

International Comparison of Attitudes Towards People with Intellectual Disability

Dr Mhairi Duff Dr Joseph Sakdalan Carolyn Stewart

NZASID Hamilton

August 2009



Outline of the Presentation



- Background
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Introduction



- People with an intellectual disability (ID) represent an estimated 1-3% of the population.
- In 2001, approximately 1 % or 28,900 adults and 2 % or 13,000 children with an intellectual disability were living in New Zealand households (Ministry of Health, 2001).

Background



- What are attitudes?
- Who cares?
- How do we measure attitudes?

What are attitudes?



- A disposition or tendency to respond positively or negatively towards a certain thing (idea, object, person, situation).
- They include, or are closely related to, our opinions and beliefs.
- Attitudes are based upon our experiences and learning or observations.
- Attitudes respond to new experiences and can be changed

Who cares what attitudes people have?



- Cognitive Dissonance Theory asserts that we seek to act in a consistent way with our attitudes and beliefs. If there is a mismatch we are more likely to change our behaviour than to change our attitude.
- There is clear evidence that our attitudes effect our actions at an individual and a societal level.
- When prevailing attitudes were consistent with beliefs that people with an ID would be better off in institutions – we built institutions and moved people with ID away from families and society.

Who cares what attitudes people have?



- At an extreme, if we believe that people with ID are like children – we will treat them like children and if we believe that they would be better off dead – we will feel morally and ethically right if we offer terminations of pregnancy or practice eugenics.
- If we can make societies prevailing attitudes more positive and inclusive towards people with an ID – we will see policy, legislative and individual behaviours become more positive and inclusive

How do we measure attitudes?



- Most commonly we measure attitudes by asking people how much they agree or disagree with statements that reflect particular attitudes
- Measure behaviour and infer attitudes
- Physiological measures such as watching eye movements, measuring response time and measuring heart rate and arousal

Instruments Used



- **Community Living Attitudes Scale, Mental Retardation Form (CLAS-MR) (Henry et al., 1996)**
 - 17- item questionnaire measuring attitudes based on community living philosophies
 - 4 subscales namely:
 - Empowerment;
 - Similarity which refers to self-advocacy;
 - Exclusion which refers to similarities perceived to exist between people who do and don't have an ID;
 - Sheltering which is the extent to which people with ID do not.
 - Attitudes are measured using a six item Likert type scale ranging from strongly agree, to strongly disagree, with no neutral category.
 - It is a widely used measure of attitudes towards people

Instruments Used



- **Balanced Inventory of Social Desirability (BIDR)**
(Paulhus, 1984)
 - 40-item inventory designed to assess two dimensions of social desirability
 - impression management : an individual's tendency to describe themselves to others in overly positive terms.
 - self-deception : exaggerating positive virtues internally & unconsciously.
 - It has good internal consistencies for impression management and self-deception subscales.

Previous Studies



- Health care professionals reported feeling deskilled and lacking in specialist knowledge (Kerr et al., 1996)
- Training for health care providers often misses out information about people with ID (Lunsky & Bradley, 2001)
- The CLAS-MR has been used in a variety of populations (commonly students or healthcare staff) around the World

Previous Studies



- Ouellette-Kuntz et al.(2003) measured attitudes of senior psychiatry residents in Canada.
- Psychiatric residents' scores favoured Empowerment and Similarity over Exclusion and Sheltering.
- Training in ID during residency only influenced the similarity subscale scores.

Previous Studies



- Yazbeck, McVilly, & Parmenter (2004) collaborated with others to measure attitudes in USA, Japan, Korea and Israel to compare with Australian disability support workers, students and the general public.
 - Students and disability services staff had more positive attitudes compared to the public population.
 - Responses endorsed the need for sheltering and endorsed items which support similarities between ID and non-ID individuals.
 - Higher levels of education reported more positive attitudes specifically empowerment and inclusion
 - Younger individuals reported more positive attitudes than older people.
 - People with personal experience or contact with

NZ Study



- Methodology
- Subjects
 - Forensic staff
 - Nursing students
- Results

Methodology



- Forensic staff
 - Manually completed questionnaire, anonymous to all staff at Mason Clinic Auckland
 - CLAS-MR, BIDR, additional attitudinal statements relating specifically to forensic population
- Nursing students
 - Online anonymous questionnaire
 - Students across all three years of Bachelor of nursing degree course at Waikato University of Technology
 - CLAS-MR & BIDR

Subjects



- Forensic staff
 - 250 staff members of the Regional Forensic Psychiatric Services (RFPS) employed at the Auckland Regional Forensic Psychiatry Service in New Zealand.
 - 105 responses received (42% response rate)
- Nursing students
 - 250 nursing students enrolled at the Waikato Institute of Technology (WINTEREC). WINTEREC is a tertiary educational provider in the city of Hamilton in central North Island of New Zealand

Results



- Forensic Staff

- High levels of previous experience working with PWID
- High level had had previous negative experience
- Endorsed very similar attitudes to previous studies

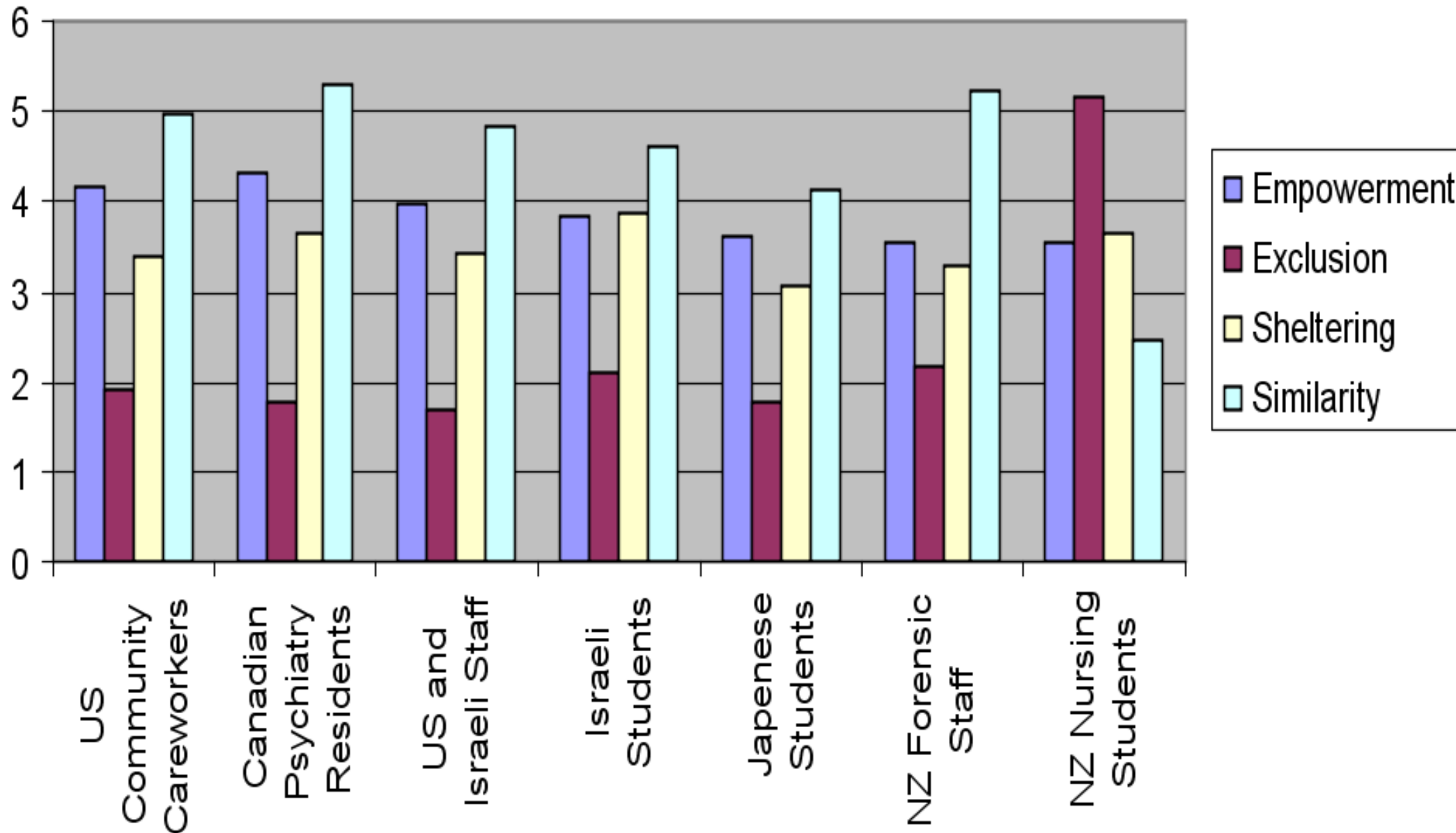
- Nursing students

- Younger average age, virtually all female
- Had a very high level of direct family experience of people with ID
- Had higher levels of attitudes towards Exclusion and against Similarity than other studies internationally

International Findings

	Empowerment	Exclusion	Sheltering	Similarity
US Community Careworkers (Henry et al, 1996)	4.16 (SD=0.48)	1.92 (SD=1.4)	3.40 (SD=0.36)	4.96 (SD=0.15)
Canadian Psychiatry Residents (Ouliette-Kuntz, 2003)	4.32 (SD=0.65)	1.75 (SD=0.71)	3.63 (SD=0.75)	5.3 (SD=0.61)
US and Israeli Staff (Henry et.al., 2004)	3.97 (SD=0.76)	1.68(SD=0.57)	3.43 (SD=0.93)	4.81 (SD=0.65)
Israeli Students (Schwartz & Armony-Sivan, 2001)	3.83 (SD=0.71)	2.11 (SD=0.50)	3.88 (SD=0.63)	4.60 (SD=0.56)
Japanese Students (Horner et al., 2002)	3.59 (SD=0.34)	1.75 (SD=0.52)	3.05 (SD=0.54)	4.13 (SD=0.48)
NZ Forensic Staff (Sakdalan, Vykopal & Duff, 2005)	3.53 (SD=0.67)	2.17 (SD=0.69)	3.26 (SD=0.73)	5.21 (SD=0.08)
NZ Nursing students (WINTEC) (Stewart, Sakdalan & Duff, 2008)	3.55 (SD=0.58)	5.16 (SD=0.76)	3.63 (SD=0.91)	2.47 (SD=0.41)

Comparison across studies



Discussion



- First difficulty in this area is identifying which attitudes are positive and which are negative
- Next difficulty lies in accurately measuring attitudes
- Response rates were less than 50% which is common in voluntary questionnaire research but means sample may be biased
- How to explain the similarities between forensic staff and the differences in attitudes for the nursing students.
- Age and sex variables important as are the differences in social conformity measures

Study Implications



- Attitudes are important because they effect how we behave, the assumptions we make and the way we choose to run our society through policies and laws
- Attitudes are difficult to measure accurately
- The CLAS-MR looks at attitudes about the principles of normalisation
- International studies show surprising similarities of attitudes

Study Implications



- Forensic hospital staff in NZ had attitudes very similar to other countries
- NZ nursing students had quite different attitudes
- NZ nursing students were also less likely to try to present a good impression to others and were less likely to be fooling themselves
- They showed attitudes suggesting that they believe people with ID should be more excluded and are less similar to people without ID than all the other studies

Theory into Practice



- Once we know what peoples attitudes currently are, we can try to positively change negative attitudes that may prevent people with ID from getting the best care and opportunities from carers, professionals and society
- It is difficult to be sure which attitudes are helpful and which are unhelpful in getting the best support and quality of life for people with ID
- We can use education, practical experience and positive demonstrations using people with ID to tell us how they want people to think about them
- We can check back to see if these things have changed attitudes by repeating the attitudinal measures and looking for change

Future Directions



Questions?

