The development and evaluation of a program to sensitize Greek Grammar School Students to issues relating to disability

Sofia Triliva
Department of Psychology University of Crete, Greece

Tanya Anagnostopoulou,
Institute of Psychology and Health, Thessaloniki, Greece

Sofia Hatzinikolaou,
Office of Health Promotion, Department of Education, Thessaloniki, Greece*

Giovanni Chimienti,
AmeriCorps, San Diego, CA, USA

Anna Mastorakou,
Institute of Psychology and Health, Thessaloniki, Greece

Abstract

This paper describes the design (process and content), implementation, and evaluation of a program module developed to sensitize elementary school students to issues related to disability. The objectives of the activities were to enable the students to gain factual and practical information about people with disabilities and the barriers (physical, psychological, social-emotional) they encounter. Another objective of the program was to help students and teachers examine their own attitudes toward disabilities, their stereotypes, and rejection mechanisms and stigmatization tendencies. The program evaluation outcomes suggest that students were sensitized to issues related to disability and reported more positive attitudes toward their disabled counterparts.

Keywords: counselling psychology, disability, elementary school children, attitudes
SENSITISATION OF STUDENTS TO ISSUES RELATING TO DISABILITY

Introduction

Research efforts have shown that Greek children have superficially positive attitudes toward their deaf, blind, and physically disabled peers but are not willing to necessarily interact or share a classroom with children with disabilities (Magiati, Dockrell, & Logotheti, 2002; Nikolaraizi & De Reybekiel, 2001). Moreover, the Greek educational system is structured in such a way that children who are blind, deaf or have physical disabilities have very little contact with their non-disabled peers. Greek society is changing rapidly however, and the need for valuing diversity and difference is becoming very apparent mostly through negative occurrences that proliferate in the mass media. Having worked with people with disabilities since 1978 and having witnessed the barriers that ‘subtle’ and ‘not-so-subtle’ prejudices erect, negative stereotypes perpetuate, and cultural ideologies that justify disadvantage reify we decided to develop a primary prevention community-wide intervention program that had as the goal to sensitize Greek Elementary School students in Thessaloniki to issues relating to diversity and disability.

A need for developing effective programming that would aid elementary school students in understanding, building tolerance, and empathy for their ‘disabled’ counterparts is well established in the literature (Maras & Brown, 2000; Nikolaraizi & De Reybekiel, 2001; Shapiro & Margolis, 1988). This need is very apparent in educational settings around Greece primarily because counselling and psychological services are not readily available within the schools. In order to facilitate such an undertaking we reviewed several bodies of research literature: The literature on the development of biases, stereotypes, and prejudice (Fiske, 2004); the counselling psychology literature on understanding and promoting tolerance, compassion, difference and inclusion, in other words, social justice (Fouad, Gerstein, & Torporek, 2006; Davidson, Waldo, & Adams, 2006); and the counselling psychology literature on school-based prevention programs (Roysircar, 2006a, 2006b). From our readings we gleaned the some “wisdoms” that we used as theoretical guiding posts in the development of the intervention program.

Firstly, the social model of disability shows how disability is externally (socially constructed) and that it imposes social disadvantage, sets limits and restricts people (Reeve, 2002). Reeve’s (2002) psycho-emotional model of disability involves the dimensions of disability “which affect what disabled people can be, rather than what they can do, include being hurt by the reactions of other people, being made to feel worthless and unattractive, and have their roots in the negative attitudes and prejudices about disabled people within society” (p. 495). Changing children’s and broader community’s ways of viewing and dealing with people with disabilities involves learning the skills to negotiate effective communication, a heightened awareness of one’s own attitudes, and sensitivity to issues of stereotyping, prejudice and exclusion. Social awareness of disability embraces acknowledging an
individual’s needs, special-ness, and abilities broadening of a person’s models, theories, schemas, and experiences and it is through this knowledge and understanding (Carey, 1985; Shapiro & Margolis, 1988; Lewis & Lewis, 1988; Llewellyn & Hogan, 2000; Magiati et al., 2002) that each individual constructs and re-constructs their view of themselves and others. As Magiati, et al. (2002) put it: “While in no way assuming that understanding is sufficient to change attitudes and behaviour, understanding plays an important role in underpinning subsequent belief structures and patterns of behaviour” (p. 412). Hence knowledge and awareness of what disability is and what are the manifestations of disability have been found to be helping children understand their disabled peers.

On the other hand, prejudice, bias, and stereotyping involves “distancing” and the ‘negation of intimacy’ (Sternberg, 2005) and are counter to inclusion practices. The ‘decision-commitment’ involved in processes such as hate and prejudice is characterized by thoughts of devaluation and diminution through contempt for the targeted group (Sternberg, 2005). Hence, follow humans with disabilities come to be viewed in devalued ways as barely human or even as subhuman, this dehumanizing places the ‘other’ outside the realm of personhood and hence, ‘outside the realm of social obligation’ (Moshman, 2005).

The maintenance of biases and the emotions associated with negative prejudice (e.g., disdain, disgust, abhorrence, enmity, revulsion) exact a toll on the person, others around him or her and the context at large, hence the ways in which the individual influences contexts and the way that contexts influence the individual have to be taken into account when change and thriving are called for (Lerner, Bilalbegovic Balsano, Banik, & Naudeau, 2005). Lastly, the attitudes, knowledge, beliefs and behaviours of age and other social cohorts impacts upon the psychosocial functioning of children with disabilities (Gadeyne, Ghesquiere, & Onghena, 2004), overall psychosocial adjustment to disability (Parker, Schaller, & Hansmann, 2003) and acceptance of individuals with disabilities within schools and wider communities (Gilmore, Campbell, & Cuskelly, 2003).

With these empirical and theoretical findings as background, the processes, techniques, and interventions we designed and grounded the diversity program upon the following principles regarding experiential learning, change, and transformation:

1. “Diversity is enabled and fostered by communication.” Communication, openness, and proactive listening lead to new ways of being together and enhance the development of respect for one another. They break down barriers and allow for firm commitment to accepting and welcoming people and ideas which are different from one’s own. This form of dialogue needs take place at multiple system levels.
2. In order to “put the heart back in learning” (Postle, 1997) the teaching-learning process has to be ‘multi-modal’ (Heron, 1992). That is it has to involve multiple modes of processing—doing, expressing (conceptualizing), imagining (learning through the use of the imagination), and emoting (learning through encounter and direct experience).

3. Children’s attitudes and understandings develop in a more positive direction when they are exposed to, come into contact with, and interact with disabled peers (Esposito & Reed, 1986; Gash & Coffery, 1995). Contact under appropriate conditions is one of the most effective and robust strategies for improving inter-group relations, largely because it helps to alleviate inter-group anxiety (Allport, 1954; Pettigrew, 1998; Pettigrew & Tropp, 2000).

4. The language of inclusion suggests that the community, not people with disabilities, needs to change; communities and community members need to become more open, welcoming, and hospitable to people with disabilities (O’Brein & O’Brein, 1996; Schwartz, 1997). At the personal level, inclusion entails the recovery of positive personal and political identity, the development of personal story and empowerment. At the relational level, inclusion means welcoming communities and supportive relationships. At the societal level, inclusion is concerned with the promotion of equity and access to valued social resources that have historically been denied to disabled people (Nelson & Prillentensky, 2005). Inclusion is fostered by a climate of connection and the legitimization of varied perspectives. Disabled people need to be given opportunities to share their unique experiences and perspectives. Moreover, legitimization of these varied perspectives counters the belief that there is one true, external reality and one single standard against which everyone should be judged.

5. Inclusion can be implemented by emphasizing similarity rather than difference, that is, by embracing and disentangling commonalities and common identifications between disabled and ‘ablebodied’ people. Inequalities in power need to be highlighted, however (Nelson & Prillentensky, 2005).

6. Context plays an integral role in health promotion and community programming in general. Context is multi-layered, schools, community, country. Freire (1970) emphasized the need for community interaction, experimentation, responsibility, and creative outputs. In order to involve the community and the broader culture and its institutions in this process of reflection, developing understandings, problematization, Conscientization and praxis (Freire, 1970, 1978) the participants were: students in schools, their
teachers, university student volunteers, School Administrators and the Ministry of Education.

With these empirical and theoretical understandings in the one hand and the understandings of the mechanisms involved in the endeavour we were about to undertake, we developed a diversity program that brought primary school students and their ‘disabled’ counterparts into contact, promoted liberty and thriving within a community. According to Lerner (2004) this involves the development in a child’s life of a sense of self wherein civic engagement and moral thought and action are synthesized. In the approach we developed this was illustrated by the actions taken by the volunteers involved, the children, and teachers in a dynamic relationship of individual and context, a context designed to promote mutuality, equity, sensitivity to individual differences, and efforts to recognize and celebrate diversity (Davidson et al., 2006). In other words the program implemented was an endeavour that emphasized Counselling Psychology’s commitment to a) challenging discrimination, (b) valuing subjective experience and (c) working from a prevention and educational framework.

Curriculum Development and Permeating the School Curriculum

Developing a curriculum and a program that will encompass the themes outlined above is not an easy process. Care was taken to avoid a narrow focus upon differences and a “poor kids” (superficial sympathetic) reaction by the participants. Reflexivity and active processing of information and experience were part of each activity. In this fashion the entire program was a psychoeducational (counselling/teaching/learning endeavour) that promoted understanding of social justice issues and an action oriented approach (Davidson et al., 2006; Toporek, Gerstein, Fouad, Roysircar, & Israel, 2006).

More specifically, the program activities were based on an experiential format where the students actively construct their experience and process what they understood/learned through a reflective practice approach. Students took part in activities where they learned about and understood the concept of disability and their reactions to people and issues regarding disability. They were sensitized to the variety of disabilities that exist and the meaning of challenges of diversity and disability. The barriers (physical, communicational, systemic, and attitudinal) to diversity were discussed and experienced. The activities call for learning the language and etiquette of breaking down feelings of discomfort, myths, stereotypes, and misconceptions when interacting with members of the disabled community and vice-versa, that is focusing on the experiences of the ‘disabled’ youngsters, their anxiety, guardedness, and underlying mistrust. The activities did not seek to teach the avoidance of biases but to come face to face with them without fear. The schools’, students’, and volunteers’ capacities to address biases and all that they entail, and to
do so with openness that is unimpeded by complicity, fear, denial, and destructive conflict is a fundamental skill in the craft of productive, happy, and just social living and it is this skill that was emphatically emphasized in all the process of the programming. The program activities along with the methods applied have recently been published in Greek in a volume titled- “Neither better nor worse, simply different” (Trivilia, Anagnostopoulou, & Hatzinikolaou, 2008).

Methods

The sample and procedure

The program was applied in two consecutive school years, 2004-2005 and 2005-2006. The first year, the program took place in 11 public schools in Thessaloniki. All in all approximately 220 primary school students, 11 teachers and 10 volunteers (including 5 people with disabilities) participated in the program. For the pre-program assessment, 219 youngsters answered the questionnaire, but only 145 of these youngsters completed the post-program assessment. The majority of the losses were due to the fact that the two 5th-grade classes (44 youngsters) were not able to sit for the post-program questionnaire. The remaining losses were due to absences. The group that sat for both pre- and post-program assessments included boys (52%) and girls (48%), and Grade 1 (35%); Grade 2 (9%); Grade 3 (25%); and Grade 6 (30%). All pre-program/post-program comparisons to evaluate program effectiveness were carried out on the data for these 145 youngsters. Other analyses were carried out on (a) the data from all youngsters who sat for the post-program evaluation (including 20 youngsters who sat for only the post-program assessment) and (b) the data from all youngsters who sat for the pre-program assessment.

In the 2005-2006 school year 203 youngsters participated in the program from grades K through 6th, 11 teachers were responsible for the applying the intervention and 7 volunteers helped with the implementation and data collection.

The intervention was applied for 10 weeks the first year and 12 weeks the second. The teachers were supervised two weeks prior and one week after the completion of the program. The intervention was applied once a week in the “health promotion” period of school work.

Measures

Evaluation is an essential component of the program implementation process. In this program we had a pre and post program phase of evaluation of the student’s knowledge and attitudes regarding disability and a qualitative evaluation by the teachers.

A modified version of Hazzard’s (1983) scales were used to assess children’s knowledge about people with disabilities, their attitudes toward them, and their experience with people who have disabilities. The questionnaire was administered to
the youngsters on two occasions: once prior to the beginning of the awareness program, and once at the end of the 12-week program.

The questionnaire consists of the following dimensions: Knowledge. Twenty-five true/false items were used to assess youngsters’ knowledge about people with disabilities. (Example: Handicapped children usually have brothers or sisters who are not handicapped. True/False) Correct answers (as judged by professionals and by people with disabilities) included both True and False responses. A total knowledge score was obtained for each youngster by counting the number of correct responses. The knowledge score can range between 0 and 25; higher scores represent greater knowledge about people with disabilities.

Attitude. A 10-item social distance scale was used to assess youngsters’ attitudes toward people with disabilities. Using 10 examples of social interactions, the scale measures the level of closeness with disabled people that the youngster finds acceptable. (Example: It would bother me if a handicapped youngster sat next to me in class.) Responses were given the following point values: Yes = 0; Maybe = 1; No = 2. An attitude (social distance) score was obtained for each youngster by adding up the points on the 10 items. The attitude score can range from 0 to 20. Higher scores indicate more positive attitudes toward children with disabilities (i.e., less social distance).

Experience. Seven items were used to assess the extent of youngsters’ exposure to or experience with people who are disabled. Each youngster was given a score that reflected the highest level of his/her contact with disabled people, as follows: 0 = no exposure/experience; 1 = only medium exposure; 2 = on the streets or in shops (low level of direct contact); 3 = friend or family member who is disabled (high level of direct contact). Higher scores thus reflect more direct experience.

Results

Table 1 shows youngsters’ average pre-program and post-program scores on knowledge, attitude, and experience. Youngsters showed significant increases on all three measures following the disability awareness program. Knowledge: Following the disability awareness program, youngsters had more correct information about disabled people and their capabilities. Attitude: Following the awareness program, youngsters reported more positive attitudes toward disabled children, indicating that they would accept closer contacts with them. Experience: Following the awareness program, youngsters reported higher levels of exposure/contact. The post-program increases in knowledge, attitude and experience scores were, in general, similar for boys and girls, and for children at all grade levels in the sample (1, 2, 4, and 6).

Further analysis of the post-program data provided additional interesting information. Table 2 shows the average knowledge, attitude and experience scores for boys and for girls. There were no significant differences between boys’ and girls’
scores on knowledge about the disabled, attitude toward the disabled, or experience with the disabled.

Table 3 shows the average knowledge, attitude and experience scores for youngsters in school grades 1, 2, 3, and 6. Knowledge: Knowledge scores increased significantly with grade level. Attitude: Attitude scores varied significantly for the different grade levels, but there was no clear pattern related to school grade. Experience: Experience scores varied significantly with grade level. The pattern suggests that children in the higher grades have had more experience/contact with the disabled.

Correlation coefficients are shown in Table 4. There was a significant positive correlation between knowledge scores and attitude scores. Those youngsters with more knowledge about people with disabilities tended to have more positive attitudes toward them. Attitudes toward the disabled were significantly positively related to experience with the disabled. Those youngsters with greater experience of the disabled tended to have more positive attitudes toward them. Table 5 gives the average knowledge scores for youngsters with different levels of contact/experience with the disabled. The table shows that, in general, those youngsters with more direct experience with the disabled tend to have more knowledge about the disabled.

Table 2
Average Knowledge, Attitude and Experience Scores for Boys and Girls
(The table includes the responses of 20 youngsters who were absent at the time of the pre-program questionnaire.)

|            | Boys (n = 85) | Girls (n = 80) |
|------------|---------------|----------------|
| Knowledge  | 13.3          | 13.3           |
| Attitude   | 17.5          | 17.0           |
| Experience | 2.4           | 2.3            |
Table 3
Average Knowledge, Attitude and Experience Scores for Youngsters in Grades 1, 2, 3 and 6
(The table includes the responses of 20 youngsters who were absent at the time of the pre-program questionnaire.)

|                | Grade 1 (n = 55) | Grade 2 (n = 17) | Grade 3 (n = 42) | Grade 6 (n = 68) |
|----------------|------------------|------------------|------------------|------------------|
| Knowledge      | 12.0             | 12.9             | 13.2             | 15.0             |
| Attitude       | 15.9             | 18.6             | 18.8             | 17.0             |
| Experience     | 2.5              | 2.1              | 2.2              | 2.3              |

Table 4
Correlation Coefficients for Knowledge, Attitude, and Experience Scores
(includes the data of all youngsters who sat for the pre-program questionnaire, n = 219)

| Variables       | Pearson Correlation | Significance |
|-----------------|---------------------|--------------|
| Knowledge – Attitude | r_{xy} = .21        | p < .01      |
| Experience – Attitude    | r_{xy} = .14        | p < .05      |
| Knowledge – Experience  | r_{xy} = .16        | p < .03      |

Table 5
Average Knowledge Scores for Youngsters with Different Levels of Experience with the Disabled
(The table includes the responses of 20 youngsters who were absent at the time of the pre-program questionnaire.)

|                | No experience (n = 4) | Medium experience (n = 8) | Low direct experience (n = 85) | High direct experience (n = 68) |
|----------------|------------------------|---------------------------|-------------------------------|-------------------------------|
| Knowledge Score| 10.5                   | 12.1                      | 13.8                         | 13.0                         |

Table 6
Average pre-program and post-program scores on knowledge, attitude, and experience

|                | Pre-program | Post-program | t-test results |
|----------------|-------------|--------------|----------------|
| Knowledge      | 10.84       | 14.33        | t(98) = 6.20, p < .00 |
| Attitude       | 15.65       | 16.78        | t(142) = 2.61, p < .01 |
| Experience     | 2.82        | 3.46         | t(138) = 4.58, p < .00 |
During the second application, more robust results were tabulated and Table 6 displays the pre-and post-program scores on knowledge, attitude and experience with issues related to disability for youngsters in all the grades (K through 6th).

Youngsters showed significant increases on all three measures following the disability awareness program. Knowledge: Following the disability awareness program, youngsters had more correct information about disabled people and their capabilities. Attitude: Following the awareness program, youngsters reported more positive attitudes toward disabled children, indicating that they would accept closer contacts with them. Experience: Following the awareness program, youngsters reported higher levels of exposure/contact. The post-program increases in knowledge, attitude and experience scores were, in general, similar for boys and girls, and for children at all grade levels in the sample (0, 1, 2, 3, 4, 5 and 6). Sex had no effect on pre- program and post program scores on knowledge, attitude and experience.

Qualitative evaluation

The teachers were asked to evaluate their experience in implementing the program in their classrooms. From their written accounts of the program the following themes emerged:

1. Learning to challenge own biases, stereotypes and fears
2. Coming in contact with children with disabilities was the most successful component of the program with the students
3. The fact that ‘taboo’ issues were discussed was enough to bring about change
4. The students were given the chance to go beyond books and school subjects and to touch upon social issues that they confront every day.

The educators also outlined the drawbacks of the program pointing out the limited time in implementing the program (12-weeks and only one hour per week). They also recommend more contact with children with disabilities and the chance to collaborate with ‘special schools’ and children with disabilities on various school projects.

Discussion

Following the disability awareness program, youngsters showed significant increases on all three measures: They had more correct information about disabled people and their capabilities; they reported more positive attitudes toward disabled children; and they reported higher levels of exposure/to/contact with disabled people. These post-program increases in knowledge, attitude and experience scores were, in general, similar for boys and girls, and for all grade levels in the sample (1,
SENSITISATION OF STUDENTS TO ISSUES RELATING TO DISABILITY

2, 4, and 6). These results point to the relative success of the disability awareness program activities. They also highlight the need for continuing efforts at increasing knowledge, strengthening positive attitudes, and increasing youngsters’ direct experience with the disabled, as shown by the following observations.

Knowledge. The average post-program knowledge score from the two years was 14.33. That is, the youngsters taking part in the awareness program, on average, got only 14 out of 25 knowledge questions correct. About 50% of the youngsters had scores below 14, and about 15% of them had scores below 10 (out of 25) on the knowledge scale. Clearly there is room for improvement in the area of youngsters’ factual knowledge about people with disabilities.

Attitude. The average post-program attitude score from the two years of implementation was 17.3. With 20 indicating the maximum positive attitude on this scale, an average of 17 looks good. But it should be noted that about half of the youngsters obtained scores below 17, and about 15% obtained scores below 13.5. Since a score of 10 indicates (roughly) a ‘neutral’ position on interacting with disabled children, there is clearly a need to strengthen positive attitudes toward people with disabilities.

Experience. The average post-program experience score was 3.30. About 7% of youngsters had had no experience or only medium exposure to children with disabilities, and these youngsters are in need of more exposure to people with disabilities.

Based on the 423 youngsters who answered the pre-program questionnaire, it was found that:

- Knowledge scores were positively related to attitude scores: Youngsters with more knowledge about the disabled tended to have more positive attitudes toward them.

- Experience scores were positively related to attitude scores: Youngsters with more direct experience/contact with the disabled tended to have more positive attitudes toward them.

These relationships support the idea that the disability awareness program was able to strengthen positive attitudes toward the disabled (a) by providing the participants with more information about the disabled and their capabilities and (b) by increasing the youngsters’ experience/contact with people who are disabled. This program involved the supervision of the teachers and their sensitization to both the experiential methodology but also the issues of their own biases, stereotypical thinking and attitudes towards people with disability and this proved to be important components of program design.
SENsitisation of students to issues relating to disability

The away ahead

Now is the time to change. The importance of difference is gaining acceptance. Times are changing in Greece with regard to segregated placements for disabled students. Recent legislation and changing social values are beginning to reverse the trend toward segregation, exclusion and bias, yet students feel ignorant about and uncomfortable around disabled persons (Magiati et al., 2002). There is evidence from this study to suggest that the psychoeducational (counselling and education within an experiential format) activities did enable the learning objectives to be met in a measurable way. There is evidence from the teacher’s evaluations that the program enables the sensitization and awareness about disability. With regard to attitude and behaviour change of the students the program needs to be extended for the entire school year, there need to be more activities and perhaps it needs to include all forms of diversity as well as a more action oriented community component.

References

Allport, G. W. (1954). *Handbook of Social Psychology*. NY: Addison-Wesley.

Carey, S. (1985). *Conceptual Change in Childhood*. MA: Bradford Press/MIT Press.

Davidson, M. M., Waldo, M., & Adams, E. M. (2006). Promoting social justice through preventive interventions in schools. In R. L. Toporek, L. H. Gerstein, N. A. Fouad, G. Roysircar, & T. Israel (Eds.), *Handbook for social justice in counseling psychology* (pp. 117-129). Thousand Oaks, CA: Sage Publications.

Esposito, B. G., & Reed, T. M. (1986). The effects of contact with handicapped persons on young children's attitudes. *Exceptional Children*, 53, 224-229.

Fiske, S. T. (2004). *Social beings: a core motives approach to social psychology*. New York: Wiley.

Fouad, N. A., Gerstein, L. H., & Torporek, R. L. (2006). Social justice and counseling psychology in context. In R. L. Toporek, L. H. Gerstein, N. A. Fouad, G. Roysircar, & T. Israel (Eds.), *Handbook for social justice in counseling psychology* (pp. 100-116). Thousand Oaks, CA: Sage Publications.

Freire, P. (1978). *Pedagogy in progress: The letters to Guinea-Bissau*. NY: The Seabury Press.

Freire, P. (1970). *Pedagogy of the Oppressed*. NY: The Seabury Press.

Gadeyne, E., Ghesquiere, P., & Onghena, P. (2004). Psychosocial functioning of young children with learning problems. *Journal of Child Psychology and Psychiatry*, 45, 510-521.
SENSITISATION OF STUDENTS TO ISSUES RELATING TO DISABILITY

Gash, H., & Coffery, D. (1995). Influences on attitudes towards children with mental handicap. *European Journal of Special Education*, 10, 1-16.

Gilmore, L. A., Campbell, J., & Cuskenly, M. (2003) Developmental expectations, personality stereotypes, and attitudes towards inclusive education: Community and teacher views of Down syndrome. *International Journal of Disability, Development and Education*, 50, 65-76.

Hazzard, A. (1983). Children's experience with knowledge of and attitudes towards disabled persons. *Journal of Special Education*, 17, 131-139.

Heron, J. (1992). *Feeling and Personhood: Psychology in another key*. London, UK: Sage Publications.

Lerner, R. M. (2004). *Liberty: Thriving and civic engagement among America's youth*. London, UK: Sage Publications.

Lerner, R. M., Bilalbegovic Balsano, A., Banik, R., & Naudeau, S. (2005). The diminuition of hate through the promotion of positive individual-context relations. In R. Sternberg (Ed.), *The Psychology of Hate* (pp. 103-120). Washington DC: American Psychological Association.

Lewis, A., & Lewis, V. (1988). The attitudes of young children towards peers with severe learning difficulties. *British Journal of Developmental Psychology*, 5, 287-392.

Llewellyn, A., & Hogan, K. (2000). The use and abuse of models of disability. *Disability & Society*, 15, 157-165.

Magiati, I., Dockrell, J. E., & Logotheti, A. E. (2002). Young children's understanding of disability: The influence of development, context, and cognition. *Journal of Applied Developmental Psychology*, 23, 409-430.

Maras, P., & Brown, R. (2000). Effects of different forms of school contact on children's attitudes towards disables and non-disables peers. *British Journal of Educational Psychology*, 70, 337-351.

Moshman, D. (2005). *Adolescent Psychological Development: Rationality, morality, identity* (2nd ed.). NJ: Lawrence Earlbaum Associates.

Nelson, G., & Prillentensky, I. (2005). *Community Psychology: In pursuit of liberation and well-being*. Hampshire: Palgrave MacMillan.

Nikolaraiizi, M., & De Reybekiel, N. (2001). A comparative study of children's attitudes towards deaf children, children with wheelchares and blind...
SENSITISATION OF STUDENTS TO ISSUES RELATING TO DISABILITY

children in Greece and in the UK. European Journal of Special Needs Education, 16, 167-182.

O’Brein, J., & O’Brein, C. L. (1996). Members of each other: Building community in company with people with developmental disabilities. Toronto: Inclusion Books.

Parker, R. M., Schaller, J., & Hansmann, S. (2003). Rehabilitation Counseling Bulletin, 46, 234-241.

Pettigrew, T. F. (1998). Reactions to new minorities of Western Europe. Annual Review of Sociology, 24, 77-103.

Pettigrew, T. F., & Tropp, L. (2000). Reducing Prejudice and Discrimination. NJ: Lawrence Earlbaum Associates.

Postle, D. (1997). Putting the heart back in learning. In D. Boyd, R. Cohen, & D. Walker. Using Experience in Learning. London, UK: The Society for Research into Higher Education & Open University Press.

Reeve, D. (2002). Negotiating psycho-emotional dimensions of disability and their influence on identity constructions. Disability & Society, 17, 493-508.

Roysircar, G. (2006a). A theoretical and practice framework for universal school-based prevention. In R. L. Toporek, L. H. Gerstein, N. A. Fouad, G. Roysircar, & T. Israel (Eds.), Handbook for social justice in counseling psychology (pp. 130-145). Thousand Oaks, CA: Sage Publications.

Roysircar, G. (2006b). Prevention work in schools with youth: Promoting competence and reducing risks. In R. L. Toporek, L. H. Gerstein, N. A. Fouad, G. Roysircar, & T. Israel (Eds.), Handbook for social justice in counseling psychology (pp. 77-85). Thousand Oaks, CA: Sage Publications.

Schwartz, D. (1997). Who cares: Rediscovering community. Boulder, CO: Westview Press.

Shapiro, A., & Margolis, H. (1988). Changing negative peer attitudes towards students with learning disabilities. Journal of Reading, Writing and Learning Disabilities International, 4, 133-146.

Sternberg, R. J. (2005). The Psychology of Hate. Washington DC: American Psychological Association.

Toporek, R. L., Gerstein, L. H., Fouad, N. A., Roysircar, G., & Israel T. (2006). Handbook for social justice in counseling psychology. Thousand Oaks, CA: Sage Publications.
SENSITISATION OF STUDENTS TO ISSUES RELATING TO DISABILITY

Trivilia, S., Anagnostopoulou, T., & Hatzinikolaou, S. (2008). *Oute kalyteros, oute chiroteros, alpha diaforetikos* [Neither better, nor worse, simply different]. Athens: Gutenberg.