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Assessing Three Intervention Treatments to Modify
Attitudes Toward Disabled Persons

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Psychology Undergraduate Thesis

RUNNING HEAD: ATTITUDE MODIFICATION TOWARD DISABILITY

Abstract

This study examines the effect of three intervention treatments on attitudes of subjects toward handicapped individuals. Seventy-three undergraduate subjects from Louisiana State University were voluntarily recruited. The Yaker Scale of Attitudes Toward Disabled Persons and the Situational Attitude Scale Form C were given to these subjects who were randomly assigned to one of five groups. These scales measure attitudes toward disability prior to intervention, immediately following intervention, and two weeks after intervention. The five interventions are as follows: (A) Attention-Placebo Control Group (B) Waiting Group (C) Educational Treatment (D) Lecture Treatment (E) Exposure Treatment. It was hypothesized that the groups receiving treatment would show more attitude change than the two control groups and that the attitude change would be in the direction toward greater acceptance of disabled individuals. The control subjects were not expected to show significant changes in attitude. Analysis of results revealed a tendency for more positive attitudes among some treatment groups, but not among control groups. However, these results failed to reach significance.

Assessing three intervention treatments to modify attitudes toward disabled persons

The prevalence of handicapped individuals in our society has conjured up different public reactions. Some people feel pity for these disadvantaged people, others ostracize them, deny them equal opportunity, or view them as sick, dependent, or nonproductive. Others feel anxious or uncomfortable around them (Chubon, 1982; Hahn, 1988; Jabin, 1987). Most of the research that has been done in this area has focused on causes or factors influencing specific attitudes toward the handicapped (Hahn, 1988; Jabin, 1987). More attention is now being focused on strategies to change these attitudes in the direction toward increased understanding and acceptance of disabled individuals (Stovall and Sedlacek, 1983). Some interventions that have been introduced in research literature are class instruction, video presentation, and exposure contact (Lazor, Onpet, & Demos, 1976; Sadlich & Penta, 1975; Yaker, 1988). However, the research has not been extensive in the area of intervention strategies in general. This study proposes to take a further look at intervention strategies, focusing on educational, lecture, and exposure treatments specifically and their effect on attitudes toward disabled individuals.

Methodology

Assessment Instruments:

The scales used were The Attitude Toward Disabled Persons Scale (ATDP) by H.E. Yuker (1988) and the Situational Attitude Scale-Handicapped (Form C) by W.E. Sedlacek and G.C. Brooks, Jr. (1983). These two are among the most thoroughly researched scales on assessment of attitudes on disability. The ATDP scale is a Likert type scale calling for the subject to respond to 20 statements by specifying levels of agreement or disagreement with each item on a six point scale. The ATDP scale was devised earlier and continues to be used extensively today (Roush & Klockars, 1988). It has been argued, though, that this scale uses an ineffective unidimensional view of attitudes and is susceptible to faking, especially in incidents involving increased motivation (Roush & Klockars, 1988; Yuker, 1986). Reliability and validity estimates were assessed for disabled and nondisabled persons on two separate occasions. Split-half reliability has been obtained at .76 and .78. Test-retest reliability has been established at .67 and .70. Construct validity has also been established (Yuker, 1988). Evans (1976) demonstrated the reliability and validity of the ATDP scale.

The SAS-H is a version of the Situational Attitude Scale composed of ten bipolar semantic differential sections asking

subjects to respond to 100 items relating to personal and social instances. Split-half reliability ranging from 0.67 to 0.90 and construct validity have also been demonstrated (Stovall & Sedlacek, 1983).

Procedure:

The seventy-three subjects were voluntarily recruited from undergraduate psychology courses at LSU. Thirty-four were males and thirty-nine were females. Before the experiment was begun, the subjects were informed of what was to be expected of them and signed informed consent releases which granted them the right to withdraw from the study at any time. Five hours of extra credit was offered for completion of the experiment. Subjects were randomly assigned to one of the five groups with each group receiving a different intervention. Average size of each group was 14.6. The group sizes ranged from 11 to 18 subjects.

First, the attitude scales were given to all subjects to assess knowledge and attitude toward disability. Each was then assigned to receive one of the three interventions or one of the two control group treatments. Between groups, the treatments were as follows: (A) Attention -Placebo Control Group: this group spent one hour watching the film "Left Brain - Right Brain". This controlled for the act of participating in a study dealing with neurological

issues. (B) Waiting Group: this group spent one hour between pre and post test filling out developmental psychology questionnaires to control for time and intervention. (C) Educational Treatment: one hour was spent reading material published by the American Heart Association and the Central Nervous System Foundation. This material relates to stroke and head injury, and gives more information on the causes and characteristics of disability. (D) Lecture Treatment: one hour of lecture drawn from the same material presented in the educational treatment was presented. Clinical anecdotes were related to the subjects to enable them to picture themselves interacting with disabled individuals in various situations. (E) Exposure Treatment: a one hour overt exposure in which subjects had the opportunity to interact with three handicapped individuals in a question and answer session.

Results

Results were analyzed with six one-way ANOVAs . A table of the means and standard deviations for each cell is presented for easier reference. (Appendix A) No differences were observed between any of the groups at any time interval. As expected, there was a significant tendency for females to have more positive attitudes as measured by the ATDP scale $F(1,67)=4.94, p < 0.0296$. Regretably, we

were unable to analyze sex differences on the SAS-H. The original design was meant to be a split-plot ANOVA where individual differences were controlled for by repeated measures using assessment of results at the pre, post, and delay intervals, however, due to a coding error on the response sheets, subjects were identified only by group and not individually. Thus, it was not possible to use repeated measures across time to control for variance associated with individual differences or time of assessment. Because this variance could not be accounted for, much anticipated significance was reduced. However, the ATDP scale showed results approaching significance ($p=.08$) for the Exposure group on the post test even with the methodological deficiencies.

Discussion

In further studying attitudes in this area, an effort should be made to collect demographic variables more thoroughly and to make response sheets that allow recording of subject numbers. These variables would include sex and degree of exposure the subject has had to disabled individuals. The reward contingencies set up for student participation in this study may have affected results. Students may have been less attentive to purpose and detail and responded carelessly to the instruments. On the other hand,

subjects may also report an attitude change after treatment even though they may not actually have had a change because of the demand characteristics of the study. An effort was made to present similar content throughout treatments, however, it is possible that the information content of the three groups was different, and thus the study confounded type of information with the type of presentation. Further study on content similarities between lecture, educational, and exposure treatments is recommended. Perhaps the most interesting area of future research would involve a broader definition of "disability". This study took a closer look at individuals with visible handicaps, many of which also had other non-visible handicaps. An interesting study might include attitude modification toward individuals whose handicaps vary along dimensions such as visibility, neurologic causation or degree of disability.

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Appendix A

<u>INTERVENTION</u>	(N)	$\frac{\text{PRE}}{\bar{X}}(\text{SD})$	(N)	$\frac{\text{POST}}{\bar{X}}(\text{SD})$	(N)	$\frac{\text{DELAY}}{\bar{X}}(\text{SD})$
APC	18	23.92(4.58)	18	23.12(4.80)	18	23.97(5.06)
WAIT	14	22.86(5.30)	14	22.99(6.01)	13	25.50(4.26)
EDUC	11	23.47(4.05)	11	23.14(4.71)	10	23.27(4.69)
LECT	18	23.18(3.46)	18	21.76(4.43)	15	22.37(4.10)
EXPO	12	25.73(5.41)	12	20.68(5.28)	12	22.47(6.50)

TABLE 1: SAS Group Means and Standard Deviations

<u>INTERVENTION</u>	(N)	$\frac{\text{PRE}}{\bar{X}}(\text{SD})$	(N)	$\frac{\text{POST}}{\bar{X}}(\text{SD})$	(N)	$\frac{\text{DELAY}}{\bar{X}}(\text{SD})$
APC	18	-15.56(11.80)	18	-11.44(15.14)	18	-12.22(15.28)
WAIT	14	-15.57(16.86)	14	-14.93(17.30)	13	-10.00(17.41)
EDUC	11	-19.09(13.24)	11	-14.82(16.92)	10	-12.10(20.38)
LECT	18	-13.83(15.43)	18	-13.17(15.5)	15	-17.0(15.71)
EXPO	12	-15.58(10.57)	12	-26.25(11.13)	12	-22.92(10.99)

TABLE 2: ATDP Scale Group Means and Standard Deviations

KEY: APC= ATTENTION PLACEBO CONTROL
 WAIT= WAITING
 EDUC= EDUCATIONAL
 LECT= LECTURE
 EXPO= EXPOSURE