Youth Leadership Program for Changing Self-Image and Attitude Toward People With Disabilities

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Society has a negative attitude toward people with intellectual disabilities or psychiatric disabilities. It is well documented that they are subjected to prejudice, stigma, and negative attitudes (Di Giulio, 2003; Finger, 1994). Professional literature indicates that information about disabilities and encounters with persons with disabilities can change negative attitudes (Carter, Hughes, Copeland, & Breen, 2001; Krajewski & Flaherty, 2000). This study accompanied 164 9th-grade students from various junior high schools throughout Israel. Half of the students participated in an integration program for changing attitudes toward persons with disabilities, and the other half served as the control group. The research examined the existence and the degree of relationship between participation in the program, changes in attitudes toward people with disabilities, and self-image. The research findings pointed to a positive change in attitudes of the participants of the program in comparison with the control group, resulting mainly from personal contact with people with disabilities. No relationship was found between levels of self-image of the research group and attitudes toward people with disabilities.

KEYWORDS   attitude change, attitudes, disability, integration, prejudice, self-image, stigma, voluntarism, youth, youth leadership

The attitude of society toward people with disabilities is predominantly negative in nature. Persons with disabilities usually arouse feelings of compassion and are perceived as incapable of working, in need of charity, inferior, and even asexual. Disability is a physical or mental condition that limits a person's movements, senses, or activities. The population with a disability is considered to be socially outcast. It is therefore necessary to change people's attitudes toward different groups to avoid creating social rejection (Di Giulio, 2003; Finger, 1994; Schwartz, 1993; Shapiro, 1993; Silver, 1995).

Studies conducted in the past few years have shown that attitudes of adolescents are compatible with those of their parents and that adolescents have a tendency to negate people with disabilities. Adolescents hold negative beliefs and prejudice toward people with disabilities, which exhibits itself by avoiding friendships with them, not including people with disabilities in social activities, and the notion that they can "catch" the disability. This fact lends support to the importance of studying the attitudes of adolescents toward people with disabilities as a reflection of the attitudes of society. For this reason, improving a young person's attitudes toward people with disabilities is extremely important and in a few years' time, each might directly influence the lives of people with disabilities (Cobb, 1998; Fisher, Pumpian, & Sax, 1998; Jorgensen, 1998; Krajewski & Flaherty, 2000; Schleien, Ray, & Green, 1997).

Self-image refers to how people perceive their own identity and the degree of satisfaction they feel with themselves. Adolescence is a critical period in one's life when self-image is formed. Self-image has a dynamic character that reflects experiences from the past that have repercussions on the future. Positive change in self-image can reasonably lead to changes in attitudes toward people with disabilities (Fitts, 1972a; Markus & Nurius, 1984; McCaleb & Edgil, 1994).

There are approximately 600,000 people with disabilities in Israel, of whom 290,000 are children and adolescents. Of all children in Israel, 12.8% have special needs. These include children with hearing disabilities, paralysis and motor disabilities, intellectual disabilities, visual disabilities, mental illnesses, severe learning or behavioral problems, and chronic illnesses that require medical or paramedical treatment on a permanent basis. The number of persons with disabilities is constantly increasing for various reasons. The annual rate of increase is 1.9%; thus, this is a large and significant amount of people in Israeli society (D. Feldman & Ben Moshe, 2006).

The objective of this research was to assess the effect of an intervention program on changes in attitude toward people with disabilities among members of a youth leadership group and also to assess whether changes occurred in their self-image. One hundred and sixty-four adolescents participated in the study. Data were collected before, during, and at the conclusion of the program.

LITERATURE REVIEW

Attitude

Attitude is defined as a tendency to respond to stimuli that we encounter in a certain way. Attitudes determine how we relate to something: a person, an action, a group, an idea, or an object (Rajecki, 1982). The literature differentiates among three main components of attitude: cognitive, emotional, and behavioral (R. S. Feldman, 1993; Levi-Segev & Hertz-Lazarowitz, 1986). The cognitive component consists of the beliefs that a person has regarding a particular object; the emotional component is the sentiment or feeling with which a person relates to the object; and the behavioral component is the negative or positive action a person exhibits toward the object.

Children have no preestablished attitudes toward people and learn to relate to them as they learn the norms that prevail in the society in which they live (Erlich, 1980). Their behavior is influenced by the opinions and attitudes of significant others (parents, caretakers, and educators) who serve as examples for imitation and value assimilation. During the course of a person's life, the source of these attitudes is forgotten, and the individual develops internal justifications based on previous models. This same process operates in the development of attitudes toward various groups of people, some of whom the person might never encounter (Katz, 1983).

Children form attitudes toward persons with disabilities as early as age 4 or 5 (Gerber, 1977) and those attitudes are usually negative (Horne, 1985; Jones, 1984; Yuker, 1988). Attitudes toward persons with disability have long been recognized as critical variables to address as factors that affect successful inclusion in the community (Antonak, 1980).

Prejudice and Stigmatization

Prejudice is an opinion about a social group that is not based on assessment of facts. When an individual identifies another person as belonging to a particular group, he or she already has an initial concept about the person, and even expects the person to behave in a particular manner. This response is likely to result in a distorted perception, as it ignores many personal differences and is based on labeling of a particular group (Ben-Ze'ev, Giladi, & Tillinger, 1991).

Stigma is a negative sign or characteristic relating to a social preconception about an individual or group, and has powerful social force. Stigmas limit open social possibilities toward the person who has been labeled and define their social status as inferior, abnormal, or deviant (Jones, 1984). Society has ways of marking people. The choice of the object to which a stigma is applied is often marked by an obvious difference that arouses fear or anxiety in the person applying the stigma. The people who are marked

are often helpless. When a stranger possesses a characteristic that is different from others, he or she is perceived and labeled in others' awareness according to a single critical characteristic. If that characteristic is considered inferior, the person will also be considered inferior, and people will behave toward that person accordingly. When referring to people with disabilities, the disability itself is perceived by others as inferior, and serves as the critical characteristic that arouses the attachment of a stigma (Eisenberg, 1982; Goffman, 1963).

Children use these differences to discriminate against children with disabilities: They don't invite them to their homes and don't want to play with them (Gertner, Brice, & Hedley, 1994). Negative attitudes toward children with disabilities limit opportunities for those children to establish social contacts (Guralnick, 1997). Children who are socially rejected are at risk to fail in school, to have a low self-image, and to experience difficulties in establishing interpersonal contacts (Silva, 1993). Despite the improvement that has occurred in areas such as policy, employment, and inclusion toward persons with disabilities in recent years (Henry, Keys, Jopp, & Balcazar, 1996), it should be emphasized that most persons with disabilities still suffer from negative social stigmas.

Changing Attitudes

The literature presents two approaches to changing attitudes: the contact approach and the information approach (Slininger, Sherrill, & Jankowski, 2000). According to the contact approach, one of the social variables for influencing a person's attitude toward the object of the attitude is creating contact with it (Florian & Kehat, 1987; Yuker, Block, & Young, 1966). *Contact* is defined as a process of interrelations in which the essence of exposure to the object of the attitudes results in a process of learning, altering, or establishing an inner balance and influencing cognitive, emotional, and behavioral processes (Kendall-Gross, 1987). Consequently, we can assume that bringing people into contact with the object of their attitudes will influence their attitude in a positive direction (Carter, Hughes, Copeland, & Breen, 2001) or a negative one (Antonak, Fiedler, & Mulick, 1989). An encounter with a person with a disability allows a person without disabilities to become familiar with another person as an entirety. Such an encounter naturally arouses different thoughts, feelings, and modes of behavior. For this reason, many studies have found that in encounters with persons with disabilities, contact is a significant component in changing attitudes toward people with disability in a positive direction (Fisher et al., 1998; Krajewski & Flaherty, 2000; Sandieson, 2002; York & Tundidor, 1995).

Researchers who examined the information approach found that providing information about disabilities positively influences attitudes toward people with disabilities (Donaldson, Helmstetter, Donaldson, & West, 1994;

Fielder & Simpson, 1987), but the source of information must be reliable for it to exert a positive influence (Fisher et al., 1998). However, information alone is not sufficient to bring about a positive change in attitudes toward persons with disabilities, but combining information with direct contact was successful (Hodge, Davis, Woodard, & Sherrill, 2002; Trent, 1993). Continuous contact enables people to be exposed to the objective abilities of the person with disabilities and to become acquainted with them. Information alone is able to decrease anxieties, stigmas, and negative preliminary judgment, and even overdefensiveness (Rimmerman, Hosmi, & Duvdevani, 2000).

Self-Image

Self-image is defined as the sum total of interactions between interpersonality factors (a person's image of himself or herself and satisfaction with himself or herself) and interpersonal factors (a person's image of himself or herself in the family and in society; Fitts, 1972a). Self-image is the reference framework through which the individual establishes contact with the world. The more positive and realistic a person's self-image, the better his or her connection will be with the world. Accordingly, if a person has a negative self-image, his or her connection with the world will be less positive (Fitts, 1972a). Many researchers have agreed that an individual's self-image improves as a result of social activity (Azoulay, 1996; Yoder, Retish, & Wade, 1996). Among the main factors that help improve self-image are interpersonal experiences such as community activities, cooperation, creating positive feelings, and a sense of value and equality (Fitts, 1972b). The factor of time that is devoted to extracurricular activities was found to significantly influence increased self-image among adolescents (Cohen, 2000). Group discussions allow for constant interpersonal interactions through which an individual is exposed to new discoveries about himself or herself and can discover mental powers, new ideas, and new ways of coping (Sherni, 1976).

In a previous study that examined adolescents, a strong correlation was found between positive self-image and degree of overall satisfaction of the individual (social life, professional life, interpersonal and family relations, and other similar areas) and between trust in others and action for the benefit of others (Cohen, 2000). Students, parents, and counselors who took part in volunteer activities in the community reported that the greatest reward they attained from volunteering was their own personal and social development (Tzur, 1986). We can assume that volunteer activities will increase self-image. Findings of these studies constituted the basis for the hypothesis that participation in such activities will increase self-image. In an attempt to explain the connection between self-image and attitudes, it has been claimed that people apply negative attitudes about themselves to others around them. Therefore a person with a low self-image and negative attitudes toward himself or herself will likely develop negative attitudes toward others. A person with a low

self-image feels a need to diminish the value of others by expressing negative attitudes toward them, and in this manner increases his own merit (Ehrlich, 1973). Youth social activities can influence in several ways; those who participate in them earn appreciation and have an opportunity to see themselves as a model for other youths. As their awareness of the needs of others increases, they learn about their own strengths and weaknesses. Through these activities they gain improved social and communication skills and acquire a higher self-image (Burns, Storey, & Certo, 1999; Murray-Seegert, 1989; Peck, Donaldson, & Pezzoli, 1990).

THE INTERVENTION PROGRAM

Approximately 10 years ago, the Unit for Development and Community at Beit Issie Shapiro developed the Youth Leadership Program for Changing Attitudes Toward Persons With Disabilities. The program is implemented in junior high schools with the objective of developing young leaders who will take it upon themselves to take action aimed at changing attitudes toward persons with disabilities among their peers in school. The leadership group, which numbers about 20 students in each school, is chosen by the teaching staff from all the ninth-grade students who volunteer for the program. The program begins at the opening of the school year and continues throughout the duration of the school year. The program takes place after school hours, in the afternoon and in the evening. The program is 167 hours; the students meet once a week for 4.5 hours each time.

The uniqueness of the program is evident in several areas:

1. It combines information and knowledge about disabilities with opportunities for contact with children and people with disabilities.
2. It runs for the full school year.
3. Being that it is a youth leadership program, there is emphasis on leadership development and execution of projects.
4. The approach of the program is a community/system approach. The coordinator of the program is in touch with the teachers, the parents of the participating students, and the local municipality.

The leadership group participates in workshops from the beginning of the school year that present a variety of information regarding disabilities. During the next stage the participants begin volunteer projects that offer services to people with disabilities within various frameworks. This activity allows a close personal encounter between the leadership group and the group of people with disabilities. It includes active participation in various interest groups such as art, music, cooking, and sports. There are also joint volunteering activities of the leadership students together with adolescents

with intellectual disabilities in old-age homes. While these activities are taking place, the program advisor continues to meet with members of the leadership group once a week and to process various contents that arise during and after the meetings.

Approximately 4 months after the beginning of the meetings, members of the leadership group transmit the information that they received in the workshops to eighth-grade students. During the workshops, members of the leadership group are able to include their experiences from the weekly meetings with peers with disabilities. In addition to the workshops that they conduct, members of the group initiate, organize, and conduct some form of school, community, or municipal activity pertaining to the topic of changing attitudes toward persons with disabilities. This part of the program of conducting workshops for eighth graders and the activity they initiate is designed to enable the leadership group to apply their leadership abilities in this area. Among the topics in the curricula of the workshops are the following:

1. Prejudices and stigmas, why and how they are created, how they can be dealt with, and information about various disabilities.
2. Human rights, conflicting rights.
3. Equal opportunities and the law of equality and rights for persons with disabilities.
4. Accessibility for people with disabilities (physical accessibility, accessibility to information).
5. Meetings with people with a disability or with a family member of a person with a disability.
6. Social or community activities, volunteering.
7. Leadership.

The program is headed by a professional community social worker or educator. The group facilitator meets with the students' parents before the program begins to present the program and to receive permission for their children to participate. A structured part of the program is devoted to assessment: The program facilitator, members of the leadership group, and members of the school faculty participate in this meeting. This assessment has a formative function that is designed to assess the whole program, point out difficulties, and identify obstacles and ways of overcoming them (Nevo, 1989). At the end of the year of activities, a summary evaluation is held that is directed, among other things, toward drawing conclusions that will contribute to learning before the next year of activity.

The program facilitator frequently visits the sites where participants volunteer, meets with the leadership group, the people with whom they come in contact, and with the framework team, and ensures that their needs are met. Their satisfaction will have an impact on their perseverance (Bettencourt, Dillmann, & Wollman, 1996; Drihem & York, 2002).

As mentioned previously, members of the research group take part in a course designed to train them to be leaders in changing attitudes toward persons with disabilities. Because leaders are characterized, among other things, by high self-image (Shachar-Deutsch, 1994), this, together with the tools that they would receive for performing this task (throughout the workshops) and the experiences that they would have (conducting workshops for eighth graders and community activities), would have a positive impact on their self-image.

Research Hypotheses

1. During the second examination, members of the research group will express more positive attitudes toward persons with disabilities than in the first examination and more positive attitudes during the third examination than in the second examination.
2. There will be no change in attitudes toward persons with disabilities between the two examinations among members of the control group.
3. Members of the research group will express more positive attitudes toward persons with disabilities during the second and third examinations in comparison with the two examinations of members of the control group.
4. During each examination stage in the research group and the control group, the higher the self-image, the more positive their attitude will be toward persons with disabilities.
5. Self-image of members of the research group will be higher in the third examination than the first examination. There will be no change in self-image between the two examinations among members of the control group.

METHOD

One hundred and sixty-four ninth-grade students from four junior high schools participated in this research. Eighty-two of the participants made up the leadership group (the research group) who were selected by their home-room teachers from a large group of students who volunteered for the program. The teachers chose the students based on criteria pertaining to their ability to persevere and their desire for social involvement. Therefore, this is not a random sample.

The leadership group participated in a program for changing attitudes toward persons with disabilities. All the students who took part in the program agreed to participate in the research and their parents signed consent forms. Two schools from the center of Israel and two schools from the south of Israel participated in the program. The questionnaires (attitude toward people with disabilities and self-image) were distributed to the research participants on three separate occasions: at the beginning of the program, 2

months later after they had participated in the workshops, and at the end of the year, approximately 8 months after the beginning of the program (after they came in contact with persons with disabilities and had transmitted the information they acquired to eighth-grade students).

Eighty-two students, who were randomly selected and did not partici-pate in the program, were examined in comparison (control group) to the research group. They were the same age and of similar background, such as place of residence, same schools, and same grade. Questionnaires were dis-tributed to these students as to the research group in each school. The reason for having the control group was to neutralize external influences and to examine the changes in attitudes and self-image only as a result of participation in the intervention program.

Participants in the control group filled in the questionnaires on two occasions that were parallel to the second and third times that members of the research group filled in theirs. Members of the control group did not fill in the questionnaires before the intervention program began because the decision to examine a control group in the research was made after the questionnaires had already been distributed to the research group for the first time. The researcher verified that members of the control group were not exposed to any intervention program having to do with the topic of the study throughout the course of the research period.

Research Participants

The distribution of the responses of the two groups (research and control) was similar (chi-square) with no significant statistical differences from the standpoint of group characteristics, except for gender (see Table 1).

Among the 164 research participants, 82 were in the research group and 82 in the control group. Of the research group, 12.2% ($n = 10$) were males; in the control group 30.5% ($n = 25$) were males. There were 72 females (87.8%) in the research group, and the control group had 57 females (69.5%). Of the research group, 96.3% ($n = 79$) were Israeli born, with 90.2% ($n = 74$) of the control group being Israeli born. Those born outside of Israel were new immigrants from the former Soviet Union and Ethiopia who immigrated to Israel with their families at a young age. In terms of religious status, 51.2% ($n = 42$) of the research group defined themselves as secular, whereas 56.1% ($n = 46$) of the control group defined themselves as such. Forty (48.8%) of the research group defined themselves as traditional, and 35 (42.7%) of the control group defined themselves as such. In the research group, 19.5% ($n = 16$) reported their parents to have a high school level of education, whereas 25.3% ($n = 20$) of the control group reported the same thing. Sixty-six members (80.5%) of the research group and 59 (74.7%) of those in the control group reported their parents as having an educational level beyond high school. As for having a family member with a disability, this was reported

TABLE 1 Research and Control Group Characteristics

Variable	Research group[a] No.	%	Control group[a] No.	%	Chi-square
Gender					
Male	10	12.2%	25	30.5%	8.17*
Female	72	87.8%	57	69.5%	
Country born					
Israel	79	96.3%	74	90.2%	2.44
Not Israel	3	3.7%	8	9.8%	
Religious status					
Secular	42	51.2%	46	56.1%	1.52
Traditional	40	48.8%	35	42.7%	
Religious	0	0.0%	1	1.2%	
Parents' education[b]					
High school	16	19.5%	20	25.3%	0.78
Beyond high school	66	80.5%	59	74.7%	
Family member with a disability					
Yes	26	31.7%	18	22.0%	1.98
No	56	68.3%	64	78.0%	
Acquaintance with a person with disability					
Yes	75	91.5%	70	85.4%	1.49
No	7	8.5%	12	14.6%	

Note. [a]$N = 82$. [b]Three participants of the control group did not respond to the item "Parents' education"; therefore, $N = 79$ for this group on that item only.
*$p < .01$.

by 31.7% ($n = 26$) of the research group and 22% ($n = 18$) of the control group. Having an acquaintance with a disability was reported by 91.5% ($n = 75$) of the research group and 85.4% ($n = 70$) of the control group.

Measures

The selected instruments to assess changes in attitude toward people with disabilities and self-image are both veteran instruments. They were selected due to their appropriateness for this project: They are not long, are rather simple to respond to, and are still used in research. Specifically, stigma and attitude scales toward disability are very few and are indeed old (Werner, Corrigan, Ditchman, & Sokol, 2012).

THE ATTITUDES TOWARD DISABLED PERSONS QUESTIONNAIRE

The Attitudes Toward Disabled Persons Questionnaire (ATDP; Yuker et al., 1966) was previously translated into Hebrew. The questions in the questionnaire represent opinions and attitudes toward persons with disabilities. The questionnaire contains 30 questions and six possible responses. An example

of an item from the questionnaire states: "Persons with disabilities who work can succeed like other workers." The internal reliability, using Cronbach's alpha, in this study was $\alpha = .77$. This tool examines only the cognitive component of attitudes.

QUESTIONNAIRE FOR EXAMINING SELF-IMAGE

The Questionnaire for Examining Self-Image (Rosenberg, 1965) was translated into Hebrew and has been found to be reliable and valid. It includes 11 items that deal with acceptance or lack of acceptance of self. It uses a scale of four possible responses from *Don't agree at all* to *Strongly agree*. In this study the examination of internal consistency according to Cronbach's alpha was shown to be $\alpha = .79$. An example of an item from this questionnaire reads, "I think that I don't have many reasons to be proud of myself."

PERSONAL INFORMATION QUESTIONNAIRE

The personal information questionnaire was anonymous, but the students were asked to write down the last four numbers of their home phone number to match the questionnaires received during each of the three different assessments. The following information was requested: name of the school, city of residence, grade, date the questionnaire was filled out (the person who distributed the questionnaires noted which stage of the examination was in progress immediately afterward), year of birth, gender, self-definition regarding religious observance, self-definition regarding success as a student, if there was anyone in the family with disabilities, and if they had ever met a child or adult with a disability. Students were asked about their parents' country of origin, occupation, and level of education.

Research Procedure

Ninth-grade students in each of the four junior high schools participating in the research were exposed to the program procedure before the academic year began. After the program was presented, the facilitators offered students the possibility of participating in the program. The same facilitator served as an advisor for the program in two of the schools, and in the two other schools the program was implemented by two different facilitators. The number of members in each group was limited to 30 participants. Consequently in schools where there was a large student response, the participants in the leadership group were selected by the teachers.

Before the questionnaires were distributed, all the participants in the research group and the control group were told about the objectives of the research: They had to express their attitudes toward persons with disabilities and answer all the questions relating to self-image. Aside from that, they

were not told anything else. Because the research participants were asked to answer questionnaires that expose opinions, attitudes, perceptions, thoughts, and modes of behavior through their answers, they were liable to give inaccurate answers and respond with the answer that they thought was socially acceptable (Krajewski & Flaherty, 2000). The method used to avoid inaccurate answers was to emphasize to the participants that it was important that they answer truthfully, and to emphasize that filling out questionnaires related to research is done anonymously and that their answers would be used only for the research (Hughes et al., 2001). The time for filling out the questionnaires ranged from 15 to 30 minutes. When the questionnaires were collected, the advisor noted at which stage each questionnaire was filled out, and submitted them to the research coordinator. All the participants in the program (100% response) including those in the control group took part in the research and did so out of their free will. They were told that they were free to decline to participate.

RESULTS

Attitudes Toward Persons With Disabilities

The first research hypothesis is related to a change in attitudes toward persons with disabilities among members of the research group following the intervention program. It was hypothesized that members of the research group would express more positive attitudes during the second assessment than in the first assessment (after they had participated in workshops that presented information), and that their attitudes would be more positive during the third assessment than the second (after contact with persons with disabilities).

The second research hypothesis stated that there would be no change in attitude toward persons with disabilities in the third assessment as compared to the second among members of the control group. The results failed to find such differences. The results for the research group, in the assessment following the implementation of the program, would be higher than those of the control group as indicated by the findings. An adjustment was made in the number of comparisons (as mentioned previously, no data were collected from the control group before the program began).

A comparison analysis was performed to examine the hypothesis pertaining to the change in attitude among the research group using repeated measures analysis of variance. The dependent variable was a scale of attitudes toward persons with disabilities, and the independent variable was the time of the assessment: before the intervention, during the intervention, and at the end of the intervention. Table 2 presents the means and standard deviations of attitudes toward persons with disabilities between the various times of assessment of the two groups, $F(2, 81) = 45.92$, $p < .001$.

TABLE 2 Means and Standard Deviations of Attitudes Toward Persons With Disabilities: Comparison Between the Research Group and the Control Group at the Various Times of Assessment

Time of Assessment	Research Group[a]		Control Group[a]		Total[b]	
	M	SD	M	SD	M	SD
Before intervention program*	3.84	0.49	—	—	3.84	0.49
During intervention program* (information)	4.05	0.46	3.73	0.42	3.88	0.47
At the end of intervention program* (contact)	4.39	0.61	3.72	0.43		
Total	4.09	0.45	3.73	0.40		

Note. [a]$N=82$. [b]$N=164$.
*$p < .001$.

Follow up *t* tests of the dependent variables suggested that attitudes of the research groups toward people with disabilities during the program (second time of assessment) were significantly more positive than their attitudes at the beginning of the program (first time of assessment), $t(163) = 5.44$, $p < .001$. At the end of the program there were significantly more positive attitudes of the research group toward people with disabilities compared to their attitudes at the second time of assessment, $t(163) = 6.21$, $p < .001$.

Similar analyses were conducted on the control group; no significant differences were found. Thus, based on these findings, the first two hypotheses were accepted.

In comparing the research group and the control group on their attitudes toward people with disabilities at the different times of assessment, a two-directional differential analysis of repeated measures was conducted. The analysis pointed to significant differences according to the time when the assessment was conducted, $F(2, 162) = 74.09$, $p < .001$. The differences over time revealed that the positive change in attitudes toward persons with disabilities between the second time of measurement, as opposed to the first, was statistically significant, $t(81) = 5.44$, $p < .001$. Significant differences were also found according to the group (research vs. control) variable, $F(1, 163) = 31.46$, $p < .001$.

Examination of the source of significance points to a higher attitude mean among members of the research group ($M = 4.09$) in comparison with the control group ($M = 3.73$), $t(162) = 5.51$, $p < .001$. In addition, a significant indication was found between belonging to the research group and the time of assessment, $F(1, 162) = 75.18$, $p < .001$.

Statistically significant differences were found at the conclusion of the intervention program (the third assessment) between the research group and the control group, $t(162) = 8.17$, $p < .001$. The attitudes in the research group were more positive ($M = 4.39$) than those in the control group ($M = 3.72$). The third hypothesis was accepted.

TABLE 3 Means and Standard Deviations of Self-Image: Comparison Between the Research Group and the Control Group at the Various Times of Assessment

Time of assessment	Research group[a]		Control group[a]		Total[b]	
	M	SD	M	SD	M	SD
Before intervention program	3.32	0.38	—	—	0.38	3.34
During intervention program (information)	3.34	0.45	3.33	0.41	3.34	0.43
At the end of intervention program (contact)	3.30	0.47	3.29	0.46	3.30	0.47
Total	3.32	0.40	3.33	0.42	—	—

Note. [a]$N = 82$. [b]$N = 164$.

The Connection Between Self-Image and Attitudes Toward Persons With Disabilities

The research hypothesis examined the connection between self-image of the research participants and their attitudes toward persons with disabilities. According to the hypothesis, the higher the self-image, the more positive the participants' attitudes would be toward persons with disabilities. The hypothesis was assessed using Pearson's correlation. No significant coefficients were found in any of the assessments at any stage of the examination of the research and control groups separately. The fourth hypothesis was therefore refuted.

Self-Image: Comparison Between the Research Group and the Control Group

The fifth research hypothesis was related to the influence of the intervention program on the self-image of the research participants. The first part of the hypothesis stated that self-image of members of the research group would be higher in the third assessment in comparison with the first assessment. The second part of the hypothesis assumed that there would be no change in self-image in the second assessment, as compared to the first, among members of the control group. On the scale of 1 to 4, 1 being the lowest rate and 4 being the highest in self-image, it was found that there was a relatively high level of self-image in both groups ($M = 3.34$) as shown in Table 3. No statistically significant change occurred in the groups over time, $F(1, 162) = .04$, $p > .057$. Also, there was no statistically significant interaction between the groups and time of assessment, $F(1, 162) = .54$, $p < .054$. Therefore the fifth hypothesis was also refuted.

DISCUSSION

This study attempted to assess the influence of an intervention program for changing attitudes toward persons with disabilities on members of a youth

leadership group (the research group), as compared to the control group (who did not participate in the program). Five hypotheses were examined in the study. Three of the main hypotheses relating to changes in attitudes toward persons with disabilities following the intervention program were supported. The hypotheses that were fully supported stated that acquiring knowledge about disabilities positively influences attitudes toward persons with disabilities, but contact with these people has a stronger positive influence on changing attitudes.

These findings support previous studies in which it was found that acquiring knowledge positively influences attitudes toward persons with disabilities (Donaldson et al., 1994; Fielder & Simpson, 1987). The findings also support studies that dealt with the importance of contact as a significant component in changing attitudes (Fisher et al., 1998; Krajewski & Flaherty, 2000). This study adds to existing knowledge from studies that were conducted in a before and after design (Sandieson, 2002).

The adolescents were asked if there was anyone in their family with disabilities and if they had ever had close contact with a person with disabilities. The distribution of responses in the two groups did not point to statistically significant differences. Therefore the change that occurred after the intervention program is an even stronger manifestation of the influence on positive attitudes that occurred among the research group.

In addition to the main hypothesis regarding changes in attitudes, the influence of self-image on attitudes and the influence of the intervention program on self-image were also examined. Self-image had no influence on change in attitudes, and the program was not shown to influence the self-image of those who participated.

One possible explanation for the fact that the hypotheses regarding self-image were refuted lies in the complexity of self-image. There are many theories that define self-image (Epstein, 1982; Fitts, 1972a, 1972b; Gerji, 1999), what constitutes it, what influences it, and which systems are connected with it (personality, family, social, etc.). During adolescence, which is considered a period of conflicts and emotional upheaval (Kaufman, 1974), the formation of self-image is particularly relevant because self-image is part of the self-identity that adolescents are busy forming. In light of this fact, we can assume that the duration of the program did not allow significant influence on self-image. The program was also not built to bring about changes in self-image. Aside from this, an interesting finding revealed that youths in both groups had a high self-image from the beginning.

Briggs, Landry, and Wood (2007) found that youths with a low self-image are more likely to volunteer than youths with a high self-image. This raises the possibility that self-image is not a necessary antecedent for positive social behavior, such as volunteering among adolescents, and therefore this claim also explains why the hypothesis regarding self-image was not supported. Moreover, the literature that assesses the connection between

self-image and attitudes toward people does not refer to attitude toward people with disabilities, and it is therefore possible that this connection is expressed differently toward different population groups.

According to the findings, special emphasis should be placed on contact with persons with disabilities during the construction of an intervention program.

Research Limitations

The control group filled in the questionnaires at two different times, as opposed to the research group, who did so three times. This constitutes a possible limitation in the comparison to the control group if it was influenced by external factors during the period of time between the first assessment of the research group and the first assessment of the control group. To avoid such a situation, it is important to allow enough time at the beginning, and to ensure that questionnaires are distributed simultaneously to the research group and the control group.

It is possible that the positive change in attitudes among members of the research group was influenced not only by the intervention program, but also by the fact that they volunteered to participate in the program (Helmstetter, Peck, & Giangreco, 1994; Krajewski & Flaherty, 2000). Possibly volunteering for the program is evidence of motivation that constitutes an intervening factor in the process of changing attitudes. The influence of the factor of motivation can be isolated from the influence of the intervention program by examining members of the group who were chosen but did not volunteer to participate in the intervention program.

There is a place for use of a tool that examines attitudes on the emotional plane and behavioral aspects to assess changes in these areas, which are inherent in the formation of attitude. The tool used in this study (ATDP) only relates to cognitive components. It is also important to find or develop a newer tool to assess attitude toward people with disabilities, as the tool used in this study might be outdated (Werner et al., 2012).

Finally, participants in the study were asked to answer questionnaires that exposed opinions, attitudes, concepts, thoughts, and behavior through their answers. All the students, particularly those who participated in the program, were liable to respond inaccurately and offer answers that they felt were socially desirable (Krajewski & Flaherty, 2000). For this reason, the instructions to the questionnaires emphasized that it was important to answer truthfully, that the questionnaires in the research were anonymous, and that their answers would be used for the research only (Hughes et al., 2001).

Recommendations for Future Intervention Programs and Research

This study sought to clarify the process of changing attitudes, which is a complex process that is still not fully understood. Future intervention

programs and research should be improved by lessons learned from this work. Future programs should involve persons with disabilities in all phases of program development and evaluation as much as possible.

Before the meetings take place between persons with disabilities and people without disabilities within the framework of the intervention program, it is important to prepare each of the groups for the encounter. This preparation must include a discussion about the objectives of the meeting, as well as understanding the behavior and responses to them (Haring, Breen, Pitts-Conway, Lee, & Gaylord-Ross, 1987). Preparation can contribute to the success of the meeting and, in this way, promote the process of changing attitudes. Such meetings are often accompanied by tension that stems mainly from misunderstanding of expectations among both sides.

For example, offering help might be perceived in a negative manner by the person with disabilities, even if it is well intended. The person with a disability, whose behavior is also misunderstood, perceives the offer of help as a demonstration of superiority, as it places his or her perception of himself or herself as a normal person with abilities in doubt. Lack of direct communication regarding intentions, thoughts, and needs of each of the two sides is liable to lead to misunderstandings that will continue and lead to tension and discomfort that could lead to ties being severed (Makas, 1988).

Collecting impressions from people with disabilities, and not just from those without disabilities, should be evaluated in future research: What were their feelings before the encounter? How did the students relate to them before and after the encounter? Did their self-image and self-appreciation change as a result of the encounter? We can only assess whether or not everyone benefits from these encounters if we examine the responses of all the participants.

CONCLUSION

Total acceptance of persons with disabilities by people without disabilities and the possibility for persons with disabilities to assume a significant and valuable role in society by persons without disabilities will not be possible until the obstacles that inhibit this process are removed (Henry et al., 1996). Many researchers have agreed that attitudes of professionals, parents, employers, peer groups, neighbors, and people with disability themselves constitute a basic component of these obstacles (Antonak & Livneh, 1988). Interventions aimed at changing attitudes will also have an effect on those responsible for establishing policies that can improve services and accessibility to existing services (including suitable training for service workers) for persons with disabilities.

Persons with disabilities are identified more by their exceptionalities than by the rest of their personal characteristics (Yuker, 1988). An intervention

program that involves people who are close to persons with disabilities (including family members and caregivers) can lead to a change in attitude toward persons with disabilities (Sobsey & Mansell, 1990).

Social and physical accessibility of cultural and youth centers, museums, theaters, shopping centers, libraries, and swimming pools for persons with disabilities and adapting them to their needs (Ray, 1994) can offer opportunities for social integration (Schleien, Meyer, Heyne, & Brandt, 1995). The more accessible services are to persons with disabilities, the more they can become actively integrated into community life, which will constitute a message of acceptance on the part of society.

This study is an important contribution to support programs for attitude change. The 2007 United Nations Convention on the Rights of Persons With Disabilities (United Nations General Assembly, 2007) indicates a shift in expressed attitude toward persons with disabilities. The shift is expressed in a move from viewing them as "objects" to "subjects" with rights, who are capable of claiming these rights and making decisions about their lives (Reiter & Bryen, 2010). Also, the United Nations Convention on the Rights of People with Disabilities and the International Classification of Functioning, Disability and Health both highlight negative attitudes as barriers to people with disabilities in health care, education, employment, and within their families (World Health Organization & the World Bank, 2011). Improved relationships in the natural environment will also have an impact on those responsible for establishing policies that can improve services and accessibility to existing services.

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