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## **Social work education as preparation for working with individuals with disabilities**

Carol Louise Davis

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SOCIAL WORK EDUCATION AS PREPARATION FOR WORKING  
WITH INDIVIDUALS WITH DISABILITIES

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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

---

In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

---

by  
Carol Louise Davis

June 2001

SOCIAL WORK EDUCATION AS PREPARATION FOR WORKING  
WITH INDIVIDUALS WITH DISABILITIES

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Presented to the  
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by  
Carol Louise Davis

June 2001

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## ABSTRACT

The present study explored whether or not graduate schools of social work have adequately prepared social workers to work with individuals with disabilities. Graduates of MSW schools employed at a variety of sites were surveyed to ascertain whether or not they had been adequately prepared to work with this population. Data analysis included univariate and bivariate statistical analyses. Findings indicated that 74% of respondents felt that they had not been adequately prepared to work with individuals with disabilities. Findings can be used to improve curriculum in this area to better prepare future social workers.

## TABLE OF CONTENTS

ABSTRACT .....	iii
LIST OF TABLES .....	v
CHAPTER ONE: INTRODUCTION .....	1
CHAPTER TWO: LITERATURE REVIEW .....	7
CHAPTER THREE: RESEARCH DESIGN AND METHODS	
Sampling .....	19
Data Collection .....	21
Procedure .....	23
Protection of Human Subjects .....	25
Data Analysis .....	26
CHAPTER FOUR: RESULTS .....	27
CHAPTER FIVE: DISCUSSION .....	34
APPENDIX A: INFORMED CONSENT .....	39
APPENDIX B: INFORMED CONSENT .....	42
APPENDIX C: DEBRIEFING STATEMENT .....	45
APPENDIX D: INSTRUMENT .....	47
REFERENCES .....	53

LIST OF TABLES

Table 1. Demographic Characteristics of the Participants	31
Table 2. Mean Scores for Scales 1 and 2	32
Table 3. Percentages of Responses to Individual Scale Items	33

CHAPTER ONE  
INTRODUCTION

Throughout the history of social work, a basic tenet of the profession has been to advocate for poor and oppressed groups. Yet, there is one oppressed group that the social work profession has often treated as a silent minority, and that is the population of individuals with disabilities (DeWeaver & Knopf, 1992; Fishley, 1992; Mackelprang & Salsgiver, 1996). Historically, individuals with disabilities have been discriminated against in our society. So how do social workers currently view individuals with disabilities? Do social workers use their personal biases and beliefs to guide them in their treatment of individuals with disabilities? Do they view the client with a disability as "unable" or perhaps as "differently able"? Or does lack of knowledge lead to inability on the part of the social worker to serve the client with a disability at all? How can social workers help these clients if they do not explore these issues? Are schools of social work specifically educating social workers on the needs of individuals with disabilities? If ability to help an oppressed group is predicated on skill level and knowledge, social workers may have a difficult time serving this population (DeWeaver & Kropf, 1992).

Previous studies have raised the concern that social work education curricula may not be laying the groundwork for social workers to help meet the needs of individuals with disabilities (Bailey, Simeonsson, Yoder, & Huntington, 1990; DePoy & Miller, 1996). Yet the goal of social work education is to prepare future social workers to serve just such populations (Council on Social Work Education (CSWE), 1994). Lack of education about the needs of this group may result in their being sadly underserved by the social work profession (Fishley, 1992).

According to the U. S. Department of Commerce (1997), one of five Americans are affected by some type of disability, and one of 10 Americans has a severe disability. Disabilities affect half of the senior citizens that are 65 years old or older. As our elderly population continues to age, the proportion of individuals with disabilities is expected to grow. As the population of individuals with disabilities grows, so will the need for social workers trained specifically to work with this population grow.

Relatively recent changes in public policy regarding discrimination against individuals with disabilities led to legislation which has broad ramifications in the treatment of individuals with disabilities (Orlin, 1995). Social workers need to be aware of the impact such



legislation has on the lives of individuals with disabilities. In addition, social service agencies need to be aware of how the changes created by legislation affect their policies and practices in dealing with individuals with disabilities.

The purpose of this study was to explore the question of whether or not graduate schools in social work have adequately prepared social workers to deal with the changing needs of individuals with disabilities. As disabilities affect persons of all ages, this study did not limit the question of preparation of social workers to work with any specific age group, but encompassed the ability to work with individuals with disabilities of all ages. All social work students, regardless of area of specialization, should receive a basic foundation in working with individuals with disabilities as part of their core social work education (CSWE, 1994).

This study utilized the post-positivist paradigm, as not all variables could be controlled for. The study was non-experimental in nature, utilizing a descriptive survey design. There are elements of ex post facto design in the current study, as the study viewed previous educational preparation as an indicator of present and future preparation. Social workers from a variety of agencies were surveyed to determine the level of education they

received in their MSW programs in regards to working with individuals with disabilities. Surveying social workers from a variety of agencies not only reflected data from different MSW programs, but also reflected data from different time frames.

The current study is important in that individuals with disabilities have long been a "silent minority" population. Recent changes in social policy and subsequent legislation have now made it society's obligation to accommodate the individual with a disability (Orlin, 1995). Social workers need to not only be aware of legislation that protects the rights of individuals with disabilities; they also need to be aware of the services and benefits that are available to these individuals. Social workers must know the right questions to ask to obtain information necessary to best serve the needs of the individual client (Quinn, 1994). Social workers also need to be aware that as a group, individuals with disabilities may be much more aware of their legal rights than they were in previous years (Cole & Christ, 1995), but may still be under-utilizing services (Orlin, 1995). As the population of disabled persons continues to grow, the necessity for social workers to be adequately prepared to work with persons with disabilities also grows.

It is vital that social workers have the knowledge and skills to serve, advocate for, and empower this deserving group of people. The nucleus of this critical knowledge base and skill building should be found within the social worker's graduate school education (CSWE, 1994). This education should be a vital part of the core curriculum, so that all social work students acquire basic knowledge and skill building in the area of working with individuals with disabilities. Upon graduation with an MSW degree, social workers should be adequately prepared to work with the persons with disabilities that they will encounter in their professional lives.

The current study contributes to social work practice in several ways. First, it is hoped that MSW programs will find the study results to be of use in reassessing and improving current curriculum. It is clearly important for the social work profession to utilize the insight gained into the research question of whether or not graduate schools in social work are adequately preparing social workers to work with individuals with disabilities.

In addition, the various agencies approached by the researcher for permission to distribute surveys may have gained an awareness of the topic and its importance, perhaps leading to in-service education of their staff. Also, the participants of the study have an increased

awareness of the topic and its importance through their participation in the study, perhaps leading them to seek knowledge on their own.

CHAPTER TWO  
LITERATURE REVIEW

According to the U. S. Department of Commerce (1997), the proportion of individuals with disabilities is expected to increase in the coming years. Currently, about 9 million people have disabilities that are severe enough to necessitate that they have personal assistance to carry out the normal activities of daily living. Of those individuals with disabilities, 70% of them were not born with the disability, but acquire them during their lifetimes (Harris, 1994). The lengthening of average lifespan leads to an increased possibility of developing some disabling condition during that lifespan. In addition to this, advances in medical technology are enabling victims of strokes, heart attacks, accidents, and other disabling conditions to survive in circumstances that would previously proven fatal (Mueller, 1999).

Statistics compiled by the National Organization on Disability (1999) indicate that individuals with disabilities remain isolated socially in comparison with people without disabilities. According to their survey, only 33% of individuals with disabilities dine out at a restaurant at least once per week. In the non-disabled population, this number increases to 6 out of 10. Not surprisingly, only 1 out of 3 adults with disabilities

attests to being very satisfied with their lives. Of adults without disabilities, 6 in 10 feel very satisfied with their lives. More than 69% of the people with disabilities surveyed said that their disability limits their ability to move about freely, attend events or socialize. Individuals with disabilities remain a silent minority in our society.

Historically, individuals with disabilities have always been a part of society. Evidence of individuals with disabilities in the Neanderthal Period has been found by archaeologists (Mackelprang & Salsgiver, 1996). In ancient times, individuals with disabilities were considered possessed by demons or evil spirits. The practice of trepanation (drilling a hole in the skull of the individual with a disability) to release the evil spirit came into practice. Other ancient cultures abandoned people with disabilities, both young and old, to die.

Judeo-Christian beliefs, around the time of the Middle Ages, viewed individuals with disabilities as targets of God's displeasure (Livneh, 1980). The disability was thought to be punishment for the sins of either the person with a disability or their parents. Spiritual redemption was seen as the correct mode of treatment.

In 1601, the Elizabethan Poor Laws were enacted in England (Mackelprang & Salsgiver, 1996). This legislation was England's attempt to deal with caring for the needy. At the same time, England was attempting to meet the needs of the growing industrial economic base. The needy population became divided into deserving and nondeserving groups. Those who were blind, crippled or orphaned were seen as deserving, enabling them readier access to services than was received by the nondeserving needy. At this time in history, individuals with disabilities were determined to be eligible to receive public moneys, as they were determined to be unable to support themselves.

During the mid-1770s, the Era of Enlightenment came into being (Mackelprang & Salsgiver, 1996). The idea that perhaps humans can be perfected led to the belief that disabilities resulted from biological inadequacies, not spiritual downfall. Institutionalization of persons with disabilities then resulted from the belief that people could be cured of their disabilities through professional intervention.

In the early 1800s, it was still believed that people with disabilities could be cured (Fishley, 1992; Mackelprang & Salsgiver, 1996). People with disabilities were seen as deviant, and were assumed to be able to change at will to achieve acceptability. By the end of

the 1800s, Social Darwinism and the idea of eugenics came into being. Eugenics was seen as a way of propagating socially desirable people and eliminating socially undesirable people. This led to the view that individuals with disabilities not only could not be cured, but they were unproductive and worthless to society. Who would argue with the laws of nature? Institutionalization became society's way of eliminating the socially undesirable individuals with disabilities, and so the number of institutions increased dramatically during this time frame. Custodialism became the policy under which individuals with disabilities were treated (Moxley, 1992). The idea behind custodialism was to retain control over the person with a disability, either to protect society from the person or the person from society.

The 1900s began without much change in societal beliefs in regards to individuals with disabilities (Mackelprang & Salsgiver, 1996). Children born with disabilities were seen as a source of shame, and were either hidden from public view at home or were institutionalized. Minimal changes in societal views on individuals with disabilities occurred following the two World Wars. However, returning veterans disabled by the war received treatment funded by federal rehabilitation legislation.



In the midst of the turbulence and consciousness-raising that occurred during the 1960s, individuals with disabilities began to demand equal treatment (Mackelprang & Salsgiver, 1996). Stories of neglect and abuse within the institutions led to advocacy by citizens, involvement of professionals and legislation to protect the rights of individuals with disabilities (Fishley, 1992; Moxley, 1992). The end result was deinstitutionalization and a movement toward normalization as a policy to replace custodialism (Mary, 1998). Community-based programs came into being to meet the needs of individuals with disabilities.

In 1973, the Rehabilitation Act was enacted (Orlin, 1995). Part of this act stated that discrimination due to disability would not occur in federal programs or in programs funded with federal moneys. Unfortunately, this law was not always properly enforced, leading to the continuation of discrimination due to disability.

In the 1980s, social policy began to move in the direction of integrating individuals with disabilities into active participation in their communities (Fishley, 1992; Mary, 1998; Moxley, 1992). Supportive services in the areas of employment, housing, and family support came into being. Education changed to include individuals with

disabilities into mainstream classrooms, rather than segregating them in special classrooms.

As public awareness of the plight of individuals with disabilities increased, social justice in the form of legislation began to emerge. In 1990, The Americans with Disabilities Act (ADA), perhaps the most significant piece of legislation in regards to individuals with disabilities, was signed into law (Mackelprang & Salsgiver, 1996). The ADA is seen as acknowledgment by the United States Congress that Americans with disabilities have been seriously discriminated against, and that up until that point, had had no legal way to address that discrimination. The ADA went beyond the Rehabilitation Act, extending the boundaries of nondiscriminatory practices into private agencies and public accommodations. The ADA prohibits discrimination of individuals with disabilities in employment, state and local governmental services, public accommodations, and telecommunications (Orlin, 1995). The goals of the ADA include equal opportunity, the right to participate in their communities, independent living, and economic self-sufficiency to all individuals with disabilities.

Individuals with disabilities have also become increasingly aware of how they have been discriminated against in the past, and that they are now entitled to

better treatment. With the protection afforded them under ADA, individuals with disabilities have begun to raise their expectations for accommodations (Cole & Christ, 1995; Quinn, 1994). At the same time, the reduction of federal funding for the provision of social services may limit access to the necessary programs and services (Hayden & Heller, 1997).

Families often play a significant role in the life of individuals with disabilities, providing much service and support (Hayden & Goldman, 1996; Hayden & Heller, 1997). For many of these families, the care of individuals with disabilities is a lifelong responsibility, leading to situations of long-term stress (DeWeaver & Knopf, 1992). Social services provided to the families can help alleviate that stress. Therefore, families must also be considered in the broad question of the needs of individuals with disabilities.

What does this mean in terms of the social work profession? The role of the social worker is changing along with the changes in treatment of individuals with disabilities (Hayden & Goldman, 1996; Mary, 1998). Social workers must work to identify those individuals with disabilities and families who are in need of assistance. Social workers can best serve clients and families if they provide resources and support, but leave the decision-

making up to the client and the family, as they know their own situations best. Social workers can provide a connection for families with support groups, expanding the range of support that is available to them. Social workers can also act as short-term advocates for their clients with various agencies, while working to empower the client and family to develop their own advocacy skills for the future (Vigilante, 1990).

Social workers need to be cognizant of the protection and opportunities afforded individuals with disabilities under the ADA, as it is a powerful tool that social workers can use as they advocate for their clients with disabilities (Quinn, 1994). Social workers also need to be aware of changes in public policy and subsequent effects on the lives of individuals with disabilities. The mainstreaming of children with disabilities into regular classrooms and the integration of individuals with disabilities into society is indicative of the shift in current thought. Other issues such as housing, employment, and health and social support services, also need to be reconsidered in light of legislative and policy changes. Most importantly, social workers need to be aware of their own attitudes towards individuals with disabilities. It is time to stop thinking in terms of

dysfunction and inability and rethink the entire issue in terms of strengths and capability (Borden, 1992).

Schools of social work education are mandated by the CSWE to provide the necessary education to prepare future social workers for working with individuals with disabilities (Carrillo & Holzhalb, 1993; Council on Social Work Education, 1994). One criticism of the CSWE policy points to difficulty in interpreting CSWE's intentions in this and other areas (Sheridan, 1999). Regardless, the question must be raised: Are schools of social work education fulfilling the needs of the social work students in this area? One goal of this education should be to increase the students' awareness of any biases they may have in working with individuals with disabilities (Carrillo & Holzhalb, 1993). If the necessary education is not provided, it may mean that students' are not being given the opportunity to become aware of any personal biases in this area.

Previous research regarding social work education as preparation for working with individuals with disabilities is limited. Bishop, Simeonsson, Yoder and Huntington (1990) conducted a telephone survey of faculty members in eight professional disciplines regarding the preparation of students to work with infants and toddlers with disabilities and their families. Questioning included

demographics, number of clock hours of instruction in key content areas, opportunities for students to specialize, opportunities for clinical experience with infants and their families, future plans for an infant focus need for training materials and availability of faculty experienced in infancy. Variability was found across disciplines, but overall findings were that students received little education in working with infants with disabilities and their families. If the education was provided, it tended to focus on theoretical knowledge, rather than clinical experience.

Bishop and Rounds (1993) used a modified version of the Bishop, Simeonsson, Yoder, and Huntington (1990) survey instrument to conduct similar research. This study focused solely on the preparation of MSW students in working with infants and toddlers with disabilities. The survey respondents were faculty members, as in the previous study. Bishop and Rounds found that less than half of the responding programs offered content on infants with disabilities. Of the responding programs, 86% offered field placement working with infants with disabilities and their families. In 32% of the responding programs, students had the opportunity to specialize in the target population. While the availability of field and specialization opportunities are encouraging,

unfortunately only those students who avail themselves of those opportunities may benefit. The student who chooses another field placement or specialization may not have the opportunity to receive training in the area of working with infants or any other individuals with disabilities.

Schools of social work were again the focus of a study regarding preparation of social workers for working with individuals with disabilities by DePoy and Miller (1996). This study focused on preparation for working with individuals with developmental disabilities, both on an undergraduate and a graduate level. Program directors were the survey respondents, with survey returns largely weighted towards the undergraduate programs. As in the previous research by Bishop and Rounds (1993), field placements were largely available in the target population (89%). Only 22% offered specific courses in the target population, with research opportunities available in 60% of the programs.

In the previous studies, the respondents were faculty members or program directors of social work programs, not the students. The current study addressed the issue from the viewpoint of the graduates of social work programs, as they are the ones who actually work with the population of individuals with disabilities. Previous studies looked at social work education as preparation to work with specific

target groups among the larger population of individuals with disabilities. The current study addressed the issue from the broader base of social work education as preparation to work with individuals with any type of disability. According to the CSWE (1994), social work education should provide students with a basic foundation in working with the overall population of individuals with disabilities, not just with specific target groups. The research question was whether or not graduate schools in social work have adequately prepared social workers to deal with the changing needs of individuals with disabilities.



## CHAPTER THREE

### RESEARCH DESIGN AND METHODS

Based on the limited previous research regarding the research question, the current study explored that question from the point of view of the MSW graduate. The current study utilized a survey design. As no proven survey instrument has been found for this type of study, an instrument specifically designed for this study was created, which raises issues of validity and reliability. The current study was limited in the number of participants surveyed, which may have led to sampling error. It is the contention of the researcher that regardless of the above difficulties, the issue was important enough to merit research. It is hoped that the findings have shed light on whether or not graduate schools in social work are adequately preparing social workers to deal with the changing needs of individuals with disabilities.

#### Sampling

The sample population for the study consisted of 109 MSW graduates currently working in San Bernardino County agencies. These local agencies included both public and private agencies, including San Bernardino County Department of Children's Services, Patton State Hospital,

and Inland Regional Center. The study sample included social workers known to work primarily with individuals with disabilities (Inland Regional Center and Patton State Hospital employees), as well as social workers in which the degree of social work contacts with individuals with disabilities was unknown. No attempt was made to balance these two populations, as there was no way to predict in advance how varied the second group would be. The only criteria for participating in the study included being an MSW graduate, and current practice as a social worker. There were no limitations on when the participant completed their MSW degree, or on which school the participant attended.

A convenience sampling strategy was utilized. There were 28 male participants (26%) and 81 female (74%). The participants' ages ranged from 24 to 70 years, with a mean of 43.98, and a standard deviation of 10.64 years. Five participants did not report their ages. The ethnic distribution of the participants was as follows; 9.5% African American, 67.6% Non Hispanic White, 1.9% Asian Pacific Islander, 12.4% Hispanic Latino and 8.6% Other. Four participants did not report their ethnicity. California State University, San Bernardino graduates comprised 42.1% of the participants, with 11.2% from Loma Linda University, 3.7% from University of Southern

California, 7.5% from California State University, Long Beach, .9% from University of California, Los Angeles, and 34.6% from other schools. Two participants did not report which school they obtained their graduate degree from. Within the study population, 3.7% graduated between 1960 and 1969, 10.2% graduated between 1970 and 1979, 14.8% graduated between 1980 and 1989, and 71.3% graduated between 1990 and 2000. One participant did not report their year of graduation. Among the participants, 43.1% reported that clients with disabilities comprised 0-25% of their current caseload, while 9.2% reported their current caseload as 26-50% clients with disabilities. Another 1.8% reported that clients with disabilities comprised 51-75% of their current caseload, and 45.9% reported 76-100% of their caseload involved clients with disabilities.

#### Data Collection

The research instrument for the current study was created specifically for this study as no proven survey instrument for this population has been found (Appendix D). The research instrument consisted of a 4-page questionnaire. First, participants were asked to rate the amount/availability of education they received in their MSW program in relation to working with individuals with disabilities. The response format for these 5 questions was a 4-point Likert scale ranging from 1 = none to 4 =

heavy emphasis. During data analysis, these 5 items were combined to form Scale 1, Amount/Availability of Disability Education (alpha = .85). Scale 1 provides an aggregate measure of the amount/availability of disability education found in respondents' graduate social work education.

Participants were then asked to rate their MSW education in relation to key content areas of disability education. The response format for these 14 questions was a 4-point Likert scale ranging from 1 = none to 4 = heavy emphasis. During data analysis, these 14 items were combined to form Scale 2, Key Content Areas of Disability Education (alpha = .94). Scale 2 provides an aggregate measure of the key content areas of disability education found in the respondents' graduate social work education.

The final questions asked the participants if they felt their MSW education adequately prepared them to work with individuals with disabilities and to rate areas in which they felt their education could have been improved. These areas included core curriculum, field placement, specialization, and elective courses. Participants were able to choose as many of the 4 responses as they felt were applicable.

Participants were asked demographic questions regarding their gender, age, ethnicity, MSW school and the

year of graduation with their MSW degree. Participants were also asked the percentage of their current caseload that involves clients with disabilities.

Previous research and literature in this area was reviewed for key content issues to aid in the creation of a relevant survey instrument (Bailey, Simeonsson, Yoder, & Huntington, 1990; Bishop & Rounds, 1993; DePoy & Miller, 1996). The research questionnaire was pretested for clarity of language and content. Strength of the research instrument was that it was designed specifically for the current study. Limitations of the research instrument include lack of validity and reliability measures, as the instrument has not been proven.

#### Procedure

After agency approvals were obtained, the researcher made the necessary arrangements to distribute questionnaires to MSW staff members either during a scheduled staff meeting or through a contact person at the agency. In the case of distribution through a contact person to San Bernardino County Department of Children's Services employees, the informed consent form (Appendix A) was attached to the front of the questionnaire, and the debriefing statement (Appendix C) was attached to the back of the questionnaire. Those questionnaires were then returned to the researcher via U. S. Mail. At Inland

Regional Center, another agency in which a contact person was utilized, the informed consent (Appendix B) was attached to the front of the questionnaire, and the debriefing statement (Appendix C) was attached to the back of the questionnaire. Those questionnaires were returned to the researcher via the contact person. Both informed consents included information on the general purpose of the study, the time commitment that would be required, and that participation in the study was voluntary. Participants were also informed via the informed consent forms that the debriefing statement was theirs to keep.

In the case of distribution during a staff meeting at Patton State Hospital, the researcher informed prospective participants of the general purpose of the study and the time commitment that would be required of them, and then asked for their assistance. Questionnaires were given to willing participants. The informed consent (Appendix B) was attached to the front of the questionnaire; the debriefing statement (Appendix C) was attached to the back of the questionnaire. Participants were asked to read the consent form prior to completing the questionnaire, and were told that the debriefing statement was theirs to keep. Completed questionnaires were picked up at the end of the meeting by the researcher, ending participation in the study.

Data was collected during January through April 2001. Data input and analyses of the data were completed during February through April 2001. The Results and Discussion sections of the project were completed during April and May 2001. Participants could obtain group level results from this study after June 15, 2001, if they so desired.

#### Protection of Human Subjects

The confidentiality and anonymity of the participants was carefully protected. Participants were instructed via the informed consent to not put their names on the questionnaire. Participants were notified via the informed consent that the only identifying information they would be asked was demographic information, and that results of the study would be reported in group form only. No individual data was reported as a result of this study. The participants were also given a debriefing statement as part of the questionnaire packet. Questionnaires were destroyed after data input was complete. The protocol for the ethical treatment of participants was approved by the Department of Social Work Sub-Committee of the Institutional Review Board at California State University, San Bernardino.

## Data Analysis

Data analyses were conducted by employing univariate statistics and bivariate statistics. Frequency distributions, measures of central tendency and dispersion were run on the demographic data of the participants and on the two scales created for this study. The association between the two scales, as well as between each scale and the demographic data, was examined by t-tests and Pearson's  $r$  correlation coefficients. Chi-Square analysis examined the association between school attended, year of graduation, and percent of clients with disabilities, and the question that asked participants if they felt their MSW program adequately prepared them to work with individuals with disabilities.



## CHAPTER FOUR

### RESULTS

The demographic characteristics of the participants are found in Table 1. The means and standard deviations of the individual items that comprise Scale 1, the Amount/Availability of Disability Education, and Scale 2, Key Content Areas of Disability Education, are found in Table 2. Mean scores for Scale 1 range from 1.98 to 2.47. Scores in this range indicate that respondents felt that minimal to moderate emphasis had been given to disability education in these venues, with the least amount in the area of continuing education and the greatest in field placement. Mean scores for Scale 2 range from 1.86 to 3.05. The scores from 1.86 to 2.37 indicate that respondents felt that minimal emphasis had been given to those key content areas of education, with medications/tests having the lowest mean score and effects on the family the highest mean score in this range. The 3.05 mean score indicates that respondents felt that a moderate emphasis had been given to mental disabilities in their graduate education.

Table 3 illustrates percentages of responses to individual scale items for both Scales 1 and 2. Percentage responses to the individual scale items indicate that for the classroom, placement, and specialty

items in Scale 1, 76% to 82% of the participants rated their MSW education as having a minimal to moderate emphasis in those areas. In the areas of specific courses and continuing education, 73% to 84% of the participants rated their MSW education as providing none to minimal emphasis.

Percentage responses to the individual items in Scale 2 indicate that 73% to 82% rated their graduate social work education as having none to minimal emphasis in the areas of physical disabilities, rehabilitation and medication/tests. Scale 2 results indicate that 71% to 84% of participants rated their graduate social work education as having minimal to moderate emphasis in the areas of developmental disabilities, effects on the family, sudden onset of disability, social policy, current legislation, specific interventions, community resources, networking, emotional factors and developmental issues in disability. Scale 2 results indicate that 78% of participants rated their graduate social work education as having moderate to heavy emphasis in the area of mental disabilities. A significant correlation was found between Scale 1 and Scale 2,  $r = .823$ ,  $p < .000$ . There were no significant relationships found between either of the scales and the demographic data.

The question that asked participants if their MSW education had adequately prepared them to work with individuals with disabilities was answered by 104 participants, with 27 (26%) responding "yes" and 77 (74%) responding "no".

A significant difference ( $t = -26.515$ ,  $df = 96$ ,  $p < .000$ ) was found between the preparation question and Scale 1. This indicates that a participant who did not feel prepared was more likely to have responded with "none" or "minimal emphasis" to the questions found in Scale 1. A significant difference was also found between the preparation question and Scale 2 ( $t = -34.354$ ,  $df = 103$ ,  $p < .000$ ). This indicates that a participant who did not feel prepared was more likely to have responded with "none" or "minimal emphasis" to the questions found in Scale 2. There was no significant relationship between the preparation question and school attended, year of graduation or percent of clients with disabilities.

Participants were asked to indicate all areas in which their MSW education could have been improved in preparation for working with individuals with disabilities. Their responses were: 86 (78.9%) participants checked core curriculum, 52 (47.7%) checked field placement, 61 (56.0%) checked specialization, and 85

(78.0%) checked elective courses were an area that could use improvement.

Table 1. Demographic Characteristics of the Participants

Variable	Frequency (n)	Percentage (%)
<b>GENDER</b>		
Male	28	26%
Female	81	74%
<b>AGE</b>		
<u>M</u> = 43.98	<u>SD</u> = 10.64	Range 24-70 years
<b>ETHNICITY</b>		
African American	10	9.5%
Non Hispanic White	71	67.6%
Asian Pacific Islander	2	1.9%
Hispanic Latino	13	12.4%
Other	9	8.6%
<b>MSW SCHOOL</b>		
CSUSB	45	42.1%
LLU	12	11.2%
USC	4	3.7%
CSULB	8	7.5%
UCLA	1	.9%
Other	37	34.6%
<b>YEAR OF GRADUATION</b>		
1960-1969	4	3.7%
1970-1979	11	10.2%
1980-1989	16	14.8%
1990-2000	77	71.3%
<b>CURRENT CASELOAD---CLIENTS with DISABILITIES</b>		
0-25%	47	43.1%
26-50%	10	9.2%
51-75%	2	1.8%
76-100%	50	45.9%

Table 2. Mean Scores for Scales 1 and 2

	M	SD
Scale 1 Amount/Availability of Disability Education		
Classroom	2.28	.78
Field Placement	2.47	.78
Specialty	2.26	.82
Specific Courses	2.03	.83
Continuing Education	1.98	.76
Scale 2 Key Content Areas of Disability Education		
Physical Disabilities	1.98	.68
Mental Disabilities	3.05	.77
Developmental	2.33	.75
Effects on Family	2.37	.86
Sudden Onset	2.16	.85
Social Policy	2.28	.76
Current Legislation	2.14	.81
Specific Interventions	2.19	.80
Community Resources	2.25	.80
Networking	2.14	.79
Rehabilitation	2.02	.83
Medications/Tests	1.86	.83
Emotional Factors	2.36	.88
Disabled vs Norm	2.06	.76

Table 3. Percentages of Responses to Individual Scale Items

Emphasis	none percent(%)	minimal percent(%)	moderate percent(%)	heavy percent(%)
Scale 1 Amount/Availability of Disability Education				
Classroom	14.7	47.7	32.1	5.5
Placement	8.4	45.8	36.4	9.3
Specialty	15.6	51.4	24.8	8.3
Specific	28.4	45.0	22.0	4.6
Continuing Ed	26.7	51.5	18.8	3.0
Scale 2 Key Content Areas of Disability Education				
Physical	22.0	59.6	16.5	1.8
Mental	2.8	19.3	48.6	29.4
Developmental	11.0	50.5	33.0	5.5
Family	12.8	49.5	25.7	11.9
Sudden Onset	22.0	47.7	22.9	7.3
Policy	11.9	54.1	27.5	6.4
Legislation	21.1	49.5	23.9	5.5
Interventions	17.4	52.3	23.9	6.4
Resources	14.7	53.2	24.8	7.3
Networking	19.3	53.2	22.0	5.5
Rehabilitation	29.4	43.1	23.9	3.7
Meds/Tests	37.6	43.1	14.7	4.6
Emotional	14.7	46.8	26.6	11.9
Disabled/Norm	23.9	47.7	26.6	1.8

## CHAPTER FIVE

### DISCUSSION

The research question was whether or not graduate schools in social work have adequately prepared social workers to deal with the changing needs of individuals with disabilities. Results from the question asking participants if they felt they had been adequately prepared for working with individuals with disabilities indicated that 74% of respondents felt they had not been adequately prepared. Participants indicated by mean scores on the individual items from Scale 2 that during their MSW education, minimal emphasis was placed on key content areas of disability education, with the one exception being mental disabilities, which had a moderate emphasis. The negative relationship between the preparation question and Scale 1 indicated that lack of preparation was related to low emphasis in the broad areas of MSW education in term of disabilities. The negative relationship between the preparation question and Scale 2 indicated that lack of preparation was related to low emphasis in the key content areas of disability education.

Scale 1 was comprised of broad areas of MSW education related to disability education with Scale 2 comprised of key content areas of disability education. Not



surprisingly, a significant relationship was found between the two scales.

Previous literature regarding social work education as preparation for working with individuals with disabilities indicated that there was a lack of preparation in working with elements of a specific target population (Bishop, Simeonsson, Yoder, & Huntington, 1990; Bishop & Rounds, 1993; Depoy & Miller, 1996). The current study viewed the issue from the broader base of social work education as preparation to work with individuals with any type of disability. Findings from the current study support those of the previous studies.

One limitation of the study is that participants were unevenly distributed in regards to which school they obtained their MSW degree from, and the year they graduated with their MSW degree. While there were no significant findings in this area, the uneven distribution of participants leads to the question of the generalizability of findings.

Findings from the current study can be utilized by MSW schools in terms of reconsidering their curriculum in the area of disability education. Various options for disability education exist for schools to consider, such as inclusion throughout the core curriculum, offering fieldwork or specialization specifically geared towards

working with individuals with disabilities, and offering separate courses or electives in disability education.

One advantage to the inclusion of disability education throughout core curriculum is that it offers all MSW students knowledge in the subject area (DeWeaver & Knopf, 1992). DeWeaver and Knopf (1992) suggest that the Human Behavior and Social Environment (HBSE) sequence is a logical area of infusion for disability education. However, studies also suggest that all foundation sequences include information on disability education (Bishop & Rounds, 1993; DeWeaver & Knopf, 1992). One disadvantage to only offering disability education in core curriculum is that knowledge acquired in this manner is theoretical, not applied (Bailey, et al., 1990).

An advantage to offering field placements geared toward working with individuals with disabilities is the opportunity to acquire applied knowledge in this area. However, this knowledge is then limited to those students who take advantage of such field placements (Bailey, et al., 1990). Additionally, if disability education were not included in the core curriculum, would students obtain the necessary theoretical knowledge to underpin the applied knowledge (DePoy & Miller, 1996)?

Offering specialization in the area of working with individuals with disabilities could offer both theoretical

and applied knowledge in the subject area. Lack of interest among faculty and students may present barriers to implementation of such a specialization (Bailey et al., 1990; Bishop & Rounds, 1993). Additionally, lack of resources and lack of curriculum flexibility can create difficulties in offering specialization as an option.

Offering a separate course or elective on disability education is another option available to MSW schools. The advantage to a separate course or elective is that fuller coverage of the subject area would be possible. However, it would be difficult to add another required course to an already full courseload (Bailey, et al., 1990). Offering such a course as an elective benefits only those students who take that elective, limiting knowledge in the subject area to a select group.

While the majority of participants in the current study did not feel their MSW education had prepared them to work with individuals with disabilities, there was a minority who felt they had been prepared. Further research in this area could include exploration of specific schools that are adequately preparing students to work with the target population and in what manner they are doing so.

In conclusion, the preparation of social workers to work with individuals with disabilities is a salient issue

that needs to be addressed by graduate schools of social work. Social work programs are mandated by the CSWE (1994) to offer curricula that is up-to-date and relevant to the needs of social workers, and ultimately, clients. It is vital that social workers acquire the knowledge base and skills to serve and empower individuals with disabilities, and the heart of this knowledge base should lie in the social worker's graduate education.

APPENDIX A:  
INFORMED CONSENT

## APPENDIX A

### INFORMED CONSENT

The purpose of this study is to explore Masters in Social Work (MSW) education in relation to working with individuals with disabilities. This survey is limited to graduates of MSW programs only. Carol Davis, a graduate student at California State University, San Bernardino, is conducting this study under the supervision of Dr. Janet Chang. This study has been approved by the Department of Social Work Sub-Committee of the Institutional Review Board at California State University, San Bernardino.

For this study, you will be asked to rate your MSW education in terms of developing your knowledge base in working with individuals with disabilities. Participation in this study will take approximately 15-20 minutes of your time.

Please do NOT put your name on the questionnaire. Your anonymity will be protected. The only identifying information you will be asked is gender, age, ethnicity, where and when you obtained your MSW education, and if you are currently working with individuals with disabilities. Results will be reported in group form only, no individual data will be reported.

Your participation in this study is totally voluntary and you are free to withdraw at any time during the study.

You are free to not answer any questions, however, we hope that you will answer all of the questions to make the results useful. Any questions about your participation in the study should be directed to Dr. Janet Chang at (909) 880-5184.

After completing the questionnaire, you may remove and keep the debriefing statement. Please return the questionnaire in the included stamped envelope as soon as possible. Thank you for your time and effort, your participation in this study is greatly appreciated.

APPENDIX B:  
INFORMED CONSENT



## APPENDIX B

### INFORMED CONSENT

The purpose of this study is to explore Masters in Social Work (MSW) education in relation to working with individuals with disabilities. This survey is limited to graduates of MSW programs only. Carol Davis, a graduate student, is conducting this study, under the supervision of Dr. Janet Chang. This study has been approved by the Department of Social Work Sub-Committee of the Institutional Review Board at California State University, San Bernardino.

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Your participation in this study is totally voluntary and you are free to withdraw at any time during the study.

You are free to not answer any questions, however, we hope that you will answer all of the questions to make the results useful. Any questions about your participation in the study should be directed to Dr. Janet Chang at (909) 880-5184.

By placing a check mark in the space below, I acknowledge that I have been informed of the nature and purpose of this study and I freely consent to participate. I acknowledge that I am at least 18 years of age.

Please place a check mark here \_\_\_\_\_ Date \_\_\_\_\_

APPENDIX C:  
DEBRIEFING STATEMENT

## APPENDIX C

### DEBRIEFING STATEMENT

Thank you for completing this questionnaire. The purpose of this study was to explore whether or not graduate schools in social work are adequately preparing social workers to work with individuals with disabilities. This is an important issue to consider and study.

If this questionnaire has caused you any discomfort or distress, you may withdraw from the study at any point prior to submission of your questionnaire. If you have any questions about your participation in this study, please contact Dr. Janet Chang at (909) 880-5184. Group level results from this study will be available after June 15, 2001 at Pfau Library, California State University, San Bernardino.

Thank you again for participating in this study.

APPENDIX D:  
INSTRUMENT

## APPENDIX D

### INSTRUMENT

For the following questions, you will be asked to rate the amount/availability of education you received in your MSW program in relation to working with individuals with disabilities. For the purposes of this study, disability is defined as any physical or mental condition that substantially limits one or more major life activities.

1. Rate the amount of core classroom instruction you received in your MSW program directly relating to working with individuals with disabilities.

1	2	3	4
none	minimal emphasis	moderate emphasis	heavy emphasis

2. Rate the availability of field placements in your MSW program that focused on working with individuals with disabilities.

1	2	3	4
none	minimal emphasis	moderate emphasis	heavy emphasis

3. Rate the opportunities in your MSW program to specialize in working with individuals with disabilities.

1	2	3	4
none	minimal emphasis	moderate emphasis	heavy emphasis

4. Rate the availability of specific courses offered by your MSW program in working with individuals with disabilities.

1	2	3	4
none	minimal emphasis	moderate emphasis	heavy emphasis

5. Rate the availability of continuing education courses offered by your MSW program in working with individuals with disabilities.

1	2	3	4
none	minimal emphasis	moderate emphasis	heavy emphasis

Please rate the amount of education you received in your MSW program in relation to these key content areas of disability education.

1. Physical disabilities.

1	2	3	4
none	minimal emphasis	moderate emphasis	heavy emphasis

2. Mental disabilities.

1	2	3	4
none	minimal emphasis	moderate emphasis	heavy emphasis

3. Developmental disabilities.

1	2	3	4
none	minimal emphasis	moderate emphasis	heavy emphasis

4. Effects on the family when a family member has a disabling condition.

1	2	3	4
none	minimal emphasis	moderate emphasis	heavy emphasis

5. Sudden onset of disabling conditions and its effects on the individual and the family.

1	2	3	4
none	minimal emphasis	moderate emphasis	heavy emphasis

6. Social policy in relation to individuals with disabilities.

1	2	3	4
none	minimal emphasis	moderate emphasis	heavy emphasis

7. Current legislation in relation to individuals with disabilities.

1	2	3	4
none	minimal emphasis	moderate emphasis	heavy emphasis

8. Specific interventions in working with clients with disabilities.

1	2	3	4
none	minimal emphasis	moderate emphasis	heavy emphasis

9. Community resources available to individuals with disabilities.

1	2	3	4
none	minimal emphasis	moderate emphasis	heavy emphasis

10. Networking/collaboration with other professionals to meet needs of clients with disabilities.

1	2	3	4
none	minimal emphasis	moderate emphasis	heavy emphasis

11. Use of rehabilitation.

1	2	3	4
none	minimal emphasis	moderate emphasis	heavy emphasis

12. Medications/medical tests for certain disabilities.

1	2	3	4
none	minimal emphasis	moderate emphasis	heavy emphasis

13. Emotional factors of disabilities.

1	2	3	4
none	minimal emphasis	moderate emphasis	heavy emphasis

14. Developmental issues with disabling conditions (as opposed to normal development).

1	2	3	4
none	minimal emphasis	moderate emphasis	heavy emphasis



Two Important Questions.

In conclusion, do you feel that your MSW education adequately prepared you to work with individuals with disabilities?

1. Yes \_\_\_\_\_
2. No \_\_\_\_\_

Please check all areas in which your MSW education could have been improved in your preparation to work with individuals with disabilities.

1. Core curriculum \_\_\_\_\_
2. Field placement \_\_\_\_\_
3. Specialization \_\_\_\_\_
4. Elective courses \_\_\_\_\_

The following information will be helpful in analyzing the results.

Gender:

1. Male \_\_\_\_\_
2. Female \_\_\_\_\_

Age \_\_\_\_\_

Ethnic Identity:

1. African American \_\_\_\_\_
2. Non Hispanic White \_\_\_\_\_
3. Asian Pacific Islander \_\_\_\_\_
4. Hispanic/ Latino \_\_\_\_\_
5. Other \_\_\_\_\_

MSW School graduated from:

1. California State University, San Bernardino \_\_\_\_\_
2. Loma Linda University \_\_\_\_\_
3. University of Southern California \_\_\_\_\_
4. California State University, Long Beach \_\_\_\_\_
5. University of California, Los Angeles \_\_\_\_\_
6. Other \_\_\_\_\_

Year of graduation with MSW degree:

- 1960-1969 \_\_\_\_\_  
1970-1979 \_\_\_\_\_  
1980-1989 \_\_\_\_\_  
1990-2000 \_\_\_\_\_

What percentage of your current caseload involves clients with disabilities?

1. 0-25% \_\_\_\_\_
2. 26-50% \_\_\_\_\_
3. 51-75% \_\_\_\_\_
4. 76-100% \_\_\_\_\_

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