An exploratory study of children’s hospital social workers’ attitudes toward children with physical disabilities

Kamilah J. Neal
CLARK ATLANTA UNIVERSITY

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ABSTRACT

SCHOOL OF SOCIAL WORK

NEAL, KAMILAH JENKINS B.S.W CLARK ATLANTA UNIVERSITY, 1998

AN EXPLORATORY STUDY OF CHILDREN’S HOSPITAL SOCIAL WORKERS’ ATTITUDES TOWARD CHILDREN WITH PHYSICAL DISABILITIES

Advisor: Dr. Sarita Chukwuka

Thesis dated July, 2000

Social workers who interact with disabled children have developed unique attitudes and perceptions about physical disability in children and the disabling effects of material, social, and environmental components of society. Because of the unique problems associated with the care of physically disabled children, social workers are needed to provide ongoing services to help these children manage their disabilities and address their social and health concerns. This study was designed to elucidate the attitudes of social workers which may affect their interactions with disabled children. This information can be used to increase the effectiveness of social workers who plan to work with disabled children. This nationwide study is a preliminary investigation of the attitudes of social workers in children’s hospitals which are members of the National Association of Children’s Hospitals (NACH). Surveys were sent to seventeen social services departments in these hospitals and were distributed to full time social workers who interact with disabled children between the ages of 6 and 17. Sixteen surveys from 5 different hospitals were returned. All returned surveys were used in the study. The
survey consisted of three parts: 1) a demographic section; 2) the Attitudes Toward Disabled Children Scale; and 3) the Attitudes Towards Disablement Scale. The data were analyzed by using the Statistical Package for Social Sciences. Although the number of participating social workers was small, preliminary results indicate that social workers who serve physically disabled children have a positive attitude toward disabled children and feel that societal components are responsible for further disabling those children.
AN EXPLORATORY STUDY OF
CHILDREN'S HOSPITAL SOCIAL WORKERS' ATTITUDES
TOWARD CHILDREN WITH PHYSICAL DISABILITIES

A THESIS
SUBMITTED TO THE FACULTY OF CLARK ATLANTA UNIVERSITY
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR
THE DEGREE OF MASTER OF SOCIAL WORK

BY
KAMILAH JENKINS NEAL

SCHOOL OF SOCIAL WORK

ATLANTA, GEORGIA
JULY 2000
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CHAPTER ONE
INTRODUCTION

According to data from the 1994 National Health Interview Survey--Disability Supplement (NHIS-D), more than 5.5 million children in the United States have disabilities (Elinson, Kennedy, & Verbrugge, 1998). Throughout the twentieth century, the commitment toward effectively serving disabled children has steadily increased. New models, developed in order to better understand and serve disabled children, stress the importance of a multidisciplinary health team which includes the child and the family, medical professionals, and psychosocial support. According to Saad Nagi, the nature and severity of an individual's disabilities are greatly affected by "the definition of the situation by others, and their reactions and expectations- especially those who are significant in the lives of the person with the disabling condition" (Aron, Loprest, & Steuerle, 1996, p. 13). Because the social worker is a key member of the multidisciplinary team, the social worker's attitude toward disability and the disabled child should be better understood.

This introduction will state the problem created by a lack of knowledge of the attitudes of social workers concerning disability. The significance of studying these attitudes will be examined. Finally, the implications for social work practice of the information obtained in this study concerning social workers' attitudes toward children with physical disabilities will be considered.
Statement of Problem

Although social work has traditionally been regarded as having a primary responsibility toward those people who are subjected to discrimination and oppression, the profession has not shown a consistent commitment toward people with disabilities. According to Mackelprang and Salsgiver (1996), factors illustrating this lack of commitment include the following: a) small numbers of students with disabilities choose to enter social work, b) there are few disability-related articles in social work literature, and c) presentations on disability are seldom made at social work conferences. Asch and Mudrick (1995) state that, although social workers serve people with disabilities, their awareness of the disability only arises when the disability exacerbates existing difficulties or creates new challenges for a client. This is particularly true for children with disabilities. Very little has been published in the social work literature addressing the area of disabilities in children. For children, some of whom will live with long-term disability, it is particularly important for social workers to embrace the strengths-based practice model which can empower disabled children to claim a greater degree of control over their day-to-day lives (Mackelprang & Salsgiver, 1996). Unfortunately, social workers frequently are affected by the same aversion to disability and illness that permeates society as a whole. Asch and Mudrick (1995) point out that “social workers may have to realize their own apprehensions of impairment to become effective change agents of the attitudes of people with and without disabilities” (p.753).
Significance of Study

Frequently, the first interaction between disabled children and social workers are in health facilities. The attitudes of these social workers at this critical time can greatly effect the quality and efficacy of the interaction between the social worker and the child and the resulting outcomes from the intervention. This is particularly true for children who face great uncertainty about their options and possibilities for the future. This study is a preliminary investigation of the attitudes of social workers in children’s hospitals who work with disabled children between the ages of 6 and 17. Social workers who interact with disabled children have developed unique attitudes and perceptions about disability in children and about society’s responsibility for disabled children. Although some studies have investigated the attitudes of social workers toward persons with particular health conditions, such as chronic pain (Sieppert, 1996), AIDS (Owens, 1995), abuse (Davis & Carlson, 1983), death (Carr & Merriman, 1996), and lengthy hospitalizations (Horn, Feldman, & Ploof, 1995), a search of the literature did not reveal a study specifically examining social workers’ attitudes toward disabled children.

Implications for Practice

According to Petr and Barney, parents of disabled children consistently stress the importance not only of services provided by social workers, but also of the values, attitudes, and philosophies that underlie the way in which services are delivered. The attitudes and values of social workers toward disability and disabled children must be studied and examined so that social workers can be aware of the possible impact of the value component on their delivery of services.
The insight provided by this study could help with the development of training programs for social workers planning to work with disabled children. This training could take place in universities, continuing education programs, in-service workshops, and presentations by professionals at social work conferences. This information could also be valuable in encouraging social work students to specialize in care for disabled children.

Summary

This paper will examine the problem of discerning social workers’ attitudes toward physically disabled children. Chapter two will review the literature on disability particularly childhood disability, the components of attitude and the affect of attitudes on disabled children, the changing attitudes of society toward disability, the limitations of the literature concerning social workers’ attitudes toward physically disabled children, and the conceptual framework of the study. Chapter three states the methodology of the study, identifying the setting, the sample, the three measurement tools which formed the survey, the study design, and the procedure used in administering and collecting the surveys. In addition, limitations to the study and the methods of analyzing the data will be in chapter three. Chapter four discusses the results obtained for the three sections of the survey: the demographics section, the Attitudes Toward Disabled Children section, and the Attitudes Toward Disablement. In chapter five, conclusions will be reached about the findings of the study while considering the limitations of the study, the limitations of the measurement tools used, and future research that could be conducted in this area. Finally, chapter six examines the implications of this study for social work practice.
CHAPTER TWO

REVIEW OF THE LITERATURE

This chapter reviews the available literature that relates to physical disability and the importance of attitudes towards physically disabled children. The areas which will be examined are: 1) the variety of definitions of disability and the conceptual frameworks which have been developed to clarify this concept; 2) the concept of attitude, the effect of attitudes on the disabled, particularly the attitudes of social workers toward physically disabled children; and 3) the development of the attitudes of society toward disability since the 1960s. The limitations of the literature concerning this specific topic of the attitudes of social workers toward physically disabled children will be discussed. The conceptual framework provided by the strengths perspective and the minority group model will be examined and applied to the hypothesis of this study.

Definitions of Disability

The 1994 National Health Interview Survey-- Disability Supplement (NHIS-D) indicates that more than 5.5 million children in the United States have disabilities. In this survey, children with disabilities are defined as those who have persistent difficulties doing ordinary childhood activities. According to the NHIS-D, the functional disabilities that limit these children's activities include the following:

1) limitations in or inability to perform a variety of physical activities (e.g., walking, lifting, reaching),
2) serious sensory impairments (e.g., inability to read newsprint even with glasses or contact lenses);

3) use of selected assistive devices (e.g., brace, artificial limb);

4) developmental delays (e.g., physical, learning) identified by a physician;

5) for children under age five, inability to perform age appropriate functions (e.g., sitting up, walking), and/or

6) long-term care needs.

This definition of functional disability includes only those conditions that last or are expected to last 12 months or more. Long-term care (LTC) needs are the most severe dysfunctions. Children under the age of five with LTC needs are defined as having one or more of the following: 1) needing special equipment to breathe, 2) difficulty with chewing, swallowing, or digesting, 3) needing special medical equipment for eating or toileting, 4) inability to sit up by age two, and/or 5) not walking by age three or under.

For children age five and older, LTC is defined as needing the help of another person or special equipment to perform at least one of the activities of daily living which include bathing, dressing, eating, getting in and out of bed or chairs, using the toilet, and getting around inside the home. Approximately 387,000 children in the United States meet the NHIS-D definition for children with long-term care needs (Elinson, Kennedy, & Verbrugge, 1998).

The data from the 1991 Survey of Information and Program Participation (SIPP) indicate that the proportion of children identified as having a disability or a severe disability increases dramatically with age. Additionally, as age increases, the proportion of boys with a disability increasingly exceeds the corresponding proportion of girls with a
disability. Therefore, although the same percentage of boys and girls under the age of three are disabled, in the fifteen to seventeen year old age group, eleven percent of the boys have a disability compared to less than eight percent of the girls. Racial differences in the percentage of children with a disability also change with age. African American children under the age of three and over the age of fifteen are more likely than other children to have a disability, while the highest disability rates for children between the ages of three and fourteen are among white children (Aron, Loprest, & Steuerle, 1996; Adler, 1995).

An important factor in defining disability is the differentiation between a disability and a chronic condition. Chronic conditions are defined in terms of the duration of a condition; a condition is chronic if it lasts three months or longer. Aron, Loprest, and Steuerle point out that not all chronic conditions result in a disability and that although a child may have the same chronic condition, the disability resulting from this condition may change dramatically over time. In practice, there is no single definition of childhood disability which is used by all service providers. Several conceptual frameworks however have been developed to clarify disability related concepts. One such framework is the "functional limitation" or Nagi framework which considers four basic concepts: pathology, impairment, functional limitation, and disability. Pathology refers to the effects at the cellular or tissue level of disease, trauma, infection, or other agents. Impairments are the loss or abnormality of mental, physical, or biochemical functions which interfere with the normal functioning of organs or organ systems. Functional limitation refers to the effect of these impairments on the performance or performance capacity of the individual as a whole. Not all impairments result in functional limitations. Finally, disability is defined as
“the expression of a physical or mental limitation within a specific social or environmental context” (Aron, Loprest, and Steuerle, 1996). Nagi’s definition stresses the interaction between impairments/functional limitations and behavioral/performance expectations defined by society. Nagi also emphasizes the importance of the following factors external to the individual in shaping the nature and severity of disability:

(a) the individual’s definition of the situation and reactions, which at times compound the limitations; (b) the definition of the situation by others, and their reactions and expectations—especially those who are significant in the lives of the person with the disabling condition (e.g., family members, friends and associates, employers and coworkers, and organizations and professions that provide services and benefits); and (c) characteristics of the environment and the degree to which it is free from, or encumbered with, physical and sociocultural barriers (Aron, Loprest, and Steuerle, 1996, p. 13).

Many scholars agree with Nagi’s emphasis on the importance of attitudes of significant persons in shaping the nature and degree of disability, as indicated in the following:

Siller (1984) has observed that “pinpointing attitudinal components will suggest differential change procedures and promote appropriate assessment of the effect of interventions” (p. 200). Similarly, Jones and Guskin (1984) have called for research efforts to create “a distinct framework for thinking about, investigating, and intervening in attitudes toward the handicapped” (p. 11). Answers to questions concerning the multidimensional and intricate interrelations of knowledge, attitudes, and behavior would, in turn, permit policy-makers and practitioners to design intervention strategies to change attitudes toward people who are disabled, to
improve the training of personnel, and to remove barriers to services (Antonak & Livneh, 1988, pp. 5-6).

Importance of the Attitudes of Social Workers

The attitudes of social workers are of particular importance because of their unique roles in the multidisciplinary team caring for the disabled child. Horn, Feldman, and Ploof, when discussing hospitalized, chronically ill children, emphasize this importance, stating the following:

Often serving as a link between the families and health care professionals, social workers hold a strategic position for educating professionals regarding the stressors surrounding chronic illness and lengthy hospitalization. Social workers play an important role in helping families manage their intense emotions, secure answers to their questions, make adjustments in their routine, connect with other forms of support, and engage in a wide range of strategies to manage the stress associated with their child’s illness and hospitalization. Serving as a model for others, social workers may create opportunities for parent-professional collaboration. They can assume the role of educator regarding family stress, coping and modes of family-centered care. Finally, social workers can act as a “buffer” for families who interface with less sensitive professionals (pp. 125-126).

These critical roles are equally important for all social workers serving children with disabilities, whether they are hospitalized or not. The attitude of the social worker will greatly impact how well these multiple roles can be put into practice.
The concept of attitude is defined by the Social Work Dictionary as "A mental predisposition or inclination to act or react in a certain way" (p. 29). According to Antonak and Livneh, attitude can be defined in terms of three components: a cognitive component, an affective component, and a behavioral (or conative) component. The cognitive component refers to the way an attitude referent, or object of the attitude, is mentally conceptualized. This component includes the individual's ideas, thoughts, perceptions, beliefs, and opinions about the attitude referent. The affective component of attitude indicates the feeling or emotional basis of the attitude and is expressed either by verbal statements (such as good-bad) or through the evaluation of physiological affect such as heart rate or pupil dilation. The third component consists of two elements: behavioral and conative. Although some researchers view these components as identical, others feel that the conative element is the individual's intent or readiness to behave in a certain manner toward the attitude object, while the behavioral element consists of the actual reaction. Antonak and Livneh feel that a definition by Triandis encompasses all three components, quoting the following: "An attitude is an idea [cognitive component] charged with emotion [affective component] which predisposes [conative component] a class of actions [behavioral component] to a particular class of social situations" (p. 9). In summary, Antonak and Livneh state that there is a consensus among scholars and researchers that attitudes have the following elements:

(a) attitudes are learned through experience and interaction with other people, social objects, and environmental events, rather than being innately determined, although the role of heredity or constitutional factors in attitude formation has not been fully investigated; (b) attitudes are complex, multi-component, structures; (c) attitudes
are relatively stable (even rigid) as evidenced by their resistance to change; (d) attitudes have a specific social object as a referent (e.g., people, situations, events, ideas); (e) attitudes vary in their quantity and quality, possessing differing degrees of motivating force (intensity, strength), and direction (toward, against, away from the attitude referent); and (f) attitudes are manifested behaviorally via predisposition to act in a certain way when the individual encounters the attitude referent (pp. 9-10).

Antonak and Livneh conceptualize attitudes toward disabled people as operating in three distinct, yet interacting, social circles or levels: attitudes of the disabled person’s friends, relatives, and peers; attitudes of the medical, psychosocial, educational, and spiritual professionals with whom the disabled person comes into contact; and attitudes of the general public. They emphasize that the second circle, which includes social workers, “may strongly influence the attitudes of members of the first social circle—namely family and peers— as well as the attitudes exhibited within the larger third circle, that of society at large” (p. 14).

Attitudes of Society Towards Disability

The attitudes of society have shifted since the 1960s from the traditional medical model in which disability is defined by individual deficiencies and helplessness to the minority group model which states that discrimination against people with disabilities is rooted in the beliefs and values of the culture (Mackelprang & Salsgiver, 1996). Asch and Mudrick state that the minority group model, “although acknowledging the problems that physical limitation imposes, argues that the isolation and poverty often associated with disability can be attributed to institutions, practices, and physical environments that exclude full
participation of disabled people in society (p. 753).” The Americans with Disabilities Act of 1990 reflects this change in attitude by legislating that “society end discrimination in employment, public services, and public accommodations for people with impairments that substantially limit one or more daily life activities, who have a record of such impairments or who are regarded by others as having such impairments” (p. 753). For social workers, this perspective of disability coupled with ecological systems theory and strengths-based practice model provides a framework which emphasizes empowerment when working with disabled children. The attitudes of individual social workers, however, may limit the extent to which they endorse the premise that material and social components of society tend to disable people who have impairments (Antonak & Livneh, 1988).

Limitations of the Literature

A major limitation of the literature of social workers' attitudes toward disability and disabled people is the lack of focus on disabled children. Although some studies have investigated the attitudes of social workers toward persons with particular health conditions, such as chronic pain (Sieppert, 1996), AIDS (Owens, 1995), abuse (Davis & Carlson, 1983), death (Carr & Merriman, 1996), and lengthy hospitalizations (Horn, Feldman, & Ploof, 1995), a search of the literature did not reveal a study specifically examining social workers' attitudes toward disabled children. Enright states that, for a child working with a multidisciplinary health care team, “Of especial significance and impact on the child and the family is the attitude prevalent among team members” (p. 168). She particularly emphasizes the importance of the social worker as the coordinator


for the interdisciplinary team whose attitudes can guide the effort to serve the disabled child.

Hypothesis

This study is a preliminary investigation of the attitudes of children's hospital social workers who work with physically disabled children between the ages of 6 and 17. The hypothesis for this study is the following: Social workers who interact with physically disabled children have developed unique attitudes and perceptions about physically disabled children and about the societal component of disablement.

Conceptual Framework

The primary conceptual framework used in this study is the strengths perspective of disability which emphasizes that focusing on the strengths of disabled persons helps them reclaim personal power in their lives (Mackelprang & Salsgiver, 1996). The use of this perspective has evolved from ideas raised in the disability conscious movement since the 1960s. The independent living perspective of this movement emphasized the role of people with disabilities as active and responsible consumers rather than patients, and identified societal responses to disability and discrimination as the primary barriers for disabled persons. For example, independent living proponents contend that children with disabilities were prevented from attending regular schools because of physical, attitudinal, and legal barriers rather than their individual incapacities (Mackelprang & Salsgiver, 1996, p. 10). In this perspective, social workers are viewed as consultants only who can teach skills and facilitate self-management without assuming control over disabled persons' lives (Mackelprang & Salsgiver, p. 11).
The independent living perspective represented a shift in paradigm from the medical model of disability, which equated disability with permanent sickness, helplessness, and a global incapacity to handle ordinary life, to a minority group model which asserts that people with disabilities form a minority group who are subjected to discrimination found within their social environments. According to this model, people with disabilities are disadvantaged as much or more by discrimination as by their physical limitations (Asch & Mudrick, 1995). This discrimination, in the minority group model, is rooted in the beliefs and values of society. Some social workers feel that society is actually the only reason for disability, and have created the social model of disability which argues that disability should be defined strictly in terms of social oppression, excluding the experience of impairment and breaking the suggestion of a causal relationship between impairment and disability (Powell, 1998).

The viewpoint of the minority group model is similar to that of the traditional systems perspective of social work which acknowledges the influence of an individual's environment on personal functioning. As the systems perspective developed, social work increasingly emphasized systems, culture, and social supports, which evolved into the ecological systems theories. In this theoretical framework, social workers focus on empowering their clients to become active participants in decision-making in all aspects of their lives. This perspective has been reinforced by the strengths perspective which states that the strengths of individuals are the cornerstone of empowerment (Mackelprang & Salsgiver, p. 11).

According to Leashore, “the strengths perspective seeks to identify, use, build, and reinforce the strengths and abilities that people have . . . and emphasizes people's abilities,
beliefs, values, interest, aspirations, accomplishments, and resources” (p. 113) De Jong and Miller quote Saleebey as stating that the strengths perspective is based upon five basic assumptions. First, all people and environments possess strengths that can be utilized to improve the quality of life. Second, the motivation of an individual is increased when strengths are consistently emphasized. Third, discovering strengths should be a cooperative process rather than social workers determining clients’ needs. Fourth, by focusing on strengths, the social worker is able to learn from the survival techniques of the client. Fifth, and finally, all environments contained resources (p. 729).

In this study, the strengths perspective and the minority group model are the basic elements of the conceptual framework. Because this study examines attitudes towards physically disabled children between the ages of 6 and 17, some of whom will live with long-term disability, it is particularly important for social workers to embrace the strengths-based practice model which can empower disabled children to claim a greater degree of control over their day-to-day lives (Mackelprang & Salsgiver, 1996). For this reason, negative attitudes toward physically disabled children will be those which reflect the perception of these children as either different or inferior. In addition, the importance of the minority group model in this study will be indicated by examining attitudes toward the disablement of children by material, social, or environmental components of society.

Summary

In this review of the literature, a number of definitions of physical disability in children and the demographic profile of childhood disability will be explored. The concept of attitude and its components were examined, and the importance of attitudes in shaping
the nature and severity of disability in children were explored. In particular, the literature reinforced the importance of the attitudes of social workers who serve physically disabled children. An additional important factor identified in the literature is the attitude of society toward disability, particularly since the 1960s after the beginning of the disability movement. A limitation of the literature is the absence of studies that specifically examine social workers' attitudes toward physically disabled children and the role of society in their disablement.

In this study, which will examine the unique attitudes and perspectives about physically disabled children of social workers, the conceptual framework of the strengths perspective as well as the minority group model in differentiating between positive and negative attitudes will be used. These perspectives are believed to be the best for social workers serving physically disabled children.
CHAPTER THREE
METHODOLOGY

The discussion of the methodology used in this study includes the setting for the study at children’s hospitals and the sample of social workers who participated in the survey. The established predecessors of the scales used in this study, Yuker’s Attitude Toward Disabled Person Scale- Form O (ATDP-O) and Antonak’s Attitudes Towards Disablement Scale (ATDS), will be examined and the alterations made in these surveys for the present study will be discussed and justified. The study design, procedure, and data analysis will be discussed, and the reliability and validity of the measurement tools will be considered.

Setting

The settings for this study are children’s hospitals in the United States who are members of the National Association of Children’s Hospitals (NACH). The hospitals were limited to those with two types of institutional membership: Type 1-A which is a self governing, not-for-profit children’s hospital and Type 1-B which is a children’s specialty hospital. All hospitals that returned at least one survey were included in the study. Five hospitals completed and returned surveys: Children’s Hospital of Orange County, California, Children’s Memorial Hospital in Chicago, Illinois, Kennedy Krieger Children’s Hospital in Baltimore, Maryland, St. Mary’s Hospital for Children in Bayside, New York, and Lucile Packard Children’s Hospital at Stanford in Palo Alto, California.
Sample

The sample consists of social workers who work full time in the designated hospitals with physically disabled children between the ages of 6 and 17 and who have returned their surveys. The client age range was chosen because 80.7 percent of disabled children under the age of 18 are 6 years old or older (Adler, 1995). In addition, the new challenges placed on the disabled child and the child's ability to meet those challenges increase at school age. All returned surveys were used, resulting in a sample size of N=16. This sample was smaller than anticipated because of the small percentage of the 180 surveys mailed to sites that were returned.

Measure

The variable attitude and demographic information was measured by using a three-part questionnaire. Section 1 of the survey gathered demographic information from the social worker including race, age, education, date of licensure, and social experiences with disabled people (see Appendix B). Section 2 is the Attitudes Toward Disabled Children Scale (ATDC) which was derived directly from Yuker's Attitude Toward Disabled Persons Scale- Form O (ATDP-O) (Antonak & Livneh, 1988, p. 138-139). Section 3 was derived from Antonak's Attitudes Towards Disablement Scale (ATDS) (Antonak & Livneh, 1988, p. 239-259). Both the ATDC and the ATDS can be found in Appendix B.

Yuker's ATDP Scale is widely recognized as the best known and most widely used scale for the measurement of attitudes toward disabled people (Antonak & Livneh, 1988, p. 134). The ATDP-O was originally published in 1960, and by 1986, more than 325 studies had been conducted using this scale (Yuker & Block 1986). The ATDP-O is a
twenty-item scale which suggests differences or similarities between disabled and nondisabled people. In 1962, Yuker developed two equivalent 30-item scales, ATDP-A and ATDP-B. The three forms are interchangeable, however the brevity of ATDP-O is considered a positive factor (Yuker & Block, 1986).

Yuker chose statements for the ATDP scales to represent two attitudes toward disabled persons: one, that the disabled person is different from the physically normal person in personality and other characteristics, and the other, that the disabled person, while limited to some degree, is not significantly different from physically normal persons (Yuker, Block, & Campbell, 1960, Yuker & Block, 1979).

Yuker’s ATDP scales have been adapted by researchers to study the attitudes of more specific populations, such as medical personnel, teachers, physical therapy students, medical students, and educators (Yuker & Block, 1986). In this study, Yuker’s ATDP-O Scale was slightly altered to measure the attitudes of children’s hospital social workers toward physically disabled children. The phrase “disabled people” was replaced by “physically disabled children.” The Likert-like scale was also altered to range from 1 for “I agree very much” to 6 for “I disagree very much” rather than Yuker’s range of -3 to +3 for identical responses. As in Yuker’s ADTP-O, no neutral response can be given on the ATDC Scale, therefore the respondent must choose a degree of agreement or disagreement with the statement.

The ATDC, like the ATDP-O, contains statements which suggest that physically disabled children are the same as other children as well as statements that suggest that they are somewhat different such as “most children with physical disabilities feel sorry for themselves.” In order to score the survey, the new scale ranging from 1 to 6 was
converted to Yuker’s range of -3 to +3, and as in Yuker’s scoring method, the sign of the statements suggesting difference was reversed and the scores were summed to obtain a total for each respondent. In the ATDC scale, these totals could range from -60 to +60 with a high score reflecting positive, accepting attitudes and a low score, reflecting negative, rejecting attitudes. Omitted items on this scale, while not encouraged, are the equivalent of neutral values of 0 and do not affect the total score (Yuker & Block, 1986).

The Attitudes Towards Disablement Scale was developed by Antonak to measure service providers’ endorsement of the concept that material, social, or environmental components of society effectively further disable people with disabilities. The development of this scale was inspired by the theoretical work of Finkelstein who advanced the position that disability should be defined as a special form of discrimination or social oppression and that components of society disable people who are impaired, resulting in a particular form of discrimination or social oppression (Antonak & Livneh, 1988, p. 239). Antonak’s scale poses a question about the level of disablement that the respondent feels is caused by thirteen material, social, and environmental components of society. Antonak used this scale with five different referents: people with chronic health impairment, emotional impairment, mental impairment, physical impairment, and sensory impairment (Antonak & Livneh, 1988). In this study, the referents are physically disabled children. The respondents were asked to rate each category according to the extent to which each societal component further disable children with impairments, rated on a scale from 1 to 6 where 1 = not at all and 6 = very much. This ratings system is slightly different from Antonak’s original six responses: No!, No., No?, Yes?, Yes., and Yes!. 
The ratings for each category are summed to obtain a total score for each respondent ranging from 13 to 78.

Design

This exploratory study has a cross-sectional survey design with a questionnaire administered to social workers across multiple health facilities. The design notation is depicted as:

$X \ O$

where $X =$ attitudes of social workers toward physical disability and physically disabled children, and $O =$ the survey which includes ATDC and the ATDS. This design is appropriate for this study because the attitudes of the social workers toward physically disabled children and toward societal disablement were established before the measurement tool was administered. The independent variables are the demographics on age, gender, race, university degrees, classes on serving disabled clients, licensure, place of employment, physical disability, closeness to physical disability, and membership to disability rights organizations. The dependent variables are the scores on the ATDC scale and the ATDS.

Procedure

Phone contact was made with each hospital’s social services manager prior to sending cover letters for the social services manager and for the participating social workers, informed consent form, and sufficient surveys, each of which contained a definition of physical disability in children and the three sections of the survey. The letter to the social services manager gave instructions and a deadline for completing the survey. The letter to
the participants contained instructions and explained how the data gathered from the surveys would be used. The hospital contacts who did not return the surveys in a timely manner received a reminder phone call to update their participation.

Data Analysis

All data from the surveys that were completed and returned were entered into Statistical Package for the Social Sciences database. Descriptive statistics and frequency data were calculated, a number of crosstabulations between demographic data and ATDC and ATDS responses were tabulated, and scores for each participant were calculated from their ATDC and ATDS responses.

Validity and Reliability of the Measure

Because it has been so widely used, Yuker's ATDP-O Scale has been extensively tested for reliability and validity. Yuker used four procedures to evaluate the validity of the ATDP-O: 1) test-retest reliability, 2) split-half reliability, 3) correlation between two parallel forms of the test, and 4) covariant analysis among individual items to obtain coefficient alpha. Yuker and Block report that test-retest reliability for eight studies in which the retest was given within five weeks, the values for the reliabilities range from .70 to .95 with a median of .83. For two studies in which the re-test was given 4 to 6 months after the original test, the values for reliability were lower as expected, ranging from .67 to .70 with a median of .68. Split-half reliability for ATDP-O in six studies ranged from .75 to .85 with a median of .80. Parallel forms reliability studies were conducted using ATDP-O, ATDP-A, and ATDP-B, testing their equivalence, resulting in a range of values from a low of .57 to a high of .83 with medians of approximately .68. The covariant
The coefficient alpha for ATDP-O was found to be .76. These results indicate that the ATDP scales' average reliability coefficient is close to .80, which is average for widely used measures (Yuker & Block, 1986, pp. 12-14).

The construct validity of the ATDP-O, including measures of convergent and discriminant validity conducted by Campbell and Fisk, indicated that the measure exhibited both convergent and discriminant validity (Yuker & Block, 1986, p. 15). Antonak and Livneh have raised some questions about the validity of ATDP in areas such as susceptibility to faking and social desirability in responses (pp. 135-136).

The ATDS has also been tested for reliability and validity. Antonak and Livneh report that the scale is both reliable and specific. Analysis of data obtained using this scale resulted in a split-half reliability coefficient of .97 and a coefficient alpha homogeneity index of .84. Validity testing indicated a stronger endorsement of the disablement premise among special service providers than among regular service providers, but Antonak and Livneh find no other threats to validity (pp. 240-241).

Since there was very little difference between the ATDC and the ATD scales used in this study and the established scales of Yuker and Antonak, there should be little threat to the reliability and validity of the scales used in this study.

Summary

The settings for this study are children's hospitals in the United States with membership in the NACH, and the sample consists of social workers at these hospitals who serve physically disabled children between the ages of 6 and 17. The procedure followed in this study was to contact the hospitals' social services managers, provide the
manager with surveys for social workers at the hospital, and collect the surveys by mail. Because of the low percentage of surveys returned, the sample size is small. The measurement tool consists of a demographic survey, the Attitudes Toward Disabled Children Scale, and the Attitudes Toward Disablement scale. Both scales were refinements of well-established measurement tools, and therefore threats to the reliability and validity of the tools were minimized.
CHAPTER FOUR

RESULTS

The data obtained from the surveys cover three categories. The first is a demographic description of the participants in the study. The second is the results of the Attitudes Toward Disabled Children Scale. The third category shows the results obtained from the Attitudes Towards Disablement Scale. Finally, these results are discussed in terms of the research questions.

Demographics

Sixteen social workers from five hospitals completed and returned the surveys. Three of the participating hospitals were Type I-A: self governing, not-for-profit children’s hospitals. The remaining two hospitals were Type I-B: children’s specialty hospitals.

Four participants are social workers at the Children’s Hospital of Orange County, California, five are from Children’s Memorial Hospital in Chicago, Illinois, four are from Kennedy Krieger Children’s Hospital in Baltimore, Maryland, one is from St. Mary’s Hospital for Children in Bayside, New York, and two are from Lucile Packard Children’s Hospital at Stanford in Palo Alto, California. Of the sixteen social workers, one was Black, one was Hispanic, and the remaining fourteen were Caucasian. All sixteen were women. Of the fifteen who responded to the question about age, the mean was 38.9 years and the ages ranged from 25 to 60 years. Although the respondents reported a wide range of undergraduate degrees, fifteen of the sixteen respondents reported receiving a graduate
degree in social work between 2 and 32 years ago. Of the fourteen who answered the question concerning social work licensure, only one had not been licensed. The others had obtained their licenses between 3 years and 23 years ago, with a mean of 9.3 years since licensure.

The respondents also answered questions concerning their personal experiences with disability. Only one of the sixteen respondents answered that she herself had a physical disability. Of the fifteen respondents who answered the question “does anyone close to you have a physical disability?” six answered “yes,” with three indicating a disabled friend and three a disabled relative. None indicated a disabled classmate, coworker, or significant other. When asked about having taken a class on serving disabled clients, eleven of the sixteen respondents reported that they had taken at least one class. Eight indicated that they had taken such a class at a college or university, four had taken a continuing education class, and six had taken a class in the workplace. Two of the sixteen respondents indicated membership in a disabilities rights organization. This demographic information is summarized in Table 1.
Table 1. Demographics (N=16)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Category</th>
<th>N</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Female</td>
<td>16</td>
<td>100.0</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Race</td>
<td>Black</td>
<td>1</td>
<td>6.3</td>
</tr>
<tr>
<td></td>
<td>Hispanic</td>
<td>1</td>
<td>6.3</td>
</tr>
<tr>
<td></td>
<td>Caucasian</td>
<td>14</td>
<td>87.5</td>
</tr>
<tr>
<td>Graduate degree</td>
<td>Social Work</td>
<td>15</td>
<td>93.8</td>
</tr>
<tr>
<td></td>
<td>None</td>
<td>1</td>
<td>6.3</td>
</tr>
<tr>
<td>Licensed</td>
<td>Yes</td>
<td>15</td>
<td>93.8</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>1</td>
<td>6.3</td>
</tr>
<tr>
<td>Physically disabled</td>
<td>Yes</td>
<td>1</td>
<td>6.3</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>15</td>
<td>93.8</td>
</tr>
<tr>
<td>Attended class on disability issues</td>
<td>Yes</td>
<td>11</td>
<td>68.8</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>5</td>
<td>31.3</td>
</tr>
<tr>
<td>Close to disabled Person</td>
<td>Yes</td>
<td>6</td>
<td>37.5</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>9</td>
<td>56.3</td>
</tr>
<tr>
<td></td>
<td>No Answer</td>
<td>1</td>
<td>6.3</td>
</tr>
</tbody>
</table>

Attitudes Toward Disabled Children

The total score on the Attitudes Toward Disabled Children Scale, which can be found in Appendix B Section 2, can range from -60 to 60, with a high score indicating a positive attitude. The individual scores of the 16 respondents are indicated in Figure 1.
As the figure indicates, the ATDC scores for the social workers are skewed towards positive values, indicating positive attitudes toward disabled children. The mean value of the entire sample is 24.5, a high positive score. The questions on the ATDC are formulated so that a low score would indicate that a participant views children with physical disabilities as different from other children as well as inferior. The relatively high scores of the participating social workers indicate that, as a whole, they view physically disabled children as equivalent to nondisabled children. The one social worker who received a negative score was a 43-year-old Black woman who had never taken a class on serving disabled clients, had no graduate degree, had no one close to her with a physical disability, and belonged to no disability rights organizations.

The question receiving the highest mean score as well as the lowest standard deviation was Question 14, which states, “You should not expect too much from children with physical disabilities.” The questions receiving the next highest scores, both with a mean value of 2.625 were Questions 2 and 7. Question 2 states that “Children with physical disabilities are just as intelligent as nondisabled ones,” and Question 7 states that “It would
be best for children with physical disabilities to live and work in special communities when they grow up.” The question receiving the lowest mean score was Question 6 which states “There should not be special schools for children with disabilities.” This question received a mean score of -1.31.

Attitudes Toward Disablement

On the Attitudes Toward Disablement Scale (ATDS), which can be found in Appendix B Section 3, if all thirteen questions were answered, the total score for a participant could range from 0 to 65. On this particular measurement tool, however, a number of participants did not answer several of the questions. One participant, in particular, answered none of the thirteen questions, stating that “Each area listed can be a hindrance or a help to persons with disabilities.” The least frequently answered question was number 5, the question concerning zoning ordinances, which was answered by only twelve of the sixteen participants. To obtain a meaningful score in spite of these omissions, the mean score for each participant was calculated using only the questions she chose to answer. The results are shown in Figure 2. The results for this measurement tool also skewed positive for the participating social workers, indicating a strong feeling that societal components further disable children with physical disabilities. The mean scores varied from a low of 2.08 to a high of 5.69.
Although the individual mean scores for the participants varied, the mean score for each of the thirteen questions were surprisingly consistent, ranging from 4.0 for Question 12, which asks about the disabling effects of technology, to 4.933 for Question 2, which considers the disabling effect of public attitudes.

Summary

The results of both the ATDC and the ATDS show a strong feeling among the social worker participants that disabled children are as capable as other children and have the capacity to live productive lives similarly to nondisabled children. The participants indicate a belief that the material, social, or environmental components of society are responsible for further disabling these children. This viewpoint is in agreement with the concept expressed by Finklestein, as well as Fine and Asch, that disability can be viewed as a special form of discrimination or social oppression created by society (Antonak & Livneh, p. 239; Mackelprang & Salsgiver, p. 11).

The demographic survey confirms the viewpoint of Mackelprang and Salsgiver that the number of social workers with a disability is low. However, contrary to their opinion, this
absence of disabled social workers does not seem to reflect a significant difference in their
commitment to children with disabilities. The participants in this study seem to embrace
the concepts of the strengths based perspective. The majority of the participants had
taken a class in serving disabled clients. Although a single social worker is too small a
sample to indicate a pattern, it is interesting that the social worker with the lowest ATDC
score was the social worker with the least educational and social experience with disabled
persons.
CHAPTER FIVE
CONCLUSIONS

Although this was only a preliminary study of the attitudes of children's hospital social workers toward disability and disabled children, the results suggest some interesting conclusions. These conclusions, however, must be viewed in the context of the limitations of the study. A comparison of these results can be made with theories expressed in the literature, and ideas for new studies and improved instruments can be formulated.

Findings

These preliminary findings indicate that social workers who work with physically disabled children between the ages of 6 and 17 may have a more positive view of these children than the average person. The ATDC scores indicated positive attitudes, particularly with respect to disabled children's ability to function and achieve in mainstream society. These social workers felt strongly about the strengths and potential of physically disabled children as indicated by their strong positive responses to questions on intelligence, expectations, and mainstreaming. These scores, seen in combination with the ATDS scores, indicate that the social workers feel that much of the disability of these children is not inherent, but is a result of barriers created by society.

Demographic results preliminary confirm the absence of disabled social workers in the hospitals' studied, confirming Mackelprang and Salsgiver's conclusion. Although the
majority of the social workers had taken a class on serving disabled clients, more than 31% had not, possibly indicating that Mackelprang and Salsgiver's opinion that the field of social work may lack commitment to disability issues may have validity. Although conclusions can not be drawn from one respondent, the finding that the social worker with the lowest ATDC score was also the respondent with the least educational and social experience with disabled children may indicate the importance of training and exposure in the development of positive attitudes toward the disabled.

These preliminary results indicate that the attitudes of the responding social workers toward physically disabled children and their attitudes concerning the disablement of children with physical disabilities by society are very much in agreement with the conceptual framework of the study, particularly the strengths perspective and the minority group model. The strengths perspective emphasizes the abilities and responsibility of the individual rather than focusing on disabilities as the defining characteristic of the person. The scores of the responding social workers on the ATDC indicate that the respondents are more inclined to see physically disabled children as similar to other children with their own unique strengths. The minority group model emphasizes the role of society in the disablement of impaired individuals. The results of the ATDS indicate that the respondents are more inclined than not to feel that the material, social, and environmental components of society further disable children with physical disabilities.

Limitations of the Study

This study has a number of limitations, particularly in terms of its external validity. The ability to generalize to a larger population is limited by the small sample size N=16. This
problem is further complicated by the self-selecting characteristic of mail returned surveys. Although surveys were mailed to 17 children's hospitals with social workers who served disabled children between the ages of 6 and 17, only 5 sites returned completed surveys. It is possible that those sites returning the survey may have stronger feelings and a greater or lesser commitment to issues concerning disability than those who did not. A larger sample would clearly provide greater external validity.

Limitations of the Survey

Although Yuker's Attitude Toward Disabled Persons Scale and Antonak's Attitude Toward Disablement Scale have well established reliability and validity when used with the general population (Antonak & Livneh, 1988), the literature did not indicate that these scales had been used before to study attitudes toward physically disabled children. A larger study would be necessary to establish the reliability and validity of these scales for this population.

In addition, the literature did not indicate that these scales have been used in studying the attitudes of social workers in particular. A number of the respondents expressed dissatisfaction with these measuring tools, and, rather than selecting an answer as indicated, chose to skip questions or entire sections and wrote in comments instead. One site, after examining the survey, wrote that they would not participate in the survey because they felt that the measurement tool was extremely poor. It may be possible to develop a better instrument designed particularly to study social workers' attitudes toward disability.
Suggested Further Research

A fundamental step in establishing a solid basis for future research would be extending this research study to a much larger sample. More research should be done on the relationship between the education and training of social workers and the attitudes which they develop towards disability. Although crosstabulations were attempted on the data from this study, no significant results could be obtained because of the small sample size. A larger sample could indicate a number of areas where research could be conducted.

Summary

The preliminary findings of this study indicate that social workers who work with physically disabled children have a generally positive view of disabled children and their potential and believe that society further disables these children. These attitudes are in agreement with the strengths perspective and the minority group model of disability. The results indicate that education and exposure to the disabled may be important in developing positive attitudes. The primary limitation of this study is its small sample size, which results in difficulty in applying the results more widely. An instrument more specific to social workers could also be helpful. More extensive research with a larger sample would yield more useful information about the attitudes of social workers toward physically disabled children and disability.
CHAPTER SIX

IMPLIEDATIONS FOR SOCIAL WORK PRACTICE

Although this study was only a preliminary one, the results obtained from the demographic and attitudinal surveys suggest a number of possible implications for social work practice. These include the importance of reflection, the significance of appropriate training and education, and the need for utilizing the strengths perspective and the minority group model as a conceptual framework for social work practice.

The literature review revealed the importance of the attitudes of significant figures in the lives of disabled children in helping them to formulate positive attitudes and reduce their level of disability. Social workers who serve disabled children can have a significant role in this process, but first they must have a clear understanding of their own attitudes toward disability and disabled people. Measurement tools such as ATDC and ATDS can elucidate these attitudes and can empower social workers to assist other members of the disabled child’s support system in clarifying their own attitudes.

The preliminary results of the study indicate that social workers already tend to embrace attitudes which are consistent with the strengths perspective and the minority group model of disability. In social work practice, the strengths perspective will guide social workers toward minimizing the disabling affects of impairment and maximizing the strengths and promoting normalcy in the life of a disabled child. In their research on children with disabilities, Petr and Barney concluded that parents of disabled children
would like social workers and other professionals to promote normalization and community integration, maintaining disabled children in their families and communities. They want social workers “to see and appreciate the positive things in their lives, and to relate to them as peers and collaborators rather than as distant experts” (p. 253). Social workers with a strengths perspective will recognize the importance of the values that these parents have articulated.

In addition, the minority group model requires social workers to recognize the role of society in further disabling children with disabilities. The results of this study indicate that many social workers are aware of the many material, social, and environmental components of society which increase disability. In practice, social workers can advocate for the elimination of the barriers that disabled children face and work to reduce discrimination and system related problems they may encounter. Petr and Barney point out that many crises experienced by disabled children and their families are “system-induced crises” (p. 253). Social workers who incorporate the minority group model in their work can help disabled children negotiate a discriminatory system and move toward a more normal life.

The importance of the strengths perspective and the minority group model in forming the attitudes and practices of social workers serving disabled children would indicate that a high priority should be placed on teaching these concepts in classes on serving disabled clients, particularly disabled children and their families. Many social workers who submitted surveys indicated that they had taken such a class in a college or university, in continuing education programs, and in the workplace. All social workers who serve
disabled children should regularly refresh their education about disability as seen through the strengths perspective and the minority group model.

The demographic survey contained in this study indicated that very few of the responding social workers belonged to disability rights organizations. The minority group model calls for social workers serving disabled children to act as advocates for these children. Membership in disability rights organizations can be an important part of social work service, increasing the awareness of the social worker as well as guarding against the further disablement of disabled children.

Finally, the profession of social work should increase its level of commitment to children and adults with disabilities. An increase in the number of educators, professionals, and students with disabilities who are a part of the social work field would give nondisabled social workers the perspective of working as equals with persons with disabilities. These persons will bring new ideas and new perspectives about methods of serving disabled children, as well as reinforcing the positive attitudes of social workers toward disability.
This study is to explore the attitudes of children's hospital social workers who work with disabled children. It is performed as a partial fulfillment of the requirements for the Master of Social Work degree at Clark Atlanta University of Atlanta, Georgia.

Participating in this study will help others understand the perspective a social worker in a children's hospital has when working with disabled children. This information will help to prepare social workers who plan to work with this population.

I agree to participate in this research project and I understand that:

1. The time required for this study is approximately 20 minutes at one sitting.

2. The nature of my participation includes completing a survey that includes demographic questions as well as questions pertaining to my personal and professional perspective.

3. There are no risks associated with my participation in this study.

4. My participation is entirely voluntary and I may terminate my involvement at any time.

5. All of my data will be kept confidential, and detailed directions will be given to the collector of the surveys to ensure confidentiality.

6. If I wish to talk to the researcher after my participation in the study, I can contact the researcher, Kamilah Neal, by calling (404) 752-6664 or e-mailing her at Kamilah@bbbsatl.org.

Signed ___________________________ Date _______________
APPENDIX B

SURVEY

The following is a definition of physical disability that should be used to answer questions in the rest of the survey. Please restrict the age range for children with disabilities to those between six and seventeen years of age.

Children with disabilities are defined as those who have persistent difficulties doing ordinary childhood activities. Disabilities which limit these children's activities include the following: 1) limitations in or inability to perform a variety of physical activities (e.g., walking, lifting, reaching); 2) serious sensory impairments (e.g., inability to read newsprint even with glasses or contact lenses); 3) use of selected assistive devices (e.g., brace, artificial limb); 4) physical developmental delays identified by a physician; and/or 5) additional long-term care needs for physical impairments. These conditions last or are expected to last 12 months or more. Severe physical dysfunctions are those requiring long-term care, including needing the help of another person or special equipment to perform at least one of the activities of daily living which include bathing, dressing, eating, getting in and out of bed or chairs, using the toilet, and getting around inside the home.

Section 1
Demographic Information

Check or fill in the most appropriate answer.

Age: ________ Gender: Female _______ Male _______
Race: Black ______ Hispanic ______ Asian ______ Caucasian ______ Other ______
Undergraduate degree in ________ from ________ year ______
Graduate degree in ________ from ________ year ______
Have you ever taken a class on serving disabled clients? yes____ no____
If yes, please indicate where the class was taken.
    college or university _______ continuing education _______
    workplace _______ other ______
Obtained social work license: yes____ no____ If yes, what state? ______ what year? ______
Place of employment ______________________ Unit/Department ______________________
Do you work with physically disabled children between the ages of 6 and 17?
    yes____ no____
Do you have a physical disability? yes____ no____
Does someone close to you have a physical disability? ____ If yes, what is your relationship? relative ____ classmate ____ co-worker ____ friend ____ other ____
Do you belong to any disability rights organizations? yes ____ no ____ If yes, please name them.
Section 2
Attitudes Toward Disabled Children Scale

Please indicate the extent to which you agree or disagree with the following statements according to the scale below.

1 = I disagree very much       4 = I agree a little
2 = I disagree pretty much     5 = I agree pretty much
3 = I disagree a little        6 = I agree very much

1. Parents of children with physical disabilities should be less strict than other parents.
2. Children with physical disabilities are just as intelligent as non-disabled ones.
3. Children with physical disabilities are usually easier to get along with than other children.
4. Most children with physical disabilities feel sorry for themselves.
5. Children with physical disabilities are the same as other children.
6. There should not be special schools for children with physical disabilities.
7. It would be best for children with physical disabilities to live and work in special communities when they grow up.
8. It is up to the government to take care of children with physical disabilities.
9. Most children with physical disabilities worry a great deal.
10. Children with physical disabilities should not be expected to meet the same standards as children without physical disabilities.
11. Children with physical disabilities are as happy as children without physical disabilities.
12. Children with severe physical disabilities are no harder to get along with than children with minor physical disabilities.
13. It will be almost impossible for children with physical disabilities to lead a normal life.
14. You should not expect too much from children with physical disabilities.
15. Children with physical disabilities tend to keep to themselves much of the time.
16. Children with physical disabilities are more easily upset than children without physical disabilities.
17. Children with physical disabilities will not have a normal social life.
18. Most children with developmental disabilities feel that they are not as good as other children.
19. You have to be careful of what you say when you are with children with physical disabilities.
20. Children with physical disabilities are often grouchy.
### Section 3
### Attitudes Toward Disablement Scale

To what extent do the following material, social, or environmental components of society effectively further disable children with physical disabilities? Please rate each category on a scale from 1 to 6 where 1 = not at all and 6= very much.

<table>
<thead>
<tr>
<th>Category</th>
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<td>1. Educational policies</td>
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<td>2. Public attitudes</td>
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REFERENCES


