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## **Open Arms: Adult Faith-based Volunteers: Expectations and Needs to work with youth with disabilities**

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UNIVERSITY OF SOUTH ALABAMA

HONORS COLLEGE

Open Arms: Adult Faith-based Volunteers:  
Expectations and Needs to work with youth with disabilities

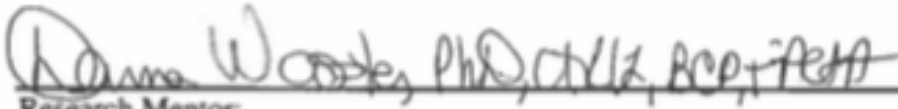
By  
Merritt Vise

Honors Senior Thesis

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STUDENT TEACHERS AND DISABILITIES 2

Approved By:

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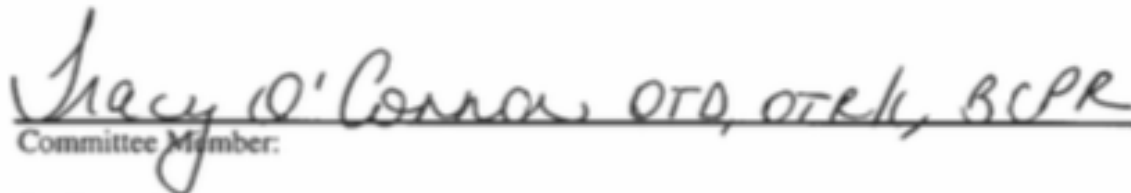
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## STUDENT TEACHERS AND DISABILITIES 3

### Abstract

Religious organizations can offer many benefits to society at large such as extended social groups, opportunities for physical activity and service, and emotional support. People with disabilities are often in need of these opportunities most because of the social pressures, rejection, and isolation many experience at school or home. This study was designed to assess the experiences and needs of adult religious volunteers who work with students with disabilities in order to determine expectations and knowledge needs of these volunteers. This study examined the published research about the benefits of religious organizations to students with disabilities, the rate of involvement and attendance to services, the perspective of church staff held by the families, religious staff account of preparedness, and the need for continued studies.

*Keywords:* religion, adolescents, disabilities, church staff

UNIVERSITY OF SOUTH ALABAMA  
HONORS COLLEGE

Open Arms: Adult Faith-based Volunteers:

Expectations and Needs to work with youth with disabilities

Participating in religious organizations such as churches, bible studies, religious school clubs, or any number of other activities have been shown to lift a person's perspective on life, build strong social and emotional support, and make people "feel like they are a part of something bigger than themselves" (Idler & Kasl, 1997). For teenagers with disabilities these benefits are even more important because many of them are not able to form strong social ties with friends and peers at school. Many students battle with depression or low self-confidence because of looking or acting "different." The effects of having a strong support group to welcome students to every week while being a part of the group and not separated, as can be common in other environments, can be very rewarding to a student who is used to being segregated or left out (Idler & Kasl, 1997; Jacober 2010). This, along with believing in being a part of a higher power's plan, can significantly improve the emotional state of teenagers or young adults who have been refused that most of their life (Whitehead, 2018).

It is important to remember that these students are not only living with one or more disabilities that make them different, but they are also teenagers, a time in life that is known for social and emotional change and hardship. Students with physical disabilities may not have the ability to play sports or exercise regularly, and youth rallies, services, or conferences may offer opportunities to move and play in ways that benefit mobility and flexibility, since attendance at such organizations are positively correlated with increase exercise and leisurely activity (Idler &

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Kasl, 1997). According to the research available many organizations do not take full potential of their ability to aid this group of students because religious leaders, Sunday school teachers, youth/student pastors, and priests are either not properly educated to work with and coach teenagers with disabilities or the facilities are not accessible to such needs (Jacobson, 2007; Treloar, 2002). The purpose of this study was to assess the expectations and needs of adult faith-based volunteers while working with youth with various disabilities. Since religious youth teachers are not required to have any training other than religious education, it is reasonable to hypothesize that most youth pastors will not be adequately prepared to teach students of a variety of disabilities.

This paper will discuss the most prevalent topics published in journals: the benefit of students with disabilities involvement in religious organization, rate of attendance for students with disabilities, competency of staff, and the family opinion of students with disabilities regarding their place of worship.

### **Benefits of Religious Involvement**

Researching a topic that deals so heavily in the opinions of various groups of people, consistent results can be hard to find among researchers. However, most research (Campbell, Yoon, & Johnstone, 2008; Idler & Kasl, 1997; Treloar, 2002; Turner et al., 2004; Whitehead, 2018) has found that participation in religious organizations can offer great benefits to people with disabilities if the organization is properly prepared to work with such members. The most common cited benefit was the social aspect that members get from attending services. One researcher found that organized sports and religious youth groups were the two most attended organized events for students with intellectual disabilities (Abells, Burbidge & Minnes, 2008). This may indicate that not only are youth groups a beneficial resource for students with

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disabilities that may have difficulties making connections in other environments, but they are a common resource that many use to facilitate communication skills.

These benefits are not limited to the person with disabilities, though; several studies have assessed the effects of religious participation in the family as a whole. Turner et al (2004) and Treloar (2002) both found that churches can provide material and social support to parents who have children with disabilities. Participation among families help provide healthy coping strategies for parents and help them “make sense of the experience of having a child with disabilities” (Turner et al., 2004, p. 161). Studies have shown that participation in some form of religious organization is consistently connected to better mental health (Campbell, Yoon, & Johnstone, 2008; Idler & Kasl, 1997; Whitehead, 2018). Idler and Kasl (1997) showed that it allows students and parents alike to place their lives and all the problems therein in a “larger context”. This is interpreted to make their own situations and struggles smaller, thereby making them seem less significant in the long run. Idler and Kasl (1997) also mentioned the hope for an afterlife as a significant factor that can increase the mental health of students and parents. Additionally, a positive mindset was found to be a significant beneficial effect from attendance and participation in religious events (Campbell et al., 2008; Idler & Kasl, 1997; Turner et al., 2004)

Participation in religious activities has been related to less substance abuse and lower suicide rates in persons with disabilities and chronic diseases (Idler & Kasl, 1997). Both in Idler’s and Campbell’s studies, attendance at services and participation in activities were positively related to more physical activity and exercise (Campbell et al., 2008; Idler & Kasl, 1997). This is a significant benefit for the students with physical disabilities because it facilitates movement of joints, practical movements that can affect their lives elsewhere, and muscle force

and flexibility. However, in Campbell's study (2008), it was unclear if this correlation was due to a narrowed subject pool since more people with physical disabilities were unable to attend the services and events.

However, both Whitehead (2018) and Treloar (2002) found that religious participation of the parents offered mixed effects on mental health; some were found to be positively affected and some were found to be negative depending on the organization and how well it integrated their child and the support provided.

### **Rate of Involvement in Students with Disabilities**

Despite the many benefits that participation can provide to students and families with disabilities, most studies show a large gap in attendance compared to members without disabilities. Whitehead (2018) stated that minors with autism spectrum disorder (ASD) are 1.84 times more likely to never attend services compared to children with no disabilities at all. Children with ADD/ADHD, learning disabilities, developmental delay, various physical disabilities, and hearing and speech disabilities are all significantly less likely to attend than typical adolescents. Idler's and Kasl (1997) showed consistent results stating that "disability, number of prescription medications, education, and age all have opposite signs from attendance" (Idler & Kasl, 1997).

However, Minton and Dodder (2003) found that when members with developmental disabilities are asked about their experiences at church, the results are predominantly positive. Participants recalled fond memories of their Sunday school teachers, learning the alphabet, being welcomed into services, and eating dinner with others. However, four participants recounted overwhelmingly negative experiences at a particular organization, and many participants could not remember any outside support such as phone calls or house visits. Finally, studies show that



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beginning to participate at a younger age is better for many with mental and physical disabilities because it can help slow the progression of these diseases (Hayward & Krause, 2012). The intervention of the social and emotional help that was mentioned earlier can slow the progress of depression or anxiety before it gets overwhelming, and the frequent activity of many organizations keeps students moving which helps with tight joints, active range of motion in practical life situations, and muscle atrophy.

### **Competency of Staff**

The main focus of this research is to assess the expectations and the needs of adult faith-based volunteers working with students with disabilities. Research focused on this topic is very slim, but several sources that focus on other areas provide peripheral information about religious staff that are an essential aid to this study. Riordan and Vasa (1991) researched many organizations (n=125) for individual accommodations for specific disabilities. They found that the majority of churches provided handicap parking, ramps, and handrails, ten percent offered interpretation for the hearing impaired, and 53% offered amplification tools. Fewer facilities accommodated for the visually impaired beyond the use of large text reading materials and signs. This research study also discovered that facilities reported that economic limitations was the main factor for not having more accommodations, not lack of interest.

However, this is just the measure of the facilities. Research on the effectiveness of the staff vary from helpful to harmful. Jacober (2007) stated that it was common to see parents supported in the initial diagnosis, but as children aged, support diminished to be almost nonexistent. Many families considered their religious experience as “hurtful” even if the particular organization had separate classes and materials specifically for individuals with disabilities (Jacoer, 2010). Many strategies that could be reasonably applied to religious

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curriculum were recommended by the parents themselves. In contrast, a group of small Irish churches were found to be more supportive and encouraging throughout the life of students with disabilities due to a closer-knit fellowship among the congregation (Coulthard & Fitzgerald, 1999). This seems to contradict the more accessible facilities that were previously discussed to be frequent in larger, wealthier churches.

Finally, pastors were asked how important it was to incorporate people with disabilities into their congregation and the overwhelming responses were “very important” (Griffin et al, 2012). However, 73% of respondents admitted that there was little to no formal training that revolved around disabilities. This could be interpreted that this dearth in inclusion, accommodation, and support may not be because of a lack of care in staff, but it may be due to fear of mistakes and a lack of knowledge. Many of the interview studies report parents stating something similar to a fear of mistake or offense on the behalf of the religious staff.

### **Family Perspective**

The families’ perspective is an important indicator of how well accommodated and prepared most organizations are because they see their child’s treatment from a different point of view. Also, youth with some disabilities may not be able to give their account by verbal or written means. It is important to remember that the parents are also part of the congregation, and accommodation for the child requires proper support and consideration for the whole family. Ault, Collins, and Carter (2013) reported a very high number of parents (97.6%) out of over 400 participants considered their faith to be an important part of their lives; however, that number decreases by almost ten percent when asked how many of them frequently participate in any form of service. This is likely due to the lack of support many parents believe that congregations provide for their children. Furthermore, parents were found to highly value churches and other

organizations that were managed properly and many offered constructive tips to better prepare churches that they attended (Jacobson, 2010; Treloar, 2002). Few parents ever blamed the church staff for incompetence, but one parent said that “the church was no different from the rest of the world” (Jacobson, 2007, p.73). It is important to keep in mind that the participants in all of these studies were predominantly the mothers. Fathers were not represented as a large portion of any study except for Haworth and Hill (1996). They made the conclusion that the religious views of one parent concerning the involvement of their child with disabilities is strongly correlated with the other spouse’s view. However, there is need for more research on the perspective of the father figure to make this a more credible statistic.

### **Summary**

It is also important to note that almost every research study indicated a need for further research. The fields of religion and disability are broad studies, so it is difficult to determine the impact of corporate religion in any given population of people with disabilities. Comparatively, much more is published about elderly people and the effects of church participation on their conditions; however, publications directed towards teenage and children ministry are almost nonexistent. The focus of this research was designed to determine the expectations and needs of adult faith-based volunteers working with youth. The purpose was to capture the range of expectations of these adult faith-based volunteers and to determine educational needs of these volunteers.

### **Methods**

#### **Online Survey**

First, an online survey was designed in Microsoft Word® and was later programmed into the survey software, Qualtrics®, to assess adult faith-based volunteers' experiences and needs

while working with youth with various disabilities (see Appendix A). The survey was designed to obtain information about their experiences with students with disabilities and to gather information about what they perceive were challenges and needs. The survey also collected demographic information about the participants. The survey was mostly quantitative, but it did contain qualitative open-ended questions at the end.

After IRB approval was obtained (see Appendix B), flyers were distributed by local religious organizations including universities, school clubs, churches, and bible study groups (see Appendix C). The pandemic forced most religious organizations to close and or limit their participation, which did impact the dissemination of the flyers. The online survey was open from the first quarter of 2020 until the third quarter of 2020. Then this data was analyzed to determine the expectations and needs of the adult faith-based volunteers.

## **RESULTS**

### **Participants**

The demographic information about the participants is provided in Table 1. The majority of participants for this survey were Caucasian males, with a wide range of ages from 18 to over 50 years old. Most (52%) indicated they had held the position for 1-5 years, 26% over ten years, and 10.5% for 6-10 years, and 10.5% less than one year.

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**Table 1**

<i>Online Survey Participants</i>		
Gender		
	n	19
	Male	18
	Female	1
Race		
	n	19
	Caucasian	17
	American Indian/Alaskan Native	1
	Multiracial	1
Age (years old)		
	n	19
	18-25	4
	26-30	4
	31-35	3
	36-40	2
	41-45	1
	46-50	2
	50+	3

### **Expectations**

The participants indicated that they all (100%) had experience working with students with cognitive or intellectual impairments and 72% had worked with students with physical or motor impairments. When asked about common diagnosis, it was not surprising to learn autism

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was the most common diagnosis of the students they served, followed by intellectual disability, ADHD, and learning disability. See Table 2 for complete listing. Many participants (n=18) reported working with anywhere from 1-20 students across their time as adult faith-based volunteers.

**Table 2**

<i>Types of Diagnoses seen by Participants</i>	
Autism Spectrum Disorder	15
Down Syndrome	6
Intellectual Disability	12
Cerebral Palsy	4
Traumatic Brain Injury	1
ADHD	11
Mental Health Diagnosis	8
Learning Disability	11
Emotional Disturbance	8
Sensory Processing Disorder	4

### **Educational Needs**

Participants rated themselves on how well prepared they felt they were to work with students with various needs. The range was from extremely well to not well prepared at all.

The majority of participants reported that they felt at least moderately to extremely well prepared to coach students with behavioral and self-control needs (77%) and physical impairments (55%). Participants reported that they felt like they were at least moderately

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informed on how to accommodate for their students with accessibility needs, however 40% reported they could use help with bathroom needs, 32% reported needing help with stairs, and 8% said they needed help with navigating sharp corners.

Survey participants indicated their perception of being informed to provide the services needed by the student from extremely well informed (6%), very well informed (22%), moderately well informed (28%), to only slightly well informed (28%) or not well informed (17%). The participants received information from a variety of professionals and team members with the majority of information coming from the parents (27%), other church members (17%), regular education teachers (15%), special education teachers (13%), nurses (10%), physicians (5%), school aides (3.3%) occupational therapists (3%), and speech therapists (1.6 %). These responses indicate that information is based on availability of people resources associated with the organization and not any specified or uniform training from the religious organization itself.

Participants were asked to rank order their educational needs to best serve the students in their religious organization. The following is the list of rank ordered needs (lowest number is highest need).

- Inclusiveness with other youth (1.82)
- Comprehension in lessons and teaching (1.94)
- mental illnesses such as depression and anxiety (2.41)
- students with cognitive and intellectual needs (2.71)
- accessibility (making environments easier to navigate) (2.71)
- students with behavioral needs (3.0)
- students with physical needs (3.19)
- accommodations for music, games, and trips (3.50)

- students with sensory needs (3.53)

Participants were asked what would be most beneficial information that could be provided to help them fulfill their roles more effectively. A variety of responses indicated that education is needed. Some suggested a seminar or conference that would provide specific tips. Others discussed some training for the volunteers. Another great suggestion was to provide a list of specialists or counselors that could be available to help train the volunteers on an as needed basis. Another suggestion was to have more information on student diagnosis, what is affected and some tips on how to help them participate. All the participants wanted to be sensitive to the needs of the student and the family.

Inclusion and the promotion of peer to peer supports was also a need area discussed. The participants did report that other students are open and accepting (39%), happy to be involved but may hesitate until prompted by an adult (50%) and will get directly involved only if asked (11%). The participants identified the need to be sensitive and inclusive without constantly drawing attention to the differences of the students.

### **Discussion**

Regardless of the obstacles that were faced in researching this topic, this survey was exceptionally informative as an introduction into researching the crossbridge of religious participation and special needs in students. We found that there is absolutely a need for further education for religious staff, volunteers, and leaders in regard to teaching, coaching, and supporting family and students with cognitive, behavioral, physical, and sensory impairments. These participants showed that leaders from large and small congregations, theological degrees



or self-educated, young or old leaders all are in need of more information. This tells us that whatever form of training these leaders have, if any, is not adequate when concerning families with special needs. Many have seemed to adapt with experience, but the survey showed that even with experience, leaders still asked for more information, resources, conferences, and training. That was the purpose of this survey: to determine if there was a need in the first place.

Moving forward, the information gathered in this survey will be used to produce a training program that addresses each of the requested data points in the results above. Reviewing the overall needs, it was decided to organize the training into four modules, all related to promoting participation and inclusion in religious activities. The modules will be:

- Promoting participation in religious activities for students with mental health needs.
  - Students with behavioral needs (3.0)
  - Mental illnesses such as depression and anxiety (2.41)
- Promoting participation in religious activities for students with cognitive and intellectual needs
  - Comprehension in lessons and teaching (1.94)
  - Students with cognitive and intellectual needs (2.71)
- Promoting participation in religious activities for students with physical and motor challenges
  - Accessibility (making environments easier to navigate) (2.71)
  - Students with physical needs (3.19)
  - Accommodations for music, games, and trips (3.50)
  - Bathroom, stairs, wheelchair and sharp corner considerations

- Promoting participation in religious activities for students with sensory and behavioral challenges
  - students with sensory needs (3.53)
  - students with behavioral needs (3.0)

Each module will include some basic information about common diagnoses and how that may impact participation and performance in religious activities. Each module will be designed with a pre-test and post-test of knowledge to determine the effectiveness of the learning module. Each module will also contain common adaptations to consider, safety considerations, and strategies to promote participation and inclusion with peers.

### **Implementations**

#### *Implementations for the future trials*

As mentioned earlier, it would also be beneficial to disperse the survey and workshops to a more diverse population. This would include more occupations such as volunteer workers, children directors, and part time religious staff. In reaching more occupations, it should allow us to reach a greater amount of gender diversity because many volunteers, children directors, and part time staff are female. It is also very important that as we move forward with this study, we reach more religions and denominations. I also am confident that as we reach more beliefs, we will reach more racial and ethnic populations as well.

Due to COVID-19, contacting many of these religious organizations and places of worship were severely hindered. There was widespread closure, and many worked from home away from company and office phone numbers and emails that were more publicly available. For

the offices that were open, many religious secretaries did not understand the type of research we were conducting, so it is likely the survey flyers and information was never passed along. Yet, when talking to many ministers and directors, it seemed the information was comprehended better and with much more enthusiasm.

That being said, in the future, I would like to speak with more ministers and staff directly to be able to directly explain what this study's goals and purposes are. As places of worship return back to normal operating hours, these ministers and staff should be much more accessible to contact again. Also, as university campuses open up again, more religious clubs will be back in operation and easier to contact as well. These more direct distribution methods should help increase our participation in other religions and denominations as well. This will net us a greater subject pool and a more diverse one.

#### *Implementations for training practicality*

For the future, we would like to see the data collected in this survey being used to refine the training modules mentioned in the discussion further to make the training more relevant to as many populations of religious staff and ministers as possible. We also plan to submit these results to the Alabama Occupational Therapy Association's (ALOTA) Inspire Conference in 2021. Furthermore, as we are able to gather more data and conduct our training workshops, we would also like to submit for a publication.

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Appendix A

# Survey of teachers/volunteers working with children with disabilities within religious organizations

## Q1 Consent

You are being asked to participate in a voluntary online research study to determine the experiences and needs of teachers and volunteers working within religious organizations regarding inclusion of children with disabilities.

The purpose of this study is to conduct a needs assessment that can inform us of your responsibilities and to use this information to determine educational needs that would help you perform your roles better.

You must be at least 18 years old and working or volunteering within a religious organization with children with disabilities.

This study will take about 15 minutes to complete.

There are no risks for participation in this study.

This research will later benefit those who participate in the educational sessions, once designed, based on the needs you have expressed in this study.

The data collected will be anonymous. All efforts will be made to keep the information confidential. This data will be kept for three years on a secure server.

There will be no compensation for participation in this survey.

Confidentiality: There is a limit to the confidentiality that can be guaranteed due to the technology itself.

	USA Institutional Review Board	
	Approved:	01/02/2020
	IRB Number:	19-417/1515813-1

If you have any questions, contact the primary PI, Dr. Donna Wooster at 251-445-9231 or by email

dawooster@southalabama.edu.

By completing the survey you are agreeing to participate in the research.

- Yes, I agree to participate (1)
- No, I do not want to participate (2)

*Skip To: Q2 If Consent You are being asked to participate in a voluntary online research study to determine the... = Yes, I agree to participate*

*Skip To: End of Survey If Consent You are being asked to participate in a voluntary online research study to determine the... = No, I do not want to participate*

Q2 Which of the following best represents your racial or ethnic heritage?

- American Indian or Alaskan native (1)
- Asian (2)
- Black or African American (3)
- Caucasian or non hispanic or white (4)
- Latino or Hispanic American (5)
- Multiracial (6)
- Native American or Alaskan Native (7)
- I choose not to answer (8)



Q3 What is your age?

- 18-25 years (1)
  - 26-30 years (2)
  - 31-35 years (3)
  - 36-40 years (4)
  - 41-45 years (5)
  - 46-50 years (6)
  - Over 50 years (7)
  - I choose not to answer (8)
- 

Q4 What is your gender?

- Male (1)
  - Female (2)
  - Transexual (3)
  - Other (4) \_\_\_\_\_
  - I choose not to answer (5)
-



Q9 What is your highest level of education?

- Less than high school (1)
  - GED (2)
  - High School Graduate (3)
  - Some college but no degree (4)
  - 2 year degree (5)
  - 4 year degree (6)
  - Master's (7)
  - Doctorate (8)
  - I choose not to answer (9)
- 

Q11 What is your role in the church that you serve?

- Youth pastor (primary teacher, trip planner, and orchestrator) (1)
  - Youth Leader (aids in all of the organizing and services, but not primary leader) (2)
  - Student teacher (Youth age or recently graduated that volunteers to help) (3)
  - Sunday school teacher (teaches other classes apart form primary services) (4)
  - Volunteer helper (general helper that may or may not always attend) (5)
  - I choose not to answer (6)
-

Q12 How long have you filled this position?

- Less than one year (1)
- 1-5 years (2)
- 6-10 years (3)
- Over 10 years (4)
- I choose not to answer (5)

---

Page Break



Q13 Have you had experience with students (ages (11-20) with disabilities in the church?

- Yes (1)
- No (2)
- I choose not to answer (3)

*Skip To: Q15 If Have you had experience with students (ages (11-20) with disabilities in the church? = No*

---

Q14 If you said yes to question 13, how many have you had in your group(s)?

- 1-2 (1)
  - 3-5 (2)
  - 6-10 (3)
  - 11-15 (4)
  - 16-20 (5)
  - 21+ (6)
  - I choose not to answer (7)
- 

Q15 Have you worked with students within your church role that have cognitive or intellectual impairments?

- Yes (1)
  - No (2)
  - Not sure (3)
  - I choose not to answer (4)
-

Q16 Have you worked with students within your church roles that have physical or motor impairments?

- Yes (1)
  - No (2)
  - Not sure (3)
  - I choose not to answer (4)
- 

Q21 What types of behavioral issues have you had to deal with or witness during your church role?

- hitting (1)
  - property destruction (2)
  - running away, fleeing (3)
  - verbal aggression/ inappropriate language (4)
  - non-compliant, refusing to participate (5)
  - withdrawal, being overwhelmed (6)
  - Other (7)
  - I choose not to answer (8)
-

Q17 Have you worked with students within your church role that have behavior and self-control issues or needs?

- Yes (1)
  - No (2)
  - Not sure (3)
  - I choose not to answer (4)
- 

Q18 In your opinion, how well prepared are you to teach/ work with the students with cognitive impairments?

- Extremely well (1)
  - Very well (2)
  - Moderately well (3)
  - Slightly well (4)
  - Not well at all (5)
  - I choose not to answer (6)
-

Q19 In your opinion, how well prepared are you to teach/work with students with physical impairments/ needs?

- Extremely well (1)
  - Very well (2)
  - Moderately well (3)
  - Slightly well (4)
  - Not well at all (5)
  - I choose not to answer (6)
- 

Q20 In your opinion, how well prepared are you to work with students with behavioral and /or self-control needs?

- Extremely well (1)
  - Very well (2)
  - Moderately well (3)
  - Slightly well (4)
  - Not well at all (5)
  - I choose not to answer (6)
-

Q22 Rank these in order based on your perception of the educational needs of volunteers for your religious organization.

1= most important, 2- second most important need, 3= third most important need, etc..

- \_\_\_\_\_ Accessibility (making environment easier to navigate for students) (1)
  - \_\_\_\_\_ Inclusiveness with other youth (strategies to promote interactions with peers) (2)
  - \_\_\_\_\_ Accommodations with music, games, trips (techniques to adapt to be appropriate for all) (3)
  - \_\_\_\_\_ Comprehension in lessons and teaching (learning strategies to improve comprehension of lesson) (4)
- 

Q23 Rank order these based on your perception of educational needs for volunteers in your religious organizations.

Rank order your responses, 1= more important, 2= second most important, 3= third most important, etc..

- \_\_\_\_\_ Instruction for helping with students with physical needs (1)
  - \_\_\_\_\_ Instruction for helping with students with cognitive / intellectual needs (2)
  - \_\_\_\_\_ Instruction for helping students with sensory needs (3)
  - \_\_\_\_\_ Instruction for helping students with behavioral issues (4)
  - \_\_\_\_\_ Instruction for helping students with mental health needs (depression, anxiety, bipolar, personality disorders, ...) (5)
- 

Q24 Which issue with accessibility would you possibly need assistance with?

- stairs (1)
  - bathrooms (2)
  - sharp corners (3)
  - kneelers (4)
  - spaces for wheelchairs (5)
  - cafeteria, lunch, snack space (6)
  - I choose not to answer (7)
-

Q25 Check each condition that you are now or have in the past had a student diagnosed with

- Autism Spectrum Disorder (1)
  - Down Syndrome (2)
  - Intellectual Disability (3)
  - Cerebral Palsy (4)
  - Traumatic Brain Injury (5)
  - Attention Deficit Hyperactive Disorder (6)
  - Mental Health diagnosis (7)
  - Learning Disability (8)
  - Emotional Disturbance (9)
  - Sensory Processing Disorder (10)
  - I choose not to answer (11)
-



Q26 Check each box that indicates help and instruction that you have received to help perform your role at your church

- Parents (1)
  - Other church members (2)
  - Physicians (3)
  - Special Education Teachers (4)
  - Regular Education teachers (5)
  - Consultants (6)
  - Occupational Therapists (7)
  - Speech Therapists (8)
  - Physical Therapists (9)
  - Nurses (10)
  - School aides (11)
  - I choose not to answer (12)
-

Q27 In your opinion, how well informed have you been to provide the services needed by your student(s)

- Extremely well (1)
  - Very well (2)
  - Moderately well (3)
  - Slightly well (4)
  - Not well at all (5)
  - I choose not to answer (6)
- 

Q28 In your opinion, how active and accepting are the other students with the student with a disability?

- Open and accepting (1)
  - Happy to be involved but may hesitate until prompted by adult (2)
  - Get involved only if directly asked (3)
  - Shy away from being involved (4)
  - Shun or bully student with disability if no adult supervision (5)
  - I choose not to answer (6)
-

Q29 How likely are you to ask for help with a student when you are not sure and feel unprepared?

- Extremely likely (1)
- Moderately likely (2)
- Slightly likely (3)
- Neither likely nor unlikely (4)
- Slightly unlikely (5)
- Moderately unlikely (6)
- Extremely unlikely (7)
- I choose not to answer (8)

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Q30 In your own words, what would you say would be the most beneficial information that we would provide to help you fulfill your role more effectively?

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End of Block: Consent

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Appendix B

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UNIVERSITY OF  
SOUTH ALABAMA

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**INSTITUTIONAL REVIEW BOARD**  
January 2, 2020

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Principal Investigator: Donna Wooster, Ph.D.  
IRB # and Title: IRB PROTOCOL: 19-417  
[1515813-1] Survey of Religious Volunteers  
Status: APPROVED      Review Type: Exempt Review  
Approval Date: January 2, 2020      Submission Type: New Project  
Initial Approval: January 2, 2020      Expiration Date:  
Review Category: 45 CFR 46.104 (d)(2): Research that only includes interaction involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior (including visual or auditory recording):  
  
ii. Any disclosure of the human subjects' responses outside of the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, educational advancement, or reputation

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*This panel, operating under the authority of the DHHS Office for Human Research and Protection, assurance number FWA 00001602, and IRB Database #00000286, has reviewed the submitted materials for the following:*

1. *Protection of the rights and the welfare of human subjects involved.*
2. *The methods used to secure and the appropriateness of informed consent.*
3. *The risk and potential benefits to the subject.*

The regulations require that the investigator not initiate any changes in the research without prior IRB approval, except where necessary to eliminate immediate hazards to the human subjects, and that **all problems involving risks and adverse events be reported to the IRB immediately!**

Subsequent supporting documents that have been approved will be stamped with an IRB approval and expiration date (if applicable) on every page. Copies of the supporting documents must be utilized with the current IRB approval stamp unless consent has been waived.

**Notes:**

Appendix C

**Religious-based student leaders and volunteers wanted for  
online survey regarding working with students with  
disabilities**

Dr. Donna Wooster & Merritt Wise

University of South Alabama



**Survey**

Are you at least 18 year olds and working as a youth pastor, student leader, or volunteer working within your religious organization? Do you currently work or have worked with students with disabilities? \*\*\* Please follow the QR code (use your phone camera) below to complete an online survey. We want to hear about your experiences and needs to be able to better prepare volunteers and leaders to serve students with disabilities (physical, intellectual, sensory, and mental health) in their congregation.



**Appendix D**

  Completion Date 01-Jun-2019  
Expiration Date N/A  
Record ID 31751903

This is to certify that:

**Merritt Vise**

Has completed the following CITI Program course:

**Human Research** (Curriculum Group)  
**Social-Behavioral-Educational (SBE)** (Course Learner Group)  
**1 - Basic Course** (Stage)

Under requirements set by:

**University of South Alabama**



Verify at [www.citiprogram.org/verify/?w44730540-a193-4e5c-988b-5744b1e7c330-31751903](http://www.citiprogram.org/verify/?w44730540-a193-4e5c-988b-5744b1e7c330-31751903)