Reviews & More

Acts of Conscience: World War II, Mental Institutions, and Religious Objectors. By Steven J. Taylor. Syracuse, NY: Syracuse University Press, 484 pages, 2009. **REVIEW AVAILABLE ONLINE @ www.srvip.org**

Reviewed by David Race

I read the greater part of Steven Taylor's fascinating book whilst on holiday in a remote part of Italy. More conventional holiday reading included, for the second time and having seen the movie version in between readings, *The Constant Gardener*, John Le Carre's novel about corruption in the pharmaceutical industry, and the uncovering and attempted exposure of it by an English diplomat following the violent death of his wife, an activist for the rights of African women. The connection that the two books made in my mind concerned the nature of 'acts of conscience' and their effect on the 'principalities and powers' that make up a whole range of societal and multi-national institutions, including, and especially, the world of human services to sick and/or vulnerable people. It also set me thinking about how the medium of transmission of such issues simplified the reality the more it moved from fact to fiction, and from the written word to the visual media of television and cinema.

Le Carre's book, as a novel should, gets further into the complexities of a number of characters than would seem to be possible in a movie, despite this particular one being beautifully filmed and acted. A film also seems to need 'success' for its heroes, at least to some extent, and so the almost totally bleak ending of the novel is softened somewhat in the movie. Taylor's book, as a properly academic piece of work should, goes into the minutiae of the events it is describing, but also brings out, through that very thoroughness, nuggets of gold that give the reader glimpses of people and situations with which they can identify, even nearly sixty years later.

In summary, Taylor's book is concerned with the situation in World War II where conscientious objectors were obliged to serve in what was called the 'Civilian Public Service' (CPS). This body, mandated by legislation presciently encouraged by President Roosevelt before the USA entered the war, allowed members of the 'historical peace churches'–the Mennonites, Brethren and Friends or Quakers, to be able to keep to the tenets of their churches on eschewing violence and armed conflict, providing they enlisted for 'work of national importance under civilian direction.' Administered by a committee made up of elders of these churches, though usually with individual work groups specific to each, the conscientious objectors (referred to as COs in the book) initially tended to carry out their (unpaid) work in rural projects on farms and in forestry projects. The war then gradually drew in staff from the 'mental institutions,' both those for people with mental health problems and the 'residential schools' for those with intellectual disabilities. The manpower shortages this produced in already understaffed establishments led to a call for some of the CPS groups to assist in this area of work. (The CPS groups, reflecting the similar position of the armed forces at the time, were entirely male, though the wives of many COs were involved in various informal ways in subsequent events.)

The COs' experiences in the institutions, set alongside the beliefs and values that had led to CO status in the first place, caused a number of the COs to, in Taylor's words, 'rattle the psychiatric establishment by beaming a spotlight on the squalid conditions and brutality' in the establishments. For a time, as the book reports, this led, in a number of states, to exposés in the press, to changes of senior personnel, and to an improvement in both treatment at such institu-

tions and in the pay and conditions of the regular staff.

That would be the movie version, and one could spend an amusing pub conversation speculating on who might star in it, and how it would be presented. What Taylor gives us, instead, are the nuances and complexities of what went on, and the details of the use of bureaucratic systems and internal institutional politics rather than a 'good guys and bad guys' metaphorical shoot-out. He also uses interviews with later COs from the Vietnam period, as well as those with the surviving members of the cast of his main story, to provide the reader with much food for reflection on the nature and roots of conscientious objection and the actions, or lack of them, that people are faced with when a real war situation arises, as opposed to an intellectual debate. This, of course, is one of a number of aspects of the book with much relevance to our current times.

Taylor also, I am pleased to report, does not indulge in the sort of historical reporting that generates the view that 'people back then' were evil, and these few saintly people, the COs, were the only unbruised apples in the barrel. He notes, amongst other things, that though the COs objected to the brutality and squalor of the institutions, they did not propose that institutions per se were the problem. He also notes their personal agonising over resorting to violence themselves, often in self defence, but also sometimes in a gradual absorption of the culture of violence in the institutions, so that 'more humane violence' rather than 'no violence' became acceptable. Nor, in contrast to the number of campaigns involving institutions for those with mental health problems, did the COs get seriously involved in questioning the regimes in the 'training schools' for the 'mentally deficient.' Instead, as Taylor rightly points out, their objections came at a much more basic level of the common humanity of the victims of the regimes.

The high point, which of course is a relative term, of the influence of the COs came, in Taylor's account, with the setting up of the Mental Health Foundation, essentially a non-professionally controlled watchdog over mental health institutions, which enjoyed a brief but significant period of influence over policy and funding of mental health care in parts of the USA. This chapter, however, continues the theme of this review, of harsh reality being more believable and involving to the reader than an idealistic movie ending. In fascinating detail for those of us who have served on committees and similar groups, Taylor reveals the rise of the Mental Health Foundation, led initially by key members of the CO group, but then the insidious bureaucratic regaining of the ground by the medical and professional establishment.

A number of readers of this journal, especially those of a certain age, will, I believe, feel much empathy for the rise and fall of the influence of the COs. This would reflect those readers' many experiences of the influence on services of a small determined group, as in the initial period of normalisation, and in developments via Social Role Valorisation (SRV), but then the reality of the continued power of the professional establishments in their various guises to control the lives of people with intellectual disabilities. I hope that they will take heart, as I did, from Taylor's thoughtful conclusion to the book. Though he does not use the phrase, I believe that conclusion can be summed up in the term used by Wolf Wolfensberger in many workshops, but especially those talking about 'moral coherency.' What the COs did, above all, were 'valid acts' that moved people as well as changed some services, albeit short-lived for the latter. So, like the hero of Le Carre's novel, we can feel moved, and humbled, by their actions, not for their 'success' but for their appeal to the spirit of humanity.

This is indeed an 'untold story' that needs telling, and Taylor does it with skill and empathy.

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Teaching Children Generalized Imitation Skills: A Case Report. By F.J. Brown, N. Peace & R. Parsons. *Journal of Intellectual Disabilities, 13*(1), 9-17, 2009. **REVIEW AVAILABLE ONLINE @ www.srvip.org**

Reviewed by Susan Thomas

This article reports a successful effort to teach one 13-year old severely mentally retarded boy to imitate specific actions using multiple exemplars (i.e., different adults as models), and to generalize this to the imitation of other behaviors after the training sessions. The authors report this as evidence that even severely retarded children can be taught to imitate, and that once having learned to imitate, the behavior of imitating can be generalized.

While imitation is a 'neutral' learning strategy, so to speak, in that people can and do imitate bad as well as good things, strengthening the capacity and the habit of imitating is a generally adaptive strategy for anyone, as it improves both their ability to learn other things, and the ease with which they may be able to learn at least certain things.

All this is consistent with what is covered in the theme of imitation and modeling in Social Role Valorization (SRV) teaching, namely, that all but the most profoundly intellectually limited people have a capacity to imitate, but that in at least some people, this capacity must be cultivated; and that imitation may need to be both prompted and reinforced (as was done in this experiment). In their article, the authors also cite evidence underlining the importance of interpersonal identification in imitation, namely, that imitation increases the more the models are physically similar to the imitator.

The article is a good example of how the rather sketchy knowledge that is covered in both the SRV monograph (Wolfensberger, 1998), and in the introductory SRV workshop, must be elaborated. SRV underlines the importance of imitation as a strategy for role enhancement, but it does not elaborate how an imitation scenario needs to be structured; that will differ depending on who are the imitators and what they are to imitate. For instance, some people may need very little prompting, others may need much; some people may need to be explicitly instructed what to imitate; some need to have all distracting cues removed so that they can attend to what is to be imitated, while others do not need this; and so on.

Reference

Wolfensberger, W. (1998). *A brief introduction to Social Role Valorization: A high-order concept for addressing the plight of societally devalued people, and for structuring human services* (3rd ed.). Syracuse, NY: Syracuse University Training Institute for Human Service Planning, Leadership & Change Agentry.

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Attitudes of Mothers Towards Their Child with Down Syndrome Before and After the Introduction of Prenatal Diagnosis. By W. Lenhard, E. Breitenbach, H. Ebert, H.J. Schindelhauer-Deutscher, K.D. Zang & W. Henn. *Journal of Intellectual & Developmental Disabilities, 45*(2), 98-102, 2007. **REVIEW AVAILABLE ONLINE @ www.srvip.org**

Reviewed by Deb Race

This article sets out to describe a survey that was conducted in 1970 and then replicated over thirty years later. The original survey, conducted by one of the authors of this article, asked 147 questions in relation to the attitudes of mothers of children or young people with Down's syndrome. It was conducted in southern Germany in 1970 but never analysed or published. Replication of the survey in 2003 was designed to enable the authors to explore how attitudes had changed between these two time periods and to posit some thoughts about why these changes had occurred, especially in the light of the changes in availability of prenatal diagnosis.

Unfortunately there is very little detail, either about the process of undertaking the original survey or about whether any other information on factors which could influence family attitudes was recorded. With the second survey, the authors describe using a number of screening techniques to ensure valid questions. This reduced the number of questions in the survey from the original 147 to 78. They then also reduced the number of received responses analysed from their second survey by over a third to exclude questionnaires with a strong bias of 'Desirable Responding' (this excludes responses that appear to aim at giving the answers the respondent thinks are wanted rather than being a true reflection of the respondent's views) and there is nothing in the article to suggest that similar techniques were used with the first survey. This causes me concern. The differences that they describe and attribute to attitudinal changes could well be attributable to the different approaches as to the validity of questions and responses taken in the two surveys.

In addition, the discussion describes some societal and service changes that have occurred in the intervening years, such as the growth of parental support groups and the increasing number of public appearances of actors with Down's syndrome, but ignores others, such as changing professional attitudes or the greater availability of educational provision. Nor is there any reference to the Nazi 'euthanasia programme' of the 1940's, which eliminated many people with developmental disabilities, and the profound impact this had on German family attitudes for many decades afterwards. This would certainly still be influencing in 1970 in Germany the attitudes of parents of young people born between 1950 and 1967 (and the professionals who advised and supported them). Any discussion that does not address these wide ranging issues appears limited and superficial.

Having questioned the research methodology, I, as the sister and mother of people with Down's syndrome who were of an age to be part of the survey population if resident in the relevant location, also question the overall conduct and purpose of the research. The questions it appears to be attempting to address, about attitude change since the introduction of prenatal screening, leave me with a major question. Why would anyone conduct research of this type without also looking at the attitudes and language of health professionals? This is for two reasons: one is that I believe professionals, and their approaches to working with parents, have a very significant input into the attitudes of parents; and the other is that personal experience suggests that professionals' knowledge of the positive aspects of life with Down's syndrome is often minimal.

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Race, D. (2010). Review of the article *Attitudes of mothers towards their child with Down Syndrome before and after the introduction of prenatal diagnosis* by W. Lenhard, E. Breitenbach, H. Ebert, H.J. Schindelhauer-Deutscher, K.D. Zang & W. Henn. *The SRV Journal, 5(1),* 45–46.

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Language, Labels and Diagnosis: An Idiot's Guide to Learning Disability. By A. McClimens. *Journal of Intellectual Disabilities, 11*(3),

257-266, 2007. **REVIEW AVAILABLE ONLINE @ www.srvip.org**

Reviewed by Ray Lemay

The author is from the UK and at the outset one must understand that the expression "learning disability" refers to what we, in North America, would commonly call mental retardation or intellectual disability or developmental disability, etc., and that's pretty much what the article is about. It is about the problematic language, labels and diagnoses that are used to identify people who have cognitive impairments, and how such labels do not helpfully describe such people.

The author briefly relates the history of naming people with cognitive impairments, showing that names have changed with cultural and scientific fashions. The author reminds us that naming and categorizing are done by those in power (and who, more often than not, are not of these categories of people). Typically, people are usually quite careful about the names they give the groups they themselves belong to (Optimists, Lions, Doctors, Professors, Conservatives, Liberals, Republicans, Democrats, etc.). Obviously–unless one is trying to name a new rock band–one would think twice before calling one's group the "idiots," "schizophrenics" or "autistics."

Language is dynamic and quite naturally evolves over time, which is why Shakespeare is somewhat of a challenge to read today. For instance, technical terms invented with the Mental Deficiency Act of 1913 gave us a new classification for people with cognitive limitations. The once scientific sounding "idiots," "imbeciles," "feebleminded" and "moral defectives" have since enriched the vernacular with new pejoratives. McClimens provides us with a bit of history for the term *idiot* which was borrowed from classic Greek, where it is a word that helps distinguish between the expert and his subject as in doctor and patient (idiot). Of course, since then, idiot has been colored in an obviously much more negative way. In other words, over time we all get to be idiots but would rather be called patients, though we all have come to know the feeling.

The story of inventing new, usually negative, words to name people who happen to be devalued is compellingly described in a chapter by James Maddux (2002), in which he argues that the *Diagnostic and Statistical Manual* (DSM) of the American Psychiatric Association invents a whole new unremittingly negative vocabulary for categorizing people. These new words are to be used to name others, not ourselves. He proposes that the DSM is a social construction, that it is not a scientific document but a social one.

Maddux writes that mental disorders are not real, in a sense that they "do not exist and have properties in the same manner that artifacts and viruses do" (p. 16). "Like these other social constructions, our concepts of psychological normality and abnormality are tied ultimately to social values–in particular, the values of society's most powerful individuals, groups and institutions–and the contextual rules for behavior derived from these values" (p. 16). Though the DSM purports to be descriptive, it is rather prescriptive in that it tells us how we should and shouldn't lead our lives. The DSM has gone from 86 pages in 1952 to almost 900 in 1994 and the number of mental disorders has increased from 106 to 297. The author then describes how DSM categories are established.

"First we see a pattern of behaving, thinking, feeling, or desiring that deviates from some fictional social norm or ideal; … we then give the pattern a medical-sounding name, preferably of Greek or Latin origin. Eventually, the new term may be reduced to an acronym, such as OCD (obsessive-compulsive disorder), … the new disorder then takes on a life of its own and becomes a disease like entity. As news about 'it' spreads, people begin thinking they have 'it;' medical and mental health professionals begin diagnosing and treating 'it;' and clinicians and clients begin demanding that health insurance policies cover the 'treatment' of 'it' " (p. 17).

McClimens tells a similar story, that of the expression "learning disabilities" as it is used in England, where the term learning difficulty has also become widespread in replacement of mental retardation.

Where learning disability is a relatively benign expression in North America, in the UK the impact of the label is more dramatic, "… when an individual labeled with learning disability attends a health care appointment they are always in danger of having their disability treated before any more localized or urgent symptoms are taken into account" (p. 261). It is almost as if 'learning disability' in England has the same social consequences as 'mental retardation' in North America. Indeed, sticking such labels on an individual is identity defining; it is what we might call an "ascribed role" (Lemay, 1999), such as one that comes complete with mostly negative stereotypes and expectancies. Citing another author, McClimens tells us "disability is a social category, which legitimates, or at the very least condones, the disempowerment of people with particular mental or physical attributes" (p. 262).

McClimens suggests that it is language that makes the difference and devalues people, but the author seems to misunderstand the story he is telling. Thinking back to 1916 and the new scientific terms of idiot and feeble-minded, it is language that becomes tainted by its association with a group of very devalued people. This is the point of devaluation as described by SRV, where devaluation is a force on its own. From a Social Role Valorisation (SRV) perspective, it is a group's devaluation that leads others to choose a negative technical vocabulary that then over time becomes increasingly pejorative. McClimens proposes that language is a causal agent of devaluation, when in fact it is merely a reflection of the very real devaluation that occurs. Language provides a window on devaluation, but it does not (at least on its own) cause devaluation. Language gets caught up in the vicious cycle of devaluation.

But words are supposed to serve a purpose, and even negative words can help us understand and identify that which we need to speak about. The author tells us that careful attention to language can make a difference in our understanding of learning disability or mental retardation, but the fact of the matter is that McClimens has not really illuminated the issue. After reading this article, we still don't know what intellectual disability, mental retardation, learning disability or learning difficulty might be. There is no description or definition. These are words that have vague meanings and values (note simply how learning disability means something quite different across the Atlantic); however, we are no closer to describing what it is.

In an enlightening passage, the author quotes a man with a learning disability. Harry Green gives us a description of what it means to have a learning disability. "Put another word used for it … people call you backward 'n'all. Think that's what they mean, backward of learning, of being slow. Means so many different words, doesn't it? Daft. Dyslexic. Potty. Stupid or idiot. Whatever you can call it" (p. 263). This is certainly inelegant, quite negative, but here, finally, is an attempt at true communication, grappling with the problem of defining.

The vernacular is usually good enough for communication with and between people of valued classes. The professional behavior of coining a new vocabulary about a given group is quite likely going to end up being negative and is a sure sign that devaluation is occurring. All of this also suggests that living and language are non linear multiple feedback loop systems, and whatever we do about words is bound to have some kind of impact, but we might not be able to predict on what and how. The author's suggestion that we need to be more humane and respectful in our written and spoken descriptions of people is a nice sentiment, but it is unlikely to be helpful if the underlying devaluation is not addressed. However, working from an SRV perspective, with its emphasis on attributing and crafting valued social roles, should encourage one to embrace the vernacular and make technical labeling irrelevant.

Mathematicians have suggested that an infinite number of monkeys, typing on an infinite number of typewriters over an infinite amount of time, could eventually and quite randomly type up the works of Shakespeare. Given the contrived nature of the negative-speak that inspires professional labelers, one would suspect that only a definite number of monkeys working on a definite number of typewriters for a definite number of years could come up with a DSM.

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Role Development: An Evidenced-based Intervention for Individuals Diagnosed with Schizophrenia in a Forensic Facility. By V.P. Schindler. *Psychiatric Rehabilitation Journal 28*(4), 391-394, 2005. **REVIEW AVAILABLE ONLINE @ www.srvip.org**

Reviewed by Ray Lemay

Victoria Schindler writes that "individuals diagnosed with schizophrenia often have deficits in developing and/or maintaining social roles and their underlying tasks and interpersonal skills. Commonly available treatment such as medication and activity programs alleviate symptoms and promote improvement, but may not address the development of social roles or the skills nested in these social roles" (p. 391). The author thus highlights the differences in outcome goals of different programmatic initiatives. Some programs of intervention seek symptom reduction or functional improvement; indeed O'Connor (2001) in her doctoral thesis describes how successfully treated (symptom free or at least controlled) ex-psychiatric patients live lives of abject poverty and social isolation in the community; in the community each of these individuals had a role identity that could be summed up as ex-psychiatric patient, nothing more, nothing less. However, in this article, the author describes an approach where a role development program went beyond merely reducing or controlling symptoms and addressed issues that touched upon the quality of life experiences and conditions of inmates.

Since you are reading this journal,
why not tell someone else about it? We believe Social Role Valorization is an important tool that concerned individuals can use to address social devaluation in people's lives. As someone who shares that belief, encourage others to read and subscribe to the only journal dedicated to SRV. Information available at http://www.srvip.org/journal_general.php.

This article describes a small scale pre-post two group study that compares two methods of intervention. The experimental group involved in the Role Development Program (RDP) was made up of 42 participants. When describing RDP, the author references Wolfensberger's (2000) definition of Social Role Valorization, stating that the program is based on the concept of "role development [which] is a theory-based individualized intervention in which staff and participant work collaboratively to identify and develop the participant's social roles, such as worker, student, friend, and group member, and the task and interpersonal skills associated with these roles" (p. 391). RDP is a manualized intervention approach where employees received extensive training and were monitored for their fidelity to the approach. Staff then helped participants in their development of role relevant skills. "Although Role Development can focus on a variety of roles including community roles, roles for this study are those an individual could develop in this forensic setting (e.g., worker, student, group member, friend)" (p. 392); we could characterize such an intervention as crafting valued activities in a devalued setting in interactions with devalued individuals; or simply crafting valued roles in a devalued and segregated setting. One would want to read more about this intervention approach, but unfortunately the article provides only cursory information about the intervention methodology. Interestingly, Dr Schindler (2004) had previously authored a book on her approach where it is defined as an occupational therapy.

RDP was viewed as an enhancement of the existing treatment program and thus the experimental group was also involved in the regular "Multi-departmental Activity Program" (MAP). The RDP component was not particularly intensive, as it amounted to a total of 15.5 hours per person over a 10 week period, or less than 15 minutes a day.

The comparison group, that also included 42 individuals, participated in the existing MAP. "The MAP is a non-individualized, therapeutic intervention designed to encourage the productive use of time and socialization in a group setting" (p. 392). To ensure that it was the RDP and not individualization (a possible confound) that was producing an effect in the study, a sub-group of the MAP comparison group received a weekly 15-minute period of individual attention: "to discuss their development of roles and skills as part of the RDP, it was important to assess whether individual attention could be the cause for change" (p. 392).

The two groups were assessed using a variety of scales; pretest measures found no differences between the groups on a role functioning scale. However, "participants in the RDP demonstrated greater improvement in social roles than participants in the MAP at 4, 8, and 12 weeks of treatment" (p. 393). "This study demonstrates that individuals living with multiple disabling factors, such as a long psychiatric history, legal charges, and low levels of education, can develop skills and roles when provided with meaningful rehabilitation" (p. 394). Indeed, if we think back to the O'Connor study mentioned above, ex-psychiatric patients living in the community with few valued roles might just be no better off, indeed worse off, than these incarcerated individuals who receive support as they engage in a number of valued roles, such as student, worker and friend, albeit in a segregated setting. Though it is unlikely that social integration is occurring in a forensic psychiatric institution, an interesting question is whether RDP improves the likelihood that the roles attributed in the institution will eventually transfer to the community, thus increasing the likelihood of social integration and access to the good things in life (Wolfensberger, Thomas *&* Caruso, 1996).

In conclusion, it would seem that specifically and deliberately attending to the development of social roles, even for as little as 15 minutes a day, seems to be more effective than traditional therapeutic approaches, even for people incarcerated in forensic facilities.

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Theology and Down Syndrome: Reimagining Disability in Late Modernity. By A. Yong. Waco, TX: Baylor University Press, 2007. **REVIEW AVAILABLE ONLINE @ www.srvip.org**

Reviewed by Wolf Wolfensberger

Surprisingly, this book has hardly any content unique to Down's syndrome or relevant to Social Role Valorization. The author is an ethnic Chinese Protestant theologian from Malaysia who ended up in the US, and who grew up with a brother with Down's syndrome who was nearly blind and deaf, had a heart defect and was almost unintelligible.

The author admits that he has little acquaintance with impaired people other than his brother. He tried to make up for it by reading a vast amount of literature, and citing what impaired people have written, or have been claimed to have written.

Despite being highly hailed, this is a most problematic book. It evidences great learning with great incoherency of spirit, and ultimately a most peculiar teaching contrary to Christian tradition, namely that the soul evolves, which he calls "emergentism" (p. 170). It sounds much like Joseph Fletcher's 1970s and later relativistic idea of personhood, with some people having more than others, and some having none. Relatedly, the author defines personhood not in terms of being, but doing.

Among the incoherencies are these. (a) A ridiculous respect for the current mental and neurosciences. (b) A combining of Christianity with a constructionism that grew out of materialism. (c) An ambivalence toward political correctness (PC), and tortuous (often very funny) efforts to walk between it and common sense. This incoherency is also expressed in the conflict between PC and literalist Bible interpretation. (d) An attraction to crazes, craze authors and crazy authors, though most readers would not know that some of the authors cited in seriousness were/are messed-up people.

While the author has read a lot, and tirelessly cites sources, he often does not cite the important sources but very derived ones. It can be startling to see to whom various ideas are attributed, when the writers that are cited were only rehashing other people's work.

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Wolfensberger, W. (2010). Review of the book *Theology and Down syndrome: Reimagining disability in late modernity* by A. Yong. *The SRV Journal, 5*(1), 51.

List of Items to be Reviewed

In each issue of *The SRV Journal*, we publish reviews of items relevant to SRV theory, training, research or implementation. These include reviews of books, movies, articles, etc. We encourage our readers to look for and review such items for this journal. We will be happy to send you our guidelines for writing reviews, or they are available on our website (http://www.srvip.org/journal_submissions.php). We are open to reviews of any items you think would be relevant for people interested in SRV. We also have specific items we are seeking reviews of. (We strive to include items which might have relevance to: SRV theory, one or more SRV themes, and/or social devaluation. If, however, a reviewer finds that a particular item is not so relevant, please let us know.) These items include:

Social Inclusion at Work. By Janis Chadsey. Annapolis, MD: AAIDD, 49 pages, 2008.

Who Gets Born? Wellington, New Zealand: Toi te Taiao: The Bioethics Council, 64 pages, 2008.

Inclusive Livable Communities for People with Psychiatric Disabilities. Washington, DC: National Council on Disability, 84 pages, 2008.

Body & Soul: Diana & Kathy. By Alice Elliott (Director). 40 minutes, 2006.

Waiting for Ronald. By Ellen Gerstein (Director). 2003.

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Carroll, S., Petroff, J. & Blumberg, R. The impact of a college course where pre-service teachers and peers with intellectual disabilities study together. *Teacher Education & Special Education, 32*(4), 351-364 (2009).