarding friendship with an individual with disabilities?**

When asked what might be hard or difficult about being friends with someone who has a disability, more than half of students participating in the focus group interviews (55%,  $n = 12$ ) made reference to difficulties in communication. For example, a first-grade male student indicated that, “If I said ‘Do you want to play with me?’ and they couldn’t hear, you would have to use sign language.” Another first-grade male student reported that, “Um, if they can’t talk and can’t, and they can’t hear, I cannot tell them what we’re going to probably do.” One second-

grade female student said, “Um, well, what would be hard is, um, understanding a friend with a disability. Like if he talks and you don’t know what he’s saying, then that would be a hard time. And if you wanted to do something and you didn’t understand, um, you would have to, you would have to very listen closely, and like if you couldn’t understand, then you, you could teach him how to talk or something.” A fifth-grade male student added, “Oh the hard thing is, like, trying to make him understand stuff. Cause he couldn’t, like, process it through his mind very quickly. Yeah, and you have to try to figure out what they’re trying to say and all that.”

The second most common response (14%,  $n = 3$ ), when asked about the challenges of friendship with someone with disabilities, included reference to the potential for stress and frustration. For example, a second-grade female student responded, “If you want to play something and they want to do it, but it’s harder for them and you try to teach them, but it’s just really hard to do it. So you’re getting a little bit stressed because every time you do it, it gets worse.” A fourth-grade male student said, “Like sometimes, if you’re like playing a game or something, sometimes when they’re being bad or something, you can’t get them to listen because they just keep doing it.” Another fourth-grade male student added, “Just sometimes they won’t, well that sometimes, that it’s really hard to make them play something with you.”

**Research Question 7: What percentage of participating students feel that students with disabilities are treated well at their school? What examples do they provide regarding positive or negative treatment?** When asked if students at their school were nice to kids with disabilities, 41% ( $n = 9$ ) of students in the focus group interviews responded that their peers were nice to kids with disabilities, 41% ( $n = 9$ ) responded that they were not nice, 14% ( $n = 3$ ) responded that their peers were sometimes nice and sometimes mean, and 5% ( $n = 1$ ) did not answer the question. It is interesting to note that, among the students who thought their peers

were nice to kids the disabilities, the overwhelming majority (89%,  $n = 8$ ) were students from first, second, and third grade. Conversely, the majority of students (78%,  $n = 7$ ) who did not think students at their school were nice to kids with disabilities, were from fourth, fifth, and sixth grade. These results suggest that younger students seem to hold a more positive view of how students with disabilities are treated at their school, while students from the upper grades reported a more negative view.

Although student responses were equally split, with 41% ( $n = 9$ ) indicating “yes” and 41% ( $n = 9$ ) indicating “no,” on the question of whether students at their school were nice to kids with disabilities, there was a significant discrepancy between the number of students who went on to describe examples of students being kind (36%,  $n = 8$ ) compared to those who went on to describe examples of students being unkind (59%,  $n = 13$ ). The students seemed to have an easier time remembering and reporting incidents of unkindness compared to acts of kindness towards students with disabilities. See Table 8 for a display of these results.

Table 8

*Are Students At Your School Nice To Kids With Disabilities?*

	Focus Group Participants $N = 22$
	$n$ (%)
Yes, students at my school are nice to kids with disabilities	9 (41%)
No, students at my school are not nice to kids with disabilities	9 (41%)
Sometimes they are nice and sometimes they are not	3 (14%)
No response/not interpretable	1 (5%)
Shared stories of kindness	8 (36%)
Shared stories of unkindness	13 (59%)

Referring to incidents when students demonstrated kindness towards classmates with disabilities, a second-grade female student reported that, “Um, I’ve seen, um, some people be nice to Daniel like say hi to Daniel and be nice to him.” Another second-grade female student said, “I usually, um, ask my friend Brittany what she wants to play, and if she, um, and I say, ‘Do you want to play this?’ and she says ‘No’ and I’m like, ‘Okay, then what do you want to play?’ and so I make sure she and me are both okay with what we, what we play.” A third-grade female student reported that, “They’re helpful to people in the disability area and at recess I swing and Daniel is right here and two people are pushing him. One’s in front and one’s in back.”

Describing incidents when students may have been unkind to classmates with disabilities, one first-grade male student reported that, “Yeah, but sometimes I have to get mad at someone. His name is Jacob. He’s mean to me always. He’s mean. Me and him don’t get along. He says, he said a name about my family.” Another first-grade male student added, “Me too. I always get mad at him [Jacob]. Sometimes he says stuff. It’s not nice.” A second-grade female student reported that, “Stephen and um this kid, named Timothy, on this program they said that he was being too loud and he said if he, he was making our program horrible, and if he does that again he’ll make us, us look like kindergartners.” A fourth-grade male student indicated that, “Sometimes Jamie and Ryan pick on him, like call him names and stuff. And my friend Linda, she was like, ‘Look at those stupid kids and their disabilities,’ [speaking of] Rachel and Daniel.” A sixth-grade female student reported that, “Some people are like, point and laugh. Yeah, like Jason, when he was in our grade, everyone would point and make fun of him, and I felt really bad.” A sixth-grade male student described how students often treated those with disabilities differently depending on whether or not they were with their friends, saying, “Like they treat him

differently when they're with their friends, they're like mean to them. But when they're alone, they're just like 'Let's toss a ball or something.'”

**Research Question 8: Which aspects of the disability awareness lessons did participating students like most?** Questions about the disability awareness lessons were administered only to those students who received the lessons and instruction, which included the 125 students assigned to the experimental group and 124 students assigned to the didactic teaching group. When asked what they liked most about the disability awareness lessons, the most common written response among all respondents combined (19%,  $n = 48$ ) was that they liked learning about disabilities.

When examined by assignment group, the most common response among students from the didactic teaching group was that they liked learning about disabilities (24%,  $n = 30$ ). For example, one fourth-grade female student wrote, “I liked that we got to learn more about kids with disabilities.” A sixth-grade female student wrote, “What I like is that we got to learn some stuff that we didnt [*sic*] know about disabilitys [*sic*], that we got to learn about diffrent [*sic*] kinds of disabilitys [*sic*].”

The most common response (30%,  $n = 38$ ) among students from the bibliotherapy group was that they liked the books and stories. One third-grade female student wrote, “She told us storys [*sic*] that were fun.” A fifth-grade female student wrote, “My favorite part was the books that we read.” A sixth-grade male student wrote, “I liked the books. They make me feel more cofortable [*sic*] with handycaped [*sic*] people.” Many students identified specific book titles as being what they liked most about the disability awareness lessons. Six students mentioned *Don't Laugh at Me*, by Steve Seskin and Allen Shamblin (2002); four students identified the book,

*Thank You, Mr. Falker*, by Patricia Polacco (1998); and two students mentioned *The Best Worst Brother*, by Stephanie Stuve-Bodeen (2005). See Table 9 for a display of these results.

When results to this question were considered based on grade level, the most common response among first-grade students was that they liked the books and stories (28%,  $n = 11$ ). Among second-grade students, the most common response (22%,  $n = 8$ ) included reference to the activity that involved tasting honey and vinegar (honey representing the sweetness of reading and vinegar representing the difficulties with reading, from *Thank You, Mr. Falker*). The most common response among third-grade students (26%,  $n = 13$ ) was that they liked, “Everything,” or “All of it.” Fourth-grade students were evenly split (16% each,  $n = 5$ ) between three different categories, reporting that what they liked best about the disability awareness lessons was (a) learning about disabilities, (b) learning how to be friends/nice/helpful with kids with disabilities, and (c) the “nice teachers” who taught the lessons. Among fifth- and sixth-grade students, the most common response, with 30% ( $n = 11$ ) and 40% ( $n = 21$ ) respectively, was that they liked learning about disabilities.

Table 9

*What Did You Like MOST About The Disability Awareness Lessons?*

	Experimental Bibliotherapy Group $N = 125$ $n$ (%)	Didactic Teaching Group $N = 124$ $n$ (%)	All Respondents Combined $N = 229$ $n$ (%)
Learning about disabilities	18 (14%)	30 (24%)	48 (19%)
Books/stories	38 (30%)	2 (2%)	40 (16%)
Activities	12 (10%)	17 (14%)	29 (12%)
Everything/all of it	11 (9%)	16 (13%)	27 (11%)



**Research Question 9: Which aspects of the disability awareness lessons did participating students like the least?** When asked on the open-ended questionnaire what they liked least about the disability awareness lessons, the most common response overall (23%,  $n = 57$ ) was, “Nothing” or “I liked everything.” For example, a fourth grade male student wrote, “NOTHING! It was all fun.” A fifth-grade male student wrote, “I liked all of it. I like everything about it.” The second most common response overall (19%,  $n = 47$ ) referred to hearing sad things or feeling sad when they heard about kids with disabilities going through difficult things, such as bullying, name calling, or not having friends. A fourth-grade male student responded, “How they taked [*sic*] us about some people are mean to people whith [*sic*] disability [*sic*].” A fifth-grade male student wrote, “I didn’t like they the kids will call them ‘dumb’ or ‘your [*sic*] stupid.’ That I didn’t like.” A fifth-grade female student wrote, “I didn’t like some of the stories where kids were being bullied because of their disabilities. I have been laughed at before for something I couldn’t do very well, and it was not fun at all.” A sixth-grade male student wrote, “I hated that kids had to go through hard times of there [*sic*] lifes [*sic*].”

This pattern of response was consistent across both the experimental and didactic teaching groups. In the experimental group, 22% ( $n = 27$ ) of respondents indicated that there was nothing they did not like, while 16% ( $n = 21$ ) reported that hearing about sad things was what they liked least. In the didactic teaching group, 25% ( $n = 31$ ) indicated that they liked everything and 21% ( $n = 26$ ) reported that they did not like hearing about sad or difficult things related to people with disabilities. See Table 10 for a display of these results.

Table 10

*What did you like LEAST about the disability awareness lessons?*

	Experimental Bibliotherapy Group <i>N</i> = 125	Didactic Teaching Group <i>N</i> = 124	All Respondents Combined <i>N</i> = 229
	<i>n</i> (%)	<i>n</i> (%)	<i>n</i> (%)
Nothing/I liked everything	27 (22%)	31 (25%)	57 (23%)
Hearing about sad things	21 (16%)	26 (21%)	47 (19%)
Honey/vinegar tasting	22 (18%)	4 (3%)	26 (10%)

Among first-grade students, 18% ( $n = 7$ ) reported that what they liked least was the activity that involved tasting honey and vinegar. The most common response among second-, third-, fourth-, and fifth-grade students was that there was, “Nothing” they did not like or that they, “Liked everything.” This response was reported by 24% ( $n = 9$ ) of second-graders, 24% ( $n = 12$ ) of third-graders, 44% ( $n = 14$ ) of fourth-graders, and 32% ( $n = 12$ ) of fifth-graders. Among sixth-grade students, the most common response (17%,  $n = 9$ ) included references to feeling sad or hearing about sad things as being what they liked least.

**Research Question 10: What did participating students identify as the most important thing they learned from the disability awareness lessons?** When students from the experimental bibliotherapy and didactic teaching groups were asked to identify the most important thing they learned from the disability awareness lessons, the most common response across both assignment groups and all six grade levels included references to how one should or should not treat people with disabilities. This category of response was reported by 66% ( $n = 83$ ) from the experimental group and 62% ( $n = 77$ ) from the didactic teaching group. When considered based on grade level, 43% ( $n = 17$ ) of first-grade students; 46% ( $n = 17$ ) of second-grade students; 62% ( $n = 31$ ) of third-grade students; 69% ( $n = 22$ ) of fourth-grade students; 81%

( $n = 30$ ) of fifth-grade students; and 81% ( $n = 43$ ) of sixth-grade students mentioned different ways that one should or should not treat people with disabilities as being the most important thing they learned. For example, one first-grade female student wrote, “To be nice to a boy or girls [*sic*] with a disability.” A third-grade female student wrote, “To never make fun of people who have a disability.” A third-grade male student wrote, “Be kind to everyone even if they are difrent [*sic*].” A fifth-grade female student wrote, “To be kind to those who can’t do the things that you can do. I hope that now others and myself can be kinder to those with disabilities whether they are big ones or small ones.” A sixth-grade female student wrote, “The most important was know that everyone is the same but some have a harder time with things than others. It taught [*sic*] me how to treat people with dissibilitys [*sic*].” A sixth-grade male student wrote, “That making fun of kids with disabilities and hurting them is wrong.”

### **Discussion**

This study examined the experiences and attitudes of 322 elementary school students regarding individuals with disabilities, following five weeks of disability awareness instruction. Student perceptions about the disability awareness lessons were also evaluated in order to assess the social validity of the intervention and to compare the use of a didactic teaching approach with one that also incorporates the use of bibliotherapy techniques.

As indicated in the results, a large percentage of participants reported knowing at least one person with a disability and were able to identify the type of disability that person had. There were only minor differences between the three groups regardless of whether they received disability awareness instruction or not.

On the other hand, age and grade level seemed to correspond with whether the students knew someone with a disability or recognized the presence of a disability among those with

whom they were acquainted. Students in fourth, fifth, and sixth grades were much more likely to report knowing someone with a disability than students in first, second, and third grade. In light of Routel's (2009) finding that "contact with individuals with disabilities impact the effectiveness of interventions using literature and discussion" (p. 59), this might suggest that disability awareness instruction using bibliotherapy techniques would be more effective in shaping attitudes when administered during the middle and later years of elementary school, after students have had the opportunity to know or interact with individuals who have some type of disability. However, Nowicki (2006) found that children's biases toward classmates with intellectual disabilities were more pronounced at the beginning of elementary school, recommending that interventions designed to encourage inclusion be implemented as soon as children start school. As other researchers have noted, younger children often require some level of knowledge about a disability before they can learn to be sensitive to the needs of a child who has that disability (Cummings, Pepler, Mishna, & Craig, 2006).

In their attempts to define what it means to have a disability, as well as to identify specific disabilities, student responses seemed to lean towards observable impairments such as Down syndrome, physical disabilities, and speech/language impairments. Autism was also mentioned with some regularity among participants. This finding could be explained by the fact that a well-known child with Down syndrome and a familiar student identified as having autism attended the school where the study took place. However, this finding may also reflect research conducted by Frederickson (2010) who found that peer acceptance and supportive relationships were more likely to occur when a child's disabilities were clear and obvious to their typical classmates. For example, she found that children's attitudes toward individuals in wheelchairs were already positive, prior to any type of educational intervention. These findings may

encourage those who design and implement disability awareness curriculum to include additional content and discussion about disabilities that are not so obvious or visibly apparent, especially among upper grade students who have already acquired some degree of knowledge and exposure to individuals with disabilities.

After receiving five weeks of disability awareness instruction, the overwhelming majority of participants indicated that they would like to be friends with someone who had a disability and that the most important thing they learned from the disability awareness lessons was to be kind and helpful to those with disabilities. These results suggest that students were able to express a positive attitude and intent regarding their relationships with those who have disabilities, which was the desired outcome of the disability awareness intervention. Unfortunately, it is unclear whether these attitudes can be specifically attributed to the influence or effectiveness of the intervention, or to what extent, because comparative data were not collected prior to the intervention. This clearly presents a limitation for this study and future researchers are encouraged to collect qualitative data at both pre- and post-intervention times.

It is interesting to note that although the students expressed the desire to be friends with people who had disabilities and clearly recognized the importance of treating them with kindness and compassion, the students were equally split on whether or not these ideals were actually being implemented by students in their school. In addition, when students in the focus group interviews were given the opportunity to describe their own observations and examples of how students with disabilities were treated at their school, they were more likely to describe incidents of conflict or unpleasant interactions rather than recalling incidents of kindness or positive interactions. This may reflect research indicating that typical children often express acceptance of their peers with disabilities on a somewhat superficial or theoretical level before they are

ready to develop reciprocal relationships in practice (Nikolarazi et al., 2005). As a result, the challenge for disability awareness and education curriculum may not only be to improve attitudes but also to teach specific skills that children can generalize into real-life practice as they learn to interact with peers who have disabilities.

Students who participated in the focus group interviews specifically identified communication issues and coping with stressful or frustrating situations as the biggest challenges or fears associated with trying to be friends with someone who has a disability. This response supports the research of Diamond and Hong (2010) who found that children are more likely to seek out children with disabilities as playmates when the child's disability does not interfere significantly with their ability to participate. These findings suggest that as part of disability awareness curriculum, educators may wish to include discussions, role-playing scenarios, and bibliotherapy storylines that specifically teach communication and problem solving skills that children can use to interact socially with their classmates who have disabilities that limit their ability to play and socialize.

Overall, students were extremely positive about their participation in the disability awareness lessons. Although students expressed personal preferences for certain activities over others, and some found it uncomfortable to hear about the difficulties that people with disabilities sometimes face, most students enjoyed "everything" or "all of it." In addition, the overall message and purpose of the lessons seemed to be clearly and effectively received by the vast majority of students who, when asked to identify the most important thing they learned, described how one should or should not treat people with disabilities. In terms of social validity, these findings suggest that the disability awareness instruction was enjoyable and well received by the participants.

Students from both the bibliotherapy group and the didactic teaching group seemed to share similar attitudes towards individuals with disabilities and respond with equally positive enthusiasm to the intervention. In almost all areas of questioning, there appeared to be very few differences between the groups, except when asked to identify what they liked most about the disability awareness lessons. In this area, the most common response among students in the didactic teaching group was that they liked learning about disabilities. Among students in the experimental bibliotherapy group the most common response reflected their interest in the books and stories. This finding suggests that when included as part of the disability awareness curriculum, bibliotherapy becomes a highly favored teaching tool for children. In future research, it would be interesting to explore whether the students' favored use of children's books might also lead to longer retention of the lessons learned or the generalization of skills portrayed by the books' characters into real-life practice.

### **Limitations**

Limitations, as well as potential issues of validity, were created by the expectation that younger participants would be able to provide written responses on the open-ended questionnaires. The data collected from first, second, and third grade students were likely affected by the students' limited vocabulary, spelling and writing skills. Another potential limitation may have been that responses provided by students during the focus group interviews were often influenced by what other students in the group had already said. For example, some students simply repeated answers that had already been given by other students in the group. As a result, data collected using this method may not have provided the most accurate representation of students' true thoughts and opinions.

Unfortunately, it is unclear whether the generally positive attitudes expressed by the participants regarding individuals with disabilities can be specifically attributed to the influence or effectiveness of the intervention, or to what extent, because comparative data were not collected prior to the intervention. This clearly presents a limitation for this study and future researchers are encouraged to collect qualitative data at both pre- and post-intervention times.

### **Implications for Future Research**

As mentioned, future researchers are encouraged to collect qualitative data at both pre- and post-intervention times. This will allow researchers to examine whether participation in disability awareness instruction leads to measurable change in the attitudes of typical children toward their peers with disabilities. It would also allow researchers to evaluate whether the use of bibliotherapy techniques produces greater attitude change than a traditional didactic teaching approach. As future studies compare the use of a didactic teaching approach with bibliotherapy techniques, it would be interesting to explore whether the use of children's books leads to longer retention of the lesson material, as well as the generalization of skills portrayed by the books' characters into real-life practice.

Future researchers may want to consider providing disability awareness instruction over a longer period of time, compared to the five weeks of instruction provided during this study. They may also wish to examine the outcomes of teacher-led, school psychologist-led, or social worker-led disability awareness instruction as compared to researcher-led with fidelity. In addition, it would be interesting to use observation methods at pre- and post-intervention, rather than or in addition to interviews or questionnaires, in order to evaluate the behavioral results of disability awareness instruction in practice.



### **Implications for Practice**

Based on the findings of this study, those who design and implement disability awareness instruction are encouraged to include more information about disabilities that are not clearly visible or evident to others, such as specific learning disabilities and internalizing behavioral disorders. In addition, educators may wish to include discussions, role-playing scenarios, and bibliotherapy storylines that specifically teach communication and problem solving skills that typical children can use to interact with their classmates who have disabilities that limit their ability to play and socialize. Based on the descriptions provided by participants in this study regarding several incidents of conflict or bullying instigated by students with disabilities, educators are encouraged to provide typical students with skills and strategies for dealing with conflict and bullying-type behavior from children with disabilities, as part of their disability awareness instruction.

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## APPENDIX A Review of Literature

### **History of Inclusion in the United States**

Under the Individuals with Disabilities Education Improvement Act (IDEA), all school-age children with disabilities are entitled to receive a free and appropriate public education (FAPE) in the least restrictive environment (LRE) (Taylor, 2011). Today, more than 5.9 million students with disabilities are receiving special education services under IDEA and more than half (62.6%) of these students are spending 80% or more of their school day in regular classrooms, with their typically-developing peers (U.S. Department of Education, 2016). Commonly referred to as “inclusion” or “mainstreaming,” this approach has become the preferred method for educating students with disabilities in the United States (Alquraini & Gut, 2012). Unfortunately, this has not always been the case. Prior to 1975, the majority of children with developmental or intellectual disabilities were either segregated into self-contained classrooms or excluded altogether by the public education system (Smith, 2005). According to a report issued by the U.S. Department of Education (USDOE), “In 1970, U.S. schools educated only one in five children with disabilities, and many states had laws excluding certain students, including children who were deaf, blind, emotionally disturbed, or mentally retarded” (USDOE, 2000, p. 1).

Public opinion and social policy regarding segregation and discrimination in public education began to change as a result of the civil rights movement during the 1950’s and 1960’s (Keogh, 2007; Osgood, 2005). In 1954, the U.S. Supreme Court put an end to the notion of “separate but equal” education for racial groups with their landmark decision in *Brown v. Board of Education* (Turnbull, 2012). The Court’s ruling in the *Brown* case established the legal precedent upon which, all future cases involving discrimination and segregation in public



education would be considered (Chinn, 2004). By the late 1960's the issue of equal educational opportunity for students with disabilities had become a natural extension of the controversy surrounding civil rights (Keogh, 2007). The same arguments that had been used to end racial discrimination in education were now being used in the battle against the segregation and exclusion of students with disabilities.

The campaign to integrate students with disabilities into public schools and general education classrooms gained greater acceptance in the early 1970's, as several significant court cases were upheld on behalf of students with disabilities. In the case of *Pennsylvania Association for Retarded Children (PARC) v. Commonwealth of Pennsylvania (1972)*, the court ruled that to deny students with disabilities access to public education was a violation of the "equal protection clause" and the right to "due process" under the 14th Amendment (Chinn, 2004). That same year, in *Mills v. Board of Education (1972)*, the court ruled that the school board in the District of Columbia was required to provide a free and appropriate public education to students with disabilities, regardless of the additional expense or the school district's ability to pay (Jacob, Decker, & Hartshorne, 2011). The court decisions in these two cases had a profound influence on the special education legislation that followed.

Finally, in 1975, the practice of educating students with disabilities in general education settings became a federal mandate when Congress passed the Education for All Handicapped Children Act (EHA), or Public Law 94-142 (Alquraini & Gut, 2012). The EHA stated that, "to the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care-facilities, are educated with children who are not disabled, and that special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability is such

that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily” (EHA, 1975, sec. 1412(5)(B)). This groundbreaking legislation affirmed that all students, regardless of the nature or severity of their disabilities, were entitled to receive a free and appropriate public education (FAPE) in the least restrictive environment (LRE) (Taylor, 2011). It promised equal access to educational opportunities for all students, with and without disabilities (Ikeda, 2012).

In the years following implementation of EHA, the focus of special education legislation began to shift from access to outcomes for students with disabilities (Bouck, 2009). Some argued that too much emphasis had been placed on where students with disabilities were being educated, rather than a strong emphasis on the quality of instruction and students’ educational outcomes (McLeskey, Landers, Williamson, & Hoppey, 2012). The goals and expectations of inclusive education were expanding to ensure academic achievement, higher graduation rates, employment training, and increased opportunities for students with special educational needs to continue their education post high school (Ikeda, 2012; Lipsky, 2005). Inclusion came to mean more than just physically placing students with disabilities into general education classrooms, it expressed the hope that children with disabilities would become an integral part of their communities and society as a whole (Odom, Buysse, & Soukakou, 2011).

As a reflection of the expanding expectations and increasingly positive attitudes about inclusion, the EHA was amended and retitled as the Individuals with Disabilities Education Act (IDEA), in 1990. The IDEA was subsequently amended and reauthorized in 1997 and again in 2004, when it was renamed as the Individuals with Disabilities Education Improvement Act (IDEIA). IDEA and IDEIA not only reaffirmed the FAPE and LRE mandates of EHA, but also increased federal funding, expanded the nature and scope of special education services, and

promoted early intervention programs for infants, toddlers, and preschool age children (Jacob et al., 2011; Smith, 2005).

As a result of these special education laws, the number of students with disabilities being educated in public schools and general education classrooms increased dramatically. According to statistics from the USDOE, in 1975 fewer than 3.5 million school age children with disabilities were being educated in public schools (Smith, 2005; USDOE, 2000). That number grew to more than 4.5 million in 1987, 5.7 million in 1997, and 6.71 million during the 2005-2006 school year (USDOE, 1998; USDOE, 2008). The percentage of students receiving special education services, ages 6 through 21, who spent the majority (80% or more) of their school day in general education classrooms increased from 34% in 1990, to 43.4% in 1993, and from 46.5% in 2000, to 58% in 2007 (McLeskey et al., 2012; USDOE, 2005; USDOE, 2008).

Over time, graduation rates and opportunities for post-secondary education improved as well. In 1996, only 29% of all students with disabilities, ages 17-21, graduated with a high school diploma or certificate of completion (USDOE, 1998). By 2006, more than 56% of students with disabilities, ages 14 through 21, graduated with regular high school diplomas (USDOE, 2008). In 2000, the USDOE reported that the percentage of first year college students with disabilities had tripled since 1978 (USDOE, 2000). Furthermore, studies have repeatedly found that academic achievement in reading and math increased for students with disabilities who were placed in inclusive settings, compared with their counterparts in special classrooms (Cole, Waldron, & Majd, 2004; Downing, Spencer, & Cavallaro, 2004; Hall & Wolfe, 2003; Katz & Mirenda, 2002). Research also shows that students with disabilities who were educated alongside their typically developing peers generally earned better grades in school and higher

scores on standardized tests than students with disabilities who were placed in self-contained classrooms (Rea, McLaughlin, & Walther-Thomas, 2002).

### **Social and Emotional Benefits of Inclusion**

In addition to the positive academic outcomes, an underlying expectation of inclusive education has always been that students with disabilities would benefit socially and emotionally from interaction with their non-disabled peers, and conversely, that non-disabled students would likewise benefit from their interaction with students who have disabilities (Wiener & Tardif, 2004). Research suggests that one of the main reasons parents choose to place their children with disabilities into inclusive settings is to provide them with increased opportunities to develop friendships with other children (Batchelor & Taylor, 2005). A substantial amount of research has been devoted to examining this issue and evaluating the social and emotional outcomes for students educated in inclusive environments.

In a comprehensive review of more than 72 studies examining the critical components of successful inclusion, researchers found that students with severe developmental disabilities who were placed in inclusive classrooms improved on measures of social competence and communication skills over a two-year period, while their counterparts in self-contained classrooms regressed. This study also found that inclusive environments provided opportunities for typically developing students to serve as tutors, helpers, readers, and role models for classmates with disabilities. As a result, students with disabilities were able to participate in the general education curriculum and develop social skills they might not have developed in a less inclusive setting (Alquraini & Gut, 2012).

In a qualitative study conducted by Downing and Peckham-Hardin (2007), 58 participants, including parents, teachers, and paraeducators, from three inclusive schools, were

asked to identify the most important components of a quality educational program for students with moderate to severe disabilities. The overwhelming majority of participants (91%) mentioned the benefit of interaction with typical peers, as well as the importance of creating a learning environment where all children were accepted and valued. Although participants were never asked about the impact of inclusive education on students without disabilities, 65% of teachers, 44% of parents, and 77% of paraeducators expressed their belief that students without disabilities were also receiving significant benefits from the inclusive environment. The benefits most frequently mentioned were, “(a) greater awareness and tolerance for differences, (b) enhanced empathy and compassion for others, (c) learning while helping others, and (d) acquiring special and unique skills (e.g., sign language, use of assistive technology)” (Downing & Peckham-Hardin, 2007, p. 22).

In 2001, 45 students enrolled in a preschool program that included children with disabilities were interviewed and observed over a period of several months. The researcher found that those children who interacted socially with their classmates with disabilities received much higher scores on assessments of emotional understanding and acceptance of children with disabilities than children who interacted only with typically developing peers (Diamond, 2001). In 2002, researchers reviewed and analyzed 15 studies, published between 1990 and 2000, which examined the use of cooperative learning groups and their effect on academic and social outcomes for students with disabilities in kindergarten through grade 12 (McMaster & Fuchs, 2002). They found that when students with and without disabilities worked together in cooperative learning groups, acceptance of students with disabilities improved significantly among their typically developing peers and that, “positive academic and social outcomes (were)

reported for students in every major subject area, at all grade levels, and in many different types of schools worldwide” (McMaster & Fuchs, 2002, p. 107).

Another study compared 117 students with disabilities, from nine different schools (Wiener & Tardif, 2004). Each of the participants had been placed in one of four different types of special education settings, ranging between self-contained and entirely inclusive classrooms. The students were compared in terms of “social acceptance, number of friends, quality of relationships with best friends, self-concept, loneliness, depression, social skills, and problem behaviors” (Wiener & Tardif, 2004, p. 20). Students were evaluated in each of these areas using sociometric scales, personal interviews, self-report questionnaires, and teacher rating scales, over a two-year period. The researchers found that students who were receiving special education support in more inclusive settings demonstrated higher social and emotional functioning, experienced greater levels of peer acceptance, were more satisfied in their relationships with friends, had fewer behavior problems, felt less lonely, and reported higher levels of self-perceived competence in mathematics than students placed in self-contained classrooms.

### **Some Challenges of Inclusion**

Clearly, inclusive education has been shown to provide many academic, social, and emotional benefits when administered effectively. However, most researchers agree that the simple act of placing students with and without disabilities together in the same classroom is not always enough to generate peer acceptance and positive attitudes toward students with disabilities (Carter, Hughes, Guth, & Copeland, 2005; Han, Ostrosky, & Diamond, 2006). In some cases, inclusion presents significant social and emotional challenges for students with disabilities. For example, many studies have found that students with special educational needs are rejected more frequently and experience higher levels of bullying than their typically

developing classmates (de Monchy, Pijil, & Zandberg, 2004; Nakken & Pijil, 2002; Raskauskas & Modell, 2011). Furthermore, children with disabilities often exhibit many of the characteristics commonly shared by children who are bullied, which places them at higher risk for becoming victimized (Estell, Farmer, Irvin, Crowther, Akos, & Boucah, 2009; Mishna, 2003). Some of these characteristics include, poor social skills, difficulty interpreting social cues, passive or aggressive personality types, negative self-concept, inappropriate behavior, and lack of supportive peer relationships (Heinrichs, 2003; Nabuzoka, 2003; Rose & Espelage, 2012).

In 1996, researchers published a compelling three-year study of 408 adolescents with disabilities, attending high school in Oregon and Nevada. Researchers started collecting data in 1990, during the participants' senior year of high school (Doren, Bullis, & Benz, 1996). Students were interviewed again in 1991 and 1992, to evaluate their experiences at the end of high school and one year after graduation. Data was collected through questionnaire-type interviews with the students and their parents. Researchers found that 54% of students diagnosed with learning disabilities, intellectual disabilities, speech-language disability, or autism had experienced bullying victimization at some point during their school years. These students reported being, teased, harassed, stolen from, hit, or beaten up by peers at school.

Results from this study also found that students with low academic achievement were 1.85 times more likely to be bullied than their peers who measured high on academic achievement, and students who measured low on personal and social achievement were 1.80 times more likely to experience bullying than their counterparts with high personal and social achievement (Doren et al., 1996). Both of these results were found to be statistically significant. Victimization during the school years proved to be a strong predictor of victimization after high

school as well. Researchers found that students who had experienced bullying in school had a 26% chance of being victimized at least once during the year following graduation, while students who did not experience bullying in school had only a 4.8% chance of being victimized during the year after high school (Doren et al., 1996).

Frequent bullying among students with disabilities is a problem that exists internationally as well. In a British study of 101 boys and girls, aged 10-11 and 13-14, with moderate learning difficulties, 83% of the participants reported experiencing some form of bullying. Researchers categorized bullying into four different types, which included, “physical, verbal (name calling, labeling), teasing (similar to verbal but presented as fun or humorous),” or any combination of the three (Norwich & Kelly, 2004, p. 56). As a result, 68% of participants reported experiencing a mixture of bullying types, 24% reported mainly verbal bullying, 5% reported mainly physical, and 3% reported mainly teasing. It is interesting to note that students with disabilities who attended “special schools” reported “significantly more bullying by neighbors and peers,” than their counterparts who attended “mainstream” schools (Norwich & Kelly, 2004, p. 57).

In a large-scale national study published in 2012, researchers assessed the prevalence rate of bully victimization for children and adolescents with disabilities, attending elementary, middle, and high school in the United States (Blake, Lund, Zhou, Kwok, & Benz, 2012). Data for this study were collected from two existing datasets: The Special Education Elementary Longitudinal Study (SEELS) and the National Longitudinal Transition Study-2 (NLTS2). The SEELS and NLTS2 studies were conducted independently by SRI International and commissioned by the Office of Special Education Programs (OSEP) and the United States Department of Education (USDOE) (Blake et al., 2012). In the SEELS study, 11,512 students with disabilities, ages 6 through 12, from 275 elementary and middle schools, were recruited to



participate, beginning in 2000. Data were collected on three separate occasions over a six-year period, ending in 2006. The participants in the NLTS2 were also recruited in 2000, and included 11,272 adolescents with disabilities, ages 13 to 16. Data was collected from this group of students on five separate occasions over a period of ten years, and completed during the 2008-2009 school year.

Blake and colleagues found that the overall rate of bully victimization for students with disabilities was 24.5% for students attending elementary school (ES), 34.1% for students in middle school (MS), and 26.6% for students in high school (HS). However, ES students who were identified with 'emotional disturbance' (ED) and 'other health impairments' (OHI), were bullied at much higher rates (40.6% and 36.3%, respectively) than ES students with disabilities overall (24.5%). The victimization rate for MS students classified with ED was also significantly higher (51.8%) compared with the overall rate for MS students with disabilities (34.1%). This trend continued among HS students with ED, who were victimized at a rate of 39%, compared to 26.6% overall for HS students with disabilities. When participants from all schools and disability types were compared together, the students most likely to suffer repeated bullying were ES and MS students with autism and HS students with orthopedic impairments (Blake et al., 2012).

These statistics are especially troubling when one considers the long-term effects of repeated bullying and peer rejection, which can include academic problems, discipline problems, truancy, dropping-out, delinquency, aggression, violence, and mental health problems (Frederickson, 2010). Furthermore, studies indicate that students who are victims of bullying are more likely to engage in bullying themselves, as a way to reduce or avoid future victimization (Estell et al., 2009; Nabuzoka, 2003; Rose & Espelage, 2012). In light of these findings,

educators are strongly encouraged to establish school-wide systems that place equal value on both academic and social-emotional outcomes for students (Rose & Espelage, 2012). The benefits of inclusive education are enhanced for all students when educators are actively engaged in identifying and implementing strategies that prevent bullying and instead promote acceptance, understanding, and friendship between students with and without disabilities (Batchelor & Taylor, 2005; Estell et al., 2009; Routel, 2009).

### **Successful Inclusion Practices**

Researchers have identified several key elements for effective inclusion practices, which foster peer acceptance and promote positive attitudes toward students with disabilities.

Beginning in the mid-1990's, the OSEP employed the help of two research agencies to study the issues related to early childhood inclusion practices. In 2007, these two agencies, The Early Childhood Research Institute on Inclusion (ECRII) and the National Professional Development Center on Inclusion (NPDCI) published an integrated summary of their conclusions, titled "Synthesis Points on Early Childhood Inclusion" (Odom, Buysse, & Soukou, 2011). Their summary included the following points (p. 347).

1. Inclusion has multiple meanings but is essentially about belonging, participating, and reaching one's full potential in a diverse society.
2. A wide variety of factors such as attitudes and beliefs about inclusion, child and adult characteristics, policies, and resources can influence how inclusion is implemented and viewed by families and practitioners.
3. Collaboration is a cornerstone of high-quality inclusion.
4. Specialized instruction, interventions, and supports are key components of high-quality inclusion and essential in reaching desired outcomes for children and their families.
5. Inclusion can benefit children both with and without disabilities.
6. Professional development is likely necessary to ensure that practitioners acquire the knowledge, skills, and ongoing supports needed to implement inclusion effectively.

In their analysis of these synthesis points, Odom and colleagues concluded that, “the success of inclusive programs was less about the characteristics of the children and more about the collaborative relationships among the adults” (Odom et al., 2011, p. 348). They emphasized the importance of adult attitudes, administrative support, professional development, collaboration, and effective use of individualized instruction and evidence-based interventions as the factors most likely to generate positive outcomes for students with disabilities in inclusive settings.

Han, Ostrosky, and Diamond (2006) conducted an extensive review of inclusion literature and reached a similar conclusion regarding the significant role that teachers and administrators play in creating effective inclusive environments. They identified six evidence-based guidelines for promoting positive attitude development among typically developing children toward their peers with disabilities. These guidelines included the following counsel (p. 6):

1. Consider one’s own attitudes, as adults’ attitudes are transmitted to children.
2. Foster friendships, not feelings of pity, toward children with disabilities.
3. Guide children to see the similarities between themselves and their peers with disabilities.
4. Do not judge children based on their physical characteristics or let children judge one another in this manner.
5. Educate parents; some disabilities might make parents of other children uncomfortable.
6. Provide facts, at the appropriate developmental level, to children regarding disabilities so that they understand what their peers with disabilities can and cannot do.

Han and colleagues (2006) encouraged educators to be aware of the powerful influence they have in shaping the attitudes of typical children toward their peers with disabilities. Other researchers echo this finding. After conducting a cross-cultural examination of student attitudes

toward individuals with special needs in Greece and the United States, researchers concluded that teachers are in a unique position of influence to facilitate acceptance and friendship between students with and without disabilities (Nikolarazi et al., 2005).

In a study measuring peer acceptance among students with Attention Deficit Hyperactivity Disorder (ADHD), researchers found that when teachers implemented procedures to encourage inclusive and accepting behavior in the classroom, social interaction and peer-acceptance increased significantly for students with ADHD among their typically developing peers (Mikami, Griggs, Lerner, Emeh, Reuland, Jack, & Anthony, 2013). Another study found that 10- and 11-year-old students reported more willingness to interact with a classmate with autism when a professional teacher or doctor, rather than the child's parents, provided explanatory information about the disorder. The students identified their class teacher as the most influential and persuasive source of information regarding their initial attitudes towards autism (Morton & Campbell, 2008).

Educators are also encouraged to provide children with developmentally appropriate facts and information regarding the abilities and limitations that children with disabilities may have (Han et al., 2006). As researchers have noted, children often require some level of knowledge about a disability before they can learn to be sensitive to the needs of a child who has that disability (Cummings, Pepler, Mishna, & Craig, 2006). After examining children's responses to classmates with special needs, Frederickson (2010) determined that successful inclusion of children with special educational needs is more likely to be achieved when their differences, as well as the similarities they share with their classmates, are clearly acknowledged, as opposed to ignoring their differences or pretending they do not exist.

In 2012, Langevin and Prasad studied the effects of a stuttering education and bullying-

prevention program designed to educate third through sixth grade students about children who stutter. The participants included more than 600 students from seven schools in western Canada and used a pretest-posttest, quasi-experimental design. The results showed statistically significant improvements in peer attitudes toward children who stutter and toward bullying. The researchers concluded that, “there is need at both a universal level and an individual level to improve attitudes toward children who are victimized and, in particular, attitudes toward children who have exceptionalities such as stuttering that cause them to stand out from their peers” (Langevin & Prasad, 2012, p. 346).

In addition to modeling positive attitudes and behavior, as well as providing students with accurate and appropriate knowledge about disabilities, researchers also suggest that teachers implement specific strategies that encourage social interaction and facilitate friendship between students with and without disabilities. For example, researchers recommend that teachers arrange the physical layout of the classroom and classroom materials in a way that encourages interaction and does not limit the participation of students with disabilities (Diamond & Hong, 2010). Social interaction and peer acceptance between students with and without disabilities has also been shown to increase when teachers implement strategies such as peer tutoring, cooperative learning groups, and social integration activities that teach children with and without disabilities how to work and play together (Batchelor & Taylor, 2005; McMaster & Fuchs, 2002; Nelson, McDonnell, Johnston, Crompton, & Nelson, 2007). In addition, reading books and stories that portray friendships between children with and without disabilities has been identified as an effective strategy for helping students recognize common interests and other similarities between themselves and their peers with disabilities (Han et al., 2006).

### **Attitude Development & Measuring Attitudes in Children**

In order to achieve full social inclusion of children with disabilities in schools and communities, “there is an urgent need to improve the attitudes of other children toward them” (Vignes, Godeau, Sentenac, Coley, Navarro, Grandjean, & Arnaud, 2009, p. 474). Several factors have been found to influence childhood attitudes toward individuals with disabilities. These factors include age, gender, quantity and quality of previous contact with people who have disabilities, the type of disability, exposure to media, attitudes of parents and friends, inclusion policies in local schools and communities, as well as whether or not the child has experienced some type of disability themselves (Diamond, 2001; Nikolarazi et al., 2005; Nowicki, 2006; Routel, 2009; Vignes et al., 2009).

For example, several studies have found that girls tend to have more positive and accepting attitudes toward those with disabilities than boys (Nikolarazi et al., 2005; Vignes et al., 2009). Another study found that preschool age children who played and interacted with their classmates with disabilities demonstrated more sensitivity to special needs and greater knowledge about disabilities than their counterparts who attended the same class but did not interact (Diamond, 2001). Among child participants, ages 3 to 11 years, researchers found that older children demonstrated more positive attitudes toward children with disabilities than younger children, and all of the child participants expressed a preference for children with physical disabilities over those with intellectual disabilities (Nowicki, 2006).

In order to evaluate the effectiveness of intervention strategies designed to prevent or eliminate negative stereotypes and prejudice in children, it is important to understand how these attitudes are formed and developed (Nowicki, 2006; Routel, 2009). Researchers have conceptualized ‘attitude’ as a multidimensional, three-component model, comprised of affective, behavioral, and cognitive components (Morton & Campbell, 2008; Triandis, 1971; Vignes et al.,

2009). Within this model, the affective component of attitude involves the person's feelings and emotional reactions, for example, "I am scared to be around someone who is intellectually disabled." The behavioral component consists of one's intended or actual behavior, such as "I would share my toys with someone in a wheelchair." And finally, the cognitive component of attitude reflects an individual's knowledge or belief. An example of a cognitive belief statement would be, "Kids with autism are good at math" (Morton & Campbell, 2008; Routel, 2009; Vignes et al., 2009).

Interventions that seek to improve children's attitudes toward their peers with disabilities and instruments designed to measure these attitude changes are considered most effective when they address and/or measure each of the three attitude components—how the child thinks, how they feel, and how they intend to act (Vignes, Coley, Grandjean, Godeau, & Arnaud, 2008). In their review of 19 instruments designed to measure children's attitudes toward peers with disabilities, Vignes and colleagues (2008) found only two that measured all three components of attitude and demonstrated appropriate psychometric properties. These instruments were the Acceptance Scale and the Chedoke-McMaster Attitudes Towards Children with Handicaps Scale (CATCH). Sixteen instruments were found to measure only one attitude component and one instrument measured both cognitive and behavioral components. All 19 instruments met inclusion criteria for appropriateness, acceptability, validity, reliability, internal consistency, and test-retest reliability.

Eliciting valid and reliable information from children about their ideas, experiences, and perceptions also involves many technical and ethical considerations (Diamond, 2001; Norwich & Kelly, 2004). Norwich and Kelly (2004) suggest several factors that should be considered when conducting this type of research. These considerations include (p. 45):

- The child's and young person's competencies and characteristics.
- The questioner's competencies and characteristics.
- The purpose and use made of eliciting the child and young person's views.
- The setting and context: power, relationship, and emotional factors.
- Ethical and human rights considerations.

In terms of competencies and characteristics, a child's cognitive, linguistic, and physical abilities must be considered. The examiner must take into account how much the child is able to understand, how advanced the child's receptive and expressive language skills are, and whether or not they have the physical abilities required to provide accurate responses to questions or assessment tasks. In terms of relationship dynamics, power differentials, and emotional factors that often exist between an adult interviewer and a child, researchers must consider the possibility that a child's desire to please the examiner or present an "ideal self" may influence the validity of their responses to interview questions (Norwich & Kelley, 2004; Yu, Ostrosky, & Fowler, 2012). As a result, examiners are encouraged to implement strategies to prevent or minimize this affect.

In her examination of preschool age children and their ideas about classmates with disabilities, Diamond (2001) identified several strategies for eliciting ideas and experiences from young children. She recommended the use of dolls or puppets to demonstrate scenarios and present questions. She also found that hypothetical vignettes were effective for prompting children's ideas about social situations involving children with disabilities. Diamond acknowledged that there is less bias when children are able to respond to questions with their own words and ideas, however, for young children with limited language skills she found it more reliable and effective to provide a visual selection of several anticipated outcomes for certain



questions, so that young children could indicate their answers by pointing instead of making a verbal response. In addition, Diamond encouraged examiners to spend time getting to know the children prior to the interview, as children are generally more willing to talk to an adult they are familiar with rather than someone they are meeting for the first time.

Understanding how negative attitudes and disability stereotypes are formed is an important step in identifying and evaluating intervention strategies that will help prevent and correct these misperceptions. In addition, it is essential for researchers to be aware of the technical and ethical considerations involved with eliciting, measuring, and evaluating the attitudes and experiences of children accurately.

### **Bibliotherapy: Using Children's Literature to Change Attitudes**

A promising intervention strategy for improving children's perceptions and attitudes toward individuals with disabilities is bibliotherapy (Cameron & Rutland, 2006; Routel, 2009). Over time, bibliotherapy has been defined in various ways depending on the context of the specific setting and purpose for which it is being used (Abdullah, 2002; Strobel, 2011). In simple terms, it is the process of using books and stories to help people solve their problems (Forgan, 2002; Maich & Kean, 2004; Prater, Johnstun, Dyches, & Johnstun, 2006). For example, children are able to learn problem-solving skills for real-life situations by reading about fictional characters that successfully resolve similar problems (Maich & Kean, 2004; Sullivan & Strang, 2002). Traditionally, bibliotherapy has consisted of four interactive steps or elements: (a) pre-reading, (b) guided reading, (c) post-reading discussion, and (d) a problem-solving activity designed to reinforce the ideas presented in the book (Forgan, 2002). The process of bibliotherapy is intended to mirror the classic stages of psychotherapy, which include identification (with the characters and situations in the story), catharsis (experiencing a release of

emotional tension as the character resolves their problem), and insight (a clearer understanding of how to solve their own problems; Forgan, 2002; Iaquina & Hipsky, 2006; Jack & Ronan, 2008; Sullivan & Strang, 2002).

The term, 'bibliotherapy' was first coined by Rev. Samuel M. Crothers in 1916 (Jack & Ronan, 2008). However, the concept of using books and literature for therapeutic purposes started long before the process was officially named or labeled. Founded around 300 B.C., the library in Alexandria was inscribed with the phrase 'Medicine for the Mind,' and "the library at Thebes in ancient Greece was dedicated to the 'Healing of the Soul'" (Jack & Ronan, 2008, p. 161). According to a history of therapeutic reading provided by Jack and Ronan (2008), bibliotherapy was originally used to treat patients in medical, institutional, and correctional facilities during the middle ages. Earliest records indicate that in 1272 selected readings from *The Koran* were prescribed to patients at the Al-Mansur Hospital in Cairo. By the end of the 18<sup>th</sup> Century, many psychiatric hospitals in Europe included patient libraries. Reading was prescribed for the purpose of providing both recreation and moral instruction for patients who had mental illness.

The practice of bibliotherapy first appeared in the United States during the 19<sup>th</sup> Century, when Dr. Benjamin Rush began to include reading as part of the treatment schedule for his medical patients in 1802, and for his mental patients in 1810. Dr. Rush used directed reading as a tool for increasing his patients' knowledge about their medical condition, as well as to guide clients through their emotional problems. He encouraged his patients to read out loud, make handwritten copies of favorite texts, and memorize interesting passages. In 1853, Dr. John Minson Galt II published one of the first well-known essays on bibliotherapy entitled, *On Reading, Recreation, and Amusements for the Insane*. Bibliotherapy gained increasing

popularity during and after World War I, and patient libraries became a standard feature in mental and military hospitals in America. Sadie Peterson-Delaney, a Veteran's Affairs hospital librarian, was the first to establish formal guidelines for bibliotherapy in 1923.

The first time bibliotherapy was mentioned as a therapeutic tool for children was in 1936, when it was recommended for treating children with behavioral and personality disorders. For many years, bibliotherapy continued to be administered primarily by doctors in clinical settings. However, by the late 1950s and 1960s counselors, psychologists, social workers, and educators were incorporating the use of bibliotherapy into therapeutic, community, and educational settings. Since that time, bibliotherapy has been used to help children with a wide range of problems and concerns, such as depression, anxiety, grief, anger, fear, divorce, abuse, illness, and adoption, as well as issues associated with gender and sexual identity (Catalano, 2008; Duimstra, 2003; Forgan, 2002; Gregory, Canning, Lee, & Wise, 2004; Kurtts & Gavigan, 2008; Nicholson & Pearson, 2003; Routel, 2009; Vare & Norton, 2004).

For many reasons, bibliotherapy is particularly well suited for use in school settings. It is relatively inexpensive and easy to implement, it can be administered using skills that teachers have already been trained to use in the classroom, and teachers can customize their selection of books to fit the individual needs and concerns of their students (Maich & Belcher, 2012; Routel, 2009). Books are already a major part of the general education curriculum, and bibliotherapy promotes good reading skills as well as a love for literature and reading (Abdullah, 2002; Routel, 2009). In addition, bibliotherapy is a non-invasive, child-friendly technique that can be used with individual students, in small groups, or with an entire class (Sullivan & Strang, 2002).

As inclusive education has increasingly become the standard practice for educating

children with disabilities, teachers are frequently preparing their classrooms to include students with special educational needs (Kurtts & Gavigan, 2008). Bibliotherapy provides an innovative and engaging way for teachers to increase their students' awareness of diversity issues and assist them in developing more empathy and understanding for individual differences (Kurtts & Gavigan, 2008). Furthermore, research suggests that children are often more willing to share and discuss their feelings openly when the focus of the discussion is on a book or story, rather than on the child directly (Iaquinta & Hipsky, 2006). The type of bibliotherapy most frequently used in school settings is referred to as 'developmental bibliotherapy' because it focuses on teaching children appropriate social and developmental skills, as well as addressing everyday issues and problems (Abdullah, 2002; Catalano, 2008; Forgan, 2002; Prater et al., 2006).

Historically, empirical research on bibliotherapy has been limited, incomplete, and inconsistent due to wide variations in the setting, purpose, and procedures used (Jack & Ronan, 2008; Lenkowsky, 1987; Routel, 2009). However, recent studies have produced compelling results to suggest that attitudes and perceptions of school age children toward different peer groups can be improved through bibliotherapy (Cameron & Rutland, 2006; Cameron, Rutland, Brown, & Douch, 2006). Each of these studies shares a common theoretical framework, which suggests that prejudice and bias can be reduced in children (as well as adults) through indirect or vicarious experiences. Researchers in social psychology refer to this theory as the "extended contact effect" or "indirect cross friendship hypothesis" (Cameron & Rutland, 2006; Cameron et al., 2006; Wright, Aron, McLaughlin-Volpe, & Ropp, 1997). The use of "extended contact" rather than "direct contact" provides several advantages when attempting to reduce intergroup bias (Wright et al., 1997). It can be used in settings and situations where there is little or no opportunity for direct contact with individuals from unfamiliar groups, it can be used as a

preparatory tool prior to direct contact, and it allows participants the opportunity to experience contact without the feelings of anxiety that often accompany direct contact (Cameron & Rutland, 2006).

In one study, researchers evaluated the effects of an “extended contact,” bibliotherapy intervention designed to improve the attitudes of White British children toward refugees (Cameron et al., 2006). The participants included 253 children, ranging in age from 5 years 0 months to 11 years 11 months, from 10 different elementary schools. The intervention consisted of reading books that portrayed friendships between majority (White) children and refugee children, as well as the presentation of educational material about refugees and a guided discussion about the reasons why people might leave their native countries. The intervention was delivered during weekly 15-20 minute sessions for six consecutive weeks. Children in the experimental group received both the educational material and bibliotherapy intervention, while children in the control group received the educational material only. Post-intervention interviews were conducted with each child, using hypothetical scenarios and a 5-point Likert-type scale as well as the Preschool Racial Attitude Measure-II (PRAM-II) Series A. Results indicated that attitudes toward refugee children were significantly more positive among the students in the experimental group compared to those in the control group. Researchers also found that attitudes among the younger children (ages 5-8 years) at post-intervention were more positive than children in the older group (ages 9-11 years; Cameron et al., 2006).

Another study examined the effects of a bibliotherapy intervention designed to encourage positive attitudes in non-disabled children toward people with disabilities (Cameron & Rutland, 2006). Participants included 67 British children without disabilities from two elementary schools, ranging in age from 5 years 0 months to 10 years 2 months. Students in each of the

experimental groups were presented with educational material about learning and physical disabilities in addition to weekly bibliotherapy sessions for six consecutive weeks. The bibliotherapy sessions consisted of reading stories that portrayed friendships between children with and without disabilities, followed by small group discussions about the story. Pre- and post-test interviews were conducted with each student using an adaptation of the Multiple-Response Racial Attitude (MRA) measure and the Preschool Racial Attitude Measure II (PRAM II) Series A, as well as open-ended interview questions and a Likert-type scale for hypothetical scenarios. Results indicated that students in the experimental groups were significantly more positive on measures of both attitude and intended behavior at the post-intervention compared to pre-intervention phase (Cameron & Rutland, 2006).

Many researchers have emphasized the importance of selecting books carefully and systematically for use in bibliotherapy, especially when the stories portray characters with disabilities (Kurtts & Gavigan, 2008; Maich & Kean, 2004; Prater et al., 2006; Routel, 2009). They recommend answering the following questions when choosing appropriate children's literature for use in bibliotherapy: "(a) Is the story simple, clear, brief, non-repetitious, and believable? (b) Is it at an appropriate reading level and developmental level? (c) Does the story fit with relevant feelings, needs, interests, and goals? (d) Does it demonstrate cultural diversity, gender inclusivity, and sensitivity to aggression? And (e) Do the characters show coping skills and does the problem situation show resolution?" (Maich & Kean, 2004, p. 7).

Educators are encouraged to select books that contain positive, accurate, and realistic portrayals of characters with disabilities (Kurtts & Gavigan, 2008; Prater et al., 2006; Routel, 2009). It is important to select books that illustrate children with and without disabilities interacting with each other and enjoying shared activities (Han, Ostrosky, & Diamond, 2006;

Nasatir & Horn, 2003). Researchers recommend reading books well in advance, with a critical eye for the following:

- a. “How are the individuals with disabilities portrayed? Are they pathetic, sad, or intended to be pitied? Are they heroic and succeeding against all odds? Or are they portrayed realistically?”
- b. How are the relationships with non-disabled peers or adults described?
- c. What could children or youth learn from reading this book?” (Kurtts & Gavigan, 2008, p. 25-26)

As a way to recognize and encourage the honest, accurate, and positive portrayal of characters with disabilities in children’s literature, the Dolly Gray Children’s Literature Award was created in 2000 (Kurtts & Gavigan, 2008). This award is presented every two years to the author and illustrator of one picture book and one chapter book that includes a character with a disability. When author, Mark Haddon, received the 2004 Dolly Gray Award, for his novel, *The Curious Incident of the Dog in the Nighttime* (2003), he concluded his acceptance speech with the following words,

“I ... look forward to a time in the not so distant future when such prizes seem outdated and unnecessary, when children with learning difficulties of all kinds are as much a part of our society as children with red hair or children who play the clarinet and readers who do not even notice when a book contains a character with learning difficulties because such books are as common as rain” (Kurtts & Gavigan, 2008).

It is the hope of this writer that someday the same will be true for our schools and classrooms, when the inclusion of children with disabilities will become so commonplace that they will be welcomed, accepted, and valued by their classmates, as much as any other typical

student. Bibliotherapy has demonstrated promising results as an effective intervention strategy for educators who are working to accomplish this goal and improve inclusion practices for children with special educational needs. Bibliotherapy, and specifically its' effect on the attitudes of typical children toward their peers with disabilities, is deserving of additional study and research.



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APPENDIX B  
Consent Forms

January 17, 2012

Dear Teachers of Nielsen Elementary School,

Your school has been selected to participate in a Disability Awareness research project conducted by Brigham Young University professor Tina Dyches and one of her undergraduate honor students, Brianna Roth. Dr. Dyches has been working with your principal to establish procedures that will work for your school and which will also meet the expectations of the university. You will have the option to participate in the research, or to not participate.

If you give consent to participate, this is what you can expect:

1. You will complete a brief survey regarding how you believe your students perceive individuals with disabilities. Students whose parents agree to have them participate will also complete a survey.
2. Your students will participate in Disability Awareness activities for approximately 20-30 minutes, once a week for 5 weeks, at a time that we agree upon. These activities will be delivered in your classroom by either Dr. Dyches or Brianna Roth.
3. You and your students will complete a survey one week following the activities.
4. Three students from each grade level will be selected to be interviewed individually.
5. You will complete a survey four weeks later.

We have received approval from North Rural School District Superintendent, Jane Doe, and are in the final approval process of the Institutional Review Board at Brigham Young University. Their role is to assure protections of those who participate in research. Once approved, I will be meeting with Rena Orton to make final arrangements for beginning the study. We hope to complete the first survey during the last week of January.

We appreciate your willingness to participate in this research study. Our hope is that we will learn more about children's attitudes toward individuals with disabilities and that through the research and from your insights and feedback, we will find effective ways to influence positive attitudes and acceptance.

As a token of our appreciation for your participation, we will donate a set of books that include characters with disabilities to your school.

Sincerely,

Tina T. Dyches, Ed.D. □  
Associate Professor, Special Education  
Brigham Young University

## **Consent to Participate in Research – Teachers**

---

### **Introduction**

My name is Brianna Roth. I am an undergraduate student from Brigham Young University working under the mentoring of Dr. Tina Dyches. For my honor's thesis I am conducting a research study about children's attitudes towards peers with developmental disabilities. Your school has agreed to participate in this study and the accompanying Disability Awareness activities. I am asking for your permission to take part in the study so we can learn about effective ways to facilitate understanding and acceptance of others.

### **Study Procedures**

If you agree to participate, you will be asked to do the following:

1. Complete a survey at the beginning of the study regarding your perceptions of interactions students have with children with disabilities. Sample questions include:
  - a. Students in my class have a friend who has developmental disabilities (such as Down syndrome, intellectual disabilities, autism, multiple disabilities).
  - b. Students in my class sometimes pick on other kids.
2. Complete the same survey upon conclusion of the five disability awareness lessons provided by the researchers to your students.
3. Complete the same survey four weeks following the post-survey.

### **Disability Awareness Activities**

As part of the Disability Awareness activities to be held at Nielsen Elementary School, your class will participate in one of three conditions, which will be randomly selected:

1. Five lessons (20-30 minutes) provided by the researchers, which include the use of children's books and other activities about children with developmental disabilities.
2. Five lessons (20-30 minutes) provided by the researchers, which include discussion and other activities.
3. No lessons will be provided, but following the research study, you will be given a set of lesson plans and related material. You may also request to have the Disability Awareness lessons presented to your students, but this will not be a part of the research study. It will be provided as a service to your class.

### **Risks**

There is a risk of loss of privacy, which we will minimize by not using your name or any other personal identifiers.

You may experience discomfort in reporting about your perceptions of students with developmental disabilities. If you indicate in any way that you do not want to participate, you will not be required to complete the surveys.

### **Confidentiality**

The research data will be kept in a secure location and electronic data will be password protected. Only the researcher and co-investigator will have access to the data. Direct quotes

may be used in presentations and publications; however, participants' names will be removed. At the conclusion of the study, all identifying information will be removed and the data will be kept in a password-protected computer and locked cabinet in a secure office. Raw data will be destroyed at the end of the study.

### **Benefits**

There are no direct benefits for your participation in this project. However, you may learn strategies for helping your students make friends with schoolmates who have disabilities.

### **Compensation**

Your school will receive copies of children's books that include characters with disabilities and a set of lesson plans as compensation for your time and participation.

### **Questions about the Research**

Please direct any further questions about the study to Brianna Roth at 801-857-4747 and [teerlinkbk@hotmail.com](mailto:teerlinkbk@hotmail.com). You may also contact Dr. Tina Dyches, Ed.D., from Brigham Young University by calling 801-422-5045 or emailing [tina\\_dyches@byu.edu](mailto:tina_dyches@byu.edu). If you have questions about your rights as a study participant or to submit comments or complaints about this study, you can contact the Institutional Review Board Administrator, Brigham Young University, A-285 ASB, Provo, UT 84602. Call (801) 422-1461 or send emails to [irb@byu.edu](mailto:irb@byu.edu).

### **Participation**

Participation in this research study is voluntary. If you do not provide consent to participate, you will not complete surveys. No penalties will result from choosing not to participate or from choosing to stop participating once the project has started. You may withdraw your participation at any point without penalty. Your decision whether or not to participate in this research study will have no influence on your employment in the school district.

**I agree to participate in this research study.**                      **Yes**                      **No**

Name: \_\_\_\_\_ Grade Level Taught: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please keep one copy of this consent form to keep.  
Please sign and return one copy to the researchers.

## **Parental Permission for a Minor to Participate in Research**

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### **Introduction**

My name is Brianna Roth. I am an undergraduate student from Brigham Young University working under the mentoring of Dr. Tina Dyches. For my honor's thesis I am conducting a research study about children's attitudes towards peers with developmental disabilities. Your school has agreed to participate in this study and the accompanying Disability Awareness activities. I am asking for your permission to let your child take part in the study so we can learn about effective ways to facilitate understanding and acceptance of others.

### **Study Procedures**

If you agree to let your child participate in this research study, the following will occur:

- Your child will be asked to complete an 18-item survey about his or her attitudes toward peers with disabilities. This will take approximately 5-10 minutes at the beginning and at the end of the study. The researchers will read the questions to the students, who will mark their answers on their individual surveys. Sample questions include:
  - Have you helped someone who has a disability?
  - Do you sometimes pick on kids who are different?

### **Disability Awareness Activities**

- As part of the Disability Awareness activities to be held at Nielsen Elementary School, your child will receive instruction about children with disabilities. Each 20-30 minute lesson will be conducted by one of the researchers and will take place once a week for five consecutive weeks during scheduled class instruction time and is considered to be part of the language arts and social skills instruction. Classes will be selected at random to receive instruction that includes the use of children's books about children with developmental disabilities (such as Down syndrome, autism, and intellectual disabilities), while other classes will receive instruction including discussion and other activities. Some classes will not receive specific instruction at this time.

### **Risks**

There is a risk of loss of privacy, which we will minimize by not using your child's real name or any other identifiers in the written report. Each child will only be identified by grade level and gender.

### **Confidentiality**

The research data will be kept in a secure location and electronic data will be password protected. Only the researcher and co-investigator will have access to the data. At the conclusion of the study, all identifying information will be removed and the data will be kept in a locked cabinet or office. Raw data will be destroyed at the end of the study.

### **Benefits**

There are no direct benefits for your child's participation in this project. However, your child may learn strategies for making friends with schoolmates who have disabilities.

**Compensation**

Your child's school will receive copies of children's books that include characters with disabilities as compensation for their time and participation.

**Questions about the Research**

Please direct any further questions about the study to Brianna Roth at 801-857-4747 or [teerlinkbk@hotmail.com](mailto:teerlinkbk@hotmail.com). You may also contact Dr. Tina Dyches, Ed.D., from Brigham Young University by calling 801-422-5045 or emailing [tina\\_dyches@byu.edu](mailto:tina_dyches@byu.edu). If you have questions about your child's rights as a study participant or to submit comments or complaints about this study, you can contact the Institutional Review Board Administrator, Brigham Young University, A-285 ASB, Provo, UT 84602. Call (801) 422-1461 or send emails to [irb@byu.edu](mailto:irb@byu.edu).

**Participation**

Participation in this research study is voluntary. If you do not provide consent for your child to participate, he/she will not complete survey. No penalties will result from choosing not to participate or from choosing to stop participating once the project has started. You are free to decline to have your child participate in this research study. You may withdraw your child's participation at any point without penalty. Your decision whether or not to permit your child to participate in this research study will have no influence on your child's standing in the class or school.

**I agree to let my child complete the survey related to this study.    Yes        No**

Child's Name: \_\_\_\_\_ Male / Female

Age: \_\_\_\_\_ Teacher: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please keep one copy of this consent form to keep.  
Please sign and return one copy to your child's teachers.

## **Research Participant Assent (1<sup>st</sup> – 3<sup>rd</sup> grades)**

- I have been asked to be in a research study about kids with disabilities.
- Someone will ask me questions and I will tell them my answers.
- If I don't want to answer questions, I don't have to do this.

I want to be in this research study:

Yes

No

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## **Research Participant Assent (4<sup>th</sup> – 6<sup>th</sup> grades)**

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### **What is this research about?**

My name is Brianna Roth. For the past six weeks, I have been working with Dr. Tina Dyches to provide Disability Awareness lessons and activities to the students of Nielsen Elementary School. Several weeks ago you were surveyed about your beliefs and experiences about children with disabilities. You were surveyed again just recently. A few students from each grade level have been selected to participate in a follow-up interview. You have been chosen to be interviewed. We would like to interview you in person so that we may gain a better perspective of what you learned from the Disability Awareness lessons and activities.

### **Study Procedures**

If you agree to participate in this part of the research study, and your parents give permission to let you participate, the following will occur:

- You will be asked to meet with one of the researchers for 5-10 minutes in a quiet, yet supervised area of the classroom or school. The interview will be audio-recorded so we can have an accurate representation of what you say during the interview.
- The researchers will ask you a few questions about your perceptions of children with disabilities. Sample questions include:
  - Have you ever played with a kid with a disability? Tell me more.
  - Are kids at your school nice to students with disabilities? Tell me more.
- If you choose **not** to participate, or if your parents do not give permission, you will not be interviewed.

### **Can anything bad happen to you?**

You might be uncomfortable answering some of the questions that the researchers ask you. If you are uncomfortable at any point, you can stop.

### **Can anything good happen to you?**

We don't know if being in this study will help you. But we hope it will, and we plan to learn something that will help other people some day.

### **Do you have other choices?**

You can choose not to answer the questions in the interview.

### **Will anyone know you are in the study?**

We won't tell anyone you took part in this study. When we are done with the study, we will write a report about what we learned. We won't use your name in the report.

### **What if you do not want to do this?**

You don't have to be in this study. It's up to you. If you say yes now, but change your mind later, that's okay too. All you have to do is tell us, or your teacher. Also, you won't participate if your parents don't want you to.



If you have questions about this study, you can ask your teacher, Brianna Roth, or Tina Dyches.

Do you want to be in this part of the study?     Yes     No

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Parental Permission for a Minor to Participate in Research**

---

### **Introduction**

My name is Brianna Roth. For the past six weeks, I have been working with Dr. Tina Dyches to provide Disability Awareness lessons and activities to the students of Nielsen Elementary School. Several weeks ago we surveyed the students and we have recently completed the post-test survey after the final lesson was presented. A few students from each grade level have been selected to participate in a follow-up interview. Your child has been chosen to be interviewed. We would like to request your permission to interview your child in person so that we may gain a better perspective of what some of the children learned from the Disability Awareness lessons and activities.

### **Study Procedures**

If you agree to let your child participate in this part of the research study, the following will occur:

- Your child will be asked to meet with one of the researchers for 5-10 minutes in a quiet, yet supervised area of the classroom or school. The interview will be audio-recorded so we can have an accurate representation of what your child says during the interview.
- The researchers will ask your child 5 questions about their perceptions of children disabilities. Sample questions include:
  - Have you ever played with a kid with a disability? Tell me more.
  - Are kids at your school nice to students with disabilities? Tell me more.
- If you choose **not** to have your child participate, he or she will not be interviewed.

### **Risks**

There is a risk of loss of privacy, which we will minimize by not using your child's real name or any other identifiers in the written report. Each child will only be identified by grade level and gender.

Your child may experience discomfort in talking about past experiences with their peers with disabilities. There may be some discomfort at having the interview recorded. Your child may refuse to answer any question or to discontinue the interview at any time without affecting his/her grade or standing in the class. If you or your child is uncomfortable with the audio recording of the interview, your child can still participate without being recorded. If your child indicates in any way that he/she does not want to participate, we will stop immediately.

### **Confidentiality**

The research data will be kept in a secure location and electronic data will be password protected. Only the researcher and co-investigator will have access to the data. Direct quotes from interviews may be used in presentations and publications; however, participants' names will be removed. At the conclusion of the study, all identifying information will be removed and the data will be kept in a locked cabinet or office. Audiotapes and manuscripts will be destroyed at the end of the study.

**Benefits**

There are no direct benefits for your child's participation in this project. However, your child may learn strategies for making friends with schoolmates who have disabilities.

**Compensation**

Your child's school will receive copies of children's books that include characters with disabilities as compensation for their time and participation.

**Questions about the Research**

Please direct any questions about the study to Brianna Roth at 801-857-4847 or [teerlinkbk@hotmail.com](mailto:teerlinkbk@hotmail.com). You may also contact Dr. Tina Dyches, Ed.D., from Brigham Young University by calling 801-422-5045 or emailing [tina\\_dyches@byu.edu](mailto:tina_dyches@byu.edu). If you have questions about your child's rights as a study participant or to submit comments or complaints about the study, you can contact the Institutional Review Board Administrator, Brigham Young University, A-285 ASB, Provo, UT 84602. Call (801) 422-1461 or send emails to [irb@byu.edu](mailto:irb@byu.edu).

**Participation**

Participation in this research study is voluntary. If you do not provide consent for your child to participate, he/she will not be interviewed. No penalties will result from choosing not to participate or from choosing to stop participating once the project has started. You are free to decline to have your child participate in this research study. You may withdraw your child's participation at any point without penalty. Your decision whether or not to permit your child to participate in this research study will have no influence on your child's standing in the class or school.

**I agree to let my child complete the interview related to this study.    Yes    No**

Child's Name: \_\_\_\_\_ Male / Female

Age: \_\_\_\_\_ Teacher: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please keep one copy of this consent form to keep.  
Please sign and return one copy to your child's teacher.**

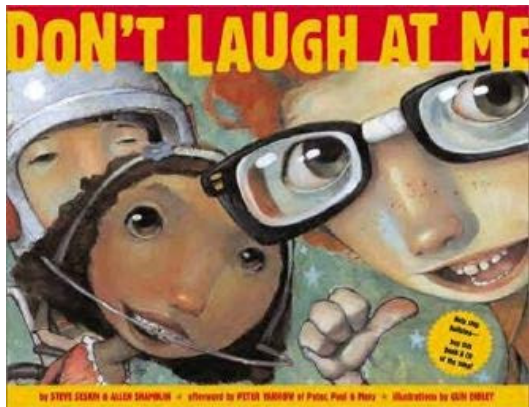
APPENDIX C  
Short Answer Questionnaire

1. What did you like the most about the Disability Awareness lessons?
2. What did you like the least about the Disability Awareness lessons?
3. What was the most important thing you learned from the Disability Awareness lessons?
4. Do you know someone with a disability? YES NO  
If YES, what kind of a disability does this person have?
5. What can you do to be friends with kids with disabilities?

APPENDIX D  
Focus Group Questions

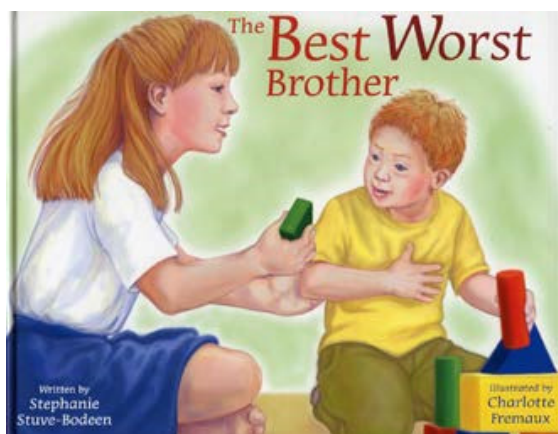
1. What do you think it means to have a disability?
2. Do you know someone with a disability? Tell me more.
3. Have you ever played with a kid with a disability? Tell me more.
4. Are kids at your school nice to students with disabilities? Tell me more.
5. Would you like to be friends with a kid with a disability? Tell me more.
6. What would be hard about having a friend with disabilities? Tell me more.

APPENDIX E  
Bibliotherapy Books



**Book Title:** *Don't Laugh At Me*☐  
**Author:** Steve Seskin & Allen Shamblin  
**Illustrator:** Glin Dibley☐  
**Publisher:** Tricycle Press☐  
**Year:** 2002☐  
**ISBN:** 978-1-58246-058-1☐  
**Number of Pages:** 32  
**Reading Level:** 1.6 (grade level)  
**Interest Level:** 2-5 (grade level)  
**Available in Spanish:** No Te Rias De Mi

**Synopsis:** Do you wear glasses? Ever been picked last for the team? Afraid you'll be called on in class? Don't laugh at me. Don't call me names. Have you laughed at someone else for the same reasons? Someone you thought was geeky or slow—someone different from you. Don't get your pleasure from my pain. For anyone who's ever been bullied—or been a bully themselves—it's time to change your tune. This is not a book for whiners, but a new language that will give you the words you need to take charge and stop the cycle of teasing. Filled with inspiration and celebration, *Don't Laugh at Me* is the anthem for a new bully-free world. Read it, sing it, and cheer! (*Book description and image from Amazon.com*)

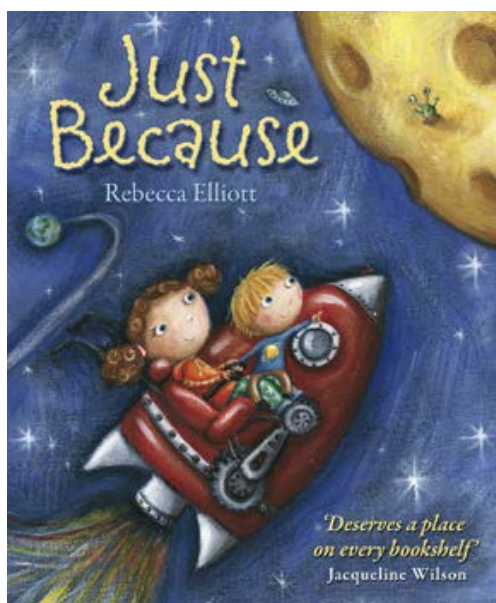


**Book Title:** *The Best Worst Brother*  
**Author:** Stephanie Stuve-Bodeen  
**Illustrator:** Charlotte Fremaux  
**Publisher:** Woodbine House  
**Year:** 2005☐  
**ISBN:** 1-890627-68-2  
**Number of Pages:** 26  
**Reading Level:** 1 (grade level)  
**Interest Level:** PreK+

**Synopsis:** Isaac is almost three years old and Emma is in elementary school. Emma misses the adoring baby brother Isaac used to be. Now that he's older, he's a pain. Emma used to be able to make Isaac laugh. He used to let her hold him without squirming. But no more. Now Isaac spits out his food and knocks down her blocks when Emma tries to play with him. Sometimes his behavior is downright embarrassing. Emma thinks Isaac would be

more fun if he'd hurry up and learn some of the sign language she and her mom are trying to teach him. His slower pace is maddening at times! *THE BEST WORST BROTHER* is an endearing and realistic look at how a relationship evolves between a typically developing older sister and her younger brother with a developmental disability. It also shows how sign language can help a child that acquires speech more slowly. As Emma is pleased to discover, Isaac can learn to sign, he just learns when he's ready. For those who recognize aspects of their own family in the story, it will be comforting to read about this 'warts and all' sibling relationship. Charlotte Fremaux's realistic illustrations are deft and colorful. Text and illustrations mesh beautifully, making *THE BEST WORST BROTHER* a delightful tale to read at home or share at school. *(Book description and image from Amazon.com)*

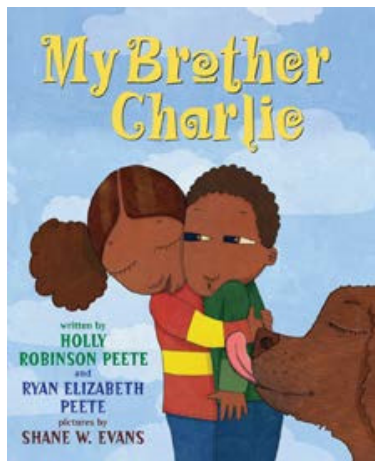
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**Book Title:** *Just Because*  
**Author/Illustrator:** Rebecca Elliott  
**Publisher:** Lion Children's  
**Year:** 2010  
**ISBN:** 978-0-7459-6235-1  
**Number of Pages:** 32  
**Reading Level:** Ages 4-8  
**Interest Level:** PreK+

**Synopsis:** 'My big sister Clemmie is my best friend. She can't walk, talk, move around much, cook macaroni, pilot a plane, juggle or do algebra. I don't know why she doesn't do these things. Just because.' This heartwarming picture book about being perfectly loved, no matter what, tells of a brother's love for his sister. He is so enthusiastic about just how loving and special she is, and delights in telling us about all the fun things they do together. Only as his tale unfolds does the reader begin to realize that his sister has special needs . . . and by then we just accept as he does all the wonderful things about her. This amusing and often touching story encompasses the issue of disability in a charming celebration of sibling friendship to which all children can relate. *(Book description and image from Amazon.com)*

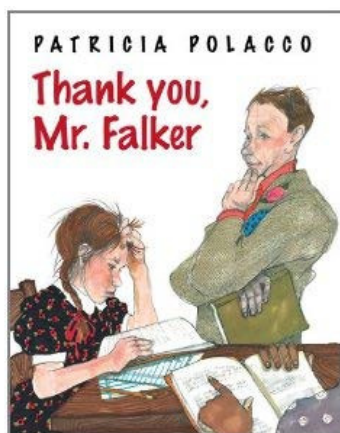
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**Book Title:** *My Brother Charlie*  
**Author:** Holly Robinson Peete & Ryan Elizabeth Peete  
**Illustrator:** Shane W. Evans  
**Publisher:** Scholastic Press  
**Year:** 2010  
**ISBN:** 0545094666  
**Number of Pages:** 40  
**Reading Level:** Ages 7-10  
**Interest Level:** PreK+

**Synopsis:** “Charlie has autism. His brain works in a special way. It’s harder for him to make friends. Or show his true feelings. Or stay safe.” But as his big sister tells us, for everything that Charlie can’t do well, there are plenty more things that he’s good at. He knows the names of all the American presidents. He knows stuff about airplanes. And he can even play the piano better than anyone he knows.

Actress and national autism spokesperson Holly Robinson Peete collaborates with her daughter on this book based on Holly’s 10-year old son, who has autism. (*Book description and image from Amazon.com*)



**Book Title:** *Thank you, Mr. Falker*  
**Author:** Patricia Polacco  
**Illustrator:** Patricia Polacco  
**Publisher:** Philomel Books  
**Year:** 1998  
**ISBN:** 0-399-23166-8  
**ISBN 13:** 978-0-399-23166-7  
**Number of Pages:** 40 (no page numbers)  
**Reading Level:** 4.1 (grade level)  
**Interest Level:** K+

**Synopsis:** Patricia Polacco is now one of America’s most loved children’s book creators, but once upon a time, she was a little girl named Trisha starting school. Trisha could paint and draw beautifully, but when she looked at words on a page, all she could see was jumble. It took a very special teacher to recognize little Trisha’s dyslexia: Mr. Falker, who encouraged her to overcome her reading disability. Patricia Polacco will never forget him, and neither will we. (*Book description and image from Amazon.com*)



APPENDIX F  
Bibliotherapy Lesson Plans

***“Don’t Laugh at Me” Lesson Plan – Bibliotherapy***

<b>Book:</b>	<i>Don’t Laugh At Me</i> by Steve Seskin & Allen Shamblin, illustrated by Glin Dibley (2002), Tricycle Press.
<b>Reading Level:</b> <b>Interest Level:</b>	1.6 (grade level) 2-5 (grade level)
<b>Global Purpose:</b>	To increase students’ awareness of name-calling and verbal bullying in school.
<b>Lesson Objective(s):</b>	Students will identify names that are respectful and those that are put-downs. They will identify ways to help others who are called names.
<b>Materials:</b>	Two apples, knife for cutting apples, “Don’t Laugh At Me” YouTube video.
<b>Key Vocabulary:</b>	Geek, braces, beggar, stare, deaf, blind.
<b>Pre-Reading Activities:</b>	<p>Have students sit in a circle. Ask the students, “Have you ever heard someone make fun of someone else by calling them a name?” We call this ‘name-calling’ or ‘put-downs.’ How do people feel when they are put down like this?”</p> <p>Share an experience when you were called a name. “When I was called this name, I felt bad. It’s like the apple is being dropped down to the ground (drop the apple). Now, I will pass the apple around to you who want to share a time when you saw someone say something unkind to you or someone else. Then drop the apple and pass it to the next child who wants to share a story.”</p> <p>Show the other apple. “This apple has been treated kindly.” Share an example of how you felt when someone said something nice to you. “If you have a story to share about a time when someone said something nice to you, then we will gently pass the apple to you.”</p> <p>“When we say unkind things to other people, it hurts. Although we might not be able to see the hurt on the outside, on the inside they are bruised.” Cut open the first apple and show the bruises.</p> <p>“When we are kind to each other, it is respectful.” Cut open the second apple and show the “star” configuration in the seeds. “When we use respectful words, we are stars, just like in this apple.” (Idea from <a href="http://kameron.org/Teacher-Lesson-Plans-Activities">http://kameron.org/Teacher-Lesson-Plans-Activities</a>)</p>

	<p>Review key vocabulary: In this story you will hear some of these words. Show each word and ask, “Who can tell me what these words mean?”</p>
<p><b>During Reading Activities:</b></p>	<p>Read through the story without stopping. Then play the accompanying CD while showing the illustrations again (or show video from YouTube).</p>
<p><b>Post-Reading Activities:</b></p>	<p>Review a few pages in the book and ask questions such as,</p> <ul style="list-style-type: none"> <li>• What did you notice about some of the people in the book?</li> <li>• Why do you think the boy in the wheelchair said “I pretend it <input type="checkbox"/> doesn’t hurt me when people point and stare.”</li> <li>• How could you show a kid how much you care?</li> </ul> <p>Have students answer discussion questions individually. Then pair students to share with their partner answers to the following questions:</p> <ul style="list-style-type: none"> <li>• What are good names that you like to be called?</li> <li>• What are bad names or put downs that you don’t like to be called?</li> <li>• How can you make someone feel better after he or she has been called a name?</li> <li>• What can you do when you hear someone call another child a name?</li> </ul> <p>Have students share their responses with the whole group. Collect their papers.</p>
<p><b>Closure:</b></p>	<p>“Some people say that, “Sticks and stones may break my bones, but names will never hurt me.” But we know that is not true. Just like the apple being dropped is bruised inside, when people call us names, we too can be bruised and hurt inside. When we choose to use respectful language with each other, we will feel better inside.</p> <p>This week I would like you to be aware of the way you talk about other people. Use respectful language by not calling people names and stand up for those who are teased.</p>

***“Don’t Laugh at Me” Lesson Plan – Didactic***

<b>Global Purpose:</b>	To increase students’ awareness of name-calling and verbal bullying in school.
<b>Lesson Objective(s):</b>	Students will identify names that are respectful and those that are put-downs. They will identify ways to help others who are called names.
<b>Materials:</b>	Two apples, a knife for cutting apples.
<b>Key Vocabulary:</b>	None.
<b>Introduction Activities:</b>	<p>Have students sit in a circle. Ask the students, “Have you ever heard someone make fun of someone else by calling them a name?” We call this ‘name-calling’ or ‘put-downs.’ How do people feel when they are put down like this?”</p> <p>Share an experience when you were called a name. “When I was called this name, I felt bad. It’s like the apple is being dropped down to the ground (drop the apple). Now, I will pass the apple around to you who want to share a time when you saw someone say something unkind to you or someone else. Then drop the apple and pass it to the next child who wants to share a story.”</p> <p>Show the other apple. “This apple has been treated kindly.” Share an example of how you felt when someone said something nice to you. “If you have a story to share about a time when someone said something nice to you, then we will gently pass the apple to you.”</p> <p>“When we say unkind things to other people, it hurts. Although we might not be able to see the hurt on the outside, on the inside they are bruised.” Cut open the first apple and show the bruises.</p> <p>“When we are kind to each other, it is respectful.” Cut open the second apple and show the “star” configuration in the seeds. “When we use respectful words, we are stars, just like in this apple.” (Idea from <a href="http://kameron.org/Teacher-Lesson-Plans-Activities">http://kameron.org/Teacher-Lesson-Plans-Activities</a>)</p> <p>Review key vocabulary: Show each word and ask, “Who can tell me what these words mean?”</p>
<b>Instruction:</b>	We are all different and have things that we are good at and things that we are not good at. Sometimes we feel bad if we don’t have straight teeth, if we don’t get chosen to play in a game at recess, or if schoolwork is harder than for the other kids in class.

	<p>Other people might laugh at us when we aren't as "good" as them. But it's okay to be the way we are – fat/thin, short/tall, deaf/blind. We are all different and that's okay.</p>
<p><b>Discussion:</b></p>	<p>Have students answer discussion questions individually. Then pair students to share with their partner answers to the following questions:</p> <ul style="list-style-type: none"> <li>• What are good names that you like to be called?</li> <li>• What are bad names or put downs that you don't like to be called?</li> <li>• How can you make someone feel better after he or she has been called a name?</li> <li>• What can you do when you hear someone call another child a name?</li> </ul> <p>Have students share their responses with the whole group. Collect their papers.</p>
<p><b>Closure:</b></p>	<p>“Some people say that ‘Sticks and stones may break my bones, but names will never hurt me.’ But we know that is not true. Just like the apple being dropped is bruised inside, when people call us names, we, too can be bruised and hurt inside. When we choose to use respectful language with each other, we will feel better inside.</p> <p>This week I would like you to be aware of the way you talk about other people. Use respectful language by not calling people names and stand up for those who are teased.</p>

***“The Best Worst Brother” Lesson Plan – Bibliotherapy***

<b>Book:</b>	<i>The Best Worst Brother</i> by Stephanie Stuve-Bodeen, illustrated by Charlotte Fremaux (2005), Woodbine House.
<b>Interest Level:</b>	PreK+
<b>Global Purpose:</b>	To increase students’ awareness of students who learn slowly.
<b>Lesson Objective(s):</b>	Students will learn to sign “Please” and “Thank you” in American Sign Language. Older students will also learn to spell their names with fingerspelling.
<b>Materials:</b>	Key vocabulary words, pictures of people with Down syndrome.
<b>Key Vocabulary:</b>	Signs, sign language, patient
<b>Pre-Reading Activities:</b>	<ul style="list-style-type: none"> <li>• Have students sit in a circle. Ask the students if they kept their commitment to not call anyone names over the past week.</li> <li>• Ask the students to put their thumbs up for “yes,” and ask, “Who has a little brother?” “Who has a little sister?” “Are you ever bothered by your little brother or sister?”</li> <li>• Share an experience when you didn’t get along with a sibling, or when you needed to be patient with this sibling.</li> <li>• “When we have little brothers or sisters (or cousins or friends) who are just learning, we need to be patient with them. Whenever someone is learning something new, we need to be patient. Let me demonstrate. I want you to learn to do exactly what I am doing.” (Sign the first 5-10 letters of the alphabet using fingerspelling.) “Now you try it. “ (Don’t model it again.) “Do you think I need to be patient with you as you learn to do this? It’s called ‘fingerspelling’ and is a way to communicate with others in a way that’s different from speaking. It is a form of sign language.”</li> <li>• Review key vocabulary: In this story you will hear some of these words. Show each word and ask, “Who can tell me what these words mean?”</li> </ul>
<b>Read the Story:</b>	<ul style="list-style-type: none"> <li>• Show the cover of the book and read the title. Ask, “What do you think it means to be the ‘best worst brother’? How can a brother be the best AND the worst?”</li> <li>• Read through the story without stopping.</li> </ul>

<b>Post-Reading Discussion:</b>	Review a few pages in the book and ask questions such as, <ul style="list-style-type: none"><li>• Do you have a brother or sister who has done some of the things Isaac did in this story? How did it make you feel?</li><li>• Why do you think Isaac likes to have the blocks all to himself?</li><li>• Do you know anyone who has a hard time learning to speak?</li><li>• What did Isaac’s family do to help him learn to communicate?</li><li>• How was Isaac’s sister patient with him?</li></ul>
<b>Closure:</b>	“This week I would like you to practice fingerspelling. Also, if you know of people who have a hard time learning something new, then I want you to be patient with them and help them in ways that will help them be successful by not helping too much and not too little.”

## Pictures of people with Down syndrome:

Sujeet Dasai

<http://www.sujeet.com/>



Lauren Potter – <http://www.disabilityscoop.com/2010/04/12/lauren-potter-gee/7618/>  
[http://blogs.orlandosentinel.com/entertainment\\_tv\\_tvblog/2012/02/glee-lauren-potter-to-speak-at-ucf-conference.html](http://blogs.orlandosentinel.com/entertainment_tv_tvblog/2012/02/glee-lauren-potter-to-speak-at-ucf-conference.html)



Michael Johnson – <http://users.psln.com/sharing/Michael/mainMichael.html>





Robert Pio Haijar – <http://ideal-way.ca/>



*Photo By Rob Butterwick*

***“The Best Worst Brother” Lesson Plan – Didactic***

<b>Global Purpose:</b>	To increase students’ awareness of students who learn slowly.
<b>Lesson Objective(s):</b>	Students will learn to sign “Please” and “Thank you” in American Sign Language. Older students will also learn to spell their names with fingerspelling.
<b>Materials:</b>	Key vocabulary words, pictures of people with Down syndrome.
<b>Key Vocabulary:</b>	Signs, sign language, patient
<b>Introduction:</b>	<ul style="list-style-type: none"> <li>• Have students sit in a circle. Ask the students if they kept their commitment to not call anyone names over the past week.</li> <li>• Ask the students to put their thumbs up for “yes,” and ask, “Who has a little brother?” “Who has a little sister?” “Are you ever bothered by your little brother or sister?”</li> <li>• Share an experience when you didn’t get along with a sibling, or when you needed to be patient with this sibling.</li> <li>• “When we have little brothers or sisters (or cousins or friends) who are just learning, we need to be patient with them. Whenever someone is learning something new, we need to be patient. Let me demonstrate. I want you to learn to do exactly what I am doing.” (Sign the first 5-10 letters of the alphabet using fingerspelling.) “Now you try it. “ (Don’t model it again.) “Do you think I need to be patient with you as you learn to do this? It’s called ‘fingerspelling’ and is a way to communicate with others in a way that’s different from speaking. It is a form of sign language.”</li> <li>• Review key vocabulary: In this story you will hear some of these words. Show each word and ask, “Who can tell me what these words mean?”</li> </ul>
<b>Instruction:</b>	<ul style="list-style-type: none"> <li>• “It takes some children longer to learn to speak. Some children never learn to speak and they use different ways to communicate. What are some ways you can think of?”</li> <li>• “You may know someone who has Down syndrome. To have Down syndrome means that it might be a lot harder to learn certain things, like how to walk, how to talk, how to read, or how to write. But it doesn’t mean that they can’t learn. It just means that they will need special help with certain things. You shouldn’t do things for them, but you should help them to do things on their own. That way they will feel better about themselves and be able to some of the things you like to do – all on their own.”</li> </ul>

	<ul style="list-style-type: none"> <li>• “Some children with Down syndrome speak very well.” (Show pictures of people with Down syndrome.) “There are people with Down syndrome who are motivational speakers, actors, musicians, and artists. There are also other people with Down syndrome who don’t learn as quickly and may not be able to speak. They will need other ways to communicate.”</li> </ul>
<b>Discussion:</b>	<ul style="list-style-type: none"> <li>• Do you have a brother or sister who has done some things that bother you? How did it make you feel?</li> <li>• Do you know anyone who has a hard time learning to speak?</li> <li>• How can families help children who find it hard to speak?</li> <li>• How can you be patient with people who learn more slowly than you do?</li> </ul>
<b>Extension Activities:</b>	<ul style="list-style-type: none"> <li>• “Today we are going to teach you some signs like the ones I showed you earlier: ‘Please’ and ‘Thank you.’ We will also teach you how to fingerspell. Fingerspelling is a way to use your fingers to spell out words. For example, if I wanted to spell the name ‘Isaac’, it would look like this (fingerspell I-S-A-A-C).”</li> <li>• Model fingerspelling the whole alphabet, pausing for the students to follow the model after each letter. Repeat several times. Sing the alphabet song with the younger grades while fingerspelling. Have students spell their names to each other.</li> </ul>
<b>Closure:</b>	<p>“This week I would like you to practice fingerspelling. Also, if you know of people who have a hard time learning something new, then I want you to be patient with them and help them in ways that will help them be successful by not helping too much and not too little.”</p>

**“Just Because” Lesson Plan – Bibliotherapy**

<b>Book:</b>	<i>Just Because</i> by Rebecca Elliott (2010), Lion Children’s
<b>Interest Level:</b>	PreK+
<b>Global Purpose:</b>	To increase students’ ability to help others.
<b>Lesson Objective(s):</b>	Students will learn to give the right amount of help to others.
<b>Materials:</b>	Key vocabulary words, Legos (separated into Ziploc bags with two sets of the same type of Legos), teacher’s “I Do, We Do, You Do” display.
<b>Key Vocabulary:</b>	Algebra, dragonflies, pigeons, Jupiter, enormous, & acorns.
<b>Pre-Reading Activities:</b>	<ul style="list-style-type: none"> <li>• Have students sit at their desks. Ask the students if they remember the signs and fingerspelling they learned last week. Briefly review.</li> <li>• “Have you ever wondered why you are good at something like math or spelling? Or why you are not good at other things like playing basketball or doing gymnastics? Why are some people tall and other people short? Big or little? Learn quickly or learn slowly? Sometimes we don’t have good answers for these questions. One answer may be “Just because.” Today we are going to read a book about a boy named Toby and his sister, Clemmie. He has a lot of questions, and is satisfied with the answer “Just because.”</li> <li>• This book is based on two real children. Show the picture of Toby and Clemmie with their mom.</li> <li>• Review key vocabulary: In this story you will hear some of these words. Show each word and ask, “Who can tell me what these words mean?”</li> </ul>
<b>Read the Story:</b>	<ul style="list-style-type: none"> <li>• Show the cover of the book and read the title. Ask, “What do you notice about Toby and Clemmie?” (If the students don’t mention it, point out that Toby is helping Clemmie who is in a wheelchair so they can fly to the moon.)</li> <li>• Read through the story without stopping.</li> </ul>
<b>Post-Reading Discussion:</b>	<p>Review a few pages in the book and ask questions such as,</p> <ul style="list-style-type: none"> <li>• Toby says that Clemmie can’t walk, talk, or move around much.</li> </ul>

	<p>She has significant disabilities. Does he seem upset about this? Why/why not?</p> <ul style="list-style-type: none"> <li>• Why does Toby think princesses don't have to do much but sit and look pretty? Do you think people who are in wheelchairs can do more than sit? What can they do?</li> <li>• How does Clemmie help Toby?</li> <li>• How does Toby help Clemmie?</li> </ul>
<p><b>Extension Activities:</b></p>	<ul style="list-style-type: none"> <li>• “Sometimes people in wheelchairs have a hard time doing regular things that are easy for you to do. They may need extra help. When we help them, we need to make sure we don't do things for them, but that we give the right amount of help.”</li> <li>• “One way we can do this is by using three steps:       <ul style="list-style-type: none"> <li>○ “I Do”</li> <li>○ “We Do”</li> <li>○ “You Do”</li> </ul> </li> <li>• Show the teacher's “I Do, We Do, You Do” display and ask □the students, “Who can tell me what you do when it says, “I □do”, “We do” and “You do”?”</li> <li>• “Today we are going to use “I Do, We Do, You Do” to build □something with Legos. But, it won't be that easy. We will be using our non-dominant hand (explain) with a glove on that hand. You will be in pairs – one of you will be the helper and the other person will be the learner. The learner wears the glove. Let me show you.       <ul style="list-style-type: none"> <li>○ Have a volunteer come up to the front of the class.</li> <li>○ Build a small structure with Legos. (Show “I Do.”)</li> <li>○ Have the volunteer put on the glove on the non- □dominant hand and together make a similar □structure. (Show “We Do.”)</li> <li>○ Take the structure apart and let the volunteer do it □by him/herself. (Show “You Do.”)</li> <li>○ (If the activity is too easy for the older students, □they can close their eyes while feeling the □structure and trying to make a similar one.)</li> </ul> </li> <li>• “Do you see that I didn't give too much or too little help? □When I show, then guide, then the learner is more likely to □do it by him/herself.”</li> </ul>

	<ul style="list-style-type: none"><li>• “Now I will pass out the Legos and let you pair up. Choose □ who will be the helper and who will be the learner. After a □ few minutes, we will switch roles.”</li><li>• Have students pair-up and make their Lego structures, □ switching roles after 3-4 minutes.</li></ul>
<b>Closure:</b>	“This week I would like you to practice helping others – not too much and not too little. You can help your little brother, sister, or cousin, or you can help a friend in your class, or someone who has special needs. Remember how to help by using “I do, we do, you do.”

***“Just Because” Lesson Plan – Didactic***

<b>Global Purpose:</b>	To increase students’ ability to help others.
<b>Lesson Objective(s):</b>	Students will learn to give the right amount of help to others.
<b>Materials:</b>	Key vocabulary words, Legos (separated into Ziploc bags with two sets of the same type of Legos), teacher’s “I Do, We Do, You Do” display.
<b>Key Vocabulary:</b>	None
<b>Introduction:</b>	<ul style="list-style-type: none"> <li>• Have students sit at their desks. Ask the students if they remember the signs and fingerspelling they learned last week. Briefly review.</li> <li>• “Have you ever wondered why you are good at something like math or spelling? Or why you are not good at other things like playing basketball or doing gymnastics? Why are some people tall and other people short? Big or little? Learn quickly or learn slowly? Sometimes we don’t have good answers for these questions. One answer may be “Just because.” Today we are going to learn about helping other people when they need help. We don’t have to know why certain people need more help than we do, but it is important that we know how to give the right amount of help.</li> </ul>
<b>Instruction:</b>	<ul style="list-style-type: none"> <li>• “Some people have bodies that don’t work like our bodies do. They may not be able to walk, talk, or even feed themselves. They may need help doing regular things for the rest of their lives.”</li> <li>• “Do you remember when you first learned how to do something? How did it feel when you were able to do it all by yourself?”</li> <li>• Show the photograph of Clemmie, Toby, and their mom. “This little girl is Clemmie. She lives in England with her family. She can’t walk and she can’t talk. But she loves her brother and he loves her. She has significant disabilities.”</li> </ul>
<b>Discussion:</b>	“If you had a friend or a sibling who had significant disabilities, how would you feel? How could you help this person? How could this person help you?”



<p><b>Extension Activities:</b></p>	<ul style="list-style-type: none"> <li>• “Sometimes people in wheelchairs have a hard time doing regular things that are easy for you to do. They may need extra help. When we help them, we need to make sure we don’t do things for them, but that we give the right amount of help.”</li> <li>• “One way we can do this is by using three steps: <ul style="list-style-type: none"> <li>○ “I Do”</li> <li>○ “We Do”</li> <li>○ “You Do”</li> </ul> </li> <li>• Show the teacher’s “I Do, We Do, You Do” display and ask □the students, “Who can tell me what you do when it says, “I □do”, “We do” and “You do”?”</li> <li>• “Today we are going to use “I Do, We Do, You Do” to build □something with Legos. But, it won’t be that easy. We will be using our non-dominant hand (explain) with a glove on that hand. You will be in pairs – one of you will be the helper and the other person will be the learner. The learner wears the glove. Let me show you. <ul style="list-style-type: none"> <li>○ Have a volunteer come up to the front of the class.</li> <li>○ Build a small structure with Legos. (Show “I Do.”)</li> <li>○ Have the volunteer put on the glove on the non- □dominant hand and together make a similar □structure. (Show “We Do.”)</li> <li>○ Take the structure apart and let the volunteer do it □by him/herself. (Show “You Do.”)</li> <li>○ (If the activity is too easy for the older students, □they can close their eyes while feeling the □structure and trying to make a similar one.)</li> </ul> </li> <li>• “Do you see that I didn’t give too much or too little help? □When I show, then guide, then the learner is more likely to □do it by him/herself.”</li> <li>• “Now I will pass out the Legos and let you pair up. Choose □who will be the helper and who will be the learner. After a □few minutes, we will switch roles.”</li> <li>• Have students pair-up and make their Lego structures, switching roles after 3-4 minutes.</li> </ul>
<p><b>Closure:</b></p>	<p>“This week I would like you to practice helping others – not too much and not too little. You can help your little brother, sister, or cousin, or you can help a friend in your class, or someone who has special needs. Remember how to help by using “I do, we do, you do.”</p>



Image from:

[http://www.eadt.co.uk/ealife/suffolk\\_diary\\_of\\_the\\_doodler\\_the\\_artist\\_behind\\_milo\\_s\\_pet\\_egg\\_and\\_zoo\\_girl\\_1\\_927658](http://www.eadt.co.uk/ealife/suffolk_diary_of_the_doodler_the_artist_behind_milo_s_pet_egg_and_zoo_girl_1_927658)

**“My Brother Charlie” Lesson Plan – Bibliotherapy**

<b>Book:</b>	<i>My Brother Charlie</i> by Holly Robinson Peete & Elizabeth Ryan Peete, illustrated by Shane W. Evans, Scholastic Press.
<b>Interest Level:</b>	PreK+
<b>Global Purpose:</b>	To teach students to be friends with each other, regardless of their differences.
<b>Lesson Objective(s):</b>	Students will work together to complete a puzzle while practicing the four elements of being a friend.
<b>Materials:</b>	Paper/pencils, radio, air freshener, vocabulary words, pictures of children with autism, picture of autism puzzle, puzzle pieces put into Ziploc bags, Samuel Allred’s story from “Utah’s Challenge to Do the Write Thing, Student Writings 2005” (pp. 12-14).
<b>Key Vocabulary:</b>	Big dipper, skinnier, goofier, fireflies, autism, “do right by,” “fitting in,” sneakers.
<b>Pre-Reading Activities:</b>	<p>Have the students get out a piece of paper and pencil and give them one minute to do the following:</p> <p>1st grade – write the ABCs □</p> <p>2nd – 3rd grades – write the ABC’s with their non-dominant hand</p> <p>4th – 6th grades – write the ABC’s backwards (with or without their non-dominant hand)</p> <p>After they have begun this task, play a radio that is slightly out of tune, occasionally turn the lights off and on, spray air freshener, touch a few kids on the shoulder, and recite some of the letters of the alphabet randomly.</p> <p>Ask the students how they felt when they were trying to complete this task. Explain that it is hard to focus when there are distractions. Things that we see, hear, feel, smell, and taste can be distracting. They may have experienced sensory overload – many of their senses were highly activated. This is how many students with autism feel when they are in school, so they “shut down” or “go into their own world.”</p> <p>“Today we are going to learn about children with autism and how to become better friends. We will read this book about a boy named Charlie who has autism.”</p> <p>Review key vocabulary: In this story you will hear some of these words. Show each word and ask, “Who can tell me what these words mean?”</p>

<b>Read the Story:</b>	Read the story without stopping.
<b>Post-Reading Discussion:</b>	<p>Review a few pages in the book and ask questions such as,</p> <ul style="list-style-type: none"> <li>• In what ways are Charlie and Callie the same? Different?</li> <li>• Charlie’s autism makes it harder for him to make friends. Why do you think so?</li> <li>• How is Callie a friend to Charlie, even though he doesn’t speak much?</li> <li>• How does Charlie show that he loves his sister?</li> </ul>
<b>Extension Activities:</b>	<p>Show the video of Adam Has Asperger to demonstrate a child with higher functioning autism (Asperger):  <a href="http://www.youtube.com/watch?v=IKGzxBNmMMI">http://www.youtube.com/watch?v=IKGzxBNmMMI</a>  (Caution: at 2:03 he says “o my gawd” which might be offensive to some students – you may turn the volume down)</p> <p>Explain that Asperger Syndrome is like a high functioning form of autism. Autism and Asperger Syndrome are considered “Autism Spectrum Disorders.”</p> <p>“Children with Autism Spectrum Disorders can be like Charlie, and not able to talk very well, or they can be like Adam, who talks a lot.”</p> <p>“They have problems with their senses, which makes them act in unusual ways (e.g., doing things that are dangerous, not wanting to be touched, not looking people in their eyes, moving their hands back and forth, rocking, toe walking, or watching things that others don’t typically notice).”</p> <p>“Another thing kids with autism have in common is their difficulty with social skills, such as making friends.” (Show pictures of children with autism.) “Tell me what it means to be a friend.” (Have a few students share.)</p> <p>“Typically, friends do the following:</p> <ol style="list-style-type: none"> <li>1. Play or hang out with each other.</li> <li>2. Help each other.</li> <li>3. Compliment each other.</li> <li>4. Talk to each other about shared and non-shared interests.” <p>“Autism is often represented with a puzzle (show the puzzle ribbon), because every kid with autism is different and it can be difficult to figure them out.</p> </li></ol>

	<p>So, I have a puzzle for you that I want you to put together in a group of 4 students. While you put the puzzle together, I want you to practice the 4 parts of being a friend: play, help, compliment, and talk to each other.”</p>
<p><b>Closure:</b></p>	<ul style="list-style-type: none"> <li>• “How did you do with following the four parts of being a friend?”</li> <li>• “Do you think it would be harder or easier if a child with autism were <input type="checkbox"/> doing the puzzle with you? Why?”</li> <li>• “How did following the four parts help you to complete the puzzle?”</li> <li>• “What was the picture depicted in your puzzle?” (children with autism). Read Samuel Allred’s story about his brother Andrew, who has Asperger Syndrome. <input type="checkbox"/></li> </ul> <p>“This week, I want you to practice the four parts of being a friend, especially to someone who may struggle with making a friend. Remember to invite them to play or hang out, help them, compliment them, and talk to them.”</p>

**“My Brother Charlie” Lesson Plan – Didactic**

<b>Global Purpose:</b>	To teach students to be friends with each other, regardless of their differences.
<b>Lesson Objective(s):</b>	Students will work together to complete a puzzle while practicing the four elements of being a friend.
<b>Materials:</b>	Paper/pencils, radio, air freshener, vocabulary words, pictures of children with autism, picture of autism puzzle, puzzle pieces put into Ziploc bags, Samuel Allred’s story from “Utah’s Challenge to Do the Write Thing, Student Writings 2005” (pp. 12-14).
<b>Key Vocabulary:</b>	Autism, Asperger Syndrome.
<b>Pre-Reading Activities:</b>	<p>Have the students get out a piece of paper and pencil and give them one minute to do the following:</p> <p>1st grade – write the ABCs □  2nd – 3rd grades – write the ABC’s with their non-dominant hand  4th – 6th grades – write the ABC’s backwards (with or without their non-dominant hand)</p> <p>After they have begun this task, play a radio that is slightly out of tune, occasionally turn the lights off and on, spray air freshener, touch a few kids on the shoulder, and recite some of the letters of the alphabet randomly.</p> <p>Ask the students how they felt when they were trying to complete this task. Explain that it is hard to focus when there are distractions. Things that we see, hear, feel, smell, and taste can be distracting. They may have experienced sensory overload – many of their senses were highly activated. This is how many students with autism feel when they are in school, so they “shut down” or “go into their own world.”</p> <p>“Today we are going to learn about children with autism and how to become better friends.”</p>
<b>Instruction:</b>	<p>“Who knows what it means to have autism?”</p> <p>Review the following points about Autism Spectrum Disorders, and show pictures as appropriate:</p> <ul style="list-style-type: none"> <li>• Autism is a disability that affects people in three primary ways: communication, social, and behaviors.</li> <li>• Autism is a spectrum disorder (explain spectrum – like a color</li> </ul>

	<p>spectrum” because each person is affected differently – some may be brilliant and do really well at certain subjects, while others may have intellectual disabilities and not able to take care of themselves very well.</p> <ul style="list-style-type: none"> <li>• Communication – they may not be able to speak, or they may speak a lot (but often on one topic).</li> <li>• Social – they may be isolated and prefer to be by themselves, or they may want to have friends, but not know how to make friends.</li> <li>• Behavior – because they have sensory problems, they often have behaviors that seem strange to us such as doing things that are dangerous, not wanting to be touched, not looking people in their eyes, moving their hands back and forth, rocking, toe walking, or watching things that others don’t typically notice.</li> </ul> <p>Asperger Syndrome is like a high functioning form of autism. Kids with Asperger Syndrome are often very bright, but may seem socially odd or quirky.</p>
<b>Discussion:</b>	<p>Ask questions such as,</p> <ul style="list-style-type: none"> <li>• Do you know anyone who has autism?</li> <li>• What can that person do?</li> <li>• What is difficult for that person?</li> </ul>
<b>Extension Activities:</b>	<p>Show the video of Adam Has Asperger to demonstrate a child with higher functioning autism (Asperger):  <a href="http://www.youtube.com/watch?v=IKGzxBNmMMI">http://www.youtube.com/watch?v=IKGzxBNmMMI</a>  (Caution: at 2:03 he says “o my gawd” which might be offensive to some students – you may turn the volume down)</p> <p>Explain that Asperger Syndrome is like a high functioning form of autism. Autism and Asperger Syndrome are considered “Autism Spectrum Disorders.”</p> <p>“Children with Autism Spectrum Disorders can be like Charlie, and not able to talk very well, or they can be like Adam, who talks a lot.”</p> <p>“They have problems with their senses, which makes them act in unusual ways (e.g., doing things that are dangerous, not wanting to be touched, not looking people in their eyes, moving their hands back and forth, rocking, toe walking, or watching things that others don’t typically notice).”</p> <p>“Another thing kids with autism have in common is their difficulty with social skills, such as making friends.” (Show pictures of children with autism.) “Tell me what it means to be a friend.” (Have a few students share.)</p>

	<p>“Typically, friends do the following:</p> <ol style="list-style-type: none"> <li>5. Play or hang out with each other.</li> <li>6. Help each other.</li> <li>7. Compliment each other.</li> <li>8. Talk to each other about shared and non-shared interests.”</li> </ol> <p>“Autism is often represented with a puzzle (show the puzzle ribbon), because every kid with autism is different, and it can be difficult to figure them out.</p> <p>So, I have a puzzle for you that I want you to put together in a group of four students. While you put the puzzle together, I want you to practice the four parts of being a friend: play, help, compliment, and talk to each other.”</p>
<p><b>Closure:</b></p>	<ul style="list-style-type: none"> <li>• “How did you do with following the four parts of being a friend?”</li> <li>• “Do you think it would be harder or easier if a child with autism were <input type="checkbox"/> doing the puzzle with you? Why?”</li> <li>• “How did following the four parts help you to complete the puzzle?”</li> <li>• “What was the picture depicted in your puzzle?” (children with autism) Read Samuel Allred’s story about his brother Andrew, who has Asperger Syndrome. <input type="checkbox"/></li> </ul> <p>“This week, I want you to practice the four parts of being a friend, especially to someone who may struggle with making a friend. Remember to invite them to play or hang out, help them, compliment them, and talk to them.”</p>





Holly Robinson Peete and Family

Image from:

<http://savvyauntie.com/expertisedetails.aspx?id=1720&GroupID=303&Name=Savvy%20Special%20Needs%20Mom:%20Holly%20Robinson%20Peete>



Image from: <http://content.time.com/time/covers/0,16641,20020506,00.html>

***“Thank You, Mr. Falker” Lesson Plan – Bibliotherapy***

<b>Book:</b>	<i>Thank You, Mr. Falker</i> by Patricia Polacco, illustrated by Patricia Polacco (1998), Philomel Books
<b>Reading Level:</b> <b>Interest Level:</b>	4.1 (grade level) K+
<b>Lesson Objective(s):</b>	To teach students that how we treat others impacts how they feel. After listening to the story, students will identify 4-5 ways they can make others feel like they are “tasting honey” (good).
<b>Materials:</b>	Samples of honey and vinegar in small containers for each child; “Stroop Effect” color word pages; “Five Peas in a Pod” reading sheet.
<b>Key Vocabulary:</b>	Ladle, drizzled, knowledge, wiggling, twilight, fireflies, torture, wobbly, California, Michigan, two-tone, Plymouth, longed, abuzz, elegant, slick, brilliant, stumbling, fuzzy, plaid, fault, stairwell, mole, memorize, cunning, bravery, flicked, paragraph, odyssey, discovery, adventure.
<b>Pre-Reading Activities:</b>	<ul style="list-style-type: none"> <li>• Tell the students they are going to taste two different foods. Give each student two small containers – one with honey and one with vinegar. (You may do this with 2-3 volunteers, instead). Ask them to dip their fingers into each and taste them. Ask students to provide words to describe what they tasted. Add words that they don’t provide (e.g., honey – sweet, yummy, sugary; vinegar – sour, bitter, yucky). Write the words on the board in two different columns.</li> <li>• Tell the students you are going to read a story about a girl who has some things happen to her that feel like eating honey and some things that feel like eating vinegar.</li> <li>• Read the title and show the book’s front cover. Ask, “Who do you think Mr. Falker is? Who do you think is thanking him? Why?”</li> </ul>
<b>Read the Story:</b>	Read the story without stopping.
<b>Post-Reading Discussion:</b>	<p><i>Show the pictures and ask the following questions:</i></p> <ul style="list-style-type: none"> <li>• Why does the grandpa have the girl taste the honey?</li> <li>• What does he say honey is like?</li> <li>• Why did Tricia begin to feel dumb? Do you think that felt like tasting honey or vinegar?</li> </ul>

	<ul style="list-style-type: none"> <li>• Why did Tricia like being with her Grandma? Do you think that felt like tasting honey or vinegar?</li> <li>• When the other children called Tricia dumb, do you think that felt like tasting honey or vinegar?</li> <li>• What did Mr. Falker call Tricia’s drawings? Do you think that felt like tasting honey or vinegar?</li> <li>• When Eric and the other kids call her names, do you think that felt like tasting honey or vinegar?</li> <li>• How does Mr. Falker help Tricia? Do you think that felt like tasting honey or vinegar?</li> </ul> <p>Tell the students that each of us can make others feel like they are tasting honey or tasting vinegar. Explain that when we make others feel like they are tasting vinegar, then we are a bully and bullying will not be allowed in school.</p> <p>Ask students what different characters did in the story that made Tricia feel like she was tasting honey or vinegar. Create a list on the board, (e.g., honey – being good at drawing, being told you are smart, being told you draw well; vinegar – feeling different, having a hard time reading, feeling dumb, being called names, others laughing at you, hiding to avoid a bully).</p> <p>Explain that the students in the classroom are going to be like bees who make honey. As a class, generate a list of 4 or 5 positive things students will do that will help others feel like they are tasting honey (e.g., say nice things, help others, tell an adult if someone is teasing). Write these statements on the honey jar page.</p>
<p><b>Extension Activities:</b></p>	<ul style="list-style-type: none"> <li>• Tricia has a learning disability in reading. This means that what she sees on the page gets mixed up in her brain. Her brain does not perceive letters, words, and sentences the same that other kids see them.</li> <li>• We will do an activity, which will give you an idea of how our brains might interpret the written word differently. (Do the “Stroop Effect” activity with the color words.) In groups of two or three students, I want each student to take a turn reading the COLORS of these words. Do not read the words themselves, but say the COLORS. (For 1<sup>st</sup> and 2<sup>nd</sup> grade students, have them read the color words in black/white before moving to the colored word sheet.)</li> <li>• Now we will read a story “round robin” style. (Do this for 3<sup>rd</sup> – 6<sup>th</sup> grade students.) Put the students into 3-4 groups, in a circle. Have one student read one sentence from the “Peas in a Pod” story while the</li> </ul>

	<p>other students listen. Then, pass the page to the next student to read.</p> <ul style="list-style-type: none"><li>• How did it feel to not be able to read the color words very well? (Honey or vinegar?)</li><li>• How did it feel to not be able to read the story very well? (Read the story to the students).</li><li>• How can you help students who have difficulties with reading?</li></ul>
<b>Closure:</b>	<p>Remind students how the honey and vinegar tasted, and that we will work on making others feel like they are tasting honey in our classroom. Review the behaviors students will exhibit, as listed on the honey jar, and that each of the bees make the honey sweet so everyone needs to help.</p>

### “Thank You, Mr. Falker” Lesson Plan – Didactic

<b>Lesson Objective(s):</b>	To teach students that how we treat others impacts how they feel. After listening to the story, students will identify 4-5 ways they can make others feel like they are “tasting honey” (good).
<b>Materials:</b>	Samples of honey and vinegar in small containers for each child; “Stroop Effect” color word pages; “Five Peas in a Pod” reading sheet.
<b>Key Vocabulary:</b>	None
<b>Introductory Activities:</b>	<ul style="list-style-type: none"> <li>• Tell the students they are going to taste two different foods. Give each student two small containers – one with honey and one with vinegar. (You may do this with 2-3 volunteers, instead). Ask them to dip their fingers into each and taste them. Ask students to provide words to describe what they tasted. Add words that they don’t provide (e.g., honey – sweet, yummy, sugary; vinegar – sour, bitter, yucky). Write the words on the board in two different columns.</li> </ul>
<b>Instruction:</b>	<ul style="list-style-type: none"> <li>• Some students have a learning disability in reading. This means that what they see on the page gets mixed up in their brains. Their brains do not perceive letters, words, and sentences the same way that other kids see them.</li> <li>• Their brains work well in other ways and they can be very smart and creative. They can be very good at certain things such as sports, building things, and coming up with new ideas and ways of doing things.</li> <li>• Show pictures of famous people who have struggled in school due to reading problems such as dyslexia.</li> <li>• These famous people have found strengths in areas other than reading and have been successful. This is like tasting honey.</li> <li>• But if they were teased or felt frustrated in school, this is like tasting vinegar.</li> </ul>
<b>Discussion:</b>	<p><i>Ask the following questions:</i></p> <ul style="list-style-type: none"> <li>○ What things in school make you feel good, like tasting honey?</li> <li>○ What things in school make you feel a little sour, like tasting vinegar?</li> </ul>

	<p>Create a list on the board (e.g., honey – being good at drawing being told you are smart, being told you draw well; vinegar – feeling different, having a hard time reading, feeling dumb, being called names, others laughing at you, hiding to avoid a bully).</p> <p>Tell the students that each of us can make others feel like they are tasting honey or tasting vinegar. Explain that when we make others feel like they are tasting vinegar, then we are a bully and bullying will not be allowed in school.</p> <p>Explain that the students in the classroom are going to be like bees who make honey. As a class, generate a list of 4 or 5 positive things students will do that will help others feel like they are tasting honey (e.g., say nice things, help others, tell an adult if someone is teasing). Write these statements on the honey jar page.</p>
<p><b>Extension Activities:</b></p>	<ul style="list-style-type: none"> <li>• We will do an activity, which will give you an idea of how our brains might interpret the written word differently. (Do the “Stroop Effect” activity with the color words.) In groups of two or three students, I want each student to take a turn reading the COLORS of these words. Do not read the words themselves, but say the COLORS. (For 1<sup>st</sup> and 2<sup>nd</sup> grade students, have them read the color words in black/white before moving to the colored word sheet.)</li> <li>• Now we will read a story “round robin” style. (Do this for 3<sup>rd</sup> – 6<sup>th</sup> grade students.) Put the students into 3-4 groups, in a circle. Have one student read one sentence from the “Peas in a Pod” story while the other students listen. Then, pass the page to the next student to read.</li> <li>• How did it feel to not be able to read the color words very well? (Honey or vinegar?)</li> <li>• How did it feel to not be able to read the story very well? (Read the story to the students).</li> <li>• How can you help students who have difficulties with reading?</li> </ul>
<p><b>Closure:</b></p>	<p>Remind students how the honey and vinegar tasted, and that we will work on making others feel like they are tasting honey in our classroom. Review the behaviors students will exhibit, as listed on the honey jar, and that each of the bees make the honey sweet so everyone needs to help.</p>





APPENDIX G  
Unit Organizer

BIGGER PICTURE		
② LAST UNIT/Experience	① CURRENT UNIT <b>Disability Awareness</b>	③ NEXT UNIT/Experience
⑧ UNIT SCHEDULE		⑤ UNIT MAP  
2/10	Name-Calling: "Don't Laugh At Me"	
2/17	Talking with Others: Down syndrome "The Best Worst Brother"	
2/24	Helping Others: Intellectual Disability "Just Because"	
3/2	Being Friends with Others: Autism/Asperger "My Brother Charlie"	
3/9	Can Do & Can't Do: Learning Disability "Thank You, Mr. Falker"	
3/16	Post-Test	
4/06	Interviews	
4/13	Delayed Post-Test for Teachers	