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Effect of participation as peer-players on ideas and attitudes about disability

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Abstract

Typically developing children usually have little contact with children with disabilities. Consequently, their ideas and attitudes are like to be based on preconceptions and stereotypes. The extent to which these initial ideas and attitudes are modified by experience when typically developing children first spend time with children with disabilities, and how they affect the assimilation of experience, is an interesting question since this will influence the performance and motivation of typically developing children as peer partners in peer-mediated interventions.

Typically developing children acted as peer play partners in an experiment testing the effect of peer training on the level of interaction with children with autism. Half of the peers received the training, the other half remaining untrained. Initial ideas about disability and children with disabilities were, as expected, stereotypical. Reported attitudes appeared to be those that the peers thought were expected of them, rather than reflecting genuine attitudes.

After participation as peer-players, stereotypical ideas were largely replaced by more accurate concepts. Interestingly, honesty in reported attitudes seemed to increase after participation, although they still did not match actions in practice. These changes were the same in both trained and untrained peers—they did not depend on how successful the typically developing children were at interacting with the children with autism.

Introduction

A child can influence the social development of other children, either positively or negatively. Positive and supportive interaction with peers contributes to development in both children with and without disabilities. On the other hand, peers can negatively influence children by reinforcing inappropriate behaviour, for example by paying attention to aggressive disruptive behaviours in children with developmental disorders (Marcus, Vollmer, Swanson, Roane, & Ringdahl, 2001). Therefore, the sense of well-being, and quality of life, of students with disabilities at educational settings might be more dependent on supportive peer relationship in terms of inclusive education programs, rather than either integrated or

segregated placement issues (Allodi, 2000). The importance of positive and supportive peers is likely to be emphasised by the increasing trend towards inclusion (the inclusion movement), because children with disabilities have more opportunities to be in contact with typically developing peers. Furthermore, the formation of a supportive peer network may be a preparation to increase employment (Ohtake & Chadsey, 1999) and membership of advocacy groups (Ashman & Elkins, 2002) for adults with disabilities after schooling.

This inclusion movement has been reinforced by the assumption that proximity draws more frequent social contact (quantitative) and positive social interaction or friendship (qualitative) between these two groups of children (Nakken & Pijl, 2002). However, proximity alone is insufficient to generate positive social interaction or closer friendship between these two groups of children in reality (Bauminger & Kasari, 2000; Brown & Whiten, 2000; Koegel et al., 2001). Social interaction between human is relative, not absolute. Reciprocal exchanges are essentially required to maintain on-going interaction (Laursen & Graziano, 2002; Laursen & Hartup, 2002). Therefore, social interaction topics such as how and why interaction works between children with disabilities and typically developing peers need to be investigated in terms of mutual or reciprocal ways of human interaction (Gutstein & Sheely, 2001). Thus, the ideas and attitudes of typically developing peers affect such interaction and should be investigated.

Similarity appears to be an important factor: Guralnick et al. (1996) noted that typically developing preschoolers certainly preferred to associate or play with other typically developing preschoolers who were at the same developmental level, rather than children with developmental and cognitive delays. The non-preference of typically developing peers towards children with disabilities was also seen by Buysse, Nabors, Skinner, and Keyes (1997). Clawson (2002) showed that language difference caused an initial barrier for peer interaction among typically developing children in social play. Laursen and Hartup (2002) asserted that social exchange in children's interaction involved cognitive representation and behavioural manifestation based on a norm of equality and need. Cook and Semmel (1999) found that peer acceptance was correlated with recognition of similarity.

However, *similarity* is likely to be closely related to *familiarity*—the different is more likely to be unfamiliar. Considering that children's understanding about the feelings and thoughts of others affects their social interaction with these others (Denham, 1998), if typically developing peers do not know about autism, for example, how children with autism behave, communicate, and interact with others, a lack of interaction or negative interaction from the typically developing peers towards children with autism may be the main consequence, regardless of increased opportunities for social contact resulting from inclusion. While typically developing peers will not become more similar to children with disabilities, they can at least become more familiar with them, reducing perceived difference.

Therefore, the ideas about and attitudes towards disability held by typically developing children profoundly affect their interaction with children with disabilities, and these ideas and attitudes are liable to change over time due to contact with children with disabilities. Further investigation is highly desirable. A peer-mediated play intervention program, in which typically developing children played with children with autism (as reported elsewhere in these proceedings), provided an opportunity to determine the extent to which contact with children with disabilities changed the ideas about and attitudes towards disability held by typically developing children. In this program, the typically developing children were in two groups: one that received training in how to successfully interact with children with autism (trained peers), and another that received no training (untrained peers). As there was a large and significant difference in the level of social interaction between the children with autism and the trained and untrained peers, we could also investigate the effect of the level of success in social interaction on these changes. Reporting of ideas and attitudes after participation in the peer-mediated intervention and after training of the peer player changes were examined

Method

A group of 13 typically developing children participated in a peer-mediated play intervention program in which they played with children with autism in weekly indoor and outdoor play sessions over approximately 20 weeks (described by us in these proceedings). Half of the group (7 peers) underwent training to improve their ability to socially interact with the children with autism. This provided an opportunity to determine both the extent to which contact with children with disabilities changed their ideas about and attitudes towards disability and the effect of the level of success in social interaction on these changes. Both trained and untrained peers played with the same children with autism. There were five children with autism, and each child with autism had a regular trained peer play partner and regular untrained peer play partner; the remaining peers acted as substitute peer play partners when the regular peers were unavailable. Since both groups of peers played with the same children with autism, differences between the ideas and attitudes of the two groups do not depend on individual differences between the children with autism.

A questionnaire, Ideas about and Attitudes towards Disability Inventory (IADI), described below, was used to determine ideas and attitudes towards disabilities held by the peer players. The questionnaire was completed by the peer players both before (during the orientation phase) and after (during the follow-up phase) their contact with and involvement with the children with autism.

In the orientation phase, the group of typically developing peer players filled out the questionnaires in their classrooms. Each question was read to the peer players, and the meaning of words such as “cooperative”, “uncooperative”, and “generous” was explained to them.

During the follow-up phase, after the play sessions for the experimental test of the effectiveness of the peer training program had been completed, filled out the questionnaires again. In addition, each peer player was briefly interviewed; each interview took approximately eight minutes. The peer players were asked:

1. how he or she felt about himself or herself as a play partner,
2. when they were excited or frustrated in the play sessions,
3. what they learned while they were playing with their play partner (with autism).

The results were analyzed to determine if there had been any significant change in the reporting of ideas and attitudes after participation in the peer-mediated intervention, and if changes depended on whether or not the peer player had been trained.

Ideas about and Attitudes towards Disability Inventory (IADI)

The Ideas about and Attitudes toward Disability Inventory (IADI) was designed to collect information about ideas (how the peer players think about children with disabilities) and attitudes (how do the peer players believe they want to act (or should act) towards children with disabilities, what kinds of activities they would like to do together with a classmate with a disability, etc.) of typically developing peers. This questionnaire was devised as a checklist to provide an overview of the typically developing peers' perception of and acceptance towards children with disabilities before and after participating in the peer-mediated play intervention in this research.

Using the IADI, peer players were asked questions in two parts. Part one (Ideas domain) included 24 items (12 positive and 12 negative) that asked typically developing peers to evaluate notions about children with disabilities (what they thought about children with disabilities). Negative notions were composed as opposite concepts against positive notions. Both positive and negative notions were randomly distributed among the questions to

encourage peers to think about the questions and answer honestly rather than “automatically” choosing “good” answers. Part two (Attitude domain) consisted of 10 items (10 positive activities) to assess willingness for involvement in activities with a child with a disability (what they wanted to do if a child with a disability was in their class). The questions on the IADI are shown in table 1 (Ideas domain) and table 2 (Attitude domain).

Table 1
Ideas domain questions on the IADI (“What do you think about children with disabilities?”)

Positive notions	Negative notions
They look the same as others	They are physically weak
They work hard and well	They bother others
They do their school work well	They are alone and have no friends
They help others	They are dirty
They are cooperative	They are noisy
They are neat	They look sad
They share toys to play with others	They are lazy
They look happy	They are selfish
They are strong	They are uncooperative
They are generous	They look different
They have many friends	They are greedy
They are very quiet	They are not good at their work

Table 2
Attitude domain questions on the IADI (“What activities do you want to do with her/him?”)

Sit down beside her/him
Work together in the classroom
Play together in the playground
Have lunch with them at school
Play together at free time
Take her/him to my house to play together
Play ball game together
Play pretend play such as cooking together
Go on a picnic together
Be a partner in a game or in classroom

To obtain a quantitative score for statistical analysis of the results, questions in the Ideas domain were scored as +1 for “yes” answers to positive questions, -1 for “no” answers to positive questions, and -1 and +1 for “yes” and “no” answers respectively to negative questions. “Don’t know” was scored as zero. In the Attitudes domain (in which all questions were positive), answers of “yes” were scored as +1, “no” as -1, and “sometimes” as zero. The total score on the Ideas domain could vary from -24 to +24, and total score on the Attitudes domain could vary from -10 to +10.

Results

Change in ideas and attitudes towards disability

The IADI Ideas and Attitudes scores for each peer player before and after participation in the peer-mediated intervention are shown in table 3. Peers are identified by a code number, with trained peers indicated by the prefix “TP”, and untrained peers by “UP”.

Table 3
Change in IADI scores

Peer	Ideas score		Attitudes score	
	Before	After	Before	After
UP01	+5	+9	+5	+2
TP02	+6	+19	+5	-1
TP03	+18	+14	+9	+10
TP04	+5	+11	-3	-9
UP05	-12	+8	+4	-1
TP06	+6	+17	+6	+3
UP07	0	+6	+3	+5
UP08	+15	+14	+10	-5
TP09	+6	+6	+3	+6
TP10	+10	+6	+8	+3
UP11	+3	+10	+3	+3
TP12	+14	+15	+8	+5
UP14	+9	+13	+9	+6

The before-after test scores were compared using the Wilcoxon signed-ranks test, a standard non-parametric (that is, distribution-free, not assuming that the test scores are normally distributed) test for paired scores (the before and after scores of each peer). The test scores of the trained group and the untrained group test were compared using the Wilcoxon rank-sum test, a standard non-parametric test for independent samples. These tests test for differences in the median. Since the ideas and attitudes of the majority of the peer players is of most interest, the median is the most representative measure—the median provides a robust measure of the central tendency of data, even in the case of highly non-normal distributions. The medians, and whether or not the difference in the medians being compared is statistically significant at the $\alpha = 0.05$ level, and the p values, are given in tables 4–6.

Table 4
Ideas and attitudes scores for all peers

	Before	After	Significant	p
Ideas	6	11	yes	0.019
Attitudes	5	3	yes	0.011

The initial ideas score was lower than the final one; the change was statistically significant. Similar results—positive changes in acceptance of disability after interaction—have been reported in other studies (Shevlin & O’Moore, 2000; Favazza & Odom, 1997; Favazza et al., 2000). It is reasonable to assume that the initial negative ideas are strongly influenced by (mostly negative) stereotypes about individuals with disabilities since the typically developing peers began with little or no experience of children with autism. After interaction with the children with autism over the course of the play sessions, peers would have been able to develop their own ideas about children with disabilities, based on genuine and practical experience. This can be interpreted as an argument in favour of integration—if

typically developing peers have contact with children with disabilities, unfounded negative stereotypes will be replaced by the more positive impression from real experience.

In contrast, the attitudes score was significantly decreased ($p = 0.011$), indicating a negative change. This negative change in peers' attitudes might be akin to the indication of peers' hesitation for continuing involvement reported by Shevlin and O'Moore (2000) or reported "good" intentions but no direct involvement (Cook & Semmel, 1999; Hall & McGregor, 2000) for interaction with children with disabilities. There are three probable explanations of the decrease of the attitudes test score in this study. Firstly, the researcher gained the definite impression that the peers chose answers that they thought they were expected to give or would reflect well upon them. After acting as play partners, their responses were more likely to reflect their actual attitudes, instead of the attitudes they believed they should display in order to gain approval. Secondly, some of the peer players displayed noticeable frustration due to their "inability" to interact satisfactorily with children with autism; the reduction in the attitude scores may well reflect this frustration. Finally, peer player could not get "direct and tangible" benefits for themselves to keep interacting with children with autism. In other studies, peers' voluntary re-involvement in peer-mediated interventions was likely because they felt beneficial achievements for themselves (Whitaker et al., 1998; Kamps et al., 1994, 1998).

The changes seen in the trained and untrained groups (table 5) are very similar to those seen for all peers, as indeed they should be if the peer training did not significantly affect their ideas and attitudes, since the trained and untrained groups are statistically identical. However, the changes were mostly (in three of four cases) not statistically significant at the $\alpha = 0.05$ level; this is due to the small sample sizes of the separated groups, rather than any difference in the magnitude of the effect.

Table 5
Ideas and attitudes scores for trained and untrained peers—comparison of scores before and after

		Before	After	Significant	<i>p</i>
Trained	Ideas	6	14	no	0.266
Trained	Attitudes	6	3	no	0.094
Untrained	Ideas	4	9.5	yes	0.047
Untrained	Attitudes	4.5	2.5	no	0.094

When trained and untrained groups were compared (table 6), there were no significant differences in ideas and attitudes scores. This implies that the improvement of the ideas score and the decrease of the attitudes score was not due to either the training or lack of training, but are attributable to contact with children with disabilities, replacing stereotypes with genuine experience, because the changes were the same in both groups.

Table 6
Ideas and attitudes scores for trained and untrained peers—comparison between trained and untrained groups

		Trained	Untrained	Significant	<i>p</i>
Ideas	Before	6	4	no	0.138
Ideas	After	14	9.5	no	0.295
Attitudes	Before	6	4.5	no	0.945
Attitudes	After	3	2.5	no	0.628

This result of no statistical difference in ideas and attitudes, and changes therein, between trained and untrained groups before and after participating in the peer-mediated play intervention should not be interpreted as opposing results found in other studies (Shevlin & O'Moore, 2000; Favazza & Odom, 1997; Favazza et al., 2000) which suggest that positive acceptance of disability is increased after a certain amount of systematic interaction or by a

more effective multiple components program compared with individual component programs. Firstly, the sample size in this study was too small to detect small differences between these two groups on this matter. Secondly, compared to a two-year period of intervention in the study by Shevlin and O'Moore (2000), this peer-mediated play intervention lasted only about six months, with interaction with children with autism only occurring during the brief play sessions. Finally, the predominant effect seen here—the replacement of initial stereotypes with real experience—would be expected to be similar for both trained and untrained peers, and it is no surprise that this large change resulting from experience where there was none before is observed, and possible small differences due to peer training, or resulting differences in success, are not.

Interviews

Differences correlated with training, however, were apparent in the interviews, which were a more flexible way to investigate attitudes and responses. All six untrained peers answered that they were happy all of the time or most of time in play sessions and had fun while they were acting as peer players. Typical reasons given for this positive answer were: "I was happy" (UP11), "He (the child with autism) is a nice boy" (UP14), "It's fun to play with him" (UP8), "They (the children with autism) are good at playing. I'm getting to know them" (UP7), "Nice toys" (UP5), and "Even though they didn't understand, it's just fun to play with them" (UP1).

In comparison, answers from trained peers were not always positive. Four out of the seven trained peers (TP2, TP3, TP9 and TP12) answered this question positively in a similar manner to the untrained peers. However, two trained peers hesitated, saying "I can't answer that, sometimes happy and sometimes not" (TP4), and "Sometimes I like it because you get to know other people" (TP10). In addition, the last trained peer (TP6) answered that sometimes she was happy because she could miss school, and sometimes she was unhappy she was missing a two minute test that she liked doing.

For the untrained peers, even though they could not interact much with the children with autism, play activity with various play materials seemed to be still attractive and enjoyable. The untrained peers might well have had lower expectations about playing with children with autism, and the level of interaction with them. Trained peers, on the other hand, might have felt that they were expected to successfully interact with the children with autism. While the trained peers did show a higher level of interaction than the untrained peers, this might not have met their expectations of success. In particular, unsuccessful attempts to apply specific skill or methods taught to them in the peer training might have resulted in confusion and frustration. This suggests that it is important to convey realistic expectations to prevent feelings of failure reducing motivation or causing "burn-out".

In response to a question about when they were excited in the play sessions, qualitative and quantitative differences appeared in answers from trained and untrained peers. Trained peers reported that they were excited "all the time" (TP12) or "sometimes" (TP2, TP3 and TP4) in relation to successful interaction using the play skills acquired in peer training. In addition, other responses were also given such as "The first time when I met him" (TP9), "The first couple of sessions when I had got into knowing children with autism" (TP6), and "No excitement except having fun sort of" (TP10).

Compared to wide and various range of excitement during play interaction with children with autism reported by trained peers, only two of the untrained peers (UP5 and UP7) reported brief experiences of excitement in relation to interaction with the same children with autism (in car play and talking). Some untrained peers (UP8 and UP14) reported excitement not associated with play with children with autism—they were excited in relation to the outdoor play setting. The others (UP1 and UP11) reported no real excitement. Although all untrained peers were happy in all or most play sessions, it is not surprising to find far fewer

exciting experiences since they had no or little interaction with their play partners with autism in their dyad play sessions.

All six untrained peers reported no frustration whereas trained peers reported wide ranges of it from “no frustration” (TP3 and TP9), “my first teaching time” (TP2), “the first time when I met him” (TP6 and TP12), “sometimes when he was angry or grumpy” (TP4) and “frustration” (TP10).

It should be noted that TP10 reported the least satisfaction, fun, and excitement, and the most frustration. TP10 experienced a great deal of frustration in the pre-training sessions, when she did not know how to interact with her play partner with autism before peer training. Immediately after the peer training, TP10 did not wish to keep acting as a regular peer player, and became a reserve peer player instead. As a result, TP10 had much less post-training contact with the children with autism than the other regular trained peer play partners, and correspondingly less successful interaction. This may well have influenced her responses. In later sessions, when TP10 participated in some play sessions as a reserve player, she seemed to realize that it might be possible to successfully interact with children with autism, using the skill she had learned during the training. TP10 then expressed her willingness to play with children with autism whenever required.

For the question about what they learned about their play partner with autism in the play sessions, three out of the six untrained peers answered “nothing” (although it should be noted that the change in the Ideas score on IADI indicates otherwise). The others, although they did not answer negatively, did not have clear ideas about how to interact with children with autism. Responses included “If you play with them in the right way, there can be real fun” (UP1), “They could talk a lot more than I thought and they share toys” (UP7), and “play with others nicely” (UP14).

Only one trained peer reported learning “nothing” (TP6). The other six trained peers answered positively, referring to interaction skills that they learned as “play skills” in peer training. Some trained peers reported observations about children with autism that were neither clearly positive nor negative, such as “They don’t talk that well but they are smart” (TP3), “They can’t do everything that we can do” (TP4), and “I have to be nice to everyone if I want to play with them” (TP12).

It must also be kept in mind that typically developing peers, including both trained and untrained peers, may give responses that they believe will cause involved adults to see them as being “good”. For example, UP8 did not indicate any non-positive opinion in the interview, although she demonstrated the most extreme change among untrained peers in IADI scores, from the highest attitude score before to the lowest attitude score afterwards. Other studies (Cook & Semmel, 1999; Hall & McGregor, 2000) have reported that typically developing peers verbally report their prosocial behaviours towards children with disabilities, but matching behaviours are often not observed. Therefore, answers from both trained and untrained peers should be interpreted with some caution.

In summary, although the interview was informal and very brief, some differences between trained and untrained peers were noted. Untrained peers were mostly positive about being peer play partners, and although they reported little excitement, they also reported no frustration. This may result from, firstly, being unable to meaningfully interact with the children with autism, and secondly, from not expecting to be able to. It was observed during the play session that when untrained peers did not obtain appropriate responses from children with autism, they simply playing by themselves.

In contrast, trained peers gave a more complex set of answers. Even though trained peers were excited about successful interaction achieved by using play skills learned during training, they also experienced frustration in attempting to interact with children with autism. This was most likely due to high expectations of success not being met by matching results in

practice. It may be important to convey a realistic idea of expected success during peer training. On the other hand, it should also be noted that high expectations can elicit a high level of effort.

Discussion and conclusion

Through experience of children with autism, both trained and untrained peers showed a significant increase in increased positive ideas about children with disabilities, as initial (usually negative) stereotypes were overcome by contact with the children with autism. At the same time, however, a significant increase in negative attitudes towards disabilities was seen. This may also reflect the replacement of initial stereotype with experience; in this case, after discovering that it can be difficult to interact with children with autism, they had a more realistic attitude. Then, unless they can achieve direct and tangible benefits for themselves, they may be more cautious about involvement with children with autism.

There were no statistically significant differences seen in the IADI scores between the trained and untrained peers. The impact of the level of success in interaction with children with disabilities and change in ideas and attitudes was less than we had expected—no statistically significant differences were seen between the trained peers, who were more successful in interaction, and the untrained peers, who were less successful. On the one hand, this raises the complex issue of how we can best motivate more typically developing children to voluntarily interact with children with disabilities, and maintain such motivation, while, on the other hand, this indicates that even integration (as opposed to full inclusion) can benefit all parties.

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