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**SOCIAL WORKERS WHO WORK WITH PEOPLE WHO HAVE
MENTAL RETARDATION/DEVELOPMENTAL DISABILITIES:**

**A QUALITATIVE STUDY EXPLORING PROCESSES
OF ENTRY AND CONTINUATION IN THE FIELD**

BY:

ROSALIE (ROSE) J. RUSSO

**A dissertation submitted to the Graduate Faculty in Social Welfare in partial fulfillment
of the requirements for the degree of Doctor of Social Welfare. The City University
of New York.**

2002

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This manuscript has been read and accepted for the Graduate Faculty in Social Welfare in satisfaction of the dissertation requirement for the degree of Doctor of Social Welfare.

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ABSTRACT

SOCIAL WORKERS WHO WORK WITH PEOPLE WHO HAVE MENTAL RETARDATION/DEVELOPMENTAL DISABILITIES:

A QUALITATIVE STUDY EXPLORING PROCESSES OF ENTRY AND CONTINUATION IN THE FIELD

By: Rosalie (Rose) J. Russo

Adviser: Dr. Michael J. Smith

This study explored the processes of how social workers first became interested in working with people with mental retardation/developmental disabilities (MR/DD) and why they stayed in the field of practice. Using qualitative methodology, semi-structured interviews were conducted with 24 MSW level social workers, who were members in the social work division of AAMR, the American Association on Mental Retardation. The study found that 70% of social workers reported that they first became interested in the field by "accident" through their first jobs in the field where they experienced enjoyable work with the clients, helpful staff/co-workers, dedicated supervisors, a variety work tasks, and a supportive agency environment. Ninety-one percent (n=22) reported that their commitment to the field developed through their organizations, where they had support of supervisors, co-workers, and availability of training; mentors, AAMR membership, day-to-day work with the clients, history of the field of MR/DD, doing administration, family/personal experiences, teaching, and religion, all played important roles. They stayed in the field for a single reason or a combination of factors, such as their work with clients, job opportunities, agencies, and their jobs. Symbolic interaction, career/vocational development, and organizational theories were used to develop questions and explain the findings. Implications of the findings of the study for social work education, research, policy, and organizations are discussed.

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INTRODUCTION:

This study addresses the processes by which social workers first became interested, developed interest, and subsequently stayed, in the field of mental retardation/developmental disabilities. This dissertation builds on historical issues and explores contemporary issues for social workers working in the field of developmental disabilities. Several compelling reasons that led me to pursue this topic will be discussed in this introduction.

Historically, people with mental retardation have been a vulnerable population who were mistreated, neglected, abused, and victims of discrimination by society from the very beginning of civilization, where they were subjected to being labeled as sinful/evil; prohibited from religious worship or marriage; warehoused with criminals; victims of medical experiments, sterilization, and/or segregated living; and were blamed for poverty (Fishley, 1992; Shapiro, 1993; Pardeck, 1998; and Mackelsprang & Salsgiver, 1999). They continued to be institutionalized till the mid-20th century. Even today, there continue to be gaps in services to people with mental retardation, especially in the area of appropriate residential services (Jacobson, 1991; AHRC, 1999) and day programs (AHRC, 1999). The newspapers indicate that abuse, neglect, and inadequate care of people with mental retardation continues in residences today (Dewan, 2000; Halbrook, 2000), and efforts to close segregated sheltered workshops are still underway. Thus, it is clear that people with mental retardation are a vulnerable, disadvantaged population that deserves attention.

People with mental retardation and their families need individualized, comprehensive services over a life-time to address both their chronic and changing needs. Social work services are particularly needed at life transitions, such as birth of a child, going to school, leaving school for the adult world, working, relationships, moving out on their own, death

of parents or siblings. Individual and family counseling, advocacy, support groups, socialization skills, case management, housing/residential services, respite, camping, health care and/or special equipment, entitlement assistance, recreation, and vocational services leading to possible employment, are some of the many services required by this population over the life-cycle (Brantley, 1988). These services can be best provided by social workers at the individual, family, group, community, research, and social policy levels. Social workers cannot leave this work to other professions because the history of the social work profession lends itself to taking responsibility for addressing such issues related to alleviating the conditions of disadvantaged groups (Andrews & Wikler, 1981), and social worker expertise in family counseling, advocacy, and behavior management, places them in the best position to take action (Horejsi, 1979).

Moreover, social workers share similar values to those of the field of mental retardation. The values of the social work profession, which focus on the rights, dignity, and uniqueness of the individual, self-determination, and ensuring client access to resources and opportunities (NASW, 1996), are similar to those of the field of mental retardation: independence, inclusion, individualization, and productivity (Aventi & Otis, 1994). Social workers are in the best position to work with people with mental retardation and their families towards goals when they use a strengths perspective that emphasizes the strengths, capacities, talents, abilities, potential, and resources of the individual, family, and community (Weick et al., 1989; Saleebey, 1992).

Right now, there is a critical need for social workers to work with this population because of a recent rise in the number of people with mental retardation in the United States, partly attributed to a higher reliance on reproductive technologies which leads to multiple

births of infants, likely to be premature and low-birth-weight; at the same time, advances in medical technologies are saving these fragile babies, many of whom suffer later cognitive problems (Brody, 2001; Lewin, 2000a; Lewin, 2000b; Peterson, 2000; Stolberg, 2000) that include academic delays, physical problems, and behavioral complications (Stolberg, 2000; Lewin, 2000). There is also a rise in the number of children being diagnosed with autism around the United States (Peterson, 2000; Connor, 2000; Kaplan & Morris, 2000), the majority of whom have some degree of mental retardation (Connor, 2000); this rise might be partly due to increased use of chemicals in the environment (Kaplan & Morris, 2000). Therefore, social workers will ultimately be involved in providing services to these individuals and their families.

The staffing need is even more critical when one looks back at the history of social work and sees that there has been difficulty recruiting social workers to the field of mental retardation since the entry of the profession into that area of practice in the 1950's (Kelman, 1958; White, 1961; Dana, 1965; Sterns & Jarrett, 1969; Cramer, 1977; Lippman, 1977; Horejsi, 1979). Although people with mental retardation have been pointed out as a vulnerable, disadvantaged population, the social work profession has ignored the needs of people with mental retardation/developmental disabilities until the last fifty years, when social workers first got involved to help families to place individuals into institutions (Kelman, 1958; White, 1961; Mackelsprang & Salsgiver, 1996; Mary, 1998). It is possible that social workers have ignored the needs of people with mental retardation to receive psychotherapy because it was thought that these individuals could not benefit from such services due to their limited verbal and intellectual capacities (Walker, 1980). Yet, there

were a few social workers who argued in favor of use of psychotherapy with people with mental retardation (Selan, 1976; Scanlon, 1978; Walker, 1980).

Because the social work profession has ignored this population, a lack of attention is reflected in curricula at schools of social work, where mental retardation content is nearly absent. The first efforts to change things began in the 1960's when content on mental retardation was added to existing courses in human growth and development, social policy, and social research (White, 1961; Dana, 1965). An early study of schools of social work found that little was offered to students in terms of classroom learning to prepare them for working with people with mental retardation, although they received some fieldwork experience (Sterns and Jarrett, 1969).

Furthermore, there is minimal indication in the literature that social workers are being any better prepared by schools of social work even over the last 20 years. Specific coursework or content on working with people with mental retardation still does not seem to be in the curriculum at schools of social work, but "those who did offered it primarily as a field practica experience." (DePoy & Miller, 1996) A survey found that specific courses [in mental retardation/developmental disabilities] were offered in 21.3% of the programs, field practica in 88.89%, research opportunities in developmental disabilities in 59.72%, and specialization in developmental disabilities in 3.47% (DePoy & Miller, 1996, p.55). Thus, there is a current concern that educational needs are not being appropriately addressed in the classroom when MSW students do field placements at social service agencies that serve people with mental retardation and their families.

The National Association of Social Workers (NASW) developed an initiative to address these findings through the development of an elaborate curriculum for disability

awareness to integrate disability awareness into content of courses in Social Work education (Tomaszewski, 1993). Thus, bringing mental retardation content into curricula in schools of social work continues to be an issue that is mentioned in the literature today (Liese, Clevenger, & Hanley, 1999; DePoy & Miller, 1996; Tomaszewski, 1993; DeWeaver & Kropf, 1992).

Given the study results which indicate that course content about people with mental retardation/ developmental disabilities is nearly absent from schools of social work (DePoy & Miller, 1996), it is not surprising then that MSW students, when surveyed about the populations that they prefer to work with after graduation, express a low interest in working with people who have mental retardation (Butler, 1992; Abell & McDonnell, 1990; Butler, 1990; Rubin, Johnson, & DeWeaver, 1986; and Rubin & Johnson, 1984) because they've heard little about the utilization of social work skills with the population. We need to think of ways of interesting students to work with this population to ensure continuity of services to those who need them.

Despite the lack of student interest, the one major piece of research that has been done with professional social workers who work in the field of mental retardation has indicated that the majority, 75%, enjoyed their jobs and wished to stay in the field (DeWeaver, dissertation, 1980). So we need to know what they liked about their jobs so that perhaps we can interest others. De Weaver (1980, p. 115) recommended "...case studies and in-depth questions to ascertain some answers..." Earlier, White (1961, p. 779) wrote: "Further research should be done in the area of student interest in mental retardation and how this interest is developed."

This forthcoming qualitative study hopes to shed some light on the processes of entry and continuation in the field of mental retardation/developmental disabilities for social workers. The information obtained from this study will be particularly useful to social service organizations and to schools of social work. It is the goal of this study to publish the results in a well-known, widely read, social work journal to interest MSW students in working with this population and this field of social work practice

CHAPTER ONE: HISTORY

This section will discuss four closely related areas. (A) A brief snapshot of the incidence, numbers, statistics, severity, extent, and prevalence of people with mental retardation in our society today, which is thought to be on the rise due to higher reliance on medical and reproductive technologies and increase in diagnosis of children with autism, is presented. (B) A history of treatment of people with mental retardation in our society is traced from ancient times to the present. (C) The history of the growing role of the social worker in provision of services to people with mental retardation is discussed. (D) Finally, social work staffing issues and the current labor market need for social workers in this area of practice are highlighted.

(1a.) Statistical findings on people with mental retardation

Mental retardation cuts across the lines of racial, ethnic, educational, social, and economic backgrounds. It can occur in any family. One out of ten American families is directly affected by mental retardation (Association of Retarded Citizens, ARC, 1993).

It is difficult to estimate the numbers of people who have mental retardation because there are slightly different definitions used by different levels of government and other organizations (for definitions, please see Appendix one). The Administration on Developmental Disabilities (2000) estimated that there are nearly four million Americans who have developmental disabilities. The American Association on Mental Retardation (AAMR) (2000) estimated that there are seven million people with mental retardation in the United States. Jacobson (1991) estimated that as many as 320,000 adults with mental retardation are receiving a variety of adult day/vocational services throughout the United

States. Brantley (1988) reported that from 1 to 3 percent of the population in the U.S. has mental retardation. Brier (1998, p. 896) reports that the incidence of mental retardation in the U.S. is approximately 125,000 births per year or 3% of the general population; however, more males than females are diagnosed. The New York State Office of Mental Retardation and Developmental Disabilities (OMRDD, 2000) reports that there are an estimated 200,000 people with mental retardation who live in the State of New York.

Causes of mental retardation

Mental retardation is thought to result from a variety of factors such as premature birth, genetics, malnutrition, exposure to toxic agents, and social deprivation (OMRDD, 2000). For 25% of all people with mental retardation, there is a biological cause, such as prenatal difficulty, infections, diseases, prematurity, low birth weight, and nutritional disorders (Brier, 1998, p. 896).

Most recently, research is focusing on studying the causes of autism and learning disabilities, which are part of the larger category of developmental disabilities. Kaplan and Morris (2000, June) write that research is being done at the Environmental Protection Agency, and other researchers are looking into the impact of chemicals in the environment on childhood learning problems. Researchers are looking at the impact of chemical plants; "neurotoxicants" found in tuna, lawn sprays, vaccines, and head-lice shampoo; lead exposure; pesticides found in roach sprays and gardening; mercury found in fish and childhood vaccines; and PCB's-polychlorinated biphenyl's in the soil.

Higher reliance on medical and reproductive technologies

The *New York Times* has had several recent articles which highlight the contribution of new medical treatments and assisted reproductive technologies to a large increase in numbers of multiple births of premature, low birthweight babies, many of whom have cognitive problems (Lewin, 2000a; Lewin, 2000b; Peterson, 2000; Stolberg, 2000). With these advanced medical technologies, many of the smallest infants are able to survive and be saved, but with more severe cognitive problems than those who were more likely to have died in the past (Lewin, 2000a).

Stolberg (2000, p. A20), using data from the National Center of Health Statistics, reports that in 1998, 1.4% (n=56,000) of the 3.9 million infants born in the U.S. weighed less than 3 pounds, 4 ounces (1,500 grams) and were considered to be "very low birth weight." Lewin (2000) reports statistics on low-birth-weight babies (those weighing 5.5 pounds or less), with low-birth-rate babies comprising 7.6% of the births in the United States in 1998.

For these survivors of low-birthweight, increased risk of academic and behavior complications have been found as they enter the school years (Stolberg, 2000).

In a recent study of 150 teenagers who weighed 2 pounds or less at birth, nearly one-third had significant physical disorders, including cerebral palsy, blindness, and deafness. Nearly half were receiving special education assistance compared with 10% in a control group.....even those children with minor physical problems scored significantly lower on achievement tests than those in the control group (Stolberg, 2000, p. A20).

Another study of infants born weighing less than 1,000 grams found ".....slightly higher rates of cerebral palsy and slightly lower intelligence quotients than those of the same weight born in earlier decades.....replacing death with impairment." (Stolberg, 2000, p. A20)

"Low birth weight babies are a serious health concern, because such infants are far more

likely to have vision and hearing impairments, cerebral palsy, or impaired intellectual ability.” (Lewin, 2000, p. A7)

In addition, the latest research has found that increased use of steroids by mothers in high risk pregnancies, which was prescribed by doctors to speed maturation of respiratory systems in premature infants, as another contribution to developmental delays and cerebral palsy in infants (Brody, 2001).

Rise in children being diagnosed with autism

In addition, an expected rise in the number of people diagnosed with mental retardation is thought to increase because more children are being diagnosed with autism, many of whom also have mental retardation. A rise in diagnosed cases of autism in New York City and around the U.S. has made the headlines recently (Peterson, 2000; Connor, 2000). Most relevant for this paper is: “About 75% of autistic people have some degree of mental retardation.” (Connor, 2000, p.8) While in the mid-1980's, one in 2,500 people had autism, now it is closer to 1 in 500, according to the National Center for Disease Control and Prevention (as reported in Connor, 2000, p.8).

In New York, Connor (2000, p.8) says that the New York City Board of Education has seen a 60% rise in numbers of students in autism programs, from 1544 in 1996 to 2450 in 2000, but in all of New York State, the numbers of students has doubled from 2550 in 1994 to 5142 in 1998. Peterson (2000, p. B7) provides some statistics on numbers of children with autism in New Jersey: “...while total school enrollment in New Jersey grew by 11.8 percent from 1991-1997....and the number of disabled students increased by 14 percent, the number of autistic children registered increased sevenfold, to 1,634 from 234.” In

California. Kaplan and Morris (2000, June) report that the number of children diagnosed with autism has rose 210 percent from 3864 in 1987 to 11,995 in 1998.

Thus, mental retardation is very common in the United States and is becoming more widely noted, due to: (1) new advances in technology that are saving the most fragile babies, many of whom suffer later cognitive problems, (2) higher reliance on reproductive technology which leads to multiple births, and (3) a rise in autism. In addition, research is showing that exposure to chemicals in the environment is also contributing to childhood learning problems. Jacobson (1991) reports that most mentally retarded people experience substantial gaps between demand for services and availability of services. Many of these infants and children and the needs of their families will become known to social workers throughout the life-cycle. Now we take a step back to look at the history and treatment of people with mental retardation.

(1b.) History of people with mental retardation

An overview: A variety of societal definitions of disability used over time contributed to different treatment approaches for people with mental retardation. Mackelsprang and Salsgiver (1999) and Pardeck (1998) discuss these broad changes in treatment of people with disabilities throughout history and classify them into periods of time. We see that from early on, people with mental retardation were a highly stigmatized group, and the stigma still exists today.

Ancient times till the mid-1700's: Sin and Evil, the beginnings of stigma

Until the mid 1700's, there was a moral definition of disability which associated it with sin and evil, tied to the religious and cultural beliefs of Judaism and Christianity (Mackelsprang & Salsgiver, 1999). Greeks and Romans left disabled children to die in the countryside but assisted adults with disabilities to maintain order in society; Jews and Christians prohibited people with disabilities from worshipping in temples (Mackelsprang & Salsgiver, 1999).

Pardeck (1998) explains that the philosophy of Utilitarianism was popular in the 1700's; this looked at people in terms of their usefulness to society. It was likely that people with mental retardation were not useful to society because during the time of American colonies, people with physical or mental disabilities were sent back to England (Shapiro, 1993). By 1720, people with developmental disabilities were labeled as "misfits and deviants" and housed in "houses of correction" alongside criminals, people with physical problems, and blind people and others thought to be "threats to society." (Fishley, 1992).

1750-1800: Finding a cure for mental retardation

The medical approach begun in the mid 1700's with the impact of thinking from the Enlightenment (Mackelsprang & Salsgiver, 1999). A medical definition of disability defined people with disabilities according to their mental and physical "biological inadequacies," with the belief that a treatment or cure could be found that would lead to perfection of the person (Mackelsprang & Salsgiver, 1999). Accordingly, in the 1850s, "boarding schools" opened to serve children with mental retardation: those who were "cured" were returned to live with their families and those who did not remained institutionalized for life (Fishley, 1992). In the 1880's, "farm colonies" developed where people with mental retardation planted vegetables, took care of animals, and did other manual labor (Fishley, 1992).

19th century: Blame their genes/prevent reproduction

The stigma placed on people with mental retardation continued when Social Darwinism and Eugenics came about to explain the problems of industrialization by blaming everything on bad genes, and people with mental retardation who were living in the community were blamed for poverty and crime (Longmore, 1987). In the 1890's, laws were enacted that prohibited people with mental retardation from marrying, from having children, and from living in cities, in the hopes that disability could be eliminated through the use of segregation, sterilization, and prohibition of marriage (Fishley, 1992; Mackelsprang & Salsgiver, 1996; Mackelsprang & Salsgiver, 1992). To further eliminate people with disabilities from the contact and view of the public, they were placed into huge "asylums" in the countryside without any treatment (Fishley, 1992).

20th century: Beginnings of legal rights

Pardeck (1998) would say that laws are the beginning of the change to a “*human rights philosophy*” where people’s rights are protected by laws. The change to a human rights perspective continues through today. In the early 20th century, people with disabilities were primarily the responsibility of private humanitarian groups and institutions (Pardeck, 1998). In 1913, Federal Income Tax legislation was passed, which changed the government’s role in society, particularly by collecting money that could be used on social services, such as for people with disabilities (Pardeck, 1998). A variety of laws were soon passed to help war veterans and people with physical problems returning to work. The Great Depression continued the policy shift away from individual pathology to societal problems, and the result was a higher focus on income support programs (Berkowitz, 1987). In 1943, the Barden Lafayette Amendment extended Vocational Rehabilitation services and job training services to people with mental retardation (Rubin & Roessler, 1995). In 1956, Social Security Disability Income (SSDI) was created which provided for income support.

Mid-Twentieth Century: Regional Centers and Civil Rights

Another factor in the development of services for people with developmental disabilities was an outgrowth of the activities of parents and other “self-help groups.” (DeWeaver, 1995; Kelman, 1958) The mid 20th Century was the time when *Regional Centers* in California were developed (Mary, 1998). The Centers, which were the alternative to state hospitals, brought together inter-disciplinary teams of clinicians (social workers, physicians, nurses, psychologists, speech therapists, and others), whose main aim was to make appropriate assessments and diagnoses for families of mentally retarded

children (Mary, 1998). Case plans based upon a problem-orientation were developed by social workers in the large institutions; quality assurance standards began to be established for the cleanliness, health, and safety of the institutionalized (Mary, 1998).

The developmental disabilities movement arose along with the Civil Rights movement of the 1950's and 1960's (Mary, 1998); simultaneous movements took place in the areas of Women's rights, people with physical disabilities, and deinstitutionalization of people with mental illness; a variety of protests, demonstrations and other advocacy measures were used to win rights. Mackelsprang and Salsgiver (1999) refer to this time period as the beginning of the *Social Minority Independent Living Model*, which generally views people with disabilities as a minority group within a society that is non-disabled.

Reforming services for people with developmental disabilities was given government approval in the early 1960's when John F. Kennedy was elected as President: because Kennedy had a sister with mental retardation, he advocated for research and reforms in the field (DeWeaver, 1995; Gelman, 1974). President Kennedy established the President's Panel on Mental Retardation, in 1961, made a national plan in 1962, formulated the 1963 Mental Retardation and Mental Health Construction Act of 1963, and began the provision of government funding for services to people with mental retardation during the beginnings of deinstitutionalization from the institutions to the community (Mary, 1998).

In addition, there was the 1963 White House Conference on Mental Retardation, the Declaration of Rights for the Mentally Handicapped of International League of Societies for the Mentally Handicapped in 1968, and Nirje's publication from the President's Committee on Mental Retardation about the findings of residential care in Scandinavian countries which introduced the concept of "normalization" to the United States (Gelman, 1978). In 1969,

Sheltered employment programs began for people with severe mental retardation; thus these individuals could be able to become productive members of society.

The 1970's: A time of major changes

In 1971, the United Nations Declaration on the Rights of Mentally Retarded Persons addressed the rights of people with mental retardation which included the following: that these individuals have the same rights as other humans; the right to medical care, education, and training to develop maximum potential; the right to perform productive work to the fullest extent; the right to live at home in the community; the right to a legal guardian when appropriate; the right to be protected from abuse/exploitation; and the right for legal representation for their rights (Gelman, 1978). This followed a similar declaration of rights adopted by the International League of Societies for the Mentally Handicapped in 1968 (Gelman, 1978).

Mary (1998, p. 249) refers to the time period of the 1970's as a time of *deinstitutionalization and civil rights*, and writes that state institutions deteriorated in the late 1960's due to three changes in service delivery to people with mental retardation. "...normalization, the developmental model, and individual program planning...." which were reinforced by legislation and court decisions mandating program planning and certain rights for citizens with mental retardation. Principles of normalization shifted people's thinking about mental retardation from an individual problem to the environment (Mary, 1998). The focus of treatment changed to interventions "...focused on helping affected individuals achieve their maximum potential in the least restrictive setting possible." (Mary, 1998, p. 250-251). During this time, new residential settings began to emerge that were smaller.

infant pre-schools were developed, and vocational day programs were established to provide employment for those who could not be employed competitively (Mary, 1998). With deinstitutionalization, the "...major focus of intervention shifted from care and maintenance to skill development and behavior change." (Mary, 1998, p.251). Individual program planning through the interdisciplinary team helped individuals to move through the process of skill development. Respite camps and recreational programs began.

Some of the important changes that happened in the 1970's were the result of court cases/law suits: In 1971-1972, there were several cases regarding education, including the *Pennsylvania Association of Retarded Children v. Commonwealth of Pennsylvania*, and *Mills v. Board of Education*, which were initiated by parent advocacy groups who argued similarly to *Brown v. Board of Education* that their children were not being provided with an equal education. These two decisions, which established that all children have the potential to benefit from education and deserve an appropriate education, have since served as the basis of education rights throughout the United States (Beyer, 1991). These cases were soon followed by the 1975 Federal legislation, the Education for All Handicapped Children Education Act, which gave children with disabilities the legal right to a free and appropriate education to age 21.

In 1972, there were additional cases involving physical and mental abuse of people with mental retardation who lived in institutions. *Wyatt v. Stickney* was a court case brought about by a resident at the Alabama Partow State School and Hospital for mentally retarded, who was involuntarily committed and subjected to extreme psychological and physical deprivation. The court decision established a Human Rights Committee at the institution and was a major milestone in establishing legal rights for people with mental retardation and

standards for services, staffing, physical and psychological environment, and the right to live in the least restrictive setting (Beyer, 1991). In 1972, there was also the *New York State Association for Retarded Citizens v. Rockefeller* suit which claimed that physicians were using institutionalized, incompetent residents as research subjects in vaccination testing for hepatitis (Beyer, 1991).

In 1972, Geraldo Rivera videotaped subhuman conditions at the Willowbrook state institution for the mentally retarded in Staten Island, NY. (Dewan, 2000), and in 1975 came the Willowbrook Consent Judgment; this was the beginning of deinstitutionalization for people with mental retardation and state provision for noninstitutional homes for people with mental retardation. (Dewan, 2000).

These abuse cases were soon followed by the 1973 Federal Act, the Lanterman Mental Retardation Services Act (Lanterman Developmental Disabilities Act) in California, which provided people with mental retardation who lived in institutions with the following rights: privacy, religious freedom and practice, rights to see visitors, and to refuse electroshock therapy (Mary, 1998). In 1975, Federal protection was ensured throughout the nation with additional legislation, the Developmentally Disabled Assistance and Bill of Rights Act (P.L. 94-103); this legislation ensured that people with developmental disabilities would be free from physical and chemical restraints used for punishment. It also provided that states which receive federal funds for programs serving people with developmental disabilities are required to protect their civil rights, legal rights, and remedies to ensure protection of client rights (in Barbero, 1989).

The Rehabilitation Act of 1973, was a major Federal legislation which intended to prevent employment discrimination among people with disabilities employed at companies

receiving Federal funding. In addition, the Act established the need to develop services to prepare people with disabilities, including mental retardation, for jobs in the community, vocational evaluation, funding for new technologies, research into employment needs, pilot projects, etc. Among the services that could be provided are: evaluation of rehabilitation potential, counseling, referral, vocational training, physical and mental restoration service, transportation, interpreter services for the deaf, mobility services for the blind, and occupational licenses (Brantley, 1988). Moreover, in 1974, Supplemental Security Income, SSI, was created by government to provide for income maintenance for people with disabilities who did not have work histories and to cover poor elderly and blind; over half a million people with mental retardation were among the main recipients (DeWeaver, 1995).

In addition, in 1975, The Accreditation Council for Ambulatory Health Care began to focus on community treatment for adults with mental retardation which resulted in new adult day treatment programs that focused on developing clients' activities of daily living, appropriate behaviors, sexual awareness, recreation, and independent living skills. These centers received a variety of funding (Medicaid) and were monitored by government agencies (Barbero, 1989).

In summing up events of the 1970's that impacted on people with mental retardation, DeWeaver (1983) explains that three key changes took place: (1) "mainstreaming," which refers to the process of integrating disabled children into regular educational programs whenever possible; (2) "normalization," which refers to ability of people with developmental disabilities to participate in age-appropriate activities; and (3) "deinstitutionalization," which refers to the shift away from large custodial institutions to smaller residential settings in the community.

The 1980's: Not much is happening

Mary (1998) refers to this time period as a time of: "*Retrenchment, reappraisal, and the second wave*" for people with mental retardation. Due to a lack in Federal funds, and increased costs, many people with mental retardation had been moved to the community but were not thought to be really included, and many others were still on long waiting lists (Mary, 1998). For people with developmental disabilities, this was a time of increased integration in educational, work, and living situations. Family support programs grew, with an emphasis on family counseling (DeWeaver, 1983) and training parents, cash subsidies to families, and specialized equipment for homes (Mary, 1998). Supported employment programs began. (Moxley, 1992; Mary, 1998). The Civil Rights of Institutionalized Persons Act of 1980 (P.L. 96-247) allowed the U.S. Department of Justice to protect the rights of institutionalized people, including people with mental retardation (in Barbero, 1989). In the Developmentally Disabled Assistance and Bill of Rights Act of 1984, Congress determined that safeguarding the rights of people with mental retardation needed to be regulated by one agency: The U.S. Department of Health and Human Services. This Act provided comprehensive monitoring of legal and human rights of people with mental retardation whose needs couldn't be met under the Education for all Children Handicap Act or the Rehabilitation Act of 1973 (Brantley, 1988).

Person-centered planning began with the consumer and the family's vision of the future (how they want to live, learn, recreate), the supports needed to achieve it, and a professional's role of facilitating exploration of options (Mary, 1998).

The important assumption here is that those with developmental needs are not programmed, whether in a group or on assembly line of services, to end up in roughly the same place. Services are organized not on a continuum, but rather as an array of responses customized for each person. (Mary, 1998, p. 253)

The 1990's: Full integration begins

The 1990's got off to a great start with federal legislation: The Americans with Disabilities Act of 1990. The Act established legal protection for people with disabilities in employment, housing, public accommodations, education, transportation, and telecommunications. To reflect the changes in society, **a change in language** took place from "client" to "consumer," says Mary (1998), explaining that "consumers" is the appropriate word for those who seek services, person-centered-planning is widely used, and everything revolves around the consumer's interests. In addition, services became increasingly provided in the community at the individual's home, place of employment, neighborhood, or school, rather than at the organization itself. Mary (1988) wrote:

....highest priority in person-centered planning is on empowering the consumer and nurturing the development of relationships that will support the consumer. Intervention does not emphasize changing behaviors or developing skills, but rather envisioning a desired future and creating an array of supports to help realize it...primary role of the service coordinator is to facilitate a process whereby the consumer and the family can communicate their needs, preferences, and fears, and identify what they need to achieve their dreams. (p. 254).

The 1990's also were a time of growth, particularly in terms of supported living program for people with mental retardation (Fishley, 1992). Jacobson (1991) reported that nearly 100,000 people with mental retardation continue to live in large public residential facilities. In 1999, Governor Pataki announced New York Cares, a five year comprehensive plan aimed at eliminating the waiting list for residential services for people with developmental disabilities. The Governor promises 8,000 additional beds by the 2003-2004 year. The 1999-2000 budget includes \$24.6 million to open the first 980 beds, 190 day program slots, and \$1.3 million to provide support services to families. (AHRC, 1999). By

2000, Dewan (2000) reports that only 8 of 20 institutions remain in NY and the number of people with mental retardation living there has declined from 25,000 to fewer than 1,000.

To further help people with mental retardation, the Federal government extended the following legislation: In 1990, the Developmental Disabilities Assistance and Bill of Rights Act redefined the concept of developmental disabilities and renewed funding for the state grant program, protection and advocacy systems, University Affiliated Programs, and national research projects (DeWeaver, 1995). In 1996, Developmental Disabilities Assistance Bill of Rights Act Amendments of 1996 (PL104-183), signed by President Clinton, extended funding to Developmental Disabilities Councils, protection and advocacy systems, and University Affiliated programs. (AHRC, 1997).

In 1997, the Individuals with Disabilities Education Act (IDEA), which was originally passed in 1974 (as PL 94-142), was reauthorized by President Clinton. Under the new regulations, the IEP (individualized education plan) team must include the parents of the child with a disability, parental consent is required for all evaluations, and a new evaluation is required to decertify a child from special education. (AHRC, 1999).

A new piece of legislation passed by President Clinton was the 1997 Minimum Wage Bill; this included tax credits to employers who hire persons who are "certified" by the State employment service as having a physical or mental disability that is a barrier to employment, which includes people with mental retardation; the tax credits cover up to 35% of the hiree's first six month's salary (AHRC, 1997). In addition, in 1999, there was the Olmstead decision. This court case established a precedent that no one should have to live in an institution if they can live in the community with supports. (AAMR, 2000, b).

2000 and beyond: The deinstitutionalization process continues

As noted, Dewan (2000) reports that right now, only 8 of 20 institutions remain in NY and the number of people with mental retardation living there has declined from 25,000 to fewer than 1,000. However, Dewan (2000) points out that today, former Willowbrook residents are better taken care of than other mentally retarded people, as their case managers have smaller caseloads and their care is more closely monitored. Unfortunately, reports of abuse, neglect, and inadequate medical care in group homes serving people with mental retardation continue (Dewan, 2000; Halbrook, 2000), and there is misuse of public funds among not-for-profit organizations (Halbrook, 2000).

Summary of historical trends in mental retardation:

This section has traced the changes in treatment of persons with mental retardation from the earliest Greek and Roman civilizations to the present. From the earliest times, having mental retardation was seen as a sin or evil. Later on, people looked for a "cure" for mental retardation. People with mental retardation were blamed for problems in industrial society. Eventually, people with mental retardation began to benefit from the Civil Rights movement of the 1950's and 1960's, where laws were enacted to protect them and to give them full participation in society. The 1970's and 1990's were times of rapid growth in services for people with mental retardation. Despite advances, the stigma of being mentally retarded continues today to some extent, particularly in the area of employment. Despite legislation, funding for programs is not always there, especially in regard to the need for affordable, supervised housing for people with developmental disabilities (Jacobson, 1991). The following section will specifically address the contributions of social work in the field of mental retardation throughout this time.

(1c.) History of the social work profession's involvement in the field of mental retardation

The mentally retarded are not only themselves a widely diverse group in the population but basically their needs are more like the needs of other persons than they are different. Their psychosocial needs are common human needs and would usually be so regarded in social agencies. On the other hand, many of the mentally retarded also have specific needs...(White, 1961, p. 772)

Social work in the field of developmental disabilities is a new and growing field, which was preceded primarily by a medical approach. The role of the social worker in the lives of people with mental retardation has evolved throughout the profession's history. The social work profession's earliest involvement with people with mental retardation began in the 1950's when social workers helped families to make decisions about institutional placement (Kelman, 1958; Mary, 1998) and counseled families to adjust to the diagnosis (Mary, 1998). Other than institutions, there were no other resources available to families who had a mentally retarded family member (Gelman, 1978). This role of social workers is not surprising since it reflected historical trends previously traced where society rejected people with mental retardation on the basis of IQ score, sought to prevent their reproduction, segregated them, and isolated them in large institutions (Gelman, 1978). This section will trace major themes of past and current significance in the history of the social work profession in the field of mental retardation from the 1950's to the present.

Prior to the 1950's: Institutionalization of the individual

Before the 1950's, the medical, Social Darwinism, and Eugenics philosophies of the larger society, discussed earlier, were reflected in the early concern of the social work profession, which was to help place people with mental retardation into institutions.

...concern in this area has been limited to the harmful social consequences that the mentally retarded child has upon the family and community...earlier programs of care were evolved to deal with these negative social effects in an effort to lessen their consequences and to control their spread to society's advantage. In the past, this form of social management led to isolation or exclusion of the retarded from those social institutions serving the more normal population.... in huge and distant custodial institutions, cut off from the mainstream of community life...(Kelman, 1958, p. 37).

Similarly, social workers did not take full advantage of the opportunities in the field of mental retardation:

Along with other professions and the general public, social work failed for many years to give focused attention to the mentally retarded as a group in the population which needed their services....Other social services were given but often they were fragmentary and somewhat isolated. What amounted to neglect rose more from frustration and lack of knowledge than from indifference...Much of the contribution of social work to the mentally retarded is made in the periphery, in social agencies and social work departments of hospitals, courts, rehabilitation centers, and in public schools (White, 1961, p. 772).

Other than assisting the family by placing individuals into institutions (Kelman, 1958) and helping families to adjust to the diagnosis (Mary, 1998), the literature does not discuss other roles for social workers during this time with this population. Kelman (1958) pointed out that the voluntary nature of most social service organizations led them to exclude particular groups, such as people with mental retardation, from receiving services in favor of those for whom the prognosis was more favorable.

Late 1950's: Individual and society:

Things began to change with new findings from biological and social sciences that found social failure is related to "...the consequences of our prescribed social treatment, expectations, and management of those individuals and their families." (Kelman, 1958, p. 37) This brought about the possibility of change, hope, family and community impact, and new roles for social workers on individual and societal levels:

....in the last two decades...the problems of the retarded have now come to be viewed as essentially similar to those of any other major chronic illnesses or disabling condition, and some important advances have been made in recent years in the development of methods of rehabilitation, education, and socialization. (Kelman, 1958, p. 40)

Thus, by the end of the 1950's, the beginning role of the social worker in the field of mental retardation at that time took into account that it was both an individual and a societal problem, where social workers needed to be involved on both levels for full integration of people with mental retardation into society (Kelman, 1958).

However, there was virtually no money available for providing any community services to help individuals to be part of their communities: for example, in Massachusetts in 1969, while \$111 million was allocated for health services, only \$6 million was allocated for community programs (Gelman, 1974). In addition, Gelman (1969) described how institutions and social workers developed counseling groups to help new residents adjust to institutional life, with the goal of the institution being to "rehabilitate" these individuals for community life. This was because the funds were not yet there to train these individuals at home in their own communities. Thus, the policies were saying one thing but the funding was not immediately there to meet the needs. The funding came late. DeWeaver (1995) wrote that the public laws of the 1960's and 1970's provided the funding which was necessary to hire social workers in state jobs as planners in the field of developmental disabilities to assist individuals moving from institutions to communities.

Social work profession looks at educational curriculum concerns

Courses in human growth and behavior, which focused on normal growth and deviant behavior, always provided some content on mental retardation; however, the relation to

social functioning was thought to be insufficient (White, 1961). Beginning in the 1960's, there was a focus on developing educational curricula to prepare social workers to work with people with mental retardation. White (1961) and Dana (1965) argued in favor of what would be seen as *an integrated approach*, in which the two-year master's program could better focus on the needs of this population through infusing content into existing courses in human growth and behavior, and by adding the impact of the environment; this was in contrast to a specialized approach of courses.

A report from the President's Panel on Mental Retardation in 1962 indicated that "...more people than the mentally retarded alone will benefit from a concerted national effort to prevent, treat, and ameliorate mental retardation." (p. 5). Dana (1965) says that this report impacted the profession by beginning the integration of mental retardation content into courses at schools of social work. Dana points out the importance of using comprehensive, multidisciplinary services because mental retardation is experienced on three levels: individual, family, and community.

Certain dimensions need to be part of the curriculum, according to Dana (1965): Genetic and prenatal factors need to be considered. Cognitive processes that are involved in adaptation and change need to be identified. Students need to understand that social and cultural deprivation are causative agents in mental retardation. Students need to develop an understanding about societal attitudes towards people with mental retardation. Students need to develop an understanding about the uniqueness of a diagnosis of mental retardation and how it can impact differently in different people.

The values that need to be involved in working with people with mental retardation are:

Beyond affirming the dignity and rights of every man, work in the field of mental retardation affirms an essential human right to be different; it affords the same consideration of need to the socially dependent as to the socially productive; it honors the value of sustaining people where they are even if minimum social functioning represents optimum achievement... (Dana, 1965, p.10) .

Dana (1965) described where mental retardation content could be added in courses in Human Behavior and Social Environment, Social Policy, and Research; however, Dana left out practice courses and how to integrate mental retardation content there. It was not a surprise that it was easier for social work education to link it with these areas and not to practice issues and concerns.

...work in the field of mental retardation illustrates understanding of human behavior and the social environment and the interaction between behavior and environment; it provides a vivid illustration of social services and social policy as they affect, and are affected by, the needs and rights of special groups of the disadvantaged in our society; it gives new evidence of the range of interventive measures that are necessary if the goals of prevention, treatment, and control are truly to be achieved. Both in objectives and in content, help to the mentally retarded as it is now perceived reflects and supports the objectives of contemporary programs of graduate social work education....mental retardation content not only serves, but advances, the cause of learning to be a social worker for which generic preparation stands (Dana, 1965, p.10).

It is not surprising to find that there were few social work journal articles published on the subject of developmental disabilities. Horejsi (1979) argued that the social work profession has demonstrated little interest in the field of mental retardation, as is evident in the small number of published articles by social workers on the subject of mental retardation in the journal *Social Work*: from 1956 to 1965, there were 515 articles, of which 7, or 1.4%, were about mental retardation; and from 1965-1975, there were 10 articles out of 652, or 1.5% of articles, that dealt with this topic.

More recently, the social work profession has paid attention to addressing the need for developmental disabilities content in the curriculum at schools of social work. Several

studies have indicated a need for integrating developmental disabilities content into social work curriculums (Liese, Clevenger & Hanley, 1999; DePoy & Miller, 1996; DeWeaver & Kropf, 1992; and DeWeaver, 1982).

DeWeaver and Kropf (1992) propose a model of integrating content on people with mental retardation into the Human Behavior in the Social Environment (HBSE) course sequence at the master's level from micro and macro perspectives. Micro level focuses on individual, family, and group interventions. Macro level focuses on community and societal issues. They raised questions that social workers graduate with limited knowledge about mental retardation.

In addition the National Association of Social Workers (NASW) and the National Center for Social Policy and Practice have taken a recent interest in educating social workers to work in the field of disability. An elaborate curriculum for disability awareness has been developed by the National Association of Social Workers for assisting graduate schools of social work to integrate disability content into social work education (Tomaszewski, 1993).

This 233 page curriculum model (Tomaszewski, 1993) contains the following sections, each with an introduction, course overview, learning objectives, and references:

- Section 1: History, social movements and federal laws.
- Section 2: Overview of disability and disability models.
- Section 3: Disability content in five foundation areas: HBSE, practice, research, policy, and field.
- Section 4: Case studies of 11 families.
- Section 5: Disability awareness exercises
- Table of Contents: Americans with Disabilities Act, glossary, resources, annotated bibliography

In May 2000, the Council on Social Work Education, Commission on Disability and Persons with Disabilities, through their web-site, called for submissions of course syllabi

and/or references in an effort to develop a comprehensive curriculum for integrating disability content into social work education. Mental retardation is one of the many disabilities that falls into this category. Dr. Stephen French Gilson, formerly of Virginia Commonwealth University and now with the University of Maine, is the director of this project.

Research findings on social work and mental retardation

Was mental retardation really being integrated into MSW program curricula in the late 1960's? Sterns and Jarrett (1969) studied how much and by what method mental retardation content was present in 81 graduate social work programs in the U.S. in 1969 by mailing surveys to deans at MSW programs. Fifty-four schools responded to the survey, which found overall that mental retardation content was lacking. The study found that only two schools (3.7%) offered mental retardation as an area of practice specialty. While 33 schools (61%) used field placement in mental retardation, only seven schools (13%) actually offered a course specifically dealing with mental retardation. Twenty-five schools (46%) reported that mental retardation was not of interest to them. Thus, the study had important findings: more field placements were being used with people with mental retardation than students were actually prepared/trained for this population.

More recently, DePoy and Miller (1996) surveyed all 498 departments of social work that were listed in the Council on Social Work Education directory to find out what was the extent of disability content in their courses in terms of course content, practice, research, and values. The response rate to the survey was 28.9%. The results indicated that there were few schools that offered content on developmental disabilities, only 21% offered a specific

course, and those that did offered it in field practice (88%). Like DeWeaver and Kropf (1992), this study concludes that social work students are not being prepared well to work in the developmental disabilities field.

Preparation for field placement

Cramer (1977) discusses ways to prepare MSW students to do field placements in the area of mental retardation. Cramer points out that there is a "...particular stigma attached to working in institutions for the mentally retarded." Cramer finds it's helpful when students have a basic understanding of human growth and developmental tasks; discourages over-reliance on IQ tests alone; explains different approaches in introducing MSW students to clients, such as seeing the most disabled first or least disabled first; and discusses the importance of addressing student feelings at encountering this population. Practice assignments for students are to lead interdisciplinary team meetings and do social histories. In contrast to other areas of social work practice, it is explained to students that the progress of work with mentally retarded clients is measured in small quantities and usually only small steps are made. Emphasis is placed on family relationships and access to resources. Cramer concludes the following about the importance of field placement:

As students work with community agencies, their classroom understanding of social systems is supplemented by true-life experience. They face both the functional and the dysfunctional aspects of the community as well as the institutional setting. They begin to identify significant gaps in service, discover barriers to service, and empathize with the retarded and their families (Cramer, 1977, p. 43).

Working together: Social work and mental retardation

Horejsi (1979) first pointed out:

developments in social work practice and trends within the field of mental retardation have been moving in parallel and converging directions. Potentially, this convergence could draw the mainstream of social work closer to the problems of mental retardation and generate a demand for social work (Horejsi, 1979, p.41).

These new opportunities exist for social workers in the field of mental retardation because of their expertise in behavior management, family counseling, and case advocacy, and changes in the field of mental retardation. The focus of these opportunities includes:

changes in definitions of mental retardation that involves a relationship between individual and environment; the field of mental retardation is moving away from a medical model towards a multi-level model; new approaches in social work...merge the roles of therapist, advocate, ombudsman, teacher, counselor, and service broker...; social work is developing treatment approaches in working with families; social workers can bring an understanding of self-determination and client participation into the development of the individualized habilitation plan, which was required by the Accreditation Council for Facilities for the Mentally Retarded around this time; and the movement towards community based services demands the needs for social workers to coordinate a complexity of services (Horejsi, 1979)

Horejsi (1979) concludes that social workers have a responsibility to help people with mental retardation: Because of a: "...rich tradition in the fight for human rights, the profession has an opportunity to lend support to this struggle for dignity."

In another way, Andrews and Wikler (1981, p.67) argue for the need for social workers in the field of mental retardation, saying that because of the relationship between poverty and developmental disabilities, social work needs to "...commit itself to full involvement in this field...It is not longer an institutional issue, but a societal issue that social work cannot ignore."

Later, in 1987, the National Association of Social Workers (NASW) and the American Association on Mental Deficiency (AAMD) now called the American Association

on Mental Retardation (AAMR) worked together to develop a set of five standards for social work practice in the field of developmental disabilities:

Standard #1: All social workers working with developmentally disabled clients shall possess or acquire and develop knowledge about developmental disabilities.

Standard #2: All social workers shall subscribe to a set of principles regarding developmental disabilities which should underlie their practice (the least restrictive environment, supports over the lifespan, maximizing individual potential, and normalization of individual rights and dignity in the community).

Standard #3: Social work practice and research shall seek to prevent or reduce the incidence of developmental disabilities through primary, secondary, and tertiary prevention.

Standard #4: All social workers shall participate in an interdisciplinary approach to serving the needs of developmentally disabled people.

Standard #5: The functions of the social work program shall include specific services to the client population and the community.

(NASW Standards for Social Work in Health Care Settings, 1987, p. 15-21)

Consequently, to address this issue, Liese, Clevenger and Hanley (1999) argue that University Affiliated Programs (UAP's) are in a unique position to work together with schools of social work to address curriculum issues and to train social workers to work effectively in the field of developmental disabilities; discuss a collaboration model between UAP's and schools of social work; and speculate that student demand for interest in working in disability is low because in most schools of social work students are not given the content and training on disability that is offered for other disadvantaged and oppressed groups.

What has been the role for social workers with people with mental retardation?

Early in the history of the social work profession's practice with people with mental retardation, White (1961) argued for the importance of social workers in this field to be able to provide what we would identify today as *generic practice* skills, such as direct service, documentation, analysis, and planning; education; research; and consultation services. Similarly, Dana (1965, p.9-10) argued in favor of an educational model similar teaching

skills to what we would now identify today as a *generalist* practice in social work. Dana (1965, p. 9-10) specifically mentioned social worker involvement in prenatal and well-child care: individual and group counseling; treatment for helping the person to fully express their capacities in social living and relationships; consultation to others in the community; and creation of a variety of services to meet the needs of these individuals and their families.

Dana (1965) wrote the following about mental retardation and social work which directly referred to generic practice:

...the wide range of possibilities that mental retardation content offers for both adding to and reinforcing social work knowledge, values, and skills...work with the mentally retarded illuminates understanding of human behavior and the social environment and the interaction between behavior and environment; it provides vivid illustration of social services and social policy as they affected by, the needs and rights of special groups of the disadvantaged in society; it gives new evidence of the range of interventive measures that are necessary if the goal of prevention, treatment, and control are truly to be achieved...to help the mentally retarded... reflects and supports the objectives of contemporary programs of graduate social work education. ...From muddying the waters of *generic* education, mental retardation content not only serves, but advances, the cause of learning to be a social worker for which *generic* preparation stands. (Dana, 1965, p.10, italics added).

Similarly, Horejsi (1979) argued that social workers had made important, meaningful contributions to the field of mental retardation in these areas: individual and group counseling to people with mental retardation, parents, and siblings; social evaluations; development of alternative living arrangements; protective services; intake/discharge, and case management; and community organization.

Retarded individuals, like all people, have different abilities, interests, values, and needs. Each is a unique individual with a unique potential for development. Therefore services, opportunities, and responsibilities must be individualized and flexible. (Horejsi, 1979, p. 42)

More currently, the *NASW Standards for Social Work in Health Care Settings* (1987), indicates that Social Workers will provide the following services in the field of developmental disabilities: individual and group counseling; supportive counseling with

families; advocacy for needs of clients; case management/linkage of services; interdisciplinary team members; do intakes; do discharge planning; teach social skills; planners; policy makers; researchers; administrators; and program evaluators. Social workers in the field of developmental disabilities work in a wide range of settings, such as institutions, community-living arrangements, state departments of health and human services, medical settings, day program settings, schools, nursing homes, university-affiliated programs, and education, as they may teach courses/fieldwork at colleges.

Andrews and Wikler (1981) write that the social worker in practice with people with mental retardation should work to maximize his/her cognitive and social functioning within the least restrictive environment; focus treatment on the functioning of the whole person in his or her environment; provide linkage/coordination of services; provide supportive counseling; participate in interdisciplinary team work; lobby government for funding for services; and work with parent groups.

In terms of the changing role of the social worker in the field of mental retardation,

Brantley (1988) argues that social workers provide assistance in three major areas:

- (1) counseling: supportive help, crisis intervention, short-term or long-term counseling.
- (2) advocacy: to assist services needed by families: special education, recreation, support groups for parents, physical therapy, training in personal needs, vocational education, medical services, special equipment, respite care, residential care, genetic counseling, etc.
- (3) environmental assistance: to enhance social functioning and quality of life for families

These recommendations for early social workers in the field of developmental disabilities are similar to a contemporary “**generalist**” practice approach which advocates for a multi-method approach, eclectic choice of theory, and the importance of addressing individual and societal needs (Landon, 1995, p. 1103). Generalist practice is regaining in popularity these days, as evidenced by many recent book publications (Johnson & Yanka,

2001; Miley, O'Melia, & DuBois, 2001; Kirst-Ashman & Hull, 1999) and a journal article (Cox, 2001).

Psychotherapy

Selan (1976) acknowledges that psychotherapy with people with mental retardation has long been ignored by social workers. The author points out five psychotherapeutic goals for working with this population which are: alleviation of painful or uncomfortable symptoms; realization of intellectual potential; improvement of socially unacceptable behaviors; development of emotional maturity; and development of coping mechanisms. Selan points out that many of these clients are likely to be referred by others and discusses ways of adapting counseling to serve these individuals and their families. Selan suggests that therapists be direct and active; to help client to set goals as soon as possible; to have a sense of humor; to be patient; and to utilize dolls with different faces to express feelings, as well as crayons, puppets, and mirrors. "Social workers who accept the challenge of working with the mentally retarded needed to thrive on small victories in the face of extreme odds." (p. 84)

Similarly, Scanlon (1978) writes that people with mental retardation have often been ignored for consideration for counseling based upon psychoanalytic theory, which suggests that their limited verbal skills did not make them suitable for therapy; however, Scanlon argues that people with mental retardation can benefit from counseling when the worker provides support and education in the worker-client relationship. Through the use of a case example involving a developmentally disabled woman, the author makes the point that education and support can be used to help with expression of feelings and development of self-concept.

Building on Selan (1976) and Scanlon (1978), Walker (1980) writes that despite the growing attention to the various needs of people with developmental disabilities, many people with developmental disabilities are denied mental health treatment because it is thought that: "...intellectual and verbal deficiencies of many of these clients prevent the clients from responding well to traditional methods of clinical psychotherapy." (p. 293). Walker explains that this attitude is due to the historical treatment of people with mental and/or physical problems, where medications and institutionalization were used as treatment rather than counseling the person. As social work was moving to a private practice model, it again lost interest in people with mental retardation.

Walker (1980) discusses several case examples in which therapeutic interventions for people with developmental disabilities are suggested. Both cases suggested that the worker be especially a patient listener, recognize the importance of a client's family support system, support the ability of a client to make decisions, and argued that people with mental retardation can benefit from counseling:

The same principles of counseling and therapeutic intervention techniques used with non-disabled clients can be used with retarded as well, as long as one realizes that learning is done at a slower rate.... Because many retarded persons have experienced more failure than has the average population, it is particularly important that they experience a friendly, supportive, and accepting counseling experience. (Walker, 1980, p. 296)

Social work staffing issues in the field of mental retardation

DeWeaver (1982) writes that: "Social workers who have been trained to deliver social services effectively to the developmentally disabled individuals and their families are a scarce and valuable resource." Staffing issues and training for social workers in the area of mental retardation continues to be an issue since the 1950's (Kelman, 1958; White, 1961;

Dana, 1965; Sterns and Jarrett, 1969; Cramer, 1977; Lippman, 1977; Horejsi, 1979). Sterns and Jarrett (1969) study found a lack of interest in mental retardation reported by deans at schools of social work: "Further research could be done in the area of student interest in mental retardation and how this interest is developed." (p. 18). Similarly, White (1961) wrote:

....(S)ocial work failed for many years to give focused attention to the mentally retarded as a group in the population which needed their services... (p. 772)...(S)ocial workers are pitifully few in number in the special programs; that social workers are generally indifferent to the great needs and possibilities in the field; that recruiting to the field is very difficult; and that the interest and help of the profession is essential in order to make the contribution of social work to the field of mental retardation what it should and could be.... Too many fields have to capture social workers.... (p. 773). A second telling point is that the most effective recruitment comes from the efforts of those within the field to interest others, one by one, in employment in the field. (p.779)

To further address the issues of social work and mental retardation, DeWeaver (1980) (in a doctoral dissertation) conducted a national survey of 165 social workers who worked in the field of mental retardation from December, 1979 to March, 1980. The sample was obtained from a list of social workers who belonged to the American Association on Mental Deficiency (now called American Association on Mental Retardation) and social workers who belonged to the Association for Retarded Citizens (ARC). A multi-stage sampling approach was used based on geographic location sampling. There was an 84% response rate, with 168 responses; only the 165 completed surveys were used.

In DeWeaver (1980) participants were asked to identify the primary reason for selection of their present job in the field of mental retardation from choices such as: knew people in the field, best job offer, geographical location, salary, wished to leave previous job, previous experience with mentally retarded, family member with mental retardation, professional social work education, status, stipend, and other. Previous work experience

with people with mental retardation ranked the highest (n=40, 24%), followed by the best job offer (n=35, 21%), and geographical location of the job (n=21, 12%). Not one participant reported that having a family member with mental retardation was a primary reason for selecting the job. (Note that the question was specific about the current job which might not have been the first job in the field of developmental disabilities; asking the question about their first job might have yielded a different answer.) DeWeaver points out that these findings about the importance of work experience are similar to Pins (1963) and Golden, Pins, and Jones (1972), to be discussed later.

Second, preparation for social work practice with people with mental retardation in schools of social work, an overwhelming number of participants 86% (n=142) of respondents reported that they had not taken such a course. DeWeaver points out that there are implications for the quality of service delivery when persons perform jobs without adequate educational preparation.

Third, in terms of the participants' wishes to continue in the area of social work practice with people with mental retardation, the participants overwhelmingly (75%, n=124) wished to continue in the field of social work and mental retardation. DeWeaver (1980) points out, "...despite how they entered the field, once in the field, the social workers become very attached to it." (pp. 106-107). DeWeaver points out that this was the opposite of what could have been predicted from the literature. However, DeWeaver's quantitative survey did not allow him to explore the reasons for this finding with the participants. In my qualitative study, I hope to shed some light on what social work professionals like about their jobs. DeWeaver suggests:

Further conceptualization and, perhaps, analysis is needed to ascertain what combination of reasons leads to a high level of job satisfaction and a willingness to remain in this career....Hence it is recommended that case studies and in-depth questions be conducted to ascertain some answers.... (p. 115).

In response to his finding that 86% of the respondents had never taken a course in mental retardation, DeWeaver (1982) discusses a continuing education curriculum that he developed at the University of Vermont that is addressed to help professionals learn about mental retardation, and a sequence of courses and field work at the undergraduate level designed to bridge this gap.

Other current issues of the late 1990's focused on staffing issues for direct care or non-professional workers in the field of mental retardation, particularly with regard to staff recruitment and retention (Larson, Hewett, & Anderson, 1999; Larson & Lakin, 1999; Larson, Lakin, & Bruinks, 1998; Stack & Rose, 1997; Razza, 1993; and George & Baumeister, 1981). Andrews and Wikler (1980) estimated that there are thousands of social workers who work with people in the developmental disabilities field. Of these, there are approximately 630 individuals who are members in the Social Work Division of the American Association on Mental Retardation (Crosser, 2000, personal communication).

The U.S. Department of Labor, Bureau of Labor Statistics (2000) reports the following about the job outlook for social workers: "Employment for all social workers is expected to increase much faster than the average (36% or more) for all occupations through 2008." In 1998, approximately 604,000 people in the United States were employed as social workers. Moreover, the U.S. Department of Labor, Bureau of Labor Statistics (2000) reports that growth is expected in several areas of social work practice, including mental retardation. In addition, the Department reports that in the area of social services, that there is growth

expected due to expanding services for several populations, including the mentally and physically disabled, particularly in regard to efforts for integration into society. The Department reports that in addition to job growth, additional jobs will be available to replace workers who transfer to other occupations or retire.

In addition, the National Association of Social Workers (NASW) is already reporting shortages of social workers in the area of practice with people with disabilities (O'Neil, 2000). To quote Hopps and Collins (1995, p.2276): " Specifically, there is projected demand for services for elderly, mentally ill, and mentally retarded people, and for individuals facing crisis." Therefore, this study is particularly important in recruiting social workers to practice in the field of mental retardation.

Summary :

History of the social work profession's involvement in the field of mental retardation:

This section focused on the Social Work profession's involvement in the lives of people with mental retardation from the 1950's to the present. Early on in the 1960's, White (1961) and Dana (1965) advocated for social workers in this field to have skills that we would identify today as "*generic or generalist practice*." Generalist practice emphasizes the centrality of multi-methods, eclectic theory, and the necessity of addressing individual and societal needs (Landon, 1995). As the literature indicated, the Social Work profession has not paid sufficient notice to the needs of this population until recently. Issues surrounding institutionalization; mental retardation content in educational curriculum in schools of social work; field placement preparation in schools of social work; research on issues of social work education and mental retardation; social work and the field of mental retardation working together; roles of the social worker with people with mental retardation; and social work staffing issues in the field of mental retardation were discussed. This section concluded with current labor market opportunities for social workers in this area of practice. The need for social workers to be involved in the lives of people with mental retardation is highlighted currently, and throughout history. Current legislation has expanded opportunities for people with mental retardation in society, as well as for social workers to assist with their full integration into society.

CHAPTER TWO: LITERATURE REVIEW

The prior sections of the paper traced the history of treatment of people with mental retardation in society, and the developing interest of the social work profession in this field of practice. The growing need for social workers and for educational preparation in this field of practice were highlighted. This chapter will discuss three closely related areas: (A) studies that look at practice areas of interest to MSW graduates or MSW students, (B) studies that look at personal and family influences on career choice, and (C) studies that look at organizational issues, such as job satisfaction and staff retention.

(2a.) Practice areas of interest to MSW graduates:

One area of social work literature looks at the areas of social work practice where MSW graduates express interest in working after graduation. Four studies, Rubin and Johnson (1984), Rubin, Johnson, and DeWeaver (1986), Butler (1990) and Butler (1992) asked students to rank their preferences of client populations that they would like to work with from an alphabetical list of 16 client groups: family and marital problems; issues of adolescence; people who are depressed; emotional issues of college students; abused/neglected children; alcohol/substance abusers; people in poverty; adoption; abusive parents; juvenile offenders; physically disabled; chronically mentally ill; developmentally disabled; elderly; hospital discharge planning; and adult criminal offenders. The results of these studies were nearly identical, with people with developmental disabilities ranking near or at the bottom: 14 or 15 out of 16 client groups.

Rubin and Johnson (1984) studied 257 students entering 8 MSW programs which varied in size and were dispersed geographically around the U.S. When students were asked

to rate appeal among 16 client groups, the most popularly ranked groups were families with marital problems, adolescents, or individuals with depression; the developmentally disabled were among the lowest five ranked client groups. Eighty-six percent of the students reported that they hoped to enter private practice rather than work with traditional social work populations. A critical finding was that more than 60% of students favored psychotherapeutic intervention while 14% favored an approach involving brokerage, linkage, and advocacy.

Rubin and Johnson were concerned that the data showed that most students

...do not want to perform brokerage, linkage, advocacy, or case management functions associated with a resource provision approach to practice and do not want to work with clients who need that approach (Rubin & Johnson, 1984, p.11).

A follow-up study was done by Rubin, Johnson, and DeWeaver (1986) to study the changes in practice interests of MSW students from entry to graduation to see the impact of the experience of MSW education. Data were compared aggregately with the 1984 data. Three of the eight programs in the previous study participated in collection of data for 118 graduating students in 1984. The study asked students to rank the same 16 client groups and found that the order of their mean appeal ratings changed little between entry and graduation; however, the appeal of nearly all client categories tended to decline from entry to graduation. In terms of appeal of working in developmental disabilities, this client group continued to rank 11th out of 16 groups: on a 6-point scale from 1-6 (1 being none and 6 being extreme appeal), the mean appeal ranking was 3.33 at entry and 3.06 at graduation. Another change found was that upon graduation, 73% wanted to work in private practice compared with 86% at entry to the MSW program.

Interest in working with mentally retarded people continued to be low among students. Building on the work of Rubin and Johnson (1984), Butler (1990) interviewed 265

MSW students attending the State University of New York at Buffalo in 1987 and 1988, using study questions from Rubin and Johnson (1984). Similarly, two-thirds of students reported that they hoped to enter private practice. Students were asked to rank order their appeal in working with 16 different client groups; similarly, clients with nonchronic psychological problems received the highest average ratings while those with chronic disabilities received the lowest ranking. Moreover, Butler (1990) found that the rank order for client groups was nearly identical to that reported by Rubin and Johnson (1984); however, in Butler (1990), the student appeal in working with the developmentally disabled dropped further to 12 out of 16.

However, in contrast to prior studies, Butler (1990) offers a different interpretation for the findings, stating that the most popular client groups (people with marital problems, adolescents, people with depression), may also be found among disadvantaged populations. The study also found that 41% of students who reported that they expected to work with "traditional social work client groups" were *also* planning to do private practice and psychotherapy. Butler (1990, p. 54) concludes that there is a "...vast majority of social work students "...who are "interested in working with disadvantaged client groups...." as well as in doing private practice. *This showed that students wanted a mix in practice, but they do not realize that this mix can be possible when you do developmental disabilities work.*

Mental retardation is not always mentioned as an option as a field of practice for social workers. Abell and McDonell (1990) also looked at motivations, expectations, and aspirations of students entering MSW programs in 1990. They conducted a national, stratified random sample at 11 graduate schools, 7 public and 4 private, with 687 students. Students were asked to indicate which field of practice they planned to work in after

graduation from a choice of family and children's services, mental health, medical social work, alcohol/substance abuse, gerontological social work, and industrial social work. Mental retardation was not an option. In contrast to prior studies, they found that these students did show a high value for working with disadvantaged social work populations; only 22.4% reported an interest in working in a private practice during the first five years after graduation from the MSW program.

Butler (1992) looked at the relationship between social work students' interest in particular client populations and interest in private practice. Butler studied 408 MSW students who attended the State University of New York at Buffalo from 1987, 1988, and 1990. Students were asked to rank interest in the same 16 fields of social work practice cited earlier in Rubin and Johnson (1984). Results indicated that interest in the developmentally disabled was ranked 14 out of 16 choices of fields of practice. Butler found no statistically significant relationship between plans for private practice and appeal of working with developmentally disabled.

The main points of Butler's (1992) findings are as follows: the two fields, private practice, and developmental disabilities work, do not mix, where as practice fields such as marital counseling and private practice do. Thus, there are students with different interests at schools of social work. Students do not realize the potential of doing psychotherapy with people with mental retardation, and students do not realize the wealth of practice opportunities that are available in working with people with mental retardation and their families.

Two studies to be discussed found results similar to Butler (1990). In the studies below, the researchers asked students to rank interest in the following practice areas: direct

practice, disadvantaged clientele, multi-cultural clientele, chronically ill clientele, research activities, voluntary clientele, supervisory activities, community development activities, private practice activities, administration activities, policy development activities, and child protection services. Working with people who are developmentally disabled was not mentioned as a specific category in these two studies, although this type of work might be classified into the categories of disadvantaged clientele or chronically ill clientele.

Bogo, Raphael, and Roberts (1993) studied the practice interests of 233 MSW students at the University of Toronto enrolled during the 1991-1992 academic year. While no specific findings were reported about student interest in working with people who are developmentally disabled, the study found that "...in total, the students in the current study were interested in direct helping activity aimed at disadvantaged populations...they identified with the traditional (social work) mission." (p.289). The study found that student identification as "social worker" rather than "therapist" was related to their preferred client group and practice activity.

Similarly, Bogo, Michalski, Raphael, and Roberts (1995) surveyed 180 MSW students at the University of Toronto enrolled during the 1991-1992 academic year. While no specific information was disclosed about student interest in working with people with developmental disabilities, this study had findings similar to Bogo, Raphael, and Roberts (1993), finding that most students were interested in working with disadvantaged clients. In addition, the study found student interest in private practice decreased over time, and that MSW education made a significant impact on increasing interest in working with disadvantaged clients, especially for beginning students. This implies that "old time" or traditional social work, that focuses on poor, disadvantaged groups, might be coming back.

In corrections, another area of social work that also has been ranked low by MSW students, it was found that after taking a course in corrections, 63% (n=46) students reported that they were more interested in working with offenders than they were prior to the course (vanWorner & Roberts, 2000 in Young & LoMonaco, 2001). Thus, offering courses in such overlooked populations might be one way of interesting students.

(2b.) Personal factors related to career choice to study social work

A shortage of professionally trained social workers in the 1960's prompted Pins (1963) to undertake the most well-known, comprehensive, national study of 2,771 students in schools of social work who entered MSW programs in Fall, 1960. This study explored the backgrounds of students and the reasons when and why they chose to study social work.

The study provided information about demographic characteristics of students studying social work, including differences between students in various concentration methods; factors that influenced the selection of social work; and the timing of the decision to enter social work school. Sixty-three schools of social work participated, with 98% of surveys returned by mail.

Among the many findings of Pins (1963), those most relevant to this study are: In terms of family impact on career, 13% (n=382) of the students had a family member who was a social worker. In terms of prior experiences, 58% (n=1343) of the students held full-time paid jobs in social work before going for their master's degree; 45% (n=1039) had volunteer experience; 36% (n=829) reported paid summer employment in social work/ summer camp work. In terms of awareness of social work as a profession, nearly 25% of students did not become aware of social work as a career until they had graduated from college. More than half of the students did not consider it until their last year in college or after college. "Social work does not seem to be a first choice for many students, even for those who eventually enter graduate social work education." (Pins, p.71). The findings were contrasted with medical students who decide early. In terms of factors influencing occupational choice, 75% (n=2101) of social work students reported that they had learned about social work through work experiences; 57% (n=1600) reported that they had learned about social work

from college courses or professors: 50% (n=1408) reported that they had a relative or friend who is a social worker.

Another comprehensive study was done by Golden, Pins, and Jones (1972) through the Council on Social Work Education. They studied 5,201 first-year graduate social work students in the US and Canada in September, 1966, and had similar results with Pins (1963): The study looked at factors influencing a career choice in social work and found that work experience continued to be the most important reason and it increased to 81%, followed again by college courses, having a relative in social work (22% in 1973 compared with 13% in 1963), and having a friend in social work (45%). There was a substantial increase in the number of students who held jobs in social work prior to entering the MSW programs. When students were asked about where they wanted to work after graduation, working with people with developmental disabilities was not included as one of the choices.

More recently, Gibelman and Schervish (1997) conducted a comprehensive study of the database of 150,982 National Association of Social Workers (NASW) members. This study looked at demographics, employment status, gender, age, ethnicity, education, geographic representation, experience, auspice/setting, areas of practice, practice focus, functions performed, and income. Like the Pins (1963) and Golden, Pins, Jones (1972) studies, the Gibelman and Schervish (1997) study found similar demographic composition of students: this more recent study combined the practice area of developmental disabilities into a larger category of "mental health." When developmental disabilities was not combined in 1988, 3% of NASW members reported it as their primary practice area; in 1991, 2.7% of NASW members reported it as their primary practice area (Gibelman & Schervish, 1997, p. 101). The number was so small that the category was dropped from the study.

Early family life and career choice to do psychotherapy

There is a large body of professional literature that looks at the relationship between dysfunction in the family of origin and subsequent career choice to do psychotherapy. The roots of this thinking come from psychoanalytic theory, which suggests everything is related to early childhood family experiences. Hovestadt, et al. (1985) writes:

The family of origin is the family in which a person has his/her beginnings--physiologically, psychically and emotionally. The impact of these primordial roots is deep and pervasive and continues to play an important role in the present. (Hovestadt, et. al. 1985, p.287)

Public and private lives of psychotherapists was a large scale study done by Henry, Sims, and Spray (1973) that explored the process of career development among a variety of professionals working in the mental health field with the assumption that early experiences would relate to career choice.

Much theory suggests that determinants more specifically related to intimate interpersonal relations in early childhood set courses of choice that tend to structure events of later life. For the eventual choice of mental health work, the temptation is to search for some earlier determinant in emotional stress, some early examples of caring and helping, or some trauma partially abstracted and lived out in subsequent years. (Henry, Sims, & Spray, 1973a, p.9)

The study involved 300 psychotherapists in major cities (100 each from Chicago, Los Angeles, and New York City), of which 105 were psychoanalysts, 45 were psychiatrists, 75 were clinical psychologists and 75 were psychiatric social workers. Interviews were done using a 132 question instrument that was four hours long. In addition, a mail survey was done to all mental health professionals in the communities. A major hypothesis of the study was that early family life experiences of psychotherapists would be related to professional choice. They studied family size, birth order, and family relationships and found:

In terms of family size of psychotherapists, the study found that mental health professionals came from small families of mother, father, and one other sibling; eight out of

ten had two or less siblings, and 18% were only children. Seventy-eight percent lived with both parents when growing up. "Mental health professionals come predominantly from stable small families of orientation in which both parents were present during the respondent's childhood." (1973, p. 167).

In terms of birth order of psychotherapists, they acknowledged that firstborns are over-represented in many professions. Likewise, they found that "...first borns are over-represented among respondents from families of two or three children....when families of five or more children are examined, first-borns ceased being over-represented and lastborns became so." (1973, 170-171). The authors would not consider any explanation of their findings other than economic access of the family to education. They rejected biological and psychodynamic explanations of the findings as being related to greater physical strength or intellectual capacity of the first born, experience of unique family interaction that leads to achievement, an overprotected child seeking to compensate by achieving independence, or a response to the lack of attention given to siblings (1973, p. 171).

Related to the findings on birth order, Altus (1967, p.31) wrote: "If the first-born, by virtue of his different treatment in the home, takes to school more readily, works harder, persists longer (as the college attendance figures attest), then it might be expected that he may well increase his intellectual stature in the process." Yet, Altus (1967, p.32) also concludes the following: "Ordinal position at birth has been shown to be related to a variety of significant social parameters, though the reasons behind the relations are yet unknown or at best dimly apprehended."

In terms of psychotherapists' relationships with family members they found that there were no differences between respondents' relations with mother and father for any age

period. Relations with both parents deteriorated during adolescence and improved in adulthood. Contrary to expectations, the study found that although respondents spent more time with their mothers, more positive adjective descriptions were given to fathers than to mothers. Forty-three percent of respondents described their relationship with their parents as good. Two-thirds of the sibling relationships are described in positive terms.

Family illness was another area of concern to the authors, who found that two-thirds of the psychotherapists reported that one or more illnesses impacted the family when growing up: 74% of the illnesses reported were physical illness and 26% were mental or emotional illness. Family members with mental retardation were not specifically mentioned but might have been included in these numbers.

In summary, Henry, Sims, and Spray (1973a, p. 10) conclude that the early family life of mental health professionals did **not** impact on their later career choice of profession:

[There is] ...little to support the premise that one mental health profession differs from another in these factors and equally little to suggest that mental health professionals as a group differ in significant areas of early life or emotional adjustment from their educated colleagues in other, non-mental-health professions. In fact, the mystique of the psychotherapist as a tortured soul who, from this inner light, helps others seems to us entirely unfounded.

In contrast to the above findings of Henry, Sims, and Spray (1973) who found that most therapists came from normal families, Racusin, Abramowitz, and Winter (1981) studied seven male and seven female psychotherapists in the San Francisco, California area using ten questions from Henry, Sims, Spray (1973) to inquire about family of origin and occupational choice. Results indicated that half of the therapists reported that when they were growing up, their primary role was parenting or nurturing siblings or a parent. Three therapists reported that they had played the role of counselor or mediator in their families.

Eight therapists reported a female figure who was important in their growing up. The study found that these therapists frequently experienced deprivation of parental nurturance and upward social mobility. Contrary to Henry, Sims, and Spray (1973), it was found that physical or behavioral difficulties were present in all fourteen families. The differences in the findings are explained by the authors as being due to deeper probing of participants. They conclude that the presence of difficult experiences in the family of origin in relation to career choice would be useful in selecting future applicants for professional training in psychotherapy.

Dysfunctional families of origin and career choice to study social work

A large body of social work literature looks at the families of origin of social work students (Vincent, 1996; Romph & Royce, 1994; Black et al., 1993; Russel, 1993; Marsh, 1988; Lackie, 1983). In some of these studies, social work students are compared to a group of students in the non-helping professions to find factors that might predict a career choice to study social work. Studies tend to look for evidence of pathology in the family of origin, such as addictions, abuse, illness, and death. Most studies found higher rates of dysfunction in the families of origin of social workers than in non-helping professionals. Some of these findings may be applicable to social workers who practice in the field of mental retardation.

Lackie (1983) discusses a range of early family experiences that help predict or explain a choice of a career in social work. Lackie believes that the caretaking role, which begins in the family of origin, is important. Lackie studied 1,577 social workers and found that 2/3 of those reported that they had held the role of a "good or parentified child" or "mediator" when they were young. Lackie describes this "parentified child" as someone who

is “....often the oldest born, is the one who generally offers parenting to others...” (p. 311) in the family and then the role extends beyond the family, with the child having the responsibility and authority that usually belongs to the parents. The danger for the parentified child is that empathy for others impacts on his or her development and “takes precedence over empathy for the self.” (p. 312) In contrast, the “infantalized child” receives care that exceeds his/her developmental needs. Lackie finds that a career choice in social work may be a way to deal with an “earlier imbalance of parentification or infantilization.” (p. 312). Lackie concludes that it is important for educators to know what kinds of early family experiences social work students bring to the educational process.

Marsh (1988) studied personal values, birth order, and addictive/compulsive behavior among 60 undergraduate social work students and 73 undergraduate business students. A values assessment survey was done along with a genogram. In addition, social work students had statistically significant differences in compulsive/addictive behavior, with one alcoholic family member for every five social work families compared with one in ten for business students: eighty percent of social work students reported that someone in their family of origin was an alcoholic compared to 59% of business students. Business students were twice as likely to have been raised in a family with a workaholic parent. Forty-two percent of social work students were only children or first-born children compared with 30% of business students, which was not a statistically significant. Marsh found statistically significant findings for career choice between social work students and business students in terms of gender, gender-birth interaction, values, and addictive/compulsive family background.

Black, Jeffreys, and Hartley (1993) studied 116 graduate social work students (MSW) and 46 graduate business students (MBA) who were attending a small, private college in

Pennsylvania to uncover their histories of family psychosocial trauma or traumatic event through self-report questionnaires. Consistent with their hypothesis, the study found out that the MSW students reported significantly higher levels of traumatic events (alcohol or drug addiction, or both, of a family member; physical, sexual, emotional abuse, or a combination, of the student or family member; mental or chronic physical illness of a family member; suicide, attempted suicide, or death of a family member) in their families when they were growing up prior to age 21 than MBA students; the only exception was in the case of parental separation and divorce which were greater for MSW students but were not statistically significant. Moreover, they found that social work students were often the first-born child, oldest child of their gender, or the youngest sibling; it was noted that the findings about the oldest and youngest child correspond to Lackie's (1983) findings on the parentified/infantilized child's tendency to work in a helping profession. They concluded that social workers' resolution of these experiences may make them more or less effective at working with clients, and recommend that this be dealt with during the educational process.

Russel, Gill, Coyne, and Woody (1993) administered a self-report survey questionnaire to 145 MSW students at a Midwestern, urban, state university campus during Fall, 1990 about their families of origin and compared results with 88 guidance and counseling students, 65 business students, and 78 education students, all at the graduate level. The study found that almost half of MSW students (49.7%, $n=72$) reported that alcohol or drug abuse was a problem in their families; in contrast to 43.2% of guidance and counseling students, 28.2% of the education students, and 23.1% of the business students. Similarly, 19.3% of MSW students reported that they had a family member who was the victim of a violent act, in contrast to 6.8% of guidance and counseling students, 3.9% of

education students, and 1.5% of the business students. For other items such as perpetrator of a crime, depression, schizophrenia, sexual addiction, gambling addiction, and eating disorders the findings were not statistically significant. In addition, statistically significant findings were uncovered in social work students' lives: Thirty-one percent of MSW students compared with 21.6% of guidance and counseling students, 10.4% of education students, and 9.2% of the business students, reported that they were sexually abused; in addition, more than 25% of MSW's reported that this encounter was before age 16, compared with 19.3% of guidance and counseling students, 9% of education students, and 4.6% of the business students. Overall, 73.1% (n=106) of MSW's (total # MSW's=145) reported that they had experienced one or more problems that constituted a "dysfunctional family" compared with 68.2% of guidance and counseling students, 44% of the education students, and 36.9% of the business students; these findings were statistically significant differences when MSW students were compared to education and business students.

Rompf and Royse (1994) were interested in finding out what motivated people to choose a career in social work. They looked at childhood trauma such as death of a parent, brother, or sister; family break-up; parents unhappily married; child abuse or neglect; serious or life-threatening illness; alcoholism or drug addiction; and emotional problems. The study looked at 172 MSW and 243 BSW students, and the findings indicated no statistical differences between the groups except for incidence of child abuse and neglect.

In the second part of the study, Rompf and Royse (1994) studied 415 undergraduate social work students and 203 English students. Thirty-seven percent of social work students identified emotional problems in their families compared with 25% of English major students; 32% of social work students reported alcoholism/drug addiction in their families

compared with 21% of English majors; 17% of social work students reported abuse/neglect compared with 8% of English majors. These were all statistically significant findings. Thirty-two percent of the social work students reported "yes" to a question that asked if these experiences affected choice of career or occupation, and this was statistically significant . They concluded that family issues need to be addressed in the educational process.

Vincent (1996) studied the reasons why individuals might be unconsciously motivated to study social work. This study looks at the impact of parentification, attachment and separation in early childhood experiences among 31 social work students in Huddersfield and Leeds Metropolitan University, England. The results of the study indicated that 42% of the social workers experienced significant separation from one or both parents. The study also found that only 45% had "optimal bonding" with parents. Results of the study did not support evidence of parentification. It was found that social work students experienced more loss and separations in childhood and had less satisfactory parenting experiences than other students who were not in a helping profession, and author concludes that "defensive unconscious processes may be operating for these individuals in their choice of social work as a profession." (p. 67)

Benefits or risk of personal experience

Another related area of professional literature looks at the personal experiences of professionals and how they impact on the ability to do quality social work. The literature gives attention to the debate between the benefits and conflicts when the worker has similar personal experiences to the clients. On one hand, similarity can make a social work practitioner more sensitive to client needs and on the other hand, the practitioner might be

less effective in working with clients if they have not resolved their own issues; thus, this alludes to issues of transference and countertransference when a practitioner who has a disability works with clients who have disabilities. Gakis (1990) studied issues of transference and countertransference in the worker-client relationship among five social workers who are physically disabled. Gakis found that similarities and differences between a worker and a client can enhance or hinder the worker-client relationship. This study suggests that physical disability of the worker needs to be addressed directly whether or not a client verbally refers to the therapist's disability, because it will affect the treatment process. Gakis noted the similarities between a client and worker "...may result in a deeper understanding and an enhanced ability to empathize...over-identification resulting from perceived similarities can cause mistrust and fear and loss of approval." (p. 434) Based upon Gakis' (1990) own experiences, he writes "...patients can use the worker's disability to express unresolved and painful conflicts" and similarly the therapist can "...trace his or her own latent, personal, and unresolved issues...." (p.434) Thus this may be true for social workers who know someone with mental retardation or a developmental disability.

Similarly, Asch and Rousso (1985) write on the subject of therapists with physical disabilities and the reluctance of professional schools to accept these individuals for training in psychotherapy. They point out that attitudes toward people with disabilities have been negative since the beginning of history; however, when non-disabled people meet disabled people in situations in which disabled people are performing in professional or social activities, a positive contact is made. The psychoanalytic literature points out that some of the reluctance is based upon thinking that people with disabilities are seen as having ego problems due to excessive feelings of guilt and primitive ego defenses. On the other hand,

the disabled therapist might be perceived by others as being more empathic, and clients' reactions to the therapist's disability can yield important information. They argue that therapists with disabilities can make an important contribution and should not be excluded from professional training. The study concludes the following: "Disabled therapists, like all therapists, must be accepted with their strengths and their failings." (p.11)

Similar to the findings about the benefits of therapists with physical disabilities, Frausel (1988) discusses when social workers who have drug or alcohol problems work with clients who have chemical dependency issues, saying that social workers who are involved in the recovery process are a "...role model of wholeness to his/her clients." (p. 43) However, "...the untreated professional performs a disservice by continuing to work out his/her co-dependency on clients." (p. 43-44) Thus social workers who have untreated problems may be "...ineffective or harmful to chemically dependent clients." (p. 35)

In another related area, people sometimes select careers due to some personal experience. Epstein (1981) studied 105 social workers who do advocacy work to find out how, where, and on whose behalf it is practiced. The related findings of that study for this paper are that 81% of the participants reported that they had specific experiences that motivated them to become advocates. Of those who indicated that they were motivated by personal experiences, 48% cited previous work or volunteer experience. However, 52% reported that their personal experience with advocacy came from having a disability themselves or having a child with a disability.

Thus, many advocates seem to have entered the field through personal experiences of stigmatization and through self-help movements, probably resulting in a high level of personal identification with those for whom they served as advocates. (Epstein, 1981, p.6)

The implications discussed by Epstein suggest that staff recruitment should focus on those who have had personal experiences because they are likely to be the most devoted advocates.

Similar findings about the nature of work or personal experience with people with mental retardation and future career interest were found by Kobe and Hammer's (1993) survey of 92 undergraduate psychology students. Asking about their backgrounds and interests in working in the field of mental retardation, the study sought to find out the impact of family experience, volunteer work, and paid work experience on career interest. Students were given a pretest, a 20 hour practicum in an agency serving people with developmental disabilities, and a posttest questionnaire. The results indicated that students who had prior exposure to people with mental retardation had higher levels of career interest than those without such experience. There were no significant changes in career interest from pre-test to posttest. Eighty-five percent of students having previous volunteer experience (17 out of 20) and every student with a family member (n=4) reported a career interest in this area. They concluded that prior exposure is an important variable in career choice in this area, unpaid volunteers might be a primary human resource pool for professionals in the field, and student volunteers should receive information about and exposure to career opportunities.

(2c). Staffing Satisfaction Issues in Social Service Organizations

This third and final section of the literature review will review the related literature on staffing issues in the field of social services. It will be broken down into sections regarding staff retention among direct care staff in the field of developmental disabilities, mentoring among direct care staff, job satisfaction among teachers in special education, and job satisfaction among social workers, supervisors and administrators. Some of the findings of these studies may also be applicable to master's level social work professionals who are employed in the field of developmental disabilities.

Some related terms that might be encountered in this section are: "Job satisfaction" which is defined by Rosseau (1978) in Poulin (1995, p. 36) as: "a multidimensional construct" that involves organizational characteristics, job task factors, and personal characteristics. To "retain" staff at an organization refers to: "to hold in place or position," according to the *Random House Dictionary*, Concise Edition (1980).

Direct care staff in the field of developmental disabilities

Clearly, the quality of services and supports provided to people with developmental disabilities is directly related to the quality of their direct support providers. Yet, as we have heard time and again from people with developmental disabilities, their family members, advocates, provider agencies, finding and keeping quality direct support staff is a daunting task. Although it has always been challenging to cultivate a quality workforce, it is especially difficult when community services are growing rapidly, the economy is healthy, and the unemployment rate is low (*Impact*, 1998, p.1)

The above quote makes the point that it is crucial to learn what contributes to career interest and continuation in the field of developmental disabilities. Direct care staff have been the subject of recent research (Larson, Hewitt, & Anderson, 1999; Larson & Lakin, 1999; Larson, Lakin, & Bruininks, 1998; Razza, 1993; George & Baumeister, 1981; Sarata,

1972). These direct care positions are an entry point to the field, when people with BA degrees get work experiences and might go on for MSW degrees. Some notable findings of these studies are discussed as they relate to the subject of this dissertation.

Larson, Lakin, and Bruiniks (1998) conducted a three year study of recruitment and retention issues among 124 newly hired direct support staff workers employed at 110 small group homes in Minnesota at organizations serving people with developmental disabilities from 1993 and 1996; the staff recruitment results are also discussed separately in an article by Larson, Hewitt, and Anderson (1999), and the retention results are discussed in Larson and Lakin (1999). Many of those who left their jobs during a 12 month period, left early on: forty-five percent left during the first six months and 23% left between six and 12 months. 38% of them left voluntarily, 15% being fired, 3% were promoted, 11% were transferred to another job in the agency, and 33% remained in their positions (p.92). The most common difficulties reported by supervisors was finding qualified staff (57%), staff turnover (44%), and staff motivation (37%). Supervisors' response to open-ended questions about what could make their jobs better was overwhelmingly to ask for more or better training. Newer residences and residences with new supervisors had higher rates of staff turnover. There were no differences between those who left or those who stayed due to personal or job characteristics. It was noted that for 51% this was their first job in MR/DD and only one-third had taken a course on mental retardation before this job. At 30 days' time, an analysis of 58 workers who stayed and 47 workers who left found that those who stayed were more likely to have heard about the job through friends or family, expect promotions, reported that they felt more committed and satisfied, and had fewer unknown expectations about the job than those who left (p.89).

In light of these findings, Larson, Lakin and Bruininks (1998) pointed out that the role of **supervisors and salary** in retention of direct service workers was critical saying,

The role of supervisors in affecting retention of direct support workers appeared to be very important in this study. Both staying and leaving direct support workers identified their supervisors as a key factor in leaving or wanting to leave the agency.....Direct support workers reported that having a competent supervisor was a very important expectation when they started their new jobs.....Both direct support workers and their supervisors identified pay as a top factor influencing recruitment, retention, and plans to stay in the home (p. 110-111).

Often, direct care workers must go on to education in a career in social work, psychology, or vocational rehabilitation, if they want to continue in the field. In regard to **colleagues** this study found the following were important:

The relationship between direct support workers and their colleagues emerged as an important issue in the qualitative data collection. Both supervisors and direct service workers reported that team work and positive relationships among direct support workers were important to overall staff retention. Among supervisors, it was tied for second among the factors viewed as influencing successful recruitment, retention, and training. Stayers identified problems with co-workers as the most common type of incident that made them want to leave. Leavers also indicated that problems with co-workers had influenced their decision to leave (p. 111).

Direct support workers reported that the most difficult aspects of their new jobs were: getting to know the residents and their behaviors (45%); learning the routines and duties (43%); difficulty getting along with other workers (20%), and adjusting to the varying work schedule (14%) (p.6-7). In terms of what direct support workers reported that they would tell someone who is considering a job in the field, they overwhelmingly discussed both positive and negative reasons. The most common **positive** things that direct support workers wanted to let others know about the job was that it was rewarding, the work environment was good, the necessity of the workers to be mature and responsible, having fun with the clients, and needing a lot of patience. The **negative** things that they reported were: behavior or medical

needs of the residents, working varying hours that included weekends and nights, low pay, and little chance for advancement. These workers suggested that potential workers learn the duties involved, be responsible, mature, patient, and treat each person with dignity and respect (p.7). Based on these findings, Larson, Lakin and Bruininks (1998) recommended that agencies should recruit new workers through word-of-mouth, portray accurate job previews, provide longer training to new workers, provide post-secondary education options, provide training to supervisors, have participatory management, recognize good workers, and advocate for legislation favoring better wages and training.

Similarly, Razza (1993) studied 236 direct care staff at nine private organizations providing residential services to people with developmental disabilities in New Jersey. The study began with a pilot study of 20 direct care staff. A 54 item questionnaire was developed relying mostly on existing scales, such as burnout. The following four variables were found to correlate with current job satisfaction: agreement of the job with personal goals and values, burnout, satisfaction with supervision, and employment history. The author points out the importance of considering the impact of the job market. Similar to Larson, Lakin, and Bruininks, the author points out the following about the importance of **supervisors:**

...the relation between employee and supervisor appears to be crucial to the employees job satisfaction. Based on the measures in this study, a supervisor who is perceived as easily approachable, shows concern for the employee's feelings and opinions, and encourages the employee's self-expression is likely to enhance retention (p.290).

In terms of employment history, the study found that those who had longer tenure at their previous jobs, no more than two jobs prior to the current one, and no job where they worked for less than a year, were more likely to report satisfaction with their current jobs and

were less likely to have left by the six month follow-up. Recommendations for increasing staff retention included: increasing salary, tailoring the job to the individual through flexible scheduling, redesigning the job responsibilities to prevent exhaustion and overworked employees, providing better training to supervisors to provide support to employees, and hiring those who have worked at previous jobs for longer periods of time.

George and Baumeister (1981) studied a stratified random sample of residence managers and administrators in 21 organizations that provided community residences for people with mental retardation in Tennessee to see what contributed to satisfaction or staff turnover. Their triangulated design included administration of a 33 item questionnaire derived from existing scales, fiscal records, a site visit, and a weekly activity survey. Most residence managers and administrators were high school graduates. Pay and opportunities for promotion were reported as the least satisfying parts of the job. They indicated that working with co-workers was the most satisfying part of the job, closely followed by working with the clients. Salary was mentioned as the most needed thing to be changed, as most house managers were working at or near the minimum wage level. Ninety percent reported that their job expectations did not match reality and they did not feel that they were well compensated for the demands of the job. One third of those who left were dismissed. Of those who left voluntarily, the major reasons were to find a better paying job (32%), and dissatisfaction with the job (27%). Turnover rates among full-time house managers were significantly greater than those of administrator/supervisors. The rate of absenteeism was surprisingly less than one percent because staff stayed despite feeling ill or tired because of staff shortage. The study reported that "...discrepancy between the job demands and level of compensation is no doubt a major source of satisfaction, and we infer, a major variable

in the decision to leave the organization (p.646).” An inverse relationship was found between the staff turnover rate and functioning level of the residents.

...while resident behavior problems may be a major reason why some house managers decide to leave. interactions with the residents were, at the same time, viewed as the best part of the job and the main reason for staying....the decision to leave is probably the result of a combination of variables that become more critical when working with severely retarded residents who have behavior problems (p. 646).

The study recommendations were to make improvements in salary, working conditions, training, opportunities for career advancement, and management style.

In an even earlier time, Sarata (1972) studied job satisfaction among direct care workers at two different social service organizations that served people with developmental disabilities. Sarata (p. 83) found that satisfaction with the current agency is more of a determinant of job satisfaction than satisfaction with the field of mental retardation, and that changing their roles and responsibilities at the agency changed their satisfaction levels. Sarata (p. 145) found that variety of the work, autonomy of the job, feedback from supervisors, participation in planning and decision-making, and opportunities for learning were associated with higher levels of employee satisfaction.

In addition, Sarata (1972, p. 80) also found that those who reported that they had “prolonged and extensive” contact with clients scored lower on agency satisfaction than did those who reported less client contact, which led him to believe that “working with retarded clients is inherently frustrating.” Sarata concluded (p.145): “Working exclusively with mentally retarded clients does not provide a particularly satisfying work situation.” These findings are opposite to those of DeWeaver (1980) who found that 75% of social workers wanted to continue in the field of developmental disabilities. Perhaps, this difference in findings of satisfaction is because Sarata’s study involved direct care workers and

DeWeaver's study involved professional social workers. The different types of job duties in the field of developmental disabilities can contribute to differences in satisfaction levels among different levels of staff in working with this population.

Mentoring direct care staff

The other major focus of the today's literature on direct care staff regards the impact of mentoring on staff retention (Browning & Blumenthal, 1999; Curtis, Wilson, & Clingman, 1998). *The Random House Dictionary*, Concise Edition, (1980, p. 549) defines the word "mentor" as "a wise and trusted counselor." As discussed before, direct care work is often an entry point to the developmental disabilities field when workers might stay on and pursue professional positions.

Browning and Blumenthal (1999) report on the impact of a mentoring program, the Kennedy Fellows Program in New York City, which is part of Reaching Up, a non-profit organization that was founded by John F. Kennedy, Jr. in 1989 to support higher education and career advancement of frontline workers in health, education, and social service fields.

The Fellows Program, in conjunction with the City University of New York, has provided college scholarships and career mentoring to 400 direct service workers. Browning and Blumenthal (p.7) report that since 1990, 50% of the fellows have graduated with bachelors or master's degrees, 25% have graduated with certificates or associates degrees; ninety-five percent of the fellows are still employed in those jobs.

Similarly, Curtis, Wilson, and Clingman (1998) studied the benefits of mentoring for direct service staff at a state residential facility operated by the Ohio Department of Mental Retardation. Their definition of "mentoring" was: "advisor and trusted teacher (p.12)." The

program that they developed consisted of a week of formal training followed by two weeks of “mentoring,” and each week was spent “shadowing” a different mentor on a different shift. During “shadowing,” the new employee observes the mentor and the mentor observes the new employee. Such activities that are observed include: daily routine, doing paperwork, performing job duties with the residents and mealtime activities, communicating with other staff members, attending social and recreational outings with the residents, and attending team meetings.

Curtis, Wilson, and Clingman indicate that during these first three weeks, then, the new employee is not assuming job duties. After two months of employment, there is an employee performance review. Employees are always encouraged to keep in contact with their mentors. After eight years of this program, the study found that there has been a reduction in staff turnover. The study reported that in the six years prior to the program, the turnover rate was 36.8%; however, since 1990, the turnover per year has been 14%. Although the study acknowledged that other factors might have played a role, they felt that mentoring was an important part of the reduction in staff turnover which has improved the quality of the services provided to the residents and their families.

Job satisfaction among special education teachers

A recent study (Gerstein, Keating, Yovanoff, & Harniss, 2001) studied 887 special education teachers in three large urban school districts about their intention to stay in the field of special education teaching. The study found that the leading negative factor reported about the job was stress due to the design of the job. Co-worker support and professional development were found to alleviate this stress. Several other key variables were identified

which were: perceived support of their principals or other teachers, professional development opportunities; and role dissonance (between their expectations about the job and the way the job actually turned out). For the 33 teachers who indicated that they wished to leave the field, 69% actually left in a 15 month period. The study recommended the need for increased opportunity to interact with professional colleagues, and clerical and technological support to deal with huge amounts of paperwork. These findings may have implications for social workers who work in similar settings and have a similar caseload of people with developmental disabilities.

Job satisfaction among social workers

Another area of contemporary research focuses on social workers in general. Poulin (1995) studied social work supervisors and administrators. Some studies focus on those who are employed in public sector or government jobs (Henry, 1990; Barber, 1986) or voluntary sector jobs (Poulin, 1994). Given the fact that many social workers in the field of developmental disabilities also work in a variety of positions at voluntary and government settings, these findings may be applicable as well.

Poulin (1995) studied job satisfaction among 318 social work supervisors and administrators who are members of National Association of Social Workers (NASW) through a mail survey in 1989 and 1990 that addressed organizational characteristics, job tasks, and personal characteristics. Eighty-two percent of the sample had an MSW degree or higher. Job satisfaction was measured by a well-known 18 item index that was developed by Brayfield and Rothe (1951) which consisted of "organizational characteristics" (organizational resources, staff interaction, supervisor support, co-worker support, and

salary); "job task factors" (autonomy, stress/pressure, time spent on paperwork, and time spent in meetings); and "personal characteristics" (age, health status, self-esteem, marital status, and length of time at the organization).

For supervisors, Poulin (1995) found that while both groups were satisfied with their jobs, the administrators were significantly more satisfied than the supervisors. For supervisors,

it was found that (a) supervisors with greater autonomy had higher job satisfaction than those with less autonomy, (b) understaffing at agencies had a direct negative impact on job satisfaction, and (c) those who are married and those with higher self-esteem had higher job satisfaction. For administrators, the findings were: (a) the strongest predictor of job satisfaction is salary and benefits, (b) the higher of degrees of trust between staff members, the more satisfaction from the jobs, (c) the longer they have been with agencies, the lower their job satisfaction.

Based on these findings, Poulin (1995) argues that professionals with different job responsibilities have different needs. Poulin also argues that while the literature tends to focus on the needs of direct-service workers, it is just as important to pay attention to the job satisfaction of front-line supervisors who provide support to direct care workers. For supervisors, Poulin argues that administrators can increase the job satisfaction through increased autonomy, increased salaries and benefits, opportunities for professional development, and appropriate staffing levels. For administrators, Poulin argues that that they should provide a positive work atmosphere among staff that encourages trust, and those who are not satisfied should consider taking other positions.

Henry (1990) studied 170 master's level social workers in the public mental health system in Colorado during the Summer of 1985 to see what in the current work environment functioned as retention incentives. The survey questionnaire, consisting of 28 Likert style items, was developed by the researcher through studies in the business and health care literature because retention measures for social workers were non-existent. The study found that 74% of the respondents indicated an intention to continue at the job or in another job in the public mental health field. The following eight measures were found to be most important to social workers (in this order): release time to attend conferences, supervision, agency paid registration for conferences, agency paid for short term external training, flex-time, in-service training, participatory management structure, and availability of an agency staff development program. Also the study found that those measures which carried the greatest importance to social workers, also carried the greatest use indicator, but not always in the same order. Age, area of specialization during the MSW program, urban/rural location, and gender were not significant. The study participants indicated that they overwhelmingly valued the opportunity for professional development is very important. Henry indicates many of these retention measures do not cost that much and every effort should be made to include them in budgets and to publicize these retention methods so that all employees are aware of them.

Similarly, Poulin (1994) studied job satisfaction among 873 social workers who were members in the National Association of Social Workers (NASW) or the Gerontological Society of America (GSA) through a mail survey in 1990 that addressed changes in organizational characteristics and job tasks in a one-year period. Seventy-eight percent of the sample had an MSW degree or higher. Job satisfaction was measured by a well-known 18

item index that was developed by Brayfield and Rothe (1951) which consisted of "job task predictors" (includes satisfaction with salary, job autonomy, job stress, and time spent with clients), and "organizational predictors" (supervisor support, adequacy of organizational resources, and personal development opportunities), and "personal characteristics" (age, gender time with organization, educational level, and health).

The findings of Poulin (1994) indicated that between 1989 and 1990, the mean level of job satisfaction declined significantly; however, most were still satisfied with their jobs.

The strongest "job task" predictors of job satisfaction were a change in "job autonomy" and "satisfaction with clients." In terms of "organizational predictors," an increase in supervisor support, professional development activities, and organizational resources increased changes in job satisfaction. The strongest "organizational predictor" that predicted job satisfaction was "opportunity for professional development." Personal characteristics did not correspond to changes in reported levels of job satisfaction. The data also found that changes in salary and job stress were not significantly related to changes in job satisfaction.

Based on these findings, Poulin (1994) indicated that most respondents are satisfied with their jobs. Poulin points out that one of the limitations of generalizing from the study is that it relied on highly experienced social workers who worked in the field of gerontology, 12.2 years on average, and this might explain why they were less concerned with salary issues than expected. Poulin recommends that cohort and panel studies be conducted with other client populations as well as new MSW's to see the impact of salary on retention and job satisfaction. Organizationally, Poulin points out that because organizations have a key role in positively or negatively impacting on social worker job satisfaction, administrators have to make policy changes to facilitate worker job satisfaction in ways such as these:

providing job autonomy, providing "supportive" supervision, keeping caseloads as small as possible, distributing "difficult" cases among the staff rather than only to the best workers, providing opportunities for professional development activities, and creating "supportive" work environments.

At an earlier time, Barber (1986) studied 2,521 employees of a state social service organization by mail questionnaire using 5 point Likert scales. The study relied upon a variety of existing scales. Sixty-seven percent of the respondents reported that they were completely or fairly satisfied with their jobs. With the exception of the clerical staff, the direct service workers showed the lowest level of satisfaction, followed by supervisory staff. Barber says that the lower the pay and level in the organizational structure, the lower the satisfaction. Participants who were in their current position less than 2 years or more than 9 years were the most satisfied. Those who were under age 25 and over age 45 were also the most satisfied. No differences in satisfaction were found with sex or race. Dissatisfied workers reported more days absent from work than satisfied workers and were more likely to report that they would consider seeking other employment opportunities than satisfied workers, which is costly to the agency.

The findings of Barber (1986) found that for direct care workers, the strongest predictors of satisfaction or dissatisfaction were: feeling a sense of achievement, feeling a heavy workload, and feeling that the job is not interesting. For supervisors, the three strongest predictors were: recognition, no praise, co-workers, and like co-workers. Other important items for supervisors were: how interesting the job is, being valued by the agency, and feeling responsibility. For managers, the two strongest predictors of job satisfaction were: a sense of achievement with their job and their progress towards promotion; other

important predictors were: understanding how agency policy impacts on the workers, job security, and whether or not they were liked by their co-workers. Barber concludes that policy changes relating to increasing salary, decreasing caseload size assignment, and giving workers more control/decision-making power could improve job satisfaction

Summary : Literature Review Section

This chapter has reviewed literature on: (1) studies that look at the practice areas of interest to MSW graduates or MSW students, (2) studies that look at personal/family factors related to a career choice to study social work, and (3) studies that look at staffing issues in social service organizations.

In the first section, one of the key findings in every study was that social work students and social workers ranked interest for working in the field of mental retardation as a low priority. In contrast a high interest was indicated in private practice and other types of work where psychotherapy can be used. However, the quantitative nature of these studies ruled out any insight into the reasons for the lack of interest evidenced in the studies, and the relation of career interests to MSW field placements was not explored. In some studies, mental retardation as a field of practice was not even listed as an option in the questionnaires!

The second section of the chapter looked at demographic and personal factors related to a career choice to study social work.. There were some differences found in the literature: Henry, Sims, and Spray (1973) did not find that mental health professionals came from more dysfunctional families than those who did not work in mental health. This was in contrast to

the social work literature studies which found that those who chose social work came from more dysfunctional families (addictions, abuse, physical illness, death). However, we also saw that asking students about the experience of having a family member or friend with mental retardation was often overlooked. In terms of the few studies that discussed the impact of personal, family, and work experiences with people with mental retardation, these seemed important to an interest in working in the field of mental retardation. The benefits and disadvantages when social workers have personal experiences similar to those of the clients/consumers were discussed.

The third section of the chapter, addressed the literature on staff recruitment/retention for direct care workers who work in the field of developmental disabilities and related areas, as some of those findings may be applicable to social workers who work in the field of developmental disabilities. It was found that a high number of direct support workers leave their jobs or are fired in the first year of work (Larson, Lakin, & Bruininks, 1998; George & Baumeister, 1981). These studies also found that for a large number of these direct care workers, their job expectations did not match the reality of the job (Larson, Lakin, and Bruininks, 1998; George and Baumeister, 1981). The impact of the supervisor, particularly his/her knowledge, support, availability, and experience, was also found to be very important to maintaining new direct care staff (Larson, Lakin, & Bruininks, 1998; Razza, 1993; and Sarata, 1972). The impact of colleagues was found to be important (Larson, Lakin, & Bruininks, 1998; George and Baumeister, 1981). The impact of clients on their satisfaction with their jobs was mixed, with Larson, Lakin, and Bruininks (1998) reporting that staff expressed positive and negative feelings, George and Baumeister (1981) reporting mostly a positive experience, and Sarata (1972) reporting mostly a negative impact. The impact of

salary was also found to be a influential factor according to Larson, Lakin, and Bruininks (1998) and George and Baumeister (1981). Opportunities for training were also found to be important at the direct care level (Larson, Lakin, and Bruininks, 1998; Sarata, 1972) and the master's level (Henry, 1990). The studies of master's level social workers similarly found that organizational variables are very important in terms of job satisfaction (Poulin, 1994), particularly an opportunity to engage in professional activities. Thus, we have seen how a multitude of factors can impact on staff retention. Moreover, because staff retention impacts on the quality of services that clients/consumers receive, it is an important issue needing further research.

CHAPTER 3: GOALS AND INTELLECTUAL FRAMEWORK

In the prior section, the relevant literature was reviewed in terms of fields of practice of interest to MSW graduates, demographic/personal factors found to be related to a career choice to study social work, and staff retention issues in social service organizations. Working with people with mental retardation ranked low as a field of practice for social work and that studies have not paid attention to this topic. In this section, the theoretical framework for the research will be discussed. Several theories are thought to be relevant to this inquiry: (1) theories on career development, (2) symbolic interaction, and (3) organizational theory.

My reasons for selecting these particular theories come from a pilot study that I conducted on this topic last year with six professionals. The results of that pilot study were that many professionals explained their early career choice in terms of a series of accidents or chance; therefore, particular attention here will be given to sociological theory of reality/accident theory to understand the process of career development for those social workers who choose careers in the field of mental retardation. In addition, the professionals talked about being influenced by particular individuals that they knew from their family who had some variation of mental retardation, and also stated that they were influenced by those working in the field, and therefore, symbolic interaction theory seems appropriate.

(3a.) Theories of Career Development

The major contemporary theories regarding career development are summarized by Osipow (1985). In his book, each chapter addresses a particular theory of career development. (1) *Trait* theories assume that an individual can match his or her abilities and interests to vocational opportunities in the world (p.9); examples of theorists who fit into this category are Parsons, Hull and Kitson. (2) *Sociology theories* look at the impact of societal circumstances, such as reality or accident in vocational choice; examples of theorists who fit into this category are Sewell and Hauser, Sweet, Caplow, Hollinshead, Miller and Form (p.10). (3) *Developmental/Self-Concept theories* support the belief that people develop clearly defined self-concepts as they get older which are related to their changing view of reality and their career decisions are based on their understanding of their self-concept and vocational career; examples of theorists who fit into this category are: Buehler, Super, Samler, Ginsberg, Dudley and Tiederman, Kniefelkamp and Slepitz, and Carl Rogers (p. 10). (4) *Vocational Choice and Personality theories* suggest that people select their jobs because they see potential for the satisfaction of their needs; examples of theorists are Small, Schaffer, and Roe. (5) *Behavioral Approaches* look at individual environmental interaction in a behavioral way; examples of theorists in this category are Mitchell, Jones, Krumboltz and Thoresen and Ewart.

Sociological theories

Of the above mentioned theories in Osipow (1985), my prior pilot research study has shown that sociology theories are particularly relevant to this study. For example, in the pilot study, a participant mentioned that she had wanted to become a doctor but that profession

was “not open to women at that time.” Furthermore, her family pressured her to get married, have children, and not pursue a career. Nevertheless, she went on for her master’s and selected another helping field where women were welcome. According to the “Sociological approach,” also known as “Accident approach,” Osipow (1985, p. 225) writes:

The sociological approach is based upon the notion that elements beyond the individual’s control exert a major influence on the course of life, including educational and vocational decisions....the degree of freedom of occupational choice a person has is far less than might at first be assumed and that one’s self-expectations are not independent of society’s expectations....Society, in turn, is assumed to present occupational opportunities in a manner related to class membership...

In addition, Osipow (1985) writes about the idea of “being in the right place at the right time.” A participant in the pilot study explained how she obtained a job because she knew someone at the organization where her own child was receiving services.

Related to the sociologist’s belief that circumstances impose choices on individuals is the proposal that chance plays a major role in occupational decisions. That is to say, being in ‘the right place at the right time’ may have more to do with the vocational decisions people make than systematic planning and vocational counseling... (Osipow, 1985, p.225)

In the pilot study, many participants talked about the impact of the job market on their careers. In obtaining a first post-master’s position, participants mentioned factors such as hiring policies of organizations, government, and more that impacted on the type of setting and population that they worked with. One participant mentioned that she had wanted a position in the juvenile justice system, but it was an election year when she graduated and many city and state agencies were not hiring until the new officials were elected. Another participant mentioned that she wanted a position in working with the elderly but it was the time when there were cutbacks in nursing homes and hospitals. Thus, it is possible that other professionals simply came into the developmental disabilities field because that’s where there were jobs to be found.

The sociologist....is likely to focus attention on chance (extraindividual) variables themselves and seek to understand the forces that operate in that dimension, in order to introduce some systematic

organization of these apparently unsystematic aspects of life....sociologists are more likely to be interested in the phenomenon of chance and study it. (Osipow, 1985, p. 226)

While impersonal and chance social factors may represent a major portion of the interest of the social system view of career decision making, the organization of society itself represents another, is more systematic social aspect which influences individual career behavior in a way that this not directly under personal control. One must also consider the influences of the economic opportunities and general situational elements surrounding the individual as a function of social class membership and the organization of society. (Osipow, 1985, p. 226)

(3b.) Symbolic Interaction: A theoretical tradition

Patton (1990, p. 64-88) discusses several theoretical traditions associated with qualitative inquiry, each with varying purposes and emphases in research, which have implications for the kinds of questions that the researcher will ask: ethnography; phenomenology; heuristics; ethnomethodology; symbolic interaction; ecological psychology; systems theory; chaos theory; nonlinear dynamics; hermeneutics; and orientational qualitative. Symbolic interaction has been chosen for this study because it is closest to this researcher's thinking that something happens during the interaction process with a person with mental retardation that impacts on the social worker's decision to pursue a career in the field.

The symbolic interactionist perspective is most associated with George Herbert Mead and Herbert Blumer (Patton, 1990; Reynolds, 1987). Reynolds (1987) writes that Herbert Blumer of the Chicago School is among one of the most widely known symbolic interactionists who coined the term "symbolic interactionism" and follows Mead's position.

Marris (1998) writes that symbolic interaction focuses on the daily social interaction

between people in society, assuming that people have shared meanings that emerge in the encounter of social interaction of people in society.

The question asked by a researcher working in this perspective is: "What common set of symbols and understandings have emerged to give meaning to people's interaction?" (Patton, 1990, p. 75). The three major premises of this perspective are: (1) people act on the basis of meanings; (2) meanings arise out of the social interaction with others; (3) meanings are subject to interpretation in the process of encounter (Patton, 1990, p. 76).

Reynolds (1987) writes points out the complexity of meaning and how it relates to understanding people's behavior:

Humans act on the basis of *meaning*. These meanings are products of collective situations they arise out of interaction with others as the interactive process itself is mediated by language. Through this process, one comes both to see and to take the role of the other and to place on oneself the same demands others place on one....individual behavior, group conduct, and even culture all come down to this: They are all matters involving meaning and interpretation If you wish to understand an individual's behavior or a collectivity of actions, you must 'get at' the meanings being assigned and the interpretations made....(Reynolds, p. 77).

Reynolds (1987) goes on to say that interactionists, like Blumer, seek to understand, rather than to predict: " ...desires to understand and explain human behavior: unlike the positivists, he does not seek its prediction and control." (p.78). In order for someone to understand and discover meanings in human interactions, one must get as close to the people and the situation as possible, which lends itself to the qualitative method.

The way to understand human behavior, according to Reynolds (1987, p.79) is to get as close to the people and the situation as possible:

From a detailed and intensive examination of the raw data gleaned from either direct observation, letters and diaries, life histories, public records, or discussions, the 'meanings' actors attach to social events will be revealed.... If you would understand human behavior you must first work your way into the worlds of your subjects as they see, interpret, and give

meaning to them. People's behavior transpires on the basis of particular meanings. To understand the behavior, one must first understand the meanings. One best gets at these meanings through the method of sympathetic introspection; one must take the viewpoint of the individual or group whose behavior or action is being investigated....Intimate understanding of the actor's world is the ultimate goal of such an approach.

Reynolds (1987, p.81) explains how interaction is connected to the qualitative method:

Because Blumer consistently views human behavior as creative, and because it always has about it an indeterminate, spontaneous, and unpredictable quality, he favors techniques and concepts that allow one to deal with the dynamic interplay that transpires between the emergent, or spontaneous, aspects of the self on one hand, and its socially derived facets on the other. That is largely why he prefers direct observation and sensitizing concepts to quantitative methods, operational definitions, and variables.

Thus, it seems that meanings arise out of social interaction with others and there are meanings involved in every interaction process. In regard to this study, it can be implied that the interaction process between people with mental retardation and people without mental retardation is important. The fact that some social workers choose to do this type of work might have something to do with the nature of the encounter with people with developmental disabilities that they have known and the meanings that they gave to the encounter. The fact that some social workers stay in the field might have something to do with the positive meanings from past interactions with people with mental retardation that they bring to future situations. In addition, it is possible that social workers might become interested by being around other co-workers and supervisors who enjoy doing this type of work.

Some of the work that has been done in the area of interaction has been with people with physical disabilities (Birenbaum, 1979; Schwartz, 1988) or mental retardation (Bodgan & Taylor, 1987). Birenbaum (1979) writes that face-to-face interaction with people who are "noticeably different" can lead to feelings of awkwardness, embarrassment, confusion, and uncertainty in social situations for both the disabled and non-disabled person so that the

tendency for the non-disabled person is to avoid interaction with the disabled person; Birenbaum (1979) goes on to say that it is expected that the person with a disability has poor social skills and has the ability to anticipate stigma. Birenbaum (1979) suggests that people without disabilities will avoid people with disabilities because of the uncertainty and stress that is involved in the encounter.

To prevent such stereotypes and avoidance from happening, the literature points out several solutions: Elliott and Byrd (1987) argue that it is necessary to have accurate and non-stereotypic portrayals of people with disabilities on television. Thomas and Wolfsensberger (1982) referred to the necessity of a positive image and positive identification of people with disabilities. Bogdan and Taylor (1987) suggest that increased positive contact between people with and without disabilities is important based upon a belief that regular, positive contact will result in a reduction of discomfort, more trust, and more relating to the person as a person rather than on the basis of stereotypes. A positive interaction is likely to take place in a pleasant environment where the disabled person is not among a large group of disabled persons.

(3c.) Organizational Theory

How organizations support workers and provide opportunities for professional growth is another factor that cannot be overlooked in the selection of social work as a career, in the process of entry to the field of mental retardation, and in the decision to continue working in the field of mental retardation. In the pilot study that I conducted last year, one participant demonstrated how organizations can impact on careers. She explained that she had a bachelor's degree in teaching history and moved to another state shortly after graduation. While waiting for her teaching license to transfer between states, she obtained what she thought would be a temporary position teaching social skills to adults with mental retardation in a day program. She loved the job so much that she stayed even when she got the teaching license. She talked about the good feeling of having the agency's support in her career when she was allowed time off from work and a small stipend to go back for her master's degree in social work. Once she obtained her degree, she was promoted to a social work position at the agency and she remained for years.

Weinbach (1998) points out several ways in which organizations and managers can contribute to or hinder employee growth and development. As in the example above, it can be seen how organizations can provide opportunities for **rewards** to workers, such as salary or other fringe benefits, like continuing education. These reward principles are based on the assumptions of employee motivation. Weinbach (1998), citing classical motivational theories, points out that workers are driven by different needs and forces. Citing McClelland, Weinbach explains that workers have different needs for power, affiliation, and achievement which may or may not be fulfilled at the organization.

Weinbach (1998, p. 159) differentiates the concept of continuing education into: training, education, and staff development. Weinbach points out that only one, education, is thought to have the purpose of career advancement. As discussed in the above example, it was education that was received by that participant in my pilot study. "If resources are available, released time and even tuition support are much appreciated by staff. In this way, a manager can communicate a belief in the value of continued worker growth." (161)

Weinbach (1998, p. 188-193) states that another factor in determining continuation at the agency may be **promotions**: Is there the opportunity for promotions?

"As staff members acquire more education and particularly if they are awarded advanced degrees, they are likely to expect increased work responsibilities, higher salaries, and continued career advancement." (Weinbach, 1998, p. 161)

This was probably a key factor in the career path of the participant from the pilot study.

In addition to rewards, issues of **leadership** at the organization can impact on employees' career growth. Dane and Simon (1991) point out that many social workers practice in "host settings," agencies whose mission and decision makers are defined and dominated by people who are not social workers. It is important to point out that many of the organizations that serve people with mental retardation/developmental disabilities are not social work dominant. Social workers often operate as part of multi-disciplinary teams where collaboration with other professionals is necessary. Dane and Simon point out that in this type of setting, social work is marginalized, social work is often devalued, and social workers encounter role ambiguity and role strain. Therefore, it is possible that social workers in these settings lack role models and/or organizational supports which might be necessary for career growth.

Weinbach (1998, p. 257) defines **leadership** as: "...the manager's conscious efforts to influence other people within the organization to engage willingly in those behaviors that contribute to the attainment of organizational goals." Weinbach (1998) says that in human service organizations, managers want "...to lead in such a way that they will influence the behavior of others to maximize their contributions to efficient and effective client services." Workers look up to good leaders and managers and might want to follow in their footsteps.

Weinbach (1998, p. 157) says that good **supervision** promotes employee growth and connection to their field:

Good supervision provides both practical assistance and a role model for staff...(and) may also serve as a reminder to employees that they have a responsibility, not only for their growth but for the development of knowledge for others who work in the field.

Therefore, is assumed that a worker might be influenced by a good supervisor to pursue this/her education and/or commitment to a particular issue or client population.

Participatory Management: As defined by Weinbach (1998, p. 68): "It sets aside the organizational hierarchy to tap the best available knowledge for decision making and problem solving." This makes a good impact on the workers. Weinbach (1998, p. 68) says, where "involvement in decision making and problem solving helps to create a greater climate of mutual respect within human service organizations." Ideally, it seems that this can break down barriers between different levels of staff and increase communication between various professions where some staff might serve as role models to influence others. Workers will want to continue there. "Healthy and successful organizations are those in which all participants have a sense of 'team' and appreciate the value of teamwork." (Weinbach, 1998, p. 268)

Summary: Goals and intellectual framework

Theories of Career Development point out that career choice is a complex process of events in life. In particular, Sociological theory points out the possibility of accident and chance factors in career development. So we can see the complexity of a career choice to work with people with mental retardation/developmental disabilities.

Symbolic Interaction theory focuses on the meanings of interactions of people in society. It was discussed that when social workers work with people with mental retardation or staff who enjoy working with the population, good feelings develop over time which helps affect their decision to continue doing that type of work. The day-to-day interaction itself creates meaning that changes future interactions for both the client and the worker.

Organizational theories were also discussed. Concepts such as employee motivation and rewards (continuing education and promotions) were discussed. In addition, concepts such as organizational leadership, supervision, and participatory management helped to explain the impact of the organization on employee decisions to continue at the agency and on employee growth. The concept of “host setting” was pointed out as being particularly important here because many organizations that serve people with mental retardation are run by non-social work dominant professions which can impact on employee career growth.

The importance of each of these theories to this study became highlighted through the pilot study, and all are important to understanding the overarching research question of this study, which is: What is the process of life experiences and events that contributes to a career decision to do social work with people with mental retardation?

CHAPTER 4: RESEARCH DESIGN

One of the challenges for the field of mental retardation/developmental disabilities (MR/DD) is to attract and maintain staff. As described in the literature review, social workers have neglected the issue and the population. The main tasks of this study were to uncover what are processes of entry and continuation in this field for social workers.

In terms of entry to the field questions are: What are the processes by which social workers develop interest in working with people with MR/DD? What contributes to applying for/accepting a first job in the field? How do social work MSW field placements contribute to an interest in working with MR/DD? How well did MSW programs prepare students for this population? How do early work experiences and/or volunteer work with people with MR/DD contribute to a later choice to work in this field? How does having a friendship with a person with MR/DD at a young age impact on interest? How does having a person with MR/DD in a social worker's early family life relate to a later career choice to work with people with MR/DD? How did organizations impact on their careers?

Regarding continuation in the field, this study hopes to answer these questions: How do social workers' day-to-day experiences on the job in the MR/DD field contribute to a decision to stay in the field? What do social workers like most about working with MR/DD? Why do social workers stay in a field that is low paying and has low status? What is it about the interaction with people with developmental disabilities that is meaningful?

How do social workers feel about their ability to develop a relationship with people with MR/DD? How do social workers feel about client progress? What is the impact of the organization on their careers? To address the complexity of these questions, and the lack of studies on this topic, the study methodology will be qualitative.

(4a.) Methods

The chapters on the relevant history, literature, and theories provided a frame of reference for the central question in the study and suggested a possible research methodology for addressing it. As discussed earlier, the **purpose** of this study is to discover the processes of life experiences and events that brought social workers to working in the field of mental retardation and kept them there. Given the projected job opportunities, staff shortages, lack of interest in the field by MSW students, lack of literature on topic, and this researcher's personal and professional experiences in the field, this researcher was driven to try to understand the process in order to hopefully be able to interest others in the field. Because the objective is to uncover the complexities of the impact of family, work, school, and internships, the research methodology of choice is **qualitative**.

Patton (1990, p. 125) talks about the researcher's own values in selecting the qualitative method. The values most applicable to the study are: "...People and communities should be understood in context and holistically....The process (how things are done) is as important as the outcomes (or what is achieved)."

In selecting a method of inquiry, Guba and Lincoln (1994, p. 105-117) discuss the need for the researcher to recognize that there are several competing paradigms, or ways of looking at the world, which address key issues of ontological and epistemological questions regarding the nature of reality and ways of the researcher coming to know reality; examples of these paradigms are positivism, postpositivism, critical theory, and constructivism. Different paradigms imply different methods of inquiry, quantitative or qualitative. The present study emphasizes that there are multiple realities and multiple ways the researcher

comes to know reality. An assumption is made by the researcher that there are many factors involved in the process of career choice to work in the field of mental retardation and decision to continue in the field of mental retardation, that there are different reasons for different people, and that there are many ways that the researcher discovers information.

The present **exploratory** study addresses gaps in the literature where information is not known and where discovery is necessary. Kirk and Miller (1986, p. 16) acknowledge the following: "In science as in life, dramatic new discoveries must almost by definition be accidental ("serendipitous")." Mintzberg (1983, p. 109) says: "Call this research exploratory...peripheral vision, poking around in relevant places, a good dose of creativity--that is what makes good research, and always has, in all fields." Thus, there may not be a simple reality, there are no current objective criteria to measure it, and this lends itself to selection of an open-ended inquiry.

Consequently, a study of experiences and processes of social workers' paths of entry to the field of mental retardation and their continuation in this field lends itself naturally to a qualitative design for several reasons. Firstly, the open-ended questions and flexibility to add or delete questions as the study progresses that characterize qualitative research are a good fit with this study because there is a gap in the literature on the topic of what processes and events are involved with social workers who make a career choice to work with people with mental retardation. Predetermined questions and fixed choice answers would further limit the information that I could obtain and thus preclude me from discovering all that there is to discover on this subject. Therefore, this researcher assumed that a quantitative methodology would not be appropriate.

Previous investigators, such as DeWeaver (1980), who used quantitative research, suggested that subsequent researchers utilize qualitative research. Likewise, Patton (1990, p. 132) says, "Qualitative data can put the flesh on the bones of quantitative results, bringing the results to life through in-depth case elaboration." This researcher hopes to be learning from the participants about what factors influenced their career choice and hopes to refine the interview guide over time. This fits in with the purpose of the study, which is descriptive or basic research.

In addition, qualitative research is appropriate for this study because it allows for the possibility of complexity and depth of participant responses. So too, this study assumes that career choice is not something that can be explained by a single reason, but that a person's life is complicated and career choice represents a complex set of individual and environmental factors in a person's entire lifetime. This holistic approach, which is one of the characteristics of qualitative research (Patton, 1990, p. 49), will be able to capture the participants' life experiences. As Janesick (1994, p. 219) writes, with qualitative research, the whole story can be told "...in all of its complexity, content, originality, and passion." Thus, the ability of qualitative research to get to depth of responses will fit with the descriptive or basic research purpose of this inquiry.

Moreover, qualitative research is most appropriate for the study questions about experiences and interests of social workers in the field of mental retardation because with qualitative research, the processes, rather than just the outcomes, are uncovered (Bogdan & Bilken, 1983, p.3). This study assumes that career choice is also a process of events that need to be uncovered and described through a detailed interview where participants trace significant events in their lives. A qualitative research study would allow this researcher to

“...describe, explain, and make more understandable the familiar in a contextual, personal, and passionate way.” (Janesick, 1994, p. 218) On the other hand, there are “tradeoffs” in selecting qualitative inquiry. Patton (1990, p. 162-168) discusses trade-offs in “breadth versus depth.” Patton points out that with qualitative research, in obtaining the depth or detail of participant responses and the meanings of the experiences to them, the breadth or the number of people we can study is limited.

Purpose of Research

Patton (1990, p. 150-159) distinguishes between five types of research: basic research, applied research, summative evaluation, formative evaluation, and action research.

Basic research is a type of research about “knowledge for the sake of knowledge” to understand and explain how the world operates, where the focus of such a study is a question that is deemed important by one’s discipline or personal intellectual interest (Patton, 1990, p. 152). The questions to be addressed in this study are basic research questions that seek to understand the process of events and experiences that contribute to career choice to work with people with mental retardation and the process by which they are impacted by the work and decide to stay in the field of mental retardation.

Unit of analysis

Patton (1990, p. 166-168) writes that the unit of analysis can be people, clients, groups, communities, events, occurrences, or incidents that will determine the type of data collection, focus for data analysis, and generalizations about findings and conclusions. In this study, the unit of analysis will be people with an MSW and work in MR/DD.

Overview of methodology

In a pilot study on this topic conducted in 1999-2000, six master's level professionals who provide counseling to people with disabilities were interviewed about their life experiences and events that contributed to their career choice to work with people with disabilities. The study helped me to explore my ideas about personal, educational, and professional experiences that were involved in career choice and about the importance of research in this area. It also provided me with an opportunity to become more familiar with this topic and I gained experience using a structured interview guide as a tool in conducting qualitative research.

Generalizability

Qualitative research is not striving for generalizability of the findings beyond the particular sample (McCracken, 1988, Goodman, in press). McCracken (1988, p. 17) points out the following about qualitative research:

...the issue is not one of generalizability. It is one of access. The purpose of the qualitative interview is not to discover how many, and what kinds of, people share a certain characteristic. It is to gain access to cultural categories and assumptions according to which one culture construes the world...qualitative research does not survey the terrain, it mines it.

Moreover, McCracken (1988) points out that in qualitative research the selection of participants is not to be able to make conclusions about larger society but is based upon an understanding that:

...'less is more.' It is important to work longer, and with greater care, with a few people than more superficially with many of them...it is important to remember that this group is not chosen to represent some part of the larger world. It offers, instead, an opportunity to glimpse the complicated character, organization, and logic of culture (p.17).

Grinnell (1997) distinguishes between a **probability** and **non-probability** sample. In a “non-probability” sample, the probability of selection cannot be estimated and so there is little or no support that the sample can be representative of the population from which it is drawn (Grinnell, 1997, p. 245). This is in contrast to a “probability” sample in which every member of the designated population has a known probability of being selected for the sample and it is possible to calculate the extent to which the sample is representative of the population from which it was drawn (Grinnell, 1997, p. 239).

Therefore, this study is a **purposive** study, with a “non-probability” sample, and it makes no attempt to generalize to a population of social workers who were not participants in this study. In such a “purposive” study, the researcher uses his/her own judgment, based on a criterion, as the basis for selecting the sample, with the understanding that the sample can yield a considerable amount of data especially when used in a qualitative research study (Grinnell, 1997, p. 246).

Reliability and Validity

Patton (1990, p. 461) talks about the whole issue of credibility in qualitative research and says that it is dependent upon 3 separate but related factors:

(1) rigorous techniques and methods for gathering high quality data that is carefully analyzed with attention into issues of validity, reliability, and triangulation. (2) the credibility of the researcher, which is dependent on training, experience, track record, status, and presentation of self, and (3) philosophical belief in the phenomenological paradigm, that is a fundamental appreciation of naturalistic inquiry, qualitative methods, inductive analysis, and holistic thinking.

Reliability is the extent to which a measurement procedure yields the same answer whenever it is administered (McCracken, 1986, p. 12). The structured interview guide enhances reliability by making sure that the same questions are asked to each participant and

at the same time, and it allows for creating new questions in the moment. According to McCracken (1988, p. 24-25), the interview guide serves the following functions:

...to ensure that the investigator covers all the terrain in the same order for each respondent...the care and scheduling of the prompts necessary to manufacture distance...it establishes channels for direction and scope of discourse...it allows the investigator to give all of his or her attention to the informant's testimony...protects the larger structure and objectives of the interview so the interviewer can attend to the immediate tasks at hand...In sum, the questionnaire is used to order data and free the interviewer must not be allowed to destroy the elements of freedom and variability within the interview.

In this study, standard areas were developed and asked of every social worker. A further study could go beyond the findings of this study in terms of reliability by hiring another researcher to analyze the data and see if he/she comes out with similar findings

Validity is the extent to which a measurement procedure yields the correct answer (McCracken, 1986, p. 19). In qualitative research, the validity of findings comes from the selection of the cases, according to Patton (1990) who addresses the issue of validity :

The validity, meaningfulness, and insights generated from qualitative inquiry have more to do with the information-richness of the cases selected and the observational/analytical capabilities of the researcher than with sample size. (Patton, p. 185)

By using a combination of observations, interviewing, and document analysis, the fieldworker is able to use different data sources to validate and cross-check findings. (Patton, p. 244)

By using a variety of sources and resources, the evaluator-observer can build on strengths of each type of data collection while minimizing the weaknesses of any single approach. A multi-method, triangulation approach to fieldwork increases both the validity and reliability of the evaluation data. (Patton, p. 245)

It was rich data that was obtained from these participants. They went on at length, some for more than an hour, about their social work experiences in the field of developmental disabilities.

Political, ethical, and commitment considerations/Institutional Review Board (I.R.B.)

In qualitative research, there can be political, ethical, and commitment obstacles.

McCracken (1988, p. 27) points out several obstacles for participants that can be encountered:

The respondent in a qualitative interview is subject to several risks. Participation in qualitative interviews can be time consuming, privacy endangering, and intellectually and emotionally demanding in ways that quantitative interviews rarely are. To make matters worse, it is difficult for many respondents to anticipate these dangers at the outset of the interview.

Weiss (1998, p. 92-95) writes that program participants are thought to be in a vulnerable state because they might be ill or needy or in a particular life crisis. However, in this study, the participants will be professional master's level social workers, who are not likely seen to be as vulnerable as clients. Weiss discusses ethical issues and suggests ways that the researcher ensure the following:

(1) Honesty: Although Weiss says that the researcher does not have to disclose the full purpose of the study, the researcher should not lie to the participants and should treat the participants with respect. Weiss suggests the following:

People should have enough correct information about the study to decide whether they are willing to answer questions and permit observations, and they should understand something about the uses to which the information will be put. (p. 93)

(2) Informed consent: Respondents should know enough about the study to decide if they want to participate and the researcher must respect their judgments.

(3) Confidentiality/Anonymity: All information should be confidential and the information released in reports should not be able to identify a single person. Pseudonyms, rather than real names, should be used on any field notes.

(4) Reciprocity: In some cases, Weiss feels that is necessary to give feedback to the participants about the results of the study.

In regard to these ethical considerations, it was necessary to have the plans for the study be reviewed by the **Institutional Review Board (I.R.B.)** at the Hunter College School of Social Work. There was a lengthy process for getting approval of this research project. Taking an online computer-based training (CBT) course sponsored by the Federal Government, Department of Health and Human Services (DHHS.) National Institute of Health (NIH) regarding protection of human research participants in October, 2000 was the first step in the process (see appendix four). Next, a draft package of the IRB and application was prepared according to the school's suggested guidelines and sent to the IRB liaison of the DSW program for an informal review. This package contained the following items: A standard application; a request for an expedited review (because this was not a vulnerable population); a description of the study; an explanation about the selection/recruitment of the participants; the procedures for recruitment; potential harms of the study; how confidentiality will be maintained; a copy of the consent form; a copy of the certificate from the NIH-CBT course; and two letters from AAMR (one letter in which AAMR gives permission to use the mailing list and one encouraging the participation in the study. Some small corrections were suggested. The package was revised and subsequently sent to the IRB Chair, at Hunter College School of Social Work, and then to the IRB committee at Hunter College, 68th Street. On January 9th, 2001, the study received IRB approval and the researcher received back an approval letter, with the number HC-01001004 (see appendix five), and the consent form was returned with the IRB stamped approval for a one year study through January, 2002 (see appendix eight). As per the IRB guidelines, copies of the approval letter were signed

by the researcher and adviser, Dr. Michael J. Smith, and sent to the Office of Research Administration at Hunter College/CUNY, at 68th Street, CUNY Graduate Center/Office of Research and Sponsored Programs, and the DSW doctoral program office. With the IRB approval and discussion with adviser, the recruitment for this study began.

(4b.) Sampling Procedures

In order to discover how social workers enter and continue in the field of mental retardation, it was necessary to select a sample of these social workers to interview. Sampling will be discussed in four areas, as suggested by Bernstein (1989): the criteria for selection of the sample; procedures for sample selection; a profile of the subjects; and limitations of the sample.

Criteria for selection of the subjects

Grinnell (1997) distinguishes between a **probability** and **non-probability** sample. In a "non-probability" sample, the probability of selection cannot be estimated and so there is little or no support that the sample can be representative of the population from which it is drawn (Grinnell, 1997, p. 245). This is in contrast to "probability" sample in which every member of the designated population has a known probability of being selected for the sample and it is possible to calculate the extent to which the sample is representative of the population from which it was drawn (Grinnell, 1997, p. 239).

Therefore, this study is a **purposive** study, with a "non-probability" sample, and it makes no attempt to generalize to a population of social workers who were not participants in this study. In such a "purposive" study, the researcher uses his/her own judgment, based on a criterion, as the basis for selecting the sample, with the understanding that the sample can yield a considerable amount of data especially when used in a qualitative research study (Grinnell, 1997, p. 246).

Patton (1990, p. 171-183) discusses that sampling in qualitative method is usually done in a purposeful way to select cases that are rich in information, and lists several types

of such strategies: extreme/deviant case sampling; intensity sampling; maximum variation sampling; homogeneous sampling; typical case sampling; stratified purposeful sampling; critical case sampling; snowball or chain sampling; criterion sampling; theory-based or operational construct sampling; confirming and disconfirming cases; opportunistic sampling; purposeful random sampling; politically important cases; and convenience sampling.

In terms of sampling strategy, this study uses **extreme case sampling**. In wanting to study the most devoted, committed social workers in the field of mental retardation, I would expect to find the most unusual and interesting stories/information. Patton (1990, p. 170) says that the logic of extreme case sampling is that "lessons might be learned about unusual conditions or extreme outcomes" that are relevant to typical situations, and that sometimes more could be learned from these cases than from average cases. The participants that were interviewed were not only master's level social workers who work in the field of mental retardation, but they have demonstrated their commitment to the field by taking an extra step and paying dues and joining an international professional association that is devoted to advocacy for people with mental retardation. However, these participants might be different from social workers who work in the field of mental retardation who have not taken the step to join such an association.

In terms of the number of participants or sample size, there is no consensus among qualitative researchers. Patton (1990, p. 184-185) says that "information richness" of cases is more important than the sample size:

There are no rules for sample size in qualitative inquiry. Sample size depends upon what you want to know, the purpose of the inquiry, what's at stake, what will be useful, what will have credibility, and what can be done with available time and resources.

Patton (1990, p. 186) also speaks about the concept of “redundancy”: “Sampling to the point of redundance is ideal, one that works best for basic research, unlimited time lines, and unconstrained resources.” Similarly, Creswell (1998) talks about the concept of “saturation.” In a grounded study, where the aim is to generate or discover theory about what is being studied, Creswell (1998, p. 56) writes:

The researcher typically conducts 20-30 interviews based on several visits ‘to the field’ to collect interview data to **saturate** (or find information that continues to add until no more can be found) the categories.

This study found no new patterns after the initial trends were analyzed. This researcher worked the data to the point of saturation.

Procedures for sample selection

Prospective participants were selected from a professional membership list from an international organization for people with mental retardation, the American Association on Mental Retardation (AAMR), Social Work division, where this researcher is also a member. The President of the Association was very interested in the study. In addition to providing a list of names, addresses, and phone numbers of all 650 members who are social workers, the President provided a lovely letter of AAMR interest in the study which was mailed to the participants prior to the interview. Due to limited resources of time and funding, only participants in a large metropolitan area and its surrounding communities in the Northeast section of the United States were contacted.

Recruitment procedures

Two items were sent to the prospective participants by mail. These two letters were mailed together to homes of prospective interviewees. (a) A supporting letter from President of AAMR which mentions support of my project and suggests that they participate in it. (b) A letter describing the purpose of the study, my background, and AAMR's interest in it. A week later, the first group of prospective participants were contacted by telephone to set up a date, time, and place for the interview. After they were interviewed, this procedure was repeated again. Twenty-four out of 27 agreed to participate. One withdrew participation after interviewing.

Ideally, interviews were to have been conducted in person in the offices of the researcher or interviewer. When that was not possible, interviews were conducted over the telephone at a convenient time for the participants. With the participant's permission, interviews were tape recorded and their permission to tape the interview was recorded prior to the interview. Thus, the interviewer was able to take minimal notes and concentrate on the interview. All participants consented to have their interviews tape recorded.

When conducted in person, a consent form was signed prior to the start of the interview. Both the researcher and participant kept a copy of the consent form. When conducted by telephone, a verbal consent was read and their consent was taped prior to the start of the interview. Participants were assured confidentiality of their responses. Their names and agencies, educational, and other unique information were disguised. Consent forms were kept separate from the notes and tapes. AAMR was not informed about which members participated. Participants were asked before, during, and after the study if they had any questions or concerns about it. All paperwork is to be shredded one year after the

completion of the study. Only one individual telephoned the researcher the next day and revoked participation in the study, due to issues of confidentiality concerns, as of this time.

Profile of the sample

Twenty-four social workers, with master's degrees, who were AAMR members participated in the study. They lived or worked in a large metropolitan area and surrounding communities. The interviews were conducted from mid-January through early April, 2001. Of the 24 participants, 8 were interviewed in person and the rest were interviewed by telephone. A discussion of the demographic qualities of the participants follows.

In terms of gender, there were eight men (33.4%) and 16 women (66.6%).

In terms of race, there were 21 social workers who reported that they were white (87.5%), two reported that they were black (8%) , and one reported being Hispanic (4%).

In terms of religion, there were eight social workers who identified as Jewish (33.4%), four identified as Catholic (16.6%), and one who reported to be Episcopalian (4%). Eleven were not known (45%), since this question was only added at the suggestion of a participant during the study.

In terms of their current job, social workers were asked to identify as clinicians or administrators. By far, the vast majority, nineteen social workers reported that their primary job duties were administrative in nature (79%); of these 19 individuals, six identified as "high level" administrators who were Executive Directors or Assistant Executive Directors. The rest of the administrators managed programs, departments, conducted staff training, or did research type of work. Only five social workers (21%) reported that they were clinicians whose primary job duties were providing direct services to a caseload of individuals.

Also in terms of their current job, the vast majority of these social workers by far were working in non-profit organizations. Eighteen (75%) were working in non-profit organizations. Three were employed by government organizations (12.5%). Three (12.5%) were employed at private organizations-school settings.

In terms of post-MSW experience, this was a particularly experienced group of seasoned social workers. They attended school during a wide range of years from the 1960's through the 1990's. Eight social workers (33.4%) reported that they obtained their MSW's in the late 1960's or 1970's. Nine social workers (37.5%) reported that they obtained their MSW's in the 1980's. Seven social workers (29.1%) reported that they obtained their MSW degrees during the 1990's.

Similarly, in terms of education, this was a particularly well-educated group of social workers. Although having a master's degree was the minimal educational requirement for this study, many of these individuals had additional education. Of these 24 individuals, four indicated that they had doctoral degrees, and five indicated that doctoral degrees were in progress.

Limitations of the Sample

There are some limitations in the sample to be selected. This study limited participation to social workers who have MSW degrees, live in a large metropolitan area in the Northeast section of the United States and its surrounding communities, and who are members in the AAMR. This does not specify their commitment to the field. Thus, only these individuals were selected. The study addresses only their experiences as perceived and remembered by them.

(5c.) Data Collection/Interview Procedures

To obtain data to answer the central study question, the researcher decided upon the interview method. An interview guide was developed on the basis of the pilot study.

Rationale for interviews

Given the nature of the study question and the lack of information on the topic, the structured interview was selected as most suited to discovering the processes of how social workers came to work in the field of mental retardation and stayed there. The objective was to obtain information that would reveal the complexity of the process.

Fontana and Frey (1994, p. 370) point out that that "...the type of interviewing selected, the techniques used, and the ways of recording information, all come to bear on the results of the study." McCracken (1988, p. 7) discusses the benefits of the structured interview guide as follows: it maximizes the time spent with the respondent by giving the researcher "...a highly efficient, productive, 'stream-lined' instrument of inquiry." "The long interview gives us the opportunity to step into the mind of another person, to see and experience the world, as they do themselves." (McCracken, 1988, p. 9).

Researcher as interviewer

The literature indicates that the researcher's use of self has an important role in data collection and analysis of qualitative research. McCracken (1988, p. 18-20) points out the role of the researchers in qualitative research is often one of "self instrument."

Qualitative data are normally relatively messy, unorganized data. It demands techniques of observation that allow the researcher to sort and "winnow" the data, searching out patterns of association and assumption. This process of detection is hard to mechanize....Detection proceeds by a kind of "rummaging" process. (McCracken, 1988, p. 19)

Therefore, it should be helpful that I have been working in the field of mental retardation for more than 7 years, at a variety of agencies, and have had similar experiences to the participants. I have used some of my own experiences, results of the pilot study, and literature in designing the interview guide. I will be conducting all interviews. In addition, Goodman (in press, p. 292-293) states that interviewing often comes naturally to social workers who are trained in interviewing, although there are some differences in interviewing for research, such as "...when a researcher recruits people to interview, the informants become the experts."

Rationale for Guide Development

A variety of puzzlement and confusions about career choice have always existed for this researcher since she first came into the field of mental retardation nearly 7 years ago.

Because the work with clients is stressful, challenging, low paid, low status, and always changing, it has always been an area of curiosity for the researcher about why social workers chose this for a career. The literature on interests of social workers in working in the field of mental retardation is nearly nonexistent. However, it is hypothesized that some of the factors related to a general career choice to work in social work might be similar to those who choose to specialize in mental retardation.

Personal experience of the researcher, who has two years of work experience in the field of mental retardation prior to the MSW and six years of post-MSW experience in this

field, and a variety of personal contacts and family contacts throughout her life-time, also made an impact on this researcher. For example, I have a cousin with cerebral palsy and another cousin with emotional and learning problems. Moreover, this researcher realizes that there are multiple significant experiences in her own life and that there is no one reason or one simple answer as to why this researcher chose such a career and therefore the same is probably true for others as well. Thus, it was out of this process of initial confusion, personal experience, and work experiences that the core question and its dimensions were developed into an interview guide.

The following broad categories were thus developed and incorporated into a preliminary guide: family, childhood, school, and work. Sub-dimensions were about parent occupations, birth order, summer employment, hobbies, religious affiliation, neighbors, college courses and internships, role models/significant people, job market, and occupations of family members.

The pilot version of the guide was peer-reviewed by a peer-reviewer classmate to see how well it captured the earlier confusions of the researcher, how well it could get in depth information, if the questions flowed in a logical order, if the questions were clear, and if the categories were mutually exclusive. The pilot version of the guide was administered to six professionals, some problems were noted, and this researcher continued to revise the guide.

The guide was revised after the Second Exam. (See appendix nine for complete guide.)

The literature points out the benefits of having used a **pilot study** (Maxwell, 1996). As discussed before, a similar version of the interview guide was pilot tested with six master's level professionals employed in the field of disability. Maxwell (1996, p. 45) writes the following about the benefit of pilot studies:

Pilot studies serve some of the same functions as prior research, but they can be focused more precisely on your own concerns and theories. You can design pilot studies specifically to test your ideas or methods and explore their implications, or to intuitively develop grounded theory...it provides you with an understanding of the meaning that these phenomena and events have for the actors who are involved in them, and the perspectives that inform their actions.

Patton (1990, p. 324) writes about the importance of using **probes** in interviews.

Probes are used to deepen the response to a question, to increase the richness of the data being obtained, and to give cues to the interviewee about the level of response that is desired.....a probe is a follow-up question used to go deeper into the interviewee's responses.

Similarly, Goodman (in press) writes about using probes in in-depth interviews:

Most in-depth interviews use at least some predetermined system that places them between the extremes of structured and unstructured formats. A degree of instrumentation prevents the interviewer from collecting superfluous or irrelevant information and avoids overlooking important questions. Specific techniques enable the interviewer to maintain control over the interview.....Specific questions or key words developed in advance can accomplish the same objective. With some minimal prompts, the sequencing of questions can flow naturally from the material that informants present.

A variety of probes will be used to get in depth information in these interviews.

Patton (1990) would classify some of these as elaboration or clarification probes: Can you tell me more about ____? Can you give an example of ____? How did this impact you?

Can you connect your experience with ____ with your decision to practice social work in the field of mental retardation? Can you explain what you mean by ____? I'm not sure what you meant by ____

Patton's (1990) recommendations further impacted construction of the guide. Patton (1990, p. 294) suggests that the researcher begin with questions that address the present, and then go back to ask questions about the past. Patton says, "Future-oriented questions involve considerable speculation, and responses to questions about future actions are typically less reliable than questions about the present or past."

Goodman (in press, p. 295) writes the following about the order of the questions and suggests that interviews begin with a script that leads into an open-ended question:

Besides managing the tasks required for protecting the participant, the first minutes of the interview set ground rules and tone for participants to guide the direction of the in-depth discussion. Ideally, the script should lead seamlessly into a “grand tour” question that gives the informant the opportunity to provide wide-ranging information and a platform from which to go forward.

Thus in this study, participants were read a script about the purpose of the study, were asked permission to tape the interview, were asked if they were ready to begin, and were then asked a broad open-ended question similar to the “grand tour” question suggested. Please see the appendix for a copy of the telephone consent script, written consent script, and interview guide. The “grand tour” question in this study was as follows: “Tell me how you first became interested in working with people with developmental disabilities?”

Goodman (in press, p. 296) suggest that as with survey questionnaires, questions about demographics should be left for the end of the interview. Similarly, in this study, questions about demographics were asked at the completion of the interview. Such demographic questions in this study included the date of the MSW degree, religion, ethnicity, public or non-profit agency setting, and whether they identified as a clinician or administrator.

Purpose of the interview

Patton (1990, p. 328) writes that discussing the purpose of the study should be “...simple, straightforward, and understandable.” The purpose of a scripted beginning is: First, a good script is written as it would be spoken in a conversational style, appropriate to the context and in the language easily understood by particular informants. It shows the interviewer’s respect for informants’ special knowledge about an issue and appreciation for

what might become a conversation about a difficult subject matter. It suggests that the interviewer wants to listen. The script should establish the boundaries of the relationship to those of researcher and informant. If the researcher wants the interview to be audiotaped or videotaped, then this is the point at which the interviewee may be asked to sign a consent form (Goodman, in press, p. 295).

Similarly, Goodman (in press, p. 295) wrote the following about interview scripts:

... interviewer has an opportunity (and a responsibility) from the start to tell the informant the purpose of the interview. Generally, human subject committees request a "script" for their review process to make certain that participants understand the nature of the study and any risks involved in their participation. The scripts contain assurances about anonymity, how the findings will be used, discussion about the limits of confidentiality, and how the researcher intends to protect the participants' confidentiality.

Similarly, in this study, the interviews began with an introduction about myself as a doctoral student, social worker, and AAMR member. Then I gave them an overview of the study, our common interest in the study as social workers in the field, and discussed confidentiality (see appendix nine). The consent form was signed (see appendix eight) or a telephone consent was obtained prior to starting the interview (see appendix seven). During the interview, feedback was given to participants. Patton (1990, p.332) explains that giving feedback is "...essential in pacing an interview and maintaining control of the interview process. Patton says that head-nodding, taking notes, "uh-huhs", and probes are signs to the participant that they are providing the information that the interviewer wants.

(4c.) Data Analysis:

In this section, the procedures that this researcher followed to get from the interviews to the findings will be described. Patton (1990, p. 371-372) writes about the challenges of the task of having to analyzing qualitative data:

...to make sense of massive amounts of data, reduce the volume of information, identify significant patterns, and construct a framework for communicating the essence of what the data reveal.

Data analysis in qualitative research involves:

...a variety of specialized nonmathematical techniques...or as commonly practiced may use procedures not appreciably different from the pragmatic analytic operations used by everybody in thinking about everyday problems....however, when addressing scientific rather than practical or personal problems, are more self-conscious and more "scientifically rigorous" in their use of these common modes of thinking. (Strauss, 1987, p.3)

Similarly, McCracken (1988, p. 42) writes about the goal of data analysis:

...to determine the categories, relationships, and assumptions that informs the respondent's view of the world in general and the topic in particular.

Sometimes diagrams are important for explaining interactions between experiences and a process of events. Maxwell (1996, p. 37-62) recommends the use of visual tools which he refers to as a "concept map" during the process of qualitative research, the purpose of being able to put information together and to develop theory:

A concept map, like the theory it represents, is a picture of the *territory* you want to study, not the study itself. It is a visual display of your current working theory-a picture of what you think is going on with the phenomenon you're studying...a tool for developing the conceptual context for your design-for generating theory and seeing the implications of your theory for your study (p. 38-39).

The literature supports the idea of analyzing data as it becomes available, rather than waiting until the end of all the interviews (Strauss, 1987; Miles and Huberman, 1994; Maxwell, 1996; Fabricant, 2000). The literature makes the distinction between "in process"

data analysis, which is done when you are in the field, and “post-data” analysis, analysis that is done after the data collection. Fabricant (2000) explains that is important to do “in process” data analysis because the interview guide can be updated and new categories can be added. This study used “in process” data analysis. The timing of data analysis is discussed in more detail by Maxwell (1996, p. 77):

...the experienced qualitative researcher begins data analysis immediately after finishing the first interview or observation and continues to analyze the data so long as he or she is working on the research, stopping briefly to write reports and papers.

Steps in data analysis

Data analysis is a multi-step, on-going process, according to the literature. McCracken (1988) discusses five stages in data analysis that begin with looking at each interview separately, making observations, and eventually looking for patterns and themes. Similarly, Maxwell (1996) discusses the steps involved in the process of data analysis. The first step is to read the interviews and notes. Next the tape must be transcribed. Finally, there is analysis that can involve the use of memos, categorizing strategies, contextualizing strategies, and displays. Strauss (1987, p. 23-39) discusses the procedures involved in data analysis:

The concept-indicator model which directs the coding: grounded theory, which is the organization and development of theory without any particular commitment to specific kinds of data, lines of research or theoretical interests.

Data Collection: the interviews and observations

Coding: conditions, interactions between the actors, strategies and tactics, consequences

Core categories: main themes

Theoretical sampling: when researchers use incoming data to determine who will be sampled.

Comparisons: findings with expectations

Theoretical saturation: when additional analysis does not contribute to new discovery

Integration of the theory: organizing the theory

Theoretical memos: when the researcher writes questions, hypotheses, summaries of codes.

Theoretical sorting: sorting memos to integrate the findings.

Coding procedures were based upon Strauss (1987). According to Strauss (1987, p.26-36), the researcher should engage in three types of **coding**:

Open Coding: This is the earliest form of coding that takes place. Looking line by line in the text of the data for themes, and notes are made in the margins.

Axial Coding: This is a second level of coding. It is a new code that can group several earlier codes together into a larger theme.

Selective Coding: This is a third level of coding which helps organize other codes for the core category. At this point, the researcher might need to rename core categories.

Fabricant (2000) explains that in this process of coding, the researcher does more than to describe but needs also to interpret by trusting intuition, prior experience, empathic connection, and connection to the literature. The researcher must do a microscopic examination of the data fragments-what lies in (what they give), behind (what they are saying), and beyond (connect with larger societal issue) the data. The researcher needs to keep questioning the data and make changes to the interview guide to get richer data next time. The researcher also needs to look for links between concepts and categories, and to be able to generate questions in the process.

In this study, the data analysis closely followed the process suggested by Strauss (1987). All twenty-four participants gave permission for their interviews to be tape recorded. A special telephone recording device was purchased from Radio Shack and attached to my home telephone for the phone interviews. All interviews were played back from the tapes and typed up into Microsoft Word files for easier reading. All the tapes, and notes, were numbered and dated.. Transcribing of the interviews was done by the researcher as soon as possible after each interview so that they were fresh in my mind; most were done the same day or in the following day or two. At the time of the interview, shortly after the interview, and during transcribing of the tape, preliminary thoughts and notes were written in the margins.

This researcher used all types of coding and wrote memos. As Strauss (1987, p. 27) wrote: "The excellence of the research rests in large part on the excellence of the coding." During the initial stages, open coding, or microscopic line by line, was used. Also the interview guide was used to find themes across interviews. The interviews were read more than once on different days and new themes were found. Memos were used to note the emerging themes. Through the coding process, categories and subcategories were developed, collapsed, or dropped, as they were merged with others in the process of finding core categories. According to Strauss (1987, p. 36), the "core category" is central to as many other categories as possible, appears frequently in the data, relates easily to other categories, relates to a general theory, and allows for the building of variation in the analysis." These codes were then placed into appropriate larger categories that eventually were merged into themes. Analysis was done until the point of "**theoretical saturation**" when additional analysis did not contribute to discovering anything new (Strauss, 1987, p. 21).

The findings are discussed in the chapters to come. In Chapter Five, I will discuss the study findings of how social workers first became interested in working in people with developmental disabilities, how they developed a commitment to working in the field, why they stayed in the field, and the future of social work and people with developmental disabilities. This Chapter will be followed by Chapter Six, with the summary and implications for social work practice and a conclusion.

CHAPTER 5. FINDINGS

This research effort explored the process by which social workers first became interested in the field of developmental disabilities and stayed in the field. Twenty-four social workers, AAMR members with master's degrees, were interviewed. The central question of the study was: What are the processes of experiences and events that lead social workers to become interested in working with people with developmental disabilities and stay in the field?

To explain the nature of the study findings, it might be useful to use a metaphor of a seedling growing in a garden. The findings indicated that, for the majority of these social workers (17/24 or 70%), their initial interest in working with people with developmental disabilities began with their "first jobs" in the field and continued to grow/blossom/bloom over time, as they made a commitment or put down roots in the field. The first stage is "blossom," "bloom," and "develop," and then a second stage is making a "commitment" or putting down "roots." The Random House Dictionary (1980) defines these terms as follows: **Blossom** and **blooming** are to flourish or develop (p.93) **Commitment** is a pledge to oneself about a position or a particular issue (p.176). **Roots** anchor the plant and provide it with water and nourishment from the soil (p. 766).

This data analysis chapter will be divided into the four major themes that arose:

- (A) An interest in working with people with developmental disabilities begins and grows.
- (B) Blossoming/Blooming: How their interest deepened.
- (C) Commitment and planting roots: Why they stayed in the field?
- (D) The future of social work and people with DD.

(5a). An interest in working with people with developmental disabilities

begins and grows

This chapter will look at the processes by which these social work professionals became interested in working with people with developmental disabilities. Social workers revealed that they first became interested in working with people with developmental disabilities through a variety of ways. The majority (70%) of these 24 social workers (n=17), revealed that the ways in which they revealed that they first became interested in the field of developmental disabilities often began "by accident" with a single experience: their "first jobs" in the field. Their first experiences with the population were sometimes positive and sometimes negative, and that they were often not well-prepared for working with this population by the social service organizations that employed them or by the MSW programs which placed them into internships. Nevertheless, these social work professionals went on beyond these first jobs to pursue successful careers in the field.

This section will begin with a discussion of the open-ended responses, which revealed two types of experiences. (1) "Accidental" or "first jobs" and (2) "Multiple experiences," which were a process of events that lead to interest in the field over time. This section moves on to address the responses to point-by-point questioning regarding "beyond work experiences," which were family, neighbors, friends, MSW, and AAMR. Positive aspects of the "first jobs" in the MR/DD field are discussed. This section concludes with a discussion of the nurturing influences that helped these social workers adjust to working with the population.

“An accident”: Obtaining first jobs leads to interest in the field

The majority of these 24 social workers (70%, n=17) answered the open-ended question regarding how they first got interested in working with people with developmental disabilities by attributing their initial interest in working with the population to “an accident” of obtaining to their “first jobs” in the field. These social workers had not sought out jobs in the field of developmental disabilities, but rather attributed having gotten into the field due to some accidental set of circumstances.

These social workers specifically got jobs in the field of developmental disabilities when they worked at summer camp positions, part-time positions in recreation programs or residences during college, volunteer work during college, bachelor level positions, part-time positions while in the MSW program, MSW internships, after the MSW degree, and later on during their MSW careers. Thus these social workers demonstrated that they entered at the many different entry points to the field of developmental disabilities. Their responses have been organized by their point of entry to the field.

During college. The life-stories of these social workers revealed that one of the many ways that these social workers became interested in working with people with developmental disabilities was during their college days, through summer day camp positions, volunteer work, and part-time jobs while at college, prior to their MSW.

This social worker reflects back on the decision to work in a summer program with people who have autism:

It [the interest in people with DD] was actually through a friend, not through family. It was at the end of my senior year of high school and I had friends who worked in a summer program for children and adolescents with a diagnosis of autism. And a couple of friends had worked in this summer program [with children who have autism] for a few

years and they mentioned it to me. And I just was actually *intrigued* because I had never actually had contact with people with disabilities before and I was really *intrigued* about *the idea of challenging myself and exposing myself to something like that*. And then I went to work with this program in [town] that was associated with [another agency] and I ended up working with them for 5 years (italics added) (#18, p.1).

In addition to summer camp positions, another way that social workers became interested in people with developmental disabilities was through volunteer work during college. This social worker reflects back upon the decision to pursue volunteer work:

I was an undergraduate at [name of school] and my major was psychology. And I decided that I needed some experience in the helping profession, having not done that before. So I called the [town] mayor's office for volunteers. And I volunteered for [agency], having not known or met developmentally disabled people before. They referred me to [agency] and I started in their Saturday recreation program and that was my introduction (#14, p.1).

In addition to summer camp positions and volunteer work, part-time jobs while in college was yet another way that these social workers first became interested in the field prior to their MSW. Having lost an undergraduate athletic scholarship due to injury and knowing someone who was developmentally disabled helped this individual to get a job and to develop interest:

I had a friend of mine who was mentally retarded who lived at [institution] in [town]. I was a college student and needed a job and he helped me to get a job as a...mental health therapy aid at [institution]...I was hired in [mid 1970's]. I was a math major, going to engineering school at [university]...It was after the War, there was a lot of social cause stuff going on and I got interested in psychology and sociology. I got a degree in that. Worked for the State [specific state] in the mid 1970's and what happened was that the Willowbrook dissent had just been signed and I came to [this agency] [mid 1970's] to work on one of their original group homes. Then I left to work on a project [not in MR/DD]...I worked at that job for a year, applied to [name] school of social work, and went to work in a group home. [Did MSW internship with a residential agency]. My first job after the MSW was for a residential provider [not this agency] in [county] providing technical assistance to agencies developing group homes...since that field placement, I've developed hundreds of group homes for people with developmental disabilities [at this agency] (#6, p.1)....I had an accident in my sophomore year that ended my career. I lost the scholarship in my junior year. So I was at home one day reading the [local paper] looking for a job and my friend from the State School was over and he said, 'I can get you a job.' And I laughed at him and said, 'sure you can.'...He went right to the HR director and wouldn't leave him alone until he [HR director] called

me. And he [HR director] called me and said your friend said you needed a job, so he said come down. So I came down, took the test, got the job [at the institution] and never left [the field]. *Never did I ever say to myself that I am going to have a career in mental retardation and developmental disabilities* (italics added) (#6, p. 8).

Similarly, this individual reflects back on the set of circumstances under which a part-time, weekend job, was obtained during college. As a result of that experience, this social worker pursued a career in the field:

It's a very strange story. I didn't become interested in working with people with developmental disabilities. I *fell* (italics added) into it. As an undergraduate, I was a psychology honors major (#9, p.1)...It was [late 1970's]... I wasn't working at the time. I was raising a family. I decided to go for a part-time job and it happened to be that job. I wasn't looking for developmental disabilities. I was looking for a job, a part-time job, that would fit in with my schedule as a mother and student. And the weekend was great because my husband was home. So my husband stayed home with the kids and I was able to go back to work. And it didn't matter at the time what I was doing, it just mattered that I was helping people who needed help. And I took the job... (#9, p.2)...I went into it by *accident*. No one sold me on it. It was an *accident*. And if I didn't have that *accident* or didn't want that job, I probably wouldn't have found out about that population any place else (italics added) (#9, p.7).

Bachelor level jobs after college. In addition to summer camp positions, part-time positions, and volunteer work during college, working at the college degree level, was another point at time in which these social workers entered the field of developmental disabilities prior to their MSW. Again, we see how the social workers got into the field by "accident."

Working as an art teacher, this individual volunteered to teach a class with people with mental retardation which began an interest in working with people with developmental disabilities, and later went on to receive an MSW:

I was working as an art teacher, which was my mission in life, as a graduate from [name] high school and going to college for a BS at [university] to become an art teacher. And I've always dreamed. I always wanted to be an art teacher because there is a certain amount of creativity, spontaneity, and ability to do something permanent and creative and also felt that I would be good at it. So as an art teacher, I was offered the opportunity at the school to work with what was known at the time as the CRMD classes – children with

mental deficiencies. I had no idea what it meant. To me, I was young, it was a challenge to work with people and I had always wanted to help people. And always wanted to help, besides the creativity. So when given the opportunity to volunteer to work with the CRMD classes, I walked into the classroom and saw that these people were mentally retarded. And I did not know what mental retardation was too much, but it was a very positive experience. I mention that nobody in the entire school wanted to work or volunteer here. None of the other art teachers wanted to work or volunteer. So it was something of real interest here to help others and I taught the classrooms. I taught a ceramics class and an art class and it was really just as a joy to teach them as it was with my regular students and proficient professional artists going to college. And with this one learning experience, I wanted to learn more about the field... (#1, p.1).

Similarly, this social worker talks about finding a bachelor's level part-time, weekend job, while in an MSW program. Again, this social worker initially took the job because it was a job and the job happened to be in developmental disabilities field. As a result of this experience, this social worker continued on in the field after graduation with the MSW. This social worker reflects back upon the "accidental" circumstances that led to pursuing a part-time job:

I was still doing my MSW. I was trying to make extra money on the side. My first job was a part-time house relief manager at a six-bed residence [for MR/DD]. *Basically, that was the first thing that was available.* Money was an issue. I didn't have the time to look around more. I wanted to work with children, but this is what came up...No revelation that got me here...An ad in the local paper, I guess...No prior experiences with population. This was the first one...This was my first real job other than McDonald's (Italics added.) (#15, p.1).

MSW field placements. In addition to summer camp positions, volunteer work, part-time positions, and working at the college degree level, some social workers did not encounter working with people with developmental disabilities until they had decided on human services careers and were already in MSW programs. In the stories of these social workers, it was revealed that one-sixth or four of these social workers revealed that they did field placements in the MR/DD field and attributed these experiences as being important to their development of initial interest in the field.

In one case, a social worker received a full grant/scholarship to cover tuition in exchange for doing a field placement and working two years in the field of MR/DD. For this social worker, this first “accidental” experience led to a life-time career:

It was an *accident*. . When I applied to graduate schools of social work, I was looking for support and resources. And I was referred by the school of social work to the [state government] fund, a grant that paid for master’s degrees of people who would commit themselves to working with people with mental retardation. My commitment was for two years [after MSW] and a summer [between first and second years of MSW program] in exchange for my master’s program. That commitment was in a state school and hospital, interestingly enough it was a state school for all females, all high functioning. It was a facility created related to the Eugenics scare in 1913 for the care and confinement of feeble-minded women of childbearing age...It was a choice that I made. I would have preferred something at that point in time in the mental health areas more so than mental retardation or developmental disabilities, *but that’s the way the cookie crumbled*. After the two years, I had two significant things happen, other than a phenomenal work experience [met two mentors in the field] (*italics added*) (#7, p.1).

Other social workers who attributed some initial interest in the field to the MSW program, discussed it as a combination with family and other work experiences (see social workers #2 and #21 in the section on multiple experiences). Another social worker talked about having become interested in the field through the MSW field placement that was not in the MR/DD field but where a family member happened to be developmentally disabled (see social worker #13 in section on multiple experiences). Several other social workers who did internships in MR/DD had already been working in the field.

The following social worker was the only participant to credit initial interest in people with developmental disabilities solely to the MSW internship experience. This social worker did not choose the field placement. This social worker was later hired by the field placement after graduation. As with others, the “accident” theme is apparent:

I was placed here [at MR/DD clinic at non-profit]; this was my second-year [MSW] internship. I really had no previous exposure. I didn’t have a disinterest. I kind of just *fell* (*italics added*) into it...I kind of *back-doored* (*italics added*) my way in. (#10, p.1).

After MSW degree. In addition to part-time jobs, the availability of scholarships/grants and internships/field placements at the MSW level, another way that these social workers got interested in the field as professionals was when they heard about a job in the field from colleagues and they obtained job in the field. Twenty-five percent, or six of these social workers, reported that they first became interested in the field due to jobs that they obtained immediately after the MSW degree, which was a lot.

These two social workers had not planned for careers in MR/DD but heard about jobs in the field from colleagues:

I actually didn't become interested. I wanted a job, and a previous mentor of mine was here at [this agency, non-profit, multi-service serving MR/DD]. And she told me that there was a job opening. And I interviewed for it. I had no idea about mental retardation and developmental disabilities...This was as I was graduating with my MSW...And I interviewed for the job and got the job. And a week after I graduated, I started...It was knowing someone who already worked here... (#8, p.1).

I started working at the [university], mental retardation institute...I think what I became most interested in initially was working in a setting where there would be continuing education and thought that the college would provide this (#20, p.1).

In contrast, this social worker who entered the field at the MSW level wanted a job in MR/DD and also found a job through a colleague:

I had a connection to [professional at another agency] who was aware that because of the Willowbrook descent decree there was a class action in court. And [this professional] was aware that a unit was opening up [at this agency]. And the point of the unit was to place people in the community in family care and any other type of placement that we could. And I got the job, started a month after graduation from [name of university, with MSW degree] and I'm here [since mid-1970's]....It was very simple; it was an opportunity to get a social work job here at [this agency] and it didn't take any convincing because I already had the mindset that I wanted to do this. *So I was in the right place at the right time.* So it wasn't a hardship. This was what I wanted to try (italics added, #13, p.2).

In addition to obtaining jobs at the MSW level through word of mouth from colleagues, answering advertisements in local newspapers was another way that recent MSW program graduates came to learn about the field of developmental disabilities.

This social worker talked about having gotten interested in the field at the MSW level by having answered an ad in the local paper and having gotten hired:

I got my MSW in [1980's]. I had no idea who I would like to work with in terms of a population. I was job hunting. It just so happened that it was [year] and I read an ad in [local paper] that was recruiting people to work for [state government] and they wanted all kinds of people, including social workers. And I responded and I was hired. And that began my interest in the field. I really didn't have any interest prior to that (#4, p.1)....My job was to develop group homes for the people at [institution] (#4, p.2).

In addition to word of mouth from colleagues and newspaper ads, job fairs were another way that some social workers began their interest in the field at the MSW level:

Well, actually it *just happened* that I needed a job, really. And after I graduated from social work school, and there was an agency [serving developmentally disabled] at a job fair at the University where I went. And they had openings. So I said, 'let me try it.' And so I came to enjoy the work and stayed with it for the past [more than 10] years now. It was really kind of a *fluke*. I wasn't looking to get into it; I just needed a job. So that's how it happened....The guy [recruiter] that was there really seemed to take an interest in the people that came up to him. He would really take the time talking and things like that. And in fact, there were two openings. We had talked about one. And that day or the next day, he said that this one is closer to where you live. And thank G-d that happened. And for me, he really took the interest. And looking back, he knew what he was doing. And I think that was a reason, too (#23, p.1).

Alternatively, being asked to take an MSW level job by the current employer, where one was working at an unrelated job, was another way of entering the field:

Well, number one, I sort of got *drafted* (italics added). I worked with another part of the agency, which was affiliated with the agency that I now work for, where I was [clerical worker] there [part-time]. I was going to graduate school [in MSW program]. When I finished graduate school, what happened was that this program in the agency was in jeopardy of being de-certified because they had too many deficiencies. So the Executive Director asked me to take it, to come and straighten it out, and so I agreed to do it until they got the operating certificate, and somehow I ended up staying [more than 10 years] (#12, p.1).

Changing fields after working in other areas as MSW. In contrast to becoming interested in the field of developmental disabilities during college, after college, during the MSW program, or immediately after the MSW program, some professionals became interested in the field at a much later point in time. Three social workers (12.5%) entered the field many years after the MSW, after having worked in other fields of social work practice. Two such professionals had worked in hospitals before they got interested in people with developmental disabilities.

From Hospital Social Work to Developmental Disabilities. This participant worked as a master's level social worker in the field of in-patient child psychiatry at a hospital for several years, decided to take on an additional part-time job and liked it. Eventually this social worker left the hospital job and became employed full-time in the field of developmental disabilities for more than 10 years now:

I came in the *back door* (italics added) really...I looked in the papers for a part-time job [while working at hospital social work job]....I wanted a part-time job close to where I lived and that determined my working there...So it was through working part-time, needing a part-time job, that I got started in that field...It was through that job [in a residence] that I really learned about people with developmental disabilities, what the commonalties are, and some of the treatment. It kind of peaked my interest. So when I heard about a full-time job as an administrator for people with developmental disabilities, I applied for the position (#5, p. 1).

Similarly, another social work professional changed careers from hospital social work to developmental disabilities, as influenced by experiences at the hospital and having a friend who worked in the field of developmental disabilities. Three steps led to the career change:

1. The state of Social Work in Hospitals:

I probably came at the end of the highlight of hospital social work. I stayed for two years in the hospital and it was the end of the height of hospital social work. Social workers

were told to get patients out quick, not to take up beds. I became disillusioned. My friend asked me to visit a group home and I've been here [this agency] ever since (#11, p. 8)

2. Had contact with people with MR/DD at current job and has friend working in field:

... I was working at [name] hospital, after my graduation [with MSW], and had a variety of functions, one of which was to cover the emergency room. During that time, I came across a large number of people with mental retardation who were coming off the street, who were homeless and in need of services. I found out that most social workers, including myself, first of all couldn't appropriately diagnose mental retardation vs. mental illness, because people with mental retardation don't appear to be retarded. Most don't have Down's Syndrome or some other abnormality that you can observe. So when my friend asked me to come to the group home to visit, with my previous experience at [name] hospital, I became very interested. And at that point, was the beginning of an emerging field, with the Willowbrook decree being passed and the beginning of the community-based movement (#11, p.1)...

3. Making the move because of a variety of opportunities at the job, field, and agency.

and there is a generic theme in what this social worker described.

The first visit to the group home kind of *hooked me*. It was what I thought was a quintessential social work position. I worked with individuals doing counseling, families, and community work. I also got to do concrete services, advocacy, in-depth supportive work, get to work with families who were grieving, and get to do all kinds of clinical work. It was a great opportunity, so I made the move (*italics added*, #11, p.1)

Not only is there a generic theme but this social worker also pointed out the opportunity to engage in the full-range of social work activities and policy:

Firstly, it was a very interesting position, with a variety of opportunities to do social work intervention-individuals, communities, families, advocacy, support, it really ran the gamut. Second, it was an emerging field that felt very much like a Civil Rights movement, people's rights had been denied for years. I was at the forefront of community awareness, and I wanted to be a part of it. I was still very political and idealistic. That was 25 years ago. Third, I thought that this organization presented for growth opportunities for me and my career (#11, p.1).

Similarly, another professional, who worked with elderly and court-involved populations, talked about becoming interested in the field of developmental disabilities many years after the MSW degree and entering it by accident, which happened when he moved to another country:

I was living in [a particular Middle East country] at the time and the pay was skewed in favor of working with people with developmental disabilities. So I applied for a job in the branch [of government] based upon the pay. And that's how I got started...The salary is what attracted me and that's how I got there...(#22, p.1)...And this is the population that I work with [now]. And I got to the population *by accident* because of pay (italics added, #22, p.5).

The "accident" theme in locating their "first jobs" was apparent in most of the stories. As this paper indicated, many social workers entered the field through part-time jobs, summer camp work, and volunteer work. Entry points were just after high school around college, the bachelor's level after college, during the MSW program, after the MSW program, or at later points during their professional careers. The major entry points to the field seemed to be at the high school and MSW level for these social workers.

Multiple experiences contribute to interest in the field

In contrast to those social workers who were hooked by a single experience, 20% of these 24 social workers (n=5) answered the open-ended question about how they first got interested in the field by attributing it to having experienced a **collection of personal, historical, and early experiences and a developmental process over time** that helped them to become interested in working with people with developmental disabilities. It was not one specific event that got them interested in the field. For these social workers, their answers included an interaction of a variety of personal, historical, and early job experiences with people with developmental disabilities over time.

Encountering people with developmental disabilities at a young age, being part of the Willowbrook era, volunteer work in a summer camp, and knowing someone who worked in the field were important parts of the process of this social worker's developing interest in the population:

It's probably hard for me to think exactly what interested me. I did have exposure to a couple of people [with developmental disabilities] who were children of my mother's friends when I was young. And then I think also when I was an adolescent was when everything was on the news about Willowbrook, so I definitely became sensitive and aware at that age. Then in high school, I had the opportunity to volunteer at a camp [with people with MR/DD]. And it was almost like a *natural progression of exposures that I had and opportunities were there*. Then when I was getting my bachelor's degree [in early 1980's], a friend of mine was doing a recreation job at an MR agency. So one thing sort of led to another. And I can't say that there was one particular significant event. Except, that I do think that the images and stories from Willowbrook were a significant thing to hear and see during my adolescence. So I think that is about it (Italics added) (#16, p.1).

Similarly, teaching an art class with people with mental retardation, teaching college students with academic problems, and taking a summer job in a recreation program with developmental disabilities were all important experiences to this social work professional's interest in the population:

So really, to put that all together, that is the long history of how I got to, where it started from, and why without that volunteering position [teaching the art class with MR/DD], I might not have taken that risk [to leave job as an art teacher] to come to [this agency]. So that is the long history of how I got my first job working with the developmentally disabled, whether you count the volunteer job, college job [with students with academic issues], or coming to work at [this MR/DD agency, first in a recreation program]. I view it as *a collective road of several experiences that brought me to it* (Italics added) (#1, p.2).

Similarly, this social worker's positive experiences of accompanying father in his car escorting people with mental retardation to an evening program, living near Willowbrook, and having a client with developmental disabilities while in the MSW program were important to developing interest in the field:

It [interest in MR/DD population] *probably crystallized* when I was a graduate student [in MSW program] and I was assigned to some families in the community. And one family had a developmentally disabled young lady that I enjoyed working with. I'm also from [geographic area] and right before I entered graduate school, there was the whole scandal regarding Willowbrook, and I felt very strongly about giving back to the community. And getting my degree and working with developmentally disabled was a nice way to do it...There was also a once a week program at one of the local hospitals and my father was a volunteer driver to take the mentally retarded people to the program. And I used to

accompany him, so I was connected to it in that sort of way. I mean there are no family members that had anything to do with my interest...I was about 5-6 years old and I remember it distinctly...It was in his car. There were no such things as vans in those days. The same people, they seemed very nice...It was nothing extraordinary in of itself, except that my father had elected to do this and I was too young to appreciate it. And I just know that I enjoyed riding with him and I got to meet these nice people...Were they remarkable? No. They were probably what you would call 'high functioning' people (*Italics added*) (#13, p.1).

In addition, we again see the impact of multiple experiences, such as working in a summer camp with people with MR/DD and being part of the Willowbrook era, that were important in the development of interest in the field for this social work professional:

I worked at a summer camp that was run by the local ARC in my community. I was in college and was thinking about getting into human services. I kind of was not sure about what I wanted to do. We had a winter study period, where you could create your own course for a month...and I spent one week in a variety of settings. And that summer, I wanted to try developmental disabilities...and there was only one agency [in county] that provided that kind of services (#24, p.1)...I remember when Willowbrook first broke, I was in high school. And it had a big impact on me. So it goes back to earlier conversation. I'm sorry, I didn't stick it in then. I think that is one reason why I got interested. Was because of the horrors and everything. I was mortified. It really affected me. And I didn't forget it. And that was probably another reason why I tried the summer camp to see what it was like. And that had a big impact on me (#24, p.9).

In another way, a few social workers reported that they developed interest in the field of developmental disabilities from having multiple experiences through work experiences as well as personal experiences of family members with disabilities. In these situations, sometimes the family experience came first and sometimes the work experience came first. Both experiences were important in developing initial interest.

In this situation, the work experience preceded the family experience. Having a child with a developmental disability and prior experience in the field helped this social work professional to develop interest in the field.

My first job after my master's program was working in a program for DD adults. I was a social worker at an adult day treatment program, which lasted about 3 months, so I'm not sure it was a positive experience unfortunately. I left when I got a call for a social work

position at a hospital which also was a higher paying job....I stayed there for a year and then left the field [of social work] altogether to have children. When I came back, I had a special needs child. My [child] was deaf. I think I was more inclined now to go into the special education field...so I found myself a part-time job at a day treatment program [with DD adults] as a social worker. From there, got a full-time job at [this agency] and stayed here (#3, p.1).

....I looked in the paper, saw an ad for an opportunity, and grabbed it. Never had anything earth shattering happen to me. Just somewhere I ended up. The first job was an *accident* (italics added). It was a nice location, had good parking spaces, pretty location near the shorefront area...I never said that I'd pick this field. But after my [child] was born, I wanted to work with special needs (#3, p. 7).

In contrast, family experiences sometimes preceded the work experience. We see that having family members with disabilities and MSW internships helped these social workers to develop interest in the field.

I have a nephew who has a developmental disability. He was diagnosed with Asperger's syndrome [similar to Autism]. And when I went for my master's program, my first year was doing case management work with people who belonged at agencies similar to this one [current job], who were involved in supported employment, supportive independent living programs, and a post-adoption unit. So I got to see both adults and children who had developmental disabilities. And then in the second year, I got to work in an ICU in a children's hospital with chronically medically ill children and high risk issues (#21, p.1).

It was several experiences that got me interested. I have a younger cousin with a learning disability and emotional disability. I watched him struggle with being kicked out of schools and family issues. His parents broke up. He lives in a group home. I always wanted to help out. And I worked in a summer camp with children and remember several with physical issues that prevented them from participating in all activities and going on trips: it was the 1980's before buildings and buses were accessible. The MSW field placement was an accident. I wanted to work with physically disabled and then I found out they were also developmentally disabled. I learned to love them and I've been in the field ever since (italics added) (#2, p.1).

Thus, we have seen how these social workers were impacted by multiple experiences. We saw how multiple experiences with people with developmental disabilities were important in establishing an interest in working with the population for these seven social work professionals. Being part of the Willowbrook era, doing volunteer work, summer jobs, teaching, and having direct contact with people with

developmental disabilities, through work and/or family, were important. Many of these exposures and contact with the population happened when these social workers were young. The stories of these social workers imply somehow that perhaps a single experience might not have made enough of an impact to push these social work professionals to go further. Love and identification were themes that emerged here, about working with the population. Later in this chapter the issues will be discussed in “first jobs” and in relation to “clients.”

Beyond work experiences! History, neighbors, friends, AAMR, family, and the MSW program

In addition to the initial response to the open-ended question about how they first got interested in the field of developmental disabilities, in-depth questioning, topic by topic, revealed other ways that social workers became interested. While job experiences were clearly the most important, it was more than just work experiences that got them interested in the population. Nearly a third of all social workers (29.1%, n=7) talked about getting interested through events in history, such as Willowbrook. Twenty-five percent of all social workers (n=6) remembered growing up with knowing neighbors with developmental and other disabilities. Four social workers (16%) remembered having childhood friends with developmental or other disabilities; this was just as many who reported that participating in AAMR was important. Three social workers or 12.5% remembered having family members with developmental and other disabilities; this was just as many who talked about the impact of their MSW programs. They talked about not having thought about such experiences with family, friends, and neighbors in a long time.

Sometimes they tended to down-play the impact of these family experiences in favor of work experiences. These experiences will be discussed in this order.

Historical. Nearly one third of these social workers (n=7, 29.1%) acknowledged the impact of historical events, such as Willowbrook, Civil Rights, Holocaust, Public Law 94-142, and other historical events as having had a dramatic impact on developing their interest and connection to the field.

This social worker talked about the impact of Willowbrook events as a young child and how it led to an awareness about the population:

When I went to high school, depending upon the bus route I took, this particular bus would actually go into the grounds of Willowbrook and would have a couple of stops. One of the spooky things was that I didn't see a lot of people outside. And it was amazing when the whole thing hit the pan in 1972; it knocked me over to find out that there were 6,000 people living there. It was amazing because I was in high school in the mid 1960's and we had no sense of that population being there at least when I went by on the bus in the late afternoons....So it was amazing after I realized that everyone was indoors...The property was extensive, you know many buildings (#13, p.7).

These social workers talked about making the connection between Willowbrook and the rights of other minority groups in society:

I think that when I teach about Willowbrook, and I teach about the rights of individuals with developmental disabilities... You know that Civil Rights did not happen until 1964...I was still in elementary school....And people with disabilities still did not have any rights. As a society, we've come a long way. You know about women? My mother was born when women did not have the right to vote. When I think of it, it creeps me out. Wow! My own mother. I think she was child when they finally got it. But she was born when we did not have the right to vote (#24, p.10).

In learning about the field, Willowbrook, and how that changed things, and the IDEA, and realizing just how little there were any rights before these things happened. To a great extent whatever happened before then, was seen as being out of the goodness of our hearts and we had no obligation to do anything. And it was really only since the 1970's that there is a sense of there being entitlements and rights. And just that perspective and being how recent that perspective could be, is something that has influenced me (#18, p.10).

Willowbrook. I remember I saw Willowbrook on TV, when Geraldo Rivera exposed it. I remember the Vietnam War. I was aware of the deficiencies in systems and how it was better to do things in a smaller, decentralized system, than through large organizations. Differences in the 1960's and now. I also certainly remember the Civil Rights movement. I learned in the women's studies class about the suffragettes and how difficult it was for women getting the vote. The oppressed, marginalized happenings in world events has always attracted me. I'm always a cheerleader for underdogs, even in sports (#8, p.7).

In addition to Willowbrook, the Civil Rights movement also was found to be connected to the work with people with developmental disabilities.

...back in college, back in my radical days. On some level, I think there is a connection there about the whole idea of being back on my radical days. A whole outlook on society about how people should be treated. The whole idea about justice and acceptance, that kind of a thing. On some level, that kind of filtered down. On some level for myself, it was as I began to work with individuals with disabilities, I began to see how they can be put down and not treated with respect. You know, told that they can't do things that they can do. I think that philosophically, there is a connection (#23, p.6-7).

The death of Martin Luther King...It made me more sensitive to the need to work or to do whatever I could do to make the world a better place. It made me. I'm trying to think. It made me just to know that we're all here professionally and personally for a purpose and that sometimes you have to reach beyond your needs, your own concerns, and your own ideas to help others and to connect with other ethnic and religious groups. It made me more sensitive to that (#5, p. 6-7).

The death of Malcolm X/Assasination of Malcolm X....Again, it made me realize how vulnerable, just how vulnerable we are. How we have to fight for what we believe in. How you have to go after what you believe in and defend it, even if your life is threatened....I think that when I'm faced with people who have different ideas than I have, or when I have met people who do not believe as I do about issues, I'm more inclined to try to find a way of working with the person, rather than not working with the person. It made me more sensitive as a professional to see what people are really telling you. How to turn a 'no' into a yes or at least into a 'maybe' (#5, p.7).

In addition, the Holocaust was mentioned as an historical impact. A connection was made between Jewish people and people with disabilities in the Holocaust. The need to protect people in general from such cruelties was cited as a reason for continuation in the field of developmental disabilities:

I believe that the Holocaust, and the fact that people with developmental disabilities were treated in the same way that Jews and others were treated. In fact, people with disabilities

were the first on the list to be sent to the gas chambers...There's a letter in the Holocaust Museum in Washington, DC that talks about the mentally infirm as being the first group of people to be sent off...Again, for my need and my belief in social justice, in terms of wanting to protect people and prevent things like this from happening again (#22, p.7)

In addition, this social worker was impacted by Public Law 94-142:

The public law that each individual has a right to education....PL 94-142. A powerful law. It gave legitimacy to our work. You have to develop a plan that meets their needs. ...It's an entitlement, not just doing them a favor. You have a responsibility for developing an individualized program for individual needs, not to just place them in a classroom because of their age or sex. But to be evaluated and be placed, according to their needs. It released a lot of people to live in the community and go to school, people with lots of abilities, and join the larger world, so that really impacted on my career as a social worker (#5, p.7).

Neighbors. Twenty-five percent or a quarter (n=6) of all these social workers revealed through the topic-by-topic questions that they had grown up with neighbors who had developmental disabilities. Even when asked directly about this, only a few participants were able to remember someone. Some social workers reflected back on their childhood, saying: "It's amazing to have gone to adulthood, without having met one [person with DD]." (#14, p.10). One social worker talked about having "...lived in a classic, middle-class suburban neighborhood" (#3, p.6) as if somehow implying that people with developmental disabilities were supposed to only be seen or found in poor, urban neighborhoods.

However, for the few social workers who were able to remember the experiences of having grown up with neighbors who had developmental or other disabilities, their experiences did seem to play an important role in their attitudes towards people with disabilities. These experiences seemed to have long-lasting impact. Having such neighbors when young contributed to dealing with issues of sensitivity, curiosity, comfort/discomfort, and difference in regard to people with developmental disabilities.

Through neighbors, this social worker talked about developing sensitivity and curiosity about people with developmental disabilities and the long-term impact of knowing people with developmental disabilities since childhood:

Well, it started as that time as a kid and being sensitive [to people with DD that father would drive in a van to an evening program]. Wanting to know more about these individuals. And working with the family when I was in graduate school. I certainly cared about them....I've gone to many social events with people with developmental disabilities and have spent many happy hours just being with them and enjoying their company and talking to them. It happens to me every week and that to me is normal (#13, p.7).

At a young age, through neighbors, these social workers learned to deal with issues of comfort/discomfort with people who have developmental disabilities:

Knew two people who lived on the street. One had MR and lived in an institution. The other one was kept at home. It was sort of the joke of the neighborhood. You know how kids growing up react to people who are different. I was not any different than anybody else you would have expected. *You learn and you become comfortable and you take advantage of the opportunities that present to you* (#7, p.6). (Italics added). ...Just those from the neighborhood. You knew that if you rode your bike on his side of the street, you would get squirted with the hose or he would yell at you (#7, p.7).

I had a neighbor who had mild mental retardation and a seizure disorder. She was 10 years older but her chronological age and mental age were probably 10 years apart. And so, as a 10-year-old, she functioned like me...was a playmate. They were neighbors of ours for a long period of time....*It familiarized me with the population. A desensitization. Having had a relationship. Not being scared of people with mental retardation. I guess. Seeing her accepted by society. And having seen her accepted by my parents.* (italics added). All had an impact....Lost contact with her when we moved countries...Did things that neighbors will do with each other...a positive experience (#22, p.6)

This social worker talked about the impact of having known several neighbors with developmental disabilities when growing up. As a youngster, this experience helped this social worker recognize societal maltreatment of this population and gaps in services for this population:

There was a guy in my neighborhood and his nickname was [name]. He was huge. As a kid, I remember him being much taller than all of us; maybe he was 6'2" tall. Looking back now, I think that he was probably functioning in the moderate range of mental

retardation. He was a heavy guy but he was a tremendous [good] baseball player. He could hit a ball as far as any of us could remember. At the same time, he didn't have the ability to do the much simpler things. He was older than most of us. So when I was 8, 9, 10, he had to be 16 or 17. And he was constantly berated and scapegoat by a lot of the kids in the neighborhood. They did everything from knocking his hat off to stealing his gloves to making fun of him. I felt sad about it all. I look back a lot at different times on how kids could be very cruel and how the DD population is an easy target. So to say to yourself that people were born with a little different way of being than the typically developing population, then it's a terrible reason to make fun of them. It's implicit. It's not professional or anything. It talks a lot about how our society looks in general about people with disabilities....I started to write a history of my career. I was going to write a book about my memoirs and I started to think about [name]. A lot of the opening of *how I was led down the path of helping people*. Because now I want to go back and rectify things for him, looking back I know that things shouldn't have been done...Looking back on it now, *I think he represented what could happen to anybody*. In some way, I look at him as *someone who didn't have the opportunity to get the services that are available now. I often wonder where he went* (#11, p. 8-9) (italics added).

This social worker also talked about knowing another developmentally disabled neighbor at a young age which helped this social worker to learn about issues of difference among people:

I lived on the block with the firehouse, and there was this guy in the firehouse who hung around. He had a Yiddish name. He had no job. We knew where he lived. He was always in the firehouse getting the firemen coffee. I remember him being a kind and gentle person, with an outrageous temper. He was someone like [prior neighbor], who has a volatile personality, who gave people a general sense that the population of people with MR might be violent because he had lots of impulse control issues. He attacked someone and was arrested and we never saw him again. It put a question in my mind [as a young child] about where retarded people go...My mother knew his sister who he lived with. I remember thinking, there are certain people. *I think that he was the first person that I realized had a disability...He was 5-8 years older. It was my first recognition of people that are different...Ignorance, as our parents were, tends to bring about fear and prejudice...it's protective...I'm a parent myself. My kids have been exposed to DD. They come here [to this agency] all the time. Initially, it was a shock. They were afraid. Now my [child] is thinking about going into the helping professions* (#11, p.9) (italics added).

Similarly, knowing neighbors with developmental disabilities helped this social worker deal with issues of comfort/discomfort with this population at a young age:

They were friends from the neighborhood and actually one of the women, her daughter who was significantly older than I was [had a developmental disability]...I don't know

that I made the association until later in life. And she would bring her daughter over periodically, like I'd say several times a year when she was home visiting from the institution. I vaguely remember that she was a person who had a significant level of disability...I don't remember her directly. I remember her sitting at the table with us. I don't have a vivid memory (#16, p.1).

And knowing this neighbor, brought about an early awareness about the roles of institutions, parents, and professionals in society:

My mother's other friend who has a son who is a number of years younger than I am, so I think I was conscious of my mother talking about him. And it is hard to separate because my mother is still in contact with this person and still tells the story of how she was told that her son should be institutionalized and she refused to institutionalize him...He might be in supportive employment today. He might be moving into a group residence of some sort. I don't have vivid memories of him. It wasn't like I played with him or babysat for him or anything.....I guess that there was the connection some how...I don't really remember, except for, it's hard to say if it is a memory or not. *I was aware of people with disabilities, and that there were professionals who said they belonged in institutions and could not do anything, and that was not true* (16, p.1) (italics added).

Contact with this neighbor also probably contributed to this social worker's awareness about people with disabilities but it is denied (in favor of work experience):

...one of my neighbors has Down's syndrome and she's always in my house. She's very close with my mother...I've known her over 20 years...She's a year younger than I am. She's 30. She had a bad relationship with her own mother. She lives three houses away from mine. She confides in my mother....*I don't think it had any impact.* She has Down's syndrome, but no MR....She's my neighbor and we talk, but we don't hang out. She hangs out more with my mom (#17, p.7).

Childhood friends. In addition to becoming interested through history and neighbors, 16% (n=4) of these social workers acknowledged in the topic-by-topic questioning that having childhood "friends" with developmental disabilities was also important in developing interest in the field. Friends were closely connected to the neighbors category because sometimes the relationship initially began as neighbors before they were friends. As their stories revealed, the childhood friendships that

developed between these social workers and their developmentally disabled friends focused on commonalities rather than differences.

This social worker talks about having a childhood friendship with someone with a developmental disability that continued into adulthood and how over time this friendship led to a feeling that this individual was “just one of the guys.”:

I have a long friendship with a friend who is mentally retarded. And a twenty-year friendship with many of these people [at this agency]...No, they were just regular people who learned slower [denies they were particularly memorable]. I think that sometimes people think that there is some magical formula. But they are the same people, with the same wants, needs, desires, as anyone else, but they just happen to be mentally retarded. I'm sure that many of them watched the Superbowl yesterday, many of them are involved in the same things as we are on a day-to-day basis. He [the long term friend] grew up in the neighborhood. *He was one of the guys.* He used to come over and hung out with us. He was mildly retarded. He was one of the guys in the neighborhood who happened not to live in the neighborhood. He lived in an institution. So Christmas time, and holiday time, and summer time, he came home for a good period of time. So we used to go to ballgames together. We watched TV at my house and went in the backyard all the time. Just a nice, good guy who we had a lot of laughs with....Now he lives in another group home run by another agency....A lot of my childhood friends, I don't see anymore. You get married and move away. Still see him about once a year now (#6, p.2).

Very similarly, this social worker talked about growing up in a small, rural town and the importance of a having made a personal connection with a sibling's friend during high school who had cerebral palsy which led to feelings that he was “one of us”:

Yes, there was actually a guy in school. He was my middle sister's friend in high school. I think that he was bit older than she was. It was a small, rural town and everybody went to school in the same building. There were only about 50 people in her graduating class, so everybody knew each other. And he had CP. He was in school. We saw him all the time. He had normal intelligence. He graduated and everything. He was very spastic when he walked. He talked funny, the way we thought it was funny. He talked definitely with a speech impediment. He was somebody's brother. He went to the basketball games. As a kid, she was 9 years older than I am, and we'd look at him. *The message was that yes, he was different, but he's one of us.* He went to school there. Nobody made fun of him, at least that I remember. We talked about him after and we felt bad that he couldn't do certain things, like play basketball and stuff. But he came and supported the team and everybody loved his family (italics added) (#24, p.8)

In another way, we see how contact and early friendships with people with developmental disabilities were important. This social worker talked about how parental or adult responses to someone with a disability can teach or model appropriate interaction with the population:

My older sister had a friend who visited our house....and she had a sister with mental retardation. So I remember hearing a lot about her...I was about 8 or 9 years old. *But I remember my mother saying not to make fun of people like that* (italics added) (#25, p.9).

In addition, this social worker talked about the impact of having a co-worker friend with a disability at a job for three years during college but, as we have seen before, was unsure if this experience related to a subsequent interest and career in the field of developmental disabilities:

I actually had a job when I was in college; the son of the owner had a disability. I'm not exactly sure what it was. He was probably like borderline. *Well, we got to be close, you know....Maybe you got me. I don't know. Maybe it was unconscious* [connection]....He was an adult....Actually it was a Jewish Deli. His father had a big catering business. I remember him getting easily frustrated at times. I remember that there were certain things that he couldn't do. It was a long time ago...I can remember him getting easily frustrated to the point where he had to go home. I remember people talking behind his back, making fun of him. I'm also thinking now that I didn't have a sense that he had a lot of friends either. It was mostly people who worked at the store and things like that. *I haven't thought about him in a long time...it might have something to do with it. I don't know* (italics added) (#23, p.6).

A.A.M.R. Similarly to the findings about childhood friends, just as many social workers (n=4, 16%) acknowledged through the topic-by-topic questioning about how their interest in people with developmental disabilities was developed through their connection with AAMR, the American Association on Mental Retardation. Only one social worker talked about this without having been directly questioned.

Submitting professional papers, attending conferences, and meeting colleagues were particularly important in developing interest in the field of developmental disabilities. One social worker said, "I think that AAMR played a vital function [in my career]" (#6, p.5).

It was my student membership in AAMR which led me to submit a paper to AAMR, which I received an award for it, and which led me then to my doctoral program... Was recommended to AAMR, became a member. It brought me into the field (#7, p4-.5).

[name] told me about AAMR initially. Overall, it made me feel part of a group of people that dedicated their careers to people with developmental disabilities (#11, p.7).

Meeting international colleagues was important to this social worker:

The first trip [from AAMD/AAMR award] allowed me to spend several weeks traveling in Canada, England and Norway (#7, p.8).

Giving presentations at AAMR conferences early in the career was important to this social work professional:

Presented at AAMR and national conferences... It was AAMR and getting involved, that got me to try and help out on regional and national levels. Over the years, I've made hundreds of presentations....At the time of the first presentation, three people in the audience were making fun of me...Those people said that I only had six months of experience, 'what do you know?' 'Come back in 30 years and let's see what you've done!' They've [people met at AAMR conferences] professionally remained as far away mentors. Mentor is the wrong word. Maybe, advisors, colleagues, to keep on to committing to make this world a better place for people with disabilities (#1, p.10).

I think that trade associations and professional groups are important. I think that conferences are an exchange of learning...When I first came to [name of agency] 25 years ago, I was told, if you are a social worker, you have to join AAMR and NASW, and local trade associations. You are making a mistake, if you are not participating in national conferences (#6, p.5).

Family Life. Family and the MSW program were the least mentioned categories. Contrary to expectations, none of the social workers in this study revealed that they had a sibling with a developmental disability. Three social workers (12.5%) revealed that they had children with developmental disabilities. Two of the three social

workers reported that having children with disabilities kept them interested in the field and thus they will be discussed in a subsequent section. Others talked about a cousin, aunt, and nephew.

This social worker had worked at the MSW level at a day treatment program with MR/DD for a few months and left it for better paying job at a hospital and a drug treatment program. In contrast to some of the other social workers, this social worker does not deny the impact of family experiences in the development of interest. When this social worker became a parent of a child with special needs, so too did an interest develop in working in field of developmental disabilities:

...so it has changed my life dramatically, big time. I really see the world from a different perspective, having a special needs child. I remember going to a meeting and they can be so condescending to parents. It was devastating to watch those frightening meetings...It was definitely important to have personal experiences to be effective. I'm very hard on staff...to remember the family and their perspective...to get the whole perspective. I'm always pro-family and screw staff. I'll go after my colleagues, if I think I have to. If someone doesn't, they will delude themselves. If you're not touched at some point, you don't get the full picture...it's rare but not common....It's tremendous; I changed from a cocky, young professional to a family-oriented to a realist (#3, p.5).

I don't know what kind of professional I would be without being a parent...I think I was definitely more shallow before this experience [having child with hearing disability]. I had an illusion about myself that was not reality based. This gave me a reality of how to understand parents and services, that schools did not give me...That's where strength lies, is when you have to learn something like that, you learn it in a different way...when [mothers] they came to meetings, they stood up strong...parents know more than you do and you have to accept that parents know more to be a good professional...don't pull nothing over on them, they've done their research. That's what makes this field something I can do with. The parent perspective. But there's not much they can do these days (#3, p.7).

Outside of the immediate family, this social worker reflected back about the impact of growing up with a cousin with Down's syndrome as it relates to possible interest in the field of developmental disabilities. It is apparent that this social worker tries to ignore the possible connection.

I have a cousin that was born with Down's Syndrome. This is very sad. His family lived in [state]. And when he was born, this was back in the 1950's, they told the family to institutionalize him. So I've never met him and his brothers and sisters have never met him. He's not talked about. I believe he is in a group home now....And I've talked to my uncle because he knows that I work with people with developmental disabilities. But he's not part of the family. It's really sad. I feel guilty. And yet, I can't do anything and I didn't do it. And if they were open to accepting help, I would certainly help....Just feeling that there was this person [that I missed out on a relationship with]. And I also learned that I can't judge someone else. It doesn't feel right for me but at that time that's what families were told was in the best interest of their families. My aunt and uncle had 3 young children. And they felt like if you brought him home, he'd take up all your time and attention and the others would suffer. And that's the decision that they made. And like I said, it is easy for me to sit here in 2001 and look back and say that it was a bad thing to do. But I know that they did it out of love. I just feel bad. My aunt died when they were little. She died 30 something years ago, when he would have been very little. So she was not around to raise them, so maybe it was for the best, you know...Grandma came to raise the other 3 kids and not long after, she died. *So I suppose it may have had a little impact...more in furthering my interest, perhaps* (#24, p.7-8).

In addition, this social worker reflected back upon the experience of growing up with a great aunt who might have had a developmental disability:

And then my aunt, who is 94, used to talk about her great aunt [name]. For years, I kept trying to ask her what [name] problem was. She lived at home. She didn't go to school. And she didn't work or anything. And I couldn't get much of a sense for her. She as at home and was included as part of the family. And yet, I couldn't get a sense if she was mentally ill. Did it happen at birth? Was she mentally retarded? What was the deal? It wasn't until my aunt had to move and we helped her pack up her house and stuff that we found a picture of her [great aunt] and she didn't look right, so my guess is that she was born with some type of developmental disability (#24, p.7).

Similarly, this social worker talks about having a nephew, with Asperger's syndrome:

My nephew....I see him three times a year [since this social worker moved out of the home state]....He lives in [another state, where social worker used to live]. He's ten. He was diagnosed with Asperger's syndrome which is on the continuum of autism....Was diagnosed at age five.....I really enjoyed spending time with him, one-on-one, whether it be doing puzzles or going on nature walks. He has definite interests and likes to talk about them a lot. Just being with him is a joy. The expectations that you have for adults, you can't place on children, especially children with disabilities, because they are not at that level to function where you need them to be. You have to go where they are....I enjoy working with others. This job allows me to do that. And I feel very comfortable to work with people who have disabilities and to talk with their families and helping them

work on specific goals, whether it be career or social issues, or monitoring their mood, or resolving some past trauma, and resolving feelings related to that event (#21, p.5).

Another social worker talked briefly about having an aunt, with brain injury:

I had an aunt, who I never met, who was brain-injured. She died before I was born. She was institutionalized. But was just like a family secret thing. I found out as an adult that there was someone missing out of the family bible. I really had not exposure prior to... (#14, p.10).

MSW Program. The MSW program was just as likely to be mentioned as important as family. Three social workers (12.5%) acknowledged the impact of the MSW program on their interest and early careers in the field of developmental disabilities. When social workers talked about the MSW program, most complained about how the program overlooked the developmental disabilities field. What they learned were good social work skills which helped them to adjust to working with the population. (This is discussed in the section “adjusting” to working with people with developmental disabilities.)

Several social workers did internships in the MR/DD field. A social worker who had a grant-funded internship in MR/DD attributes this experience to the beginning of interest that led to this career:

It was through the school [MSW program] which linked us to the State program. And the State program sent me off to the institution and that's where it [the interest and career] all started...heard about the grant from the school of social work (#7, p.5).

Similarly, this social worker, who did not do internships in the field of developmental disabilities, talked about the positive impact of hearing about the field from classmates in the MSW program who were doing internships in the field of developmental disabilities:

When I was in school [MSW program] that some people got placed at [name of institution]. I didn't know at the time what it was. But then I heard what it was and

thought 'oh, man, why couldn't I have gotten placed there.' They were actually helping with the closing of [institution]...I'm not exactly sure what they did, because it was 20 years ago, but they worked there with staff who were finding new group homes and day programs and all that stuff (#24, p.2). In a way, the overall experience. I didn't get placed in the [institution] but people [classmates] were placed there [for field placement] and there was a lot of discussion about it. And just hearing their experiences (#24, p.3).

This social worker also thought the internships were important:

[Got MSW in early 1970's] My second year was at a day program at [name of private school] for children with learning disabilities and emotionally disturbed teenagers with psychiatric disorders. It was a clinical setting. I had an excellent social worker who was the clinical director. It helped me to understand behavior, the meanings of issues they raised in the family and individual sessions. How the individual impacted on the family and how the family impacted on the individual. It was that setting that gave me the first opportunity to work with individuals and families. Did process recordings and went through them over and over and that's how I learned (#5, p. 5-6).

While the impact of the MSW program seemed to be small for the total sample, having internships was important in the development of interest in working with people with developmental disabilities for those who experienced them.

Thus, we have seen, through direct, in-depth questioning, that history, neighbors, friends, AAMR, family, and the MSW program played an important role early on in the lives of several social work professionals. These experiences, which were downplayed by the social workers, were perhaps influential in their careers in addition to the impact of the "first jobs" that they mentioned. This paper will now take a deeper look at examining those "first jobs" that made an impact on these social workers.

The first work experience and its impact: Positive and negative aspects

Today, people have some awareness [of people with MR/DD] whether through Special Olympics or through some other things. My introduction to the field preceded all of that. We had no neighbors or group homes. We had few sheltered workshops and the model was the institutional one....You learn and you become more comfortable and you take advantage of the opportunities that present to you (#7, p.6).

This quote exemplifies the conditions in society, prior to de-institutionalization, during the time when many of these social workers first entered the field of developmental disabilities. It is not surprising then that the life-histories of some social workers revealed that they had gone into their first jobs with a fear of people with developmental disabilities, partly due to lack of contact with the population in everyday life. Many reported that they had gotten into the field by "accident." In addition to not having much contact with people with developmental disabilities, social workers who worked in the field were often not prepared to work with this population by their employing organizations or MSW programs. "Well, a lot of it was by trial and error and getting thrown in." (#23, p.4). "It was more like I learned on my own." (#17, p. 5) Similarly, this social worker said: "...just got thrown in. Just get your feet wet and my feet were wet right away." (#15, p.5). Therefore, it is understandable that some of these first experiences with the population had negative and positive aspects to them.

The positive experiences, which were the majority of the experiences of these social workers, will be discussed first. Then the negative aspects of the first experiences will be discussed. Finally, the ways in which these social workers adjusted to working with people with developmental disabilities will be discussed.

Initial concerns turn positive. Initially, anxiety and fear about working with this population were expressed in many of the stories of these social workers regarding their first jobs in the field. However, soon enough these initial feelings of anxiety and fear turned more positive:

When I first started working in the field, it was that I had the sense that I had never been exposed to individuals with disabilities. I had never encountered anybody. I certainly had a lot of anxiety and fear about it. But not fear that I would not do it. But fear of the unknown (#18, p.9).

Well, at first, I was a little, I wouldn't say scared. But I was a little nervous. I wasn't sure, you know, what to expect. I wasn't sure if I was going to like working with the population. But I would say, after a month or so, I got into the groove of the work....But at first, I was a little nervous. But it didn't take long to get used to working with the population (#17, p.1-2).

I remember my first day [of summer camp with MR/DD]: I was like: 'I don't know if I can do this.' And by the end [of the summer], I didn't want to stop doing it. It was very fulfilling. (#24, p.1).

....Sometimes, I think that if I had not taken the chance that summer, I'd maybe never worked in the field at all. I don't know. Because if I had not taken the first job, I didn't have a family, and I hear your questions and know that a lot of people who work in the field are people who had family connections. And that wasn't there for me. It was just that first job that really connected me. If I didn't have that first job, I just don't know, if I would have been in the field at all (#18, p.9).

The MSW field placement was an accident. I wanted to work with physically disabled and then I found out they were also developmentally disabled. I learned to love them and I've been in the field ever since (*italics added*) (#2, p.1).

Positive first experiences. These social workers soon developed a love or identification for working with the population. Despite some of the initial concerns, anxieties, fears, and self-doubts about working with the population, these social workers overwhelmingly had a positive experience at their first job in the field. It was revealed in their stories that the particular reasons why these social workers reported that they enjoyed their first experiences due to enjoying the work with clients, having outstanding co-workers/staff, dedicated supervisors, liking different aspects of the job, the organization, and the feeling of being part of history.

Enjoying the work with clients. Overall, social workers portrayed their first experiences with people with developmental disabilities most favorably. Social workers described their first experiences with clients with mental retardation/developmental disabilities as fun, fascinating, interesting, and rewarding. These experiences gave them

good feelings, such as the feeling of being appreciated and a sense of accomplishment. These good feelings were particularly experienced when they described the clients as having bonded with them, became attached to them, or when they saw that clients made noticeable progress or improvements.

Two social workers talked about summer camp experiences with autistic children:

One memory was that I was good at it. And I remember ending up working with a woman who was significantly older than I was and didn't have any verbal abilities. And that even though everybody [who worked there] was a teenager, I ended up working with someone who was more challenging. I guess, I remember that it was interesting. I remember liking it and not being freaked out by it.....I found out about it by the HS...It was my first broad exposure to people with DD. And it was people of all ages, adults and children, and all abilities. I guess it sort of fascinated me. I don't remember being scared or repulsed. I remember it being fascinating and interesting (italics added) (#16, p.1).

And I worked with a particular child that I really bonded with and felt a connection to....She was probably about seven or eight. I worked with a group that was young. The program was divided into ages and functional ages. I was in a younger group. She had limited language and limited motor skills, and poor gross motor skills, but she was a very responsive child. I mean that she responded. Even though this was a program for mainly autistic, I don't think that she was really autistic. She was emotionally responsive and connected, where a truly autistic child won't have that emotional bond. And we saw progress during the year [when stayed on after the summer to work in the afterschool program] in fine motor skills and gross motor skills. And she improved her walking and even a little running. And things like that. I could see improvement during the summer. And working in the field after that, I realize that didn't always happen. It didn't happen to everyone working there. But I happened to be in a situation where it did happen, and I felt good (Italics added) (#18, p.1).

Similarly, social workers at recreation programs also enjoyed their first work experiences with clients with MR/DD when they made a basic, human connection:

I was planning activities for the weekend. A lot of trips....I ran in house activities. It was fun, probably the best time I ever had...Oh G-d. I enjoyed the clients tremendously. I loved them. They are the best population to work for...This is very selfish by the way, but very rewarding. It was very rewarding for me. I love their honesty. I love their innocence. I adored the clients....I just loved being with them. Because once you've worked with the population, I think that you get really attached to it... (italics added) (#9, p.1-2).

Probably having a great deal to offer that did not take any kind of experience. That they were very receptive to any positive influence. And that there wasn't a stuffy clinical quality. It was recreational program. We would deal with the real issues of living that they had, and that they often did not have the resources. *And that we could do wonderful, fun things, and that I saw a lot of progress. I saw people blooming there.* They were verbal. They were high functioning. I also saw the dual-diagnosed and *I was very much fascinated by them* (italics added) (#14, p.1).

Helpful Staff/Co-workers. In addition to particular clients who made their first jobs enjoyable, some social workers also talked about co-workers who helped to develop an interest in the field. Social workers liked staff who were friendly, energetic, enthusiastic, optimistic, helpful to each other, and who acted like role models of professional behavior.

I also think that I remember that the people who were in charge, the paid staff [at the summer camp] , had a really positive attitude. I think that given the time and place [mid 1970's] that they really tried to create a positive atmosphere...I remember it being interesting and the staff created a very positive atmosphere...Given the programmatic craziness, given the different needs and interests of the people who were there, that there were a lot of activities and things going on. The activities were fun...To some degree, it gave me an opportunity to meet different people...(#16, p.2)

The people that I worked with were really nice....And I felt that the people that were running the camp were very accessible and answered any questions that I had. And they, too, seemed to take pleasure in it (#24, p.1).

I think that I experienced a real level of camaraderie among the supervisors and others. I think that both professional staff and direct staff had a lot of energy. A lot of them had worked with these individuals in Willowbrook. There was a level of energy and enthusiasm that I don't always see these days...I think that I had enough support and enough of the staff working with me, they were a lot of college students and a lot of people working in the arts, and everybody was enthusiastic about what they were doing....The level of camaraderie of the staff and the supervisors being so supportive... (#16, p.2).

It was a nice group of students; there were several from my school. We had two students to a cubicle. It was nice having another student with you....(#10, p 1)

Dedicated Supervisors. In addition to enjoying the work with clients and having good co-workers, many social workers talked about having had particularly influential

supervisors at their first experiences in the field of developmental disabilities. The qualities of the supervisor that they talked about that were important to them were the following: patience, knowledge, time, feedback, interest, and was seen as a role model.

This social worker talked about having a supervisor with patience for teaching:

At times when I was having difficulty, she'd sit down and model for me and explain a different way of working with someone. She had a lot of patience....and the supervisors being so supportive, it was comfortable to vent to her, if someone threw something at me or eating the art supplies [it was a recreation program]. so I think I found her supportive *and she took the time to do hands-on training*. And I also looked to her as a role model, because she seemed to be connected to the different individuals. I saw her interest, so it wasn't just a job. I think that's about it (italics added) (#16.p .2).

Giving good feedback and being available to students were important.

She [supervisor] gave good constructive feedback. She wasn't punitive, but she definitely gave feedback when it was necessary. Her time management was good; she was always there. It's hard to keep it up. She was always there. Now being a supervisor myself, I know how hard that it to keep it up. She made the time. She made herself available. If you had questions, she would always make the time. You could just pop in and ask a question and she'd make herself available. She had sound ideas. Good limit setting. If something was due, she expected it at that time; she didn't let you off the hook. But she was not mean. I still see her. I'm her colleague today. I do actually give little lectures for the social work students now; it's nice to give back (#10, p.2).

My supervisor was new, but you could really see that she loved her job. She stayed late every night to catch up on her work. She carried the beeper for the whole case management department, which meant that she must have gotten lots of calls at home at night. She knew all the clients by name and they always asked for her (#2, p.3).

Variety of work. In addition to enjoying the first experience with clients, having outstanding co-workers, and having dedicated supervisors, some social workers talked positively about the variety of job responsibilities, which helped to develop interest in the field of developmental disabilities:

....I'm someone who likes variety. In a group home, you did everything from learning how to order supplies and write a budget, to how to fix toilets, to working with local neighbors about what it meant to be a neighbor and community, working with families. I learned a lot about funding methodologies and economics, on a small scale of running a facility. It began to feel that I was learning the rudimentary skills for future

administration, which I had always wanted to do, unlike most of my peers at school who were very interested in becoming clinicians and therapists, I wanted to move into administration (#11, p.2).

The agency. In addition to enjoying the first experience with clients, having outstanding outstanding co-workers, dedicated supervisors, and liking the job, social workers also talked about getting interested in the field through the organizations where they worked. Social workers who saw their agencies or departments as growing or capable of growth were able to develop interest in the field:

So it was a natural thing to think of what is the next step for these individuals [with DD, in the very first residence in the early 1970's at this agency], about what we needed to do to meet their needs, as well as to make this agency that much stronger. Again, it was the creative process of being able to create the services to help people. So it brought together the need for helping, which is an intrinsic/internal need for self-worth to do something important for the benefit of society and society at large and that self worth that it brought to me. Like Maslow's kind of hierarchy, it seemed to me, *I felt I had achieved nirvana by achieving my life's work and I was getting paid for it* (italics added) (#1, p.3).

At the time [of MSW internship], the agency and the department was growing. I saw the department evolve and grow (#10, p.1).

Met well-known leaders in the field of MR. Finally, when the first experiences with people with developmental disabilities involved working with leaders in the field, this too contributed to an interest in the field. This social worker's MSW internship facilitated contact with leaders in the MR/DD field, which deepened interest:

[Through MSW grant] I met one critical person there [at agency with MR/DD] who was active in the AAMD [before it was called AAMR]. [At his recommendation] I submitted an essay about my work in the facility [with MR/DD] and received an award from AAMD....[this person] told me to go back for my doctorate at [name of school]. It was there that I met [another leader], who was connected with ARC, who worked with President Kennedy's Commission on Mental Retardation, a professor, and known nationally and internationally...I did the doctoral program....I made a few more connections to the field after doing my doctoral program. I also met [another leader]...Through [this leader] we learned more than just classroom. We were exposed to people....I met and interacted with key people and in the midst of everything [then came legal cases followed by Willowbrook]...When I moved into my doctoral program, the involvement with individuals who were in the cutting edge of what was happening in de-

institutionalization was critical, and through much of that experience, I was linked to the Federal government, the Justice Department, and had the opportunity to travel to England, Norway, and to interact with colleagues in the field in those countries...I still have a close relationship with them (#7, p.2).

Therefore, we have seen how the clients, helpful co-workers, dedicated supervisors, variety of the job, the agency, and contact with leaders in the field made for positive first experiences.

Negative Environments.

Contrary to all the positive experiences that social workers encountered, however, not every participant reported having had a wonderful first experience with people with developmental disabilities. Yet, despite a first negative experience, some of these individuals continued in the field of developmental disabilities. As one professional pointed out about an early experience, which was mainly described as positive: "It was particularly challenging in terms of the individuals' behaviors and needs, so it could also be frustrating." (#16, p.2). Some of the negatives expressed were in regard to institutions, sheltered workshops, physical conditions, and seizures.

Institutions. Several negative experiences were reported by professionals who worked in state-run institutions in the days prior to deinstitutionalization and just after. This social worker vividly recalls negative experiences of working in an institution:

What I liked about the institution? [in a questioning tone, somehow implying that I had asked the wrong question] I was trained on the ward, where there were men, all men. And they were totally incapacitated in bean chairs. My job was to get there in the morning, when I worked the 7am-7pm shift in those days, and they would be naked, sitting in a wheelchair that was accessible for them to be showered. And my job was to hose them down, clean their feces off, and put them into their bean bags so they could sit for the day. *Quite frankly, it scared the hell out of me. I was so afraid. It was disgusting.* It was an institution. It is what you see and heard. I was there and *it was frightening* (italics added) (#6, p.9)!

Similarly, on volunteer work at Willowbrook during the April, 1972 strike, this social worker talked about observing horrible institutional conditions:

And I went to Willowbrook to feed the babies. For that day, I was going to feed the babies. Why was I going to have a feast [on Easter] when there are little babies starving? When I got there, they wouldn't let me feed the babies [because she was 7 months pregnant]....I wound up helping out in one of the kitchens with older MR. They were afraid of communicable diseases since I was pregnant and it was so obvious I looked pregnant. This was the first time I saw them being locked into the ward, seeing people banging their heads on the wall. And then, I never thought about this anymore until [late 1970's] when I took this [first paid] job [in residence]. So I guess, I was with the DD before this job, but it never registered before...They scraped food out of the pan. It was disgusting (#9, p.3).

Similarly, this social worker also talks about horrible institutional conditions:

And the first year [with foster care at institution] was a little rough because believe me, it was shocking, at least at that time. Because the conditions, although better than Geraldo's [Geraldo Rivera, known for the Willowbrook expose], were better, but not a ton better. And there was tremendous pressure to deinstitutionalize the people and they were grossly underprepared. So it was a difficult first year....And all around, people were tired from doing their jobs and it was often mistaken for neglect because they were overwhelmed and they were understaffed. So I decided to stick it out, and I don't regret that decision for a minute (#13, p.2).

Although this participant does not say anything openly negative about his first experience, it was detected in the tone of his voice:

My commitment [for MSW scholarship/grant] was in a State School and hospital. Interestingly enough, it was a state school for all females! All high functioning females...It was a facility created after the Eugenics scare in 1913 for the care and confinement of feeble minded women of child bearing age... I also worked in a secure unit with the most aggressive of those individuals. It was a token economy: behavior modification, intensive verbal interaction, and it was a locked, secure unit, which was designed to accommodate a maximum of 24 individuals... (#7, p.1)...I did clinical work at the institution. It was difficult but rewarding (#7, p.2).

This individual talks about a negative experience of working in a mental institution as a summer job during college and makes the connection to people with developmental disabilities who also lived in institutions:

Oh, there was something that we left out in the beginning about my career. I grew up in [particular geographic area] and had a year of college, when I worked in an institution, a mental institution, a state mental institution. It was totally horrible. It was the Willowbrook mentality in [another geographic area]. I was there for a summer and it made a tremendous impact on me because of the degree of abuse and neglect that I buried it for a while there...It was a summer job...I saw how bad it could be. They said it was. I saw how low people could be. I watched at the beginning of the summer, all the do-gooders like myself coming in, because we were summer help. The state gave money for summer help. We all walked in wanting to do good, and then I watched good people began to lose it for whatever their defenses were that they actually became the aggressors, the abusers. I saw good people turn 180 degrees. I saw good people beating the clients. I saw good people doing the most mind-blowing things. I think that I have a much better understanding of it now and of how one defends against those horrible conditions and how they blamed the victims and took it out on them. So I saw that good people could be monsters and I could never forget that....I know that for every good person that I hire as a staff person, that everyone has the capacity...So it was very much a hidden secret, just like Willowbrook. I saw how low people can go....When we talk about never again for Willowbrooks or any other similar thing in history where we've been so low, that's one of them. I've seen those conditions and I'm against institutionalization. I know that I brought a spirit with me for having seen some of that stuff that I feel that I've dedicated my life to being sure that kind of a thing never happens again (#14, p.10-11).

In addition to negativeness about working in institutional settings, social workers also expressed negative reactions to working at day treatment and workshop programs. This social worker complained about not being able to do counseling with a low functioning population:

My first job after my master's program was working in a program for DD adults. I was a social worker at an adult day treatment program, which lasted about 3 months, so I'm not sure it was a positive experience unfortunately....I didn't like the day treatment program. It was too concrete. There were no counseling opportunities with the consumers...It didn't maintain my interest (#3, p.1).

In addition, these professionals also initially had a negative reaction to seeing large numbers of people with developmental disabilities who had physical problems in sheltered workshops:

One of the first difficulties that I had when I first started working with the population at the beginning, was that people with mental retardation or developmental disabilities sometimes have a very strange physiological or physical appearances, and I found that

very difficult to handle at the beginning. The first time I walked into a sheltered workshop and saw 110 people. I walked in the front door and out the back door. I was sick to my stomach (#22, p.5).

I was shocked when I went into the workshop for the first time. Saw hundreds of people with notable physical problems crowded around tables. Some were working. Some were sleeping in their wheelchairs. Some were yelling. It was noisy. The ones who could walk came over to say hello to me. They wanted to know my name and if I was going to be working here. I was surrounded by them and overwhelmed. But my supervisor was there with me and helped me out. The bell rang for break-time and there was a stampede. I stood back and watched. I can't ever forget this (#2, p.2).

Similarly, this participant also expressed some initial discomfort with the population, particularly with those who had seizures:

I think that not knowing a lot about the population. Basically, I wanted to know 'what is mental retardation?' I did have a reaction to one person who had uncontrolled seizures. And that was a little scary (#20, p.3).

These social work professionals experienced both positive first experiences and negative conditions surrounding treatment of clients in the field of developmental disabilities. What helped to make the first experiences positive was clients' progress, helpful staff/co-workers, dedicated supervisors, variety of the job, the agency, the job, and meeting leaders in the field of developmental disabilities. The negative aspects of the first experiences expressed by these social workers involved observing horrible conditions at institutional settings, not being able to do counseling with some individuals, observing large numbers of people with developmental disabilities who had notable physical abnormalities in workshop and day treatment settings, and dealing with medical issues, such as seizures.

This paper will now move on to address the ways in which social workers came to adjust to working with developmental disabilities.

Nurturing influences: Ways of adjusting to the population

As we have seen in the prior section, some of the first experiences were positive in spite of negative workplace environments. Nevertheless, these social workers went on to pursue careers in the field of developmental disabilities. Revealed in the stories of many of the professionals who expressed initial discomfort with the population was that they tried to make best of seemingly difficult situations. For some social workers, adjustments to the population were made by changing physical location or agency from an institution to a community setting. Some social workers tried to connect and relate to the population and to the field as best as they could, through their own personal experiences, discussion with supervisors, and by pursuing further education and training. Some social workers tried hard to make connections with their work to the MSW program. Through this process, many social workers changed their thinking about themselves and the population and developed practice wisdom.

Changing /work setting. As simple a thing as changing the employment worksite can also impact on whether or not social workers adjusted to the population. In this case, a social worker who had a difficult time working in an institution changed to working in the community, and developed a more positive outlook about the population:

When I went to work in a group home run by [this agency], most [consumers] came from middle class families from [town]. The families were nice and involved. Many of them [consumers] were working at jobs and making more money than me at the time which surprised me. And it was a fun environment to work. I loved to play ballgames with them. It was a wonderful place to be (#6, p.9)

Continued contact. In addition to changing the work environment, continued contact with the population was another way of adjusting to the population. In this situation, the process of continued contact brought about positive feedback from clients:

You know one gets beyond that...I'm not quite sure how. If you want a social work term, it was a 'process'; it took time. But I think that the piece that got me beyond it was not the word 'love,' but the 'respect' that I got from consumers or clients for wanting to work with them. For showing them that I believed that they were people. For showing them that I believed that they were capable of changing and learning. I think that is what helped me to get over my physical response or my response to their physical conditions. It came from them...there is some sort of a systematic desensitization that one goes through. And to combine that with positive reinforcement. And as you become used to the population and you get tons of feedback from the people that you are working with, for the most part, it certainly makes it easier (#22, p.5).

Similarly, social workers also revealed that having personal contact with people with developmental disabilities helped to break down some stereotypes that they had about the population. This social worker learned a lot about people with autism from the MSW internship:

I remember, you hear a lot about autistic people, and I actually interviewed someone who was autistic. It's one thing to see it in the movies and television [and another to meet the person]. It's not like what you see in movies and television. I realized this was one person on the whole spectrum of autism. I had these stereotypes of no eye-contact and inability to touch anyone. It's a whole spectrum. She was able to hold her mom's hand, make some eye contact. I had a much, much more severe idea in my head of what it would look like (#10, p.1).

In addition, this social worker learned a lot about the diversity of people with developmental disabilities from making home visits to families:

My parents live in [geographic area] and they [clinic, where did internship] happened to need two psychosocials of people living in [geographic area], so I volunteered to go. I used my parents' car. So I went and did intakes there and visited a mother with two developmentally disabled children; one was blind and had some kind of physical abnormality with her hands or feet. The other child was less severe, and was mainly MR. I couldn't imagine how this person survived. Her child's disability was so severe, but the house was full of love. She managed. How did she manage? Then I visited another home. The first home was middle class, but the second was in a less nice area. It was a smaller, older home in a working class neighborhood....Just seeing the two different pictures of people and their situations...they just couldn't get to the main office clinic... it gave me a much larger picture of what people with developmental disabilities looked like, how they lived, what they were like, of different situations, and different circumstances. Most consumers at the agency tended to be poorer or disadvantaged. There are actually families out there who have money. *It was nice to see the whole*

spectrum of what was out there. There is no one DD picture of a family (Italics added) #10, p. 1-2).

Additional training. In addition to changing work settings and continued contact, social workers revealed that they were really interested in working with the population and took the extra step to learn more. They adjusted to working with the population through the additional training that they pursued through coursework or by attending conferences:

Just learning more about them. More reading on my own. Going to conferences and in-service training. And just talking with others who were more experienced (#20, p.3).

I took a course in supervision [found it by herself but agency paid for it and went at night]....I [went back to school] did one year of undergraduate work in supervision and administration and also took a course in proposal writing. And that helped me....If there's something I don't know that I need to know, I look for a book or call someone who knows (#12, p.4-5).

These participants talked about training opportunities at the first job in the field of developmental disabilities:

A lot of it was encouragement to go for training and encouragement to go for workshops (#23, p.4)

And, like I said, sending us for training (#24, p.5).

This agency, you find seminars that you want to go and they will help you pay to go. And they encourage you to be involved and keep aware of what is going on in the community. And they encourage you to go and present, whether it be once a year or so, whether it be a case study or an article that you read that can provoke some discussion. So there is a variety of things. In terms of advanced degrees, they try to help you out financially to pay for it (#21, p.3).

So too, for this professional, who was scared at seeing seizures, continued contact was important as well as reading the literature available at the agency:

Agency provided me with information. They had a library....Getting to know the person and learning more what to do in terms of the seizures. Learned medical things too, which I enjoyed (#20, p.3).

Sometimes, however, social workers revealed that they really struggled because they were unable to find classes in developmental disabilities at the BA or MSW level:

What happened was that I tried to take classes in undergraduate for mental retardation and there were none [in 1980's]. Zero. And I wound up taking a course through special education but it was totally nothing. It was a gym class. I made bean-bags. And I stayed in the field. I went to graduate school [MSW program]. I went to conferences. But again, there was very little focus on mental retardation. So again, whatever I learned, I learned on my own. And that was pretty frustrating (#9, p.1).

Thus we see that the agency provides most of the training rather than the MSW programs. It also seemed that those who asked for training were likely to receive it.

Using personal experiences to understand. Participants also reported that they tried to connect their own personal experiences to help themselves to understand the needs of working with DD population. Because formal education was not there, they created their own educational process

I can remember how difficult it was to walk again when I fractured my ankle. So I had some personal experience of feeling disabled...It was much longer than it should have been because I became dependent on the crutches. It was 5th grade. It lasted for most of 5th grade. I didn't want to walk. Felt different. It's finding that place in myself that feels deficient, and the internal work of accessing that in service of the client that becomes part of the emotional gym, that workout, that emotional workout. Only myself. Only the spot in myself that feels less than vulnerable and not accepted. ...The same way that most members on my team are self-insightful. I'm very aware of it (#8, p.6).

When I came back [to work world after being a housewife], I had a special needs child: my [child] was deaf. I think I was more inclined now to go into the special education field...So I found a part-time job at a day treatment program as a social worker and from there, got a full-time job at [this agency]. I got into it and stayed here...Now that I had been through the CPSE and the CSE process myself, I had a special understanding for fighting the system and was able to be an advocate for families, sometimes against my own colleagues. Some of them not having children, not having the personal experience, did not grasp what it meant to have a child with special needs, fighting the system the way that these families have to fight the system every inch of the way to get what they need (#3, p.1).

In another way, this participant also talked about a personal experience of exchanging currency in Europe to understand what it might feel like to be a person with a disability:

I remember. I don't even know how long ago it was, going to Europe and I had to exchange money and I was feeling what it might be like to have a disability. Trying to transfer money or to see the value of an American dollar as compared with other currency and then trying to understand it. Transferring money into foreign currency and how difficult it was. Just that feeling of not being knowledgeable and not being able to do it quickly and confidently (#20, p.4)

Using supervision. Some participants revealed that they received good supervision at their first jobs to help them adjust to the field of developmental disabilities. This participant talked about being told about the necessity of having patience and humor in the work:

I just recall being told that you have to be incredibly patient and have an incredible sense of humor. You can't take things too seriously all the time (#23, p.4)

....and I got good terrific advice saying, 'don't worry about everybody.' But partialize and concentrate on one at a time. And it was the best advice I could have gotten, because then it wasn't so overwhelming (#13, p.2).

I had a phenomenal supervisor, who was probably the best social work educator that I had ever encountered....But she [first year internship supervisor at MR/DD facility] cut to the chase and caused students to think about what we were doing? What were we seeing? And to gauge whether or not we were effective in terms of small, incremental steps, rather than looking for dramatic changes, and that's always stuck with me (#7, p.6).

In addition, participants were often given specific tips by their supervisors for dealing with the issue of client disability:

....just not to look at the disability, that would be a big thing. You know that sometimes, we can focus on the cognitive deficits and the physical limitations and not on the person. And I was always encouraged to focus on the person, to focus on the individual. The disability is there, but not to focus on that. I think that because of that, I never felt that I was limited or the people that I worked with were limited. You know, just because an individual is retarded does not mean that you cannot sit down with someone and talk to them about their family; not all things are behavioral (#23, p.4).

I remember qualities, not specific things what they said. I think they talked about being concrete with this population (#10, p.4).

One essential quality, early in their careers, was the availability of the supervisor:

We did have a supervisor who oversaw the social workers in the adult day programs, as they called it. We only met once a month, but he was always available. And the times, we did get together for supervision, they were very good. And he is interesting. He was upper level administration and tried to balance the administrative aspect with the social work aspect. I found that to be very interesting and I really respected him for that. (#23, p.4)

She was knowledgeable....And she knew what I didn't know, in that, she knew that I had no experience. I had no problems calling her or letting her know what I don't know. I think that with that sort of openness, I learned a lot more. I wasn't scared to say that I have no idea. (#12, p.4)

I worked closely with the psychologist when I first started. I mean, she was really open about answering questions and listening to me. Really, doing what we would think as classic supervision, I guess. Giving me the time. Spending the time. I lost track of her because she moved away. I hope she knows that the effort that she put in paid off because I'm still here and still trying to do what I can. (#24, p.5)

And I felt that in as much as it was a challenge to work full-time and go to school, I felt that the people who were my field placement supervisors (I had two, one for casework and one for administration), that they really took my development seriously. That they really took time with me and they took my development seriously in terms of providing me with opportunities to learn. It was really significant. I was in the field [more than 10 years] at that point. I wasn't someone who was just going through the motions. I felt that I had the opportunity to learn from people who had more experience than I did (#16, p.5).

Another important quality of supervisors was their ability to share resources:

An example of their [supervisor] support was when I first started here [at this agency]....And they handed me some papers in terms of what they had read up on and what was helpful to them. So sharing resources and experience (#21, p.3).

Moreover, some social workers pointed out a variety of good qualities about the first supervisor that have lasted throughout a career. This social worker talks about the impact of a director of a summer camp program, which was the first work experience in the field:

The first job, my director....Certainly, that is the biggest influence on my staying in the field....It was his commitment. He was somebody who worked for nothing. He worked incredibly hard at a job. It was like his full-time job and he had no health benefits. But he did it because he loved the kids. And he saw that they needed people who would work with them and the families as well. On of the things that he influenced me, and I think anyone who worked there, was to see the family and see life from the family's point of view. And not to be judgmental about families....we had to do assessments. And we were made to do them at home and he was very honest about it because he wanted us to go and see the family. To see the house, and see the impact that the person with disabilities could have on the whole family household, with the idea of being compassionate and have understanding for the family. I was connected then with the families and not just with the individuals that were involved. And it has helped me be more connected and it has certainly influenced my perspective in any job that I had ever since. It was what drew me to the advocacy position because the family was the client and not just the one individual....he taught me, in my view, sometimes better social work than some of the social work teachers, about things like that: looking at the family, looking at the environment, and understanding the whole picture....He is still one of my closest friends today (#18, p.6)

This social worker recognized that a supervisor at a residential program, despite some negativeness, helped him to become interested in doing clinical social work. He left to pursue an MSW, but did not return to the agency because of this poor supervision experience:

My first supervisor [a CSW] was a therapist who was very radical but in her radical madness, and I mean madness, this woman was crazy, she had some wonderful things that she taught me. She really opened my eyes to a lot of things, clinically. She got me interested in clinical. She broke every rule....She required her own staff to attend personal therapy with her where they had to pay her....And I learned process. I learned a little something. I think that what she did was definitely wrong [but this was before MSW program and was naive]....So it gave me enough I was interested in and I learned..... Looking at myself. Looking at my own impatience (#14, p. 6-7).

It was also important to these professionals that there was a gradual building of a caseload and independence rather than having been given a full caseload at the start:

I think that my experience has been that at the beginning, people give you time. You don't get overloaded with a caseload, but eventually you do! But my experience at the beginning wasn't like that. You got time, people were available, and you got encouraged to go for conferences and training. But it was also a sense of some of it you got to do on your own. There was an independence about it and for me that was something that I

appreciated. So for me, that was part of it as well. You pick it up quick in one sense. And a year was learning (#23, p.4).

...the director was very nice and understanding and sweet. She didn't expect me to perform miracles. She was pleased with my work performance. She wouldn't pressure me into doing anything. There was no time line for completing work even to this day. It's like you're on your own (#17, p.6).

Co-worker support. In addition to changing settings, continued contact with the population, pursuing training, using personal experiences to understand, and using supervision, many social workers talked favorably about observing and learning from the co-workers at their first jobs in the field of developmental disabilities:

The quality of the people that I worked with and the quality of what we were trying to do has kept me connected (#18, p.1).

An openness that people had, if I had questions, to talk about it (#23, p.4)

Because a lot of the clinicians here have been in the field for ten to fifteen years, it's nice because you have people who are new out of school and people who have been in the system for a long time...I don't remember anything specific. I think you have to be proactive. You have to ask. It's better to ask than to make a mistake that will come back (#21, p.3).

...was a real sense of community among the staff as well. There was a lot of strong support among the staff. I was 17-18 years-old and a lot of the one to one counselors were 16, 17, 18, 19 and just the occasional person was of another age. So the group leaders were people or just beginning graduate school who were often doing that as part of some schoolwork or fieldwork experience (#18, p.1).

The first job....That would be a place where there was a core group of people that I worked with there and we are still friends even though we all work in different places (#18, p.6).

Using knowledge from the MSW program. Trying to connect their work with people with developmental disabilities to what they learned in the MSW program was another coping strategy. While no social workers revealed that the MSW program had made them well-prepared for working with people with developmental disabilities, what social workers reported about their MSW programs was a general sense of preparation

for practice with any population. Their answers revealed that it was a generic preparation with some of the most useful social work aspects that could be used with this population: developing trust, social work values, advocacy, social justice, developmental stages, empathy, and listening skills.

A participant articulated using the MSW program experience to deal with working with a population that was new: people with developmental disabilities:

They [MSW program] started me so I would know a little bit of something. And I realized when getting here that there was still so much I didn't know. So it prepared me by not being intimidated in not knowing, but to remain curious and interested...I guess in the clinical work, I remember a professor saying, 'Don't try to change anyone. Just try to understand them.' Certainly in a clinical intervention class, we talked about just building trust at the first session. Allow the client to feel comfortable so they will come back. Don't try to elicit all the details of their lives. Just give them the emotional message that you want them to come back. It's really simple. And some theorists: Maslow's basic human needs and others (#8, p. 5)..... My master's program was the tilling of the soil though it hadn't yet planted the seeds or bore fruit. But further education. I'm a cheerleader of further education (#8, p. 6).

The following two social workers discussed how they felt prepared with basic skills:

Well, what school does is to give fundamentals, and I've been able to use everything.... It's not just one thing. You can't really pinpoint one thing. You use everything you got.... It's like when you get your driver's license to drive, you drive to get the experience, but at least you have the fundamentals to drive (#12, p.6).

I think that basically, social work education teaches skills that you can learn to use across any fields, or most of the different fields. Whether it's engagement, assessment, data collection, treatment, those are all the skills that you learn in school and adapt to the different setting that you work in (#20, p.3).

In addition to overall preparedness, social workers talked about the overall philosophy of the MSW program, such as how classes were taught, impacted on their work with people with developmental disabilities:

The only thing that sticks out in my mind is that I went to [name of university] and they were very eclectic and never encouraged us into one way of doing things. And I think that because of that, it has helped me in the field (#23, p.4).

I guess the way that the classes were run, there was a lot of discussion about where you're working or where you're interning. A lot of discussion in the community organizing class about current events [such as closing of institutions in the early 1980's] and how can social workers effect change...I actually think it [MSW program] was helpful (#24, p.3).

[It was mid-1970's] Can I use social work principles? Of course. I mean it did help in that ways. Yes, of course (#13, p.5).

One thing that I remember from social work school, that a professor said: 'I don't give medication. I can afford to be wrong. I should not be afraid to correct it and say that I did the wrong thing. And nobody died, so I can handle it. So this is the philosophy that I've lived with (#12, p.8).

In addition, social workers talked about relating social policy issues that they learned in school to their work with people with developmental disabilities:

It [the MSW program] gave me a better understanding of how to work with systems. So in working change from programs to systemically. To always look at issues from a systemic perspective, number one, and number two, it gave me a better understanding of social policy and a better understanding of how social policy impacted your future. And third, it gave me an understanding of social work, which I'm still understanding about (#1, p.10).

Definitely one of the professors [policy course] in my MSW program. Having nothing to do with developmental disabilities, but the professor influenced me as being someone who believed in advocacy. Believed in you never accept a single answer. You never accept that money is an excuse....One thing that I've always remembered was that he said that there are two views to policy: there's one policy where we have x dollars and we have to fit our services into it, and there's another policy where we have to identify needs, and then find the money. And it's your job to always take the second approach and not accept the first approach. It related to my work and influenced me. It was an orientation of how we see Social Work (#18, p.7).

I think that one of the things that he [professor] did was that he opened my eyes to the depths of the field and to the ills that society has done to social work, social rights, and the whole social justice piece. And I think that one of the most important roles that we can play in any certain area is when we work with any minority group, and I really believe that people with disabilities fall into the same group as any other minority group. He really motivated me and got me going (#22, p.4).

Particularly courses on theories, such as developmental stages were helpful:

Yes, some coursework, but not a lot...It was in a class that was called Social Deviancy. It was a six week program that dealt with developmental disability, or as it was called there [in other country], intellectual disability...don't remember much (#22, p.4)

They had a couple of classes on family and illness. I think they had psychopathology. They had a couple of classes related to family illness and psychiatric disorders, and also human behavior classes, which sort of touch upon DD. I also took a course on Social Work and the Law and researched when a person reaches age 18 or 21 or what age they would become their own guardians.... Systems theory, they talk about interpersonal relationships between family members and other systems. Erikson's stages, the life stages. And how where you are in life depends upon where you've been, where you are going, your environment, and family dynamics...So yes, content through chronic illness. Just a variety of scenarios that can occur in families (#21, p.4).

Coursework, no, but I could stretch it. Maybe I need to go back and look. I take that back. Interestingly enough, the parts that I was least interested in had the most relevance. The course on human development theory, as a social worker, you don't spend a lot of time on this. On studying every theory from Piaget to Freud, and everything in-between, in looking [at people?]....this is something that I have used here a lot that I have not used in other parts of my social work career. We find that some people with DD get fixated at some stages of development. There are a lot of developmental issues similar to children although they are not children. I've used lots of community work. I spent the first ten years here doing a lot of community work and developing group homes and residential programs, and working with community groups to do that. (#11, p.7).

Since they didn't teach anything about MR in school, the actual practice classes and group counseling skills were useful. The rest were not too helpful...Stages, developmental stages were helpful to know...Person gets stuck in different developmental stages (#10, p.5).

And some theorists. Maslow: basic needs met and moving up. Rogers...Developmental theorists like: Erikson, Mahler, Klein, Winnicott: good mothering, holding environment. Object Relations theory....Some of the work by Bebi and Lockman on attachment theory. Some of the primitive needs of adult population were never met, example, gazing. Some of them need gazing. Many of our clients need to experience the clinicians as genuine and kind, so clinician-client matching becomes very important. And that of course is grounded in some of the learning and cognitive theories as well (#8, p.6).

Social workers also talked about useful clinical/counseling courses which were helpful for developing good general social work skills:

....the casework classes because that was my major...Just the things that you learn in terms of being empathic and listening and using your skills in terms of listening to

clients. In terms of like writing and documenting, that's also important working here (#17, p.6).

Certainly in a clinical intervention class, we talked about just building trust at the first session. Allow the client to feel comfortable that they will want to come back. Don't try to illicit all the information or all the details of their lives. Just give them the emotional message that you want them to come back. It's really simple (#8, p.5).

One social worker talked about being able to use the clinical skills from a groupwork class as an administrator:

Group process. I have to go back to groupwork theory. We are the only profession that uses that term. And I can be sitting here as I currently do at directors meetings and I realize that you have to lead the team in a manner, in an informed manner, which a groupwork experience or theory would lead you. So you can actualize. So the group is maybe not a family group or group therapy, but group theory as applied to administration, team, whatever, is very much there (#14, p.9).

Administration courses from the MSW program were found to be useful by the social work administrators:

The administrative courses [at MSW program] helped me (#4, p.5).

I was an administration major, so I've used a lot of what I learned in my work in terms of organizational development, how to supervise staff, proposal writing, and a wealth of information that I learned (#16, p.6).

I was an administration major. I learned about policymaking. I guess I learned in generalities about how to deal with people, strategies for communication, and learning how to read people. In the MR field, you can use all experiences. Also learned time management stuff. Systems stuff. I don't remember that much, it [MSW program] was [more than 15 years ago] (#15, p.5).

Actually, a course that I hated was a course that I really was able to use here, which was program evaluation research. As soon as I came in here, I had to use it. I really hated that class. It's been really useful to me. Every year, we have to do a program evaluation (#12, p.6).

There was a course on creating change in human service agencies, and with my interest in advocacy and policy, that was a good course. There were meaningful things in that course... (#18, p.3).

Religion/Spirituality. The stories of these professionals revealed that religion was another coping strategy that these social workers used to be able to adjust to their initial work with people with developmental disabilities.

These social workers made the connection more generally to the social work profession:

I'm Catholic, I'm Christian. I've certainly come to Social Work and come to work with individuals with disabilities, very much for me, very much from a spiritual sense of service. A central part of life is needing to be of service to others. So that would go beyond working with people with disabilities, but working with people with disabilities and being a social worker in general.... I would say that since I went to 16 years of Catholic school, and I wouldn't say that necessarily was always positive. But since high school, and being involved in retreat programs, certain things, and also a very good Catholic school where I was exposed to Eastern spirituality and meditation, brought a sense of spirituality that's been a very big part of my life and a very big part of why I'm a social worker. In a broader scale, in working with individuals with disabilities, I see as coming out my job experience. Being a social worker, certainly comes a big part out from my spiritual perspective (#18, p.9).

But I did have a Jewish mother who said: 'whatever you do, do it well.' She said, 'always smile and help the people, whatever you do, even if it is to open a door. Or if someone needs help to carry a bundle...' So I think that helping comes from there (#1, p.10).

Some social workers talked about recognizing a spiritual connection between themselves and their work with people with developmental disabilities:

They are there by the grace of G-d, just like you or I. I forget how that saying goes. Just our fate could have made us mentally retarded or not. There by the grace of G-d we are or not. So when we learn that life is so precious and so determined by genetics. One chromosome makes a difference in the world for that person. You say that you want to make a difference in the world for that person. We're here by the grace of G-d, you and I. Talking to parents about what it means to have a disabled child. The commitment they've experienced (#1, p.11).

Some talked about bringing a spiritual perspective in their work:

If you want to bring your spiritual attitude to your place of business, other ability is the place to do it (#8, p.5).

I guess. Spiritual. I guess that I do get some spiritual, warm, fuzzy feelings about doing good work. I think that I do feel it is important to spend my time doing things that are meaningful and worthwhile in terms of helping people (#16, p.7).

I think that I've not had any formalized religion. A belief in some humanism as a guide to what I've chosen to do for my work life but not anything more than that (#14, p.11).

I'm not over-religious. I'm spiritual in a sense. I think that when we get over-religious, it becomes too overwhelming and I can't deal with that. What I basically live by is this: What would I like for me? Would I like this for my child? That's as religious as I get. Thinking that if I don't like it for me, why would I do this to others? Do unto others as you would like done to you. We have to separate Church and state. I have to be real conscious about that (#12, p.8).

I'm Catholic. I go to church for weddings. I pray a lot to Jesus. I have a serenity prayer on my wall. I constantly dialogue. It's a source of comfort. I'm not an overt [observant] but it's present (#13, p.8).

Probably a lot [of connection]...I was raised Episcopalian...I was raised to believe that it is important to give back, to help others, to serve others. It's funny. I've worked in Jewish agencies and Catholic agencies and I've felt very comfortable in each of those. And possibly why the agency culture has been comfortable was because of my own religious background. We are here to serve and help. And as social workers, we are taught not to do for someone but to let them do for themselves. And you know social work students saw that as just as important with people with developmental disabilities as with anyone else. You know that they might not be able to do certain things because of their mental retardation, but they can do a lot of things. We are still trying to empower them and give them the skills that they need to be as independent as possible (#24, p.10).

In addition to spirituality, another way that religion helped these professionals to adjust to their work with this population was to understand that the values held by these religions are similar values that are found in the field of developmental disabilities.

I'm connected to a Church. I think it did [impact career]...It has some of the same values that I have...As far as acceptance, helping. I think the values are very similar to what you experience as a social worker...People with developmental disabilities attend the Church. The Church is reaching out. The Church acknowledges their difficulties and is very supportive in what they are doing and expresses how difficult it is for them (#20, p.5).

I think it is connected. I'm a Roman Catholic. I think it's connected in terms of how I've been brought up and how to treat people. That everyone is basically the same. And that we're all equal. And to see the goodness in other people. So to some degree or on some level, I'm always looking to do that with this population. I think also in terms of some of

the social teachings of the Church. In terms of working with people whose rights might be violated (#23, p.7).

I guess in terms of being an Orthodox Jew, the whole piece about caring for people, the piece about providing for people. One of the highest forms of charity a Jew can perform is to provide someone with work. And my belief is that persons with developmental disabilities should be out in the community working (#22, p.7)

I was raised Conservative. I have since on my own become more traditional. I think that what you value is important. Working in the community and assisting people to do for themselves.... It is just being part of my community and going to social work and taking some of those values and working in the community as a whole (#21, p.5)

I'll go back from where I grew up to where I am today. Today, identify as a reform Jew. The reform movement has a very strong social service focus...How you live your life is just as important as how much you pray and how much you observe rituals. There is a lot of work being done with children with Down's Syndrome. I helped out recently at a Bar Mitzvah of kids with Down's (#11, p.10).

Practice wisdom says: "take small steps." Social work professionals often realized that they had to change their mindset when working with people with developmental disabilities. They had to change their thinking and use themselves differently. They had to be patient and accept small steps of progress and learn to take things slowly.

I dove right in and very quickly realized that I did have to adjust my own definition of what success was. Once I could emotionally accommodate the small, slow steps, I found great satisfaction in working with the population and still do! (#8, p.4)

I think that learning certain skills, like learning patience. I think that working with a population that has cognitive delays, you need to take things at a different speed. You have to take it as the client guides you. So doing things in a more simplified fashion, just going slower at certain things, the repetition and perseverance (#21, p. 2).

Over the years [at this first and only MSW position in MR/DD], I had to adjust my thought process about what I didn't know. Adapt to people and situations. You have to move away from concrete thought or blanket thought to just deal with the situation and the person. Can't fit people into molds because they surprise you. So you have to just go with the flow and be flexible, and this is just how I survive working here (#12, p. 7-8).

Working with this population, it really makes you simplify everything to the most common denominators because of the disabilities they have. They have a problem with

abstract reasoning and it really forces you to distill everything. It's really helpful for working with anyone. It's getting down to the simplest ideas. We tend to conceptualize things and tend to make things complicated with a lot of jargon. If you work with someone with MR, you can't do it. It forces you to be more patient with clients because you have to (#10, p.3).

Thus social workers used various coping mechanisms to adjust to the population during these first work experiences with people with developmental disabilities. As previously discussed, these coping mechanisms included: changing employment setting, continued contact with the population, pursuing additional training, using personal experiences, using supervision, co-worker support, using knowledge from the MSW program, using religion, and development of practice wisdom over time.

Summary: An interest in working with people with DD begins and grows

The first section of the chapter addressed the open-ended question regarding how these social workers first became interested in the field of developmental disabilities. The study found that the majority of the respondents, 70% (n=17), attributed interest in the population as "accidental" through their first jobs. Social workers entered the field through a wide variety of points in time through part-time jobs, summer camp work, and volunteer work, direct care jobs, teaching jobs, MSW internships, and after the MSW program. The majority entered the field right after high school or after graduation from the MSW program. Some entered at later points in their careers. This is in contrast to five (20%) of these 24 social workers who revealed that they became interested through multiple experiences over time with people with developmental disabilities through early jobs, family, and historical/Willowbrook.

History/Willowbrook, neighbors, friends, AAMR, family, and the MSW program, which were not initially mentioned by social workers in their responses to the open-ended question, were revealed through topic-by-topic questioning. However, these factors were downplayed by these social workers in favor of work experiences.

Since many social workers entered the field at a time when people with developmental disabilities were institutionalized, they had little prior contact with the population and they received little preparation for their work by the employing organization or school. Therefore, the positive and negative aspects of these early experiences were discussed. The positive experiences came from enjoying the work with clients, helpful co-workers, dedicated supervisors, the agency, the variety in the job, and having met leaders in the field. The negative experiences came from working in

institutional settings, where conditions were bad for workers and residents, and seeing large numbers of individuals with physical abnormalities at sheltered workshop or day treatment programs, and seizures.

As discussed, these social workers used coping mechanisms and adjusted to working with people with developmental disabilities by changing their employment setting, continued contact with the population, pursuing additional training, using personal experiences, using supervision, co-worker support, using knowledge from the MSW program, using religion/spirituality, and development of practice wisdom from day-to-day experiences over time.

The next section of this research findings chapter will look at how an initial interest in the field of developmental disabilities for these 24 social workers blossomed/bloomed over time and deepened their commitment to the field.

(5b.) Blossoming/Blooming: How their interest deepened

The previous section of the chapter addressed the process and experiences by which social workers became interested in working with people with developmental disabilities. Although some social workers attributed their interest to multiple experiences, the majority (70%) indicated how their interest in the field began “by accident” with their “first jobs” which may have occurred at different points in their lives. As we discussed, many social workers did not have much contact with people with developmental disabilities prior to these first jobs and did not receive much training from their organizations or internships. They reported that some of these first experiences were positive and some were negative. The ways in which these social workers adjusted to this population were addressed. Nevertheless, these social workers stayed and went on to have successful careers in the field of developmental disabilities. This section addresses the experiences that helped deepen the commitment of these social workers to the field of developmental disabilities over time.

Interviews with these social workers revealed that their interest in the developmentally disabled population bloomed/blossomed over time. The impact of social service organizations, having mentors, AAMR membership, day-to-day work with clients, historical issues of the field, doing administration, family/personal experiences, teaching/doing doctoral degrees, and religion were important in deepening their commitment to the field. Although they were not asked, some disclosed negative feelings about their employers and working with clients.

The organization of this section will be arranged by the amount of responses of these 24 social workers, from most discussed to least discussed influences on their commitment to the field (see Table 1). As we can see, most social workers interest bloomed/blossomed through various kinds of support that they received at their organizations (91.6%). This was followed by a tie of the impact of mentors and AAMR (62.5%). Next commonly talked about was the day-to-day interaction with clients (58.3%). This was followed by doing administration and connection with historical issues of the field (54.1%). Following this was personal/family experience (37.5%), teaching/doctoral degrees (20.8%), and religion/spirituality (12.5%).

TABLE 1: Blossoming and Blooming: How their interest deepened

	Number	Percent
Their organizations (most)	22	91.6%
Mentors(tie)	15	62.5%
AAMR (tie)	15	62.5%
Day-to-day work with clients	14	58.3%
Doing administration (tie)	13	54.1%
Historical issues in the field (tie)	13	54.1%
Personal experiences/family	9	37.5%
Teaching/doing doctoral degrees	5	20.8%
Religion/spiritual (least)	3	12.5%

Organizations: A way of deepening commitment

The majority of these 24 social workers (91.6%, n=22) talked about how organizations impacted their career in developmental disabilities in a positive way. While some social workers talked about having a general sense of satisfaction with their agencies, some social workers focused on particular aspects of the agency that helped deepen their interest and commitment to the field.

It was revealed in the interviews with these social workers that agency commitment to the population, a caring work environment, managerial style, parent run vs. professional run organizations, opportunities for promotion, supervision, support for pursuing MSW programs, availability of continuing education/training, opportunities for pursuing professional interests other than continuing education/training, respect for social workers, the job being a good match with their background/interests, diversity/variety of the work responsibilities, doing non-traditional social work, having an easy supervisor/low stress job, and co-worker support all played an important role in deepening their commitment to the field of developmental disabilities.

The following are the three of the most elaborate descriptions of how their agencies deepened their commitment and continuation in the field:

Part of it is this agency. I think that this agency is probably the most creative agency for doing this kind of work. I think that we do wonderful work. This is a very atypical organization. The population to some social workers is not desirable. I studied community organization at [MSW program]. I'm an organizer. I've developed hundreds of group homes. My background in planning, made this the perfect job for me. Learned to be an administrator after [more than 20 years] of doing it. I do everything. Last week, I recently spent three days in Supreme Court in [county] defending a negligence suit. Tonight I'm going to [county] arguing about opening a group home in the community. I have an exciting, diversified job at a very, creative, well-run organization (#6, p.1).

This social worker talked about being impressed with the agency's ability to develop programs for individuals with unmet needs regardless of level of disability or functioning:

Every day there is another pressing problem. Every day there is another piece that you can do to create something new. One thing that this agency was known for innovative programming that met the needs of people with disabilities and also focused on the unmet needs of people with disabilities. And that is something I focused on –the unmet needs of people. If you looked at it from the first residence, it was those people who graduated to work and to live independently. Next, it was the next level down of lower functioning people. Next level down, you went to moderate, severe, and profound. It was unheard of to develop programs for severe and profoundly retarded people who were not even in the

community. Anybody who was severe and profound wound up in institutions. So you were talking about first of all creating a program to bring the first people out of Willowbrook. And we brought the first day program out of Willowbrook. And then it was to create the first residence for severely and multiply disabled people.....And when we accomplished that, people were no longer needing to come out of institutions, there were the day programs. So we started creating the day programs. And then it was the need for people who were never in institutions at all functioning levels. And then we started how to serve the severely disabled person in the community, so then we created a community program preventing institutionalization...And we were then developing a service-based system to help build the potential of the individual in the community. So then you are building the potential of human potential of human individuals in the community. And that was a challenge! (#1, p.5).

This social worker talked about the agency providing on-the-job training in fiscal management that was not taught in the MSW program:

Tremendously [the impact]. Headed by [name of executive director]....has a tremendous ability to see the future, and bring people on, to help get to the future. I learned a lot from his intuitiveness and his skills. He knows how to listen to people. I learned from his skills. They immediately saw things in me that I hadn't seen in myself about where my strengths could help this organization and where they could be turned from talent to skill. And they gave me responsibilities. *When you go to social work school, you don't learn much about economics, budgeting, the fiscal aspects.* This [experience] has been the equivalent of going to accounting school and getting a CPA. Well, I can negotiate real estate leases and do real estate law. I know that this sounds self-serving, but I've done 180 leases and I've designed contracts with architects and contractors. Anyway, you run the whole gamut of what is available out there which has nothing to do with social work. And it continues to create interest and prevent burnout. Above all that, the end result of what we do, the product, and the opportunity is helping people....There's been a tremendous impact on me and my life. We have a strong team (*italics added*) (#11, p.5).

These quotes demonstrate exactly what is meant by the impact of the organizational environment on furthering development of a professional career in the field of developmental disabilities. Similarly, this participant talked in general about an overall satisfaction with organizations and how they impacted on a career in the field:

And then over here [in this country], I first started working with [agency]. And I think it was the professionalism and balance of the agency, the support, helped me, and motivated me to keep going in the field....that's how the organizations where I've worked have sort of pushed me and propelled me (#22, p.3).

Multiple reasons. Some participants talked about several ways that the organizations impacted their careers. Some talked about their current jobs, such as having opportunities to learn, training, salary, and benefits:

This individual talks about the job and opportunities to learn at the job:

I think, two part. I'm working in a [type of] clinic. I think that the opportunity to do the counseling, therapy, which is really what I enjoy, and being able to focus on that. And two, the other part is that we have in the clinic psychiatrists who come in once a week, and I'm learning a lot from them in terms of the medications, and different things like that. So I'm enjoying that as well (#23, p.2)

For this individual, experience, benefits, and supervision are important:

It is a very large agency that has given me an opportunity to work in different systems. And the concrete things, like the benefits are wonderful...All my bosses were good. Overall, they've been good. I've never had a boss who was not competent (#10, p.4).

Similarly, this social worker talked about the importance of supervision, training, and agency culture:

Having high expectations and helping you to attain them by providing the supervision and training and agency culture to develop that (#24, p.5).

Agency commitment. Some social workers focused their discussion around realizing that the agency where they worked was truly committed to the field of developmental disabilities and how this impacted on their careers in the field.

We [this agency] took the first people out of Willowbrook and the last people out of Willowbrook. But that's the one avenue, we had to make our own destiny. In a sense, it was a continuation of the creative juices of wanting to do better and find ways of helping people and a commitment to this population. We could have deviated and become a multi-faced agency but we chose to keep true to the mission. That mission built in the last few years to create a comprehensive, vertically, and horizontally integrated community-based system to meet community needs, not just to be a provider of service. It was a planned way of conceptualizing how to develop a service system. The greatest accomplishment is that the service system is dedicated to meeting the needs of the individual as well as meeting the needs of the parents. Realizing that our stances, our greatest assets is our client; our consumers are one of our greatest assets. Our volunteers collectively empower to collectively make a difference. It is the team that has made the difference in the strength of all levels. I'm the chief 'elevator operator,' making sure that

the elevators run up and down and don't get clogged up, but that I think that today is as exciting as ever as the next challenge. As we finish off this challenge, we are looking for the next challenge, of how to help this population (#1, p.6).

I like that it [agency] is continuing to grow. It is creative and always makes room for new programs. If they see a need, they try to fill it. How good a job they do about it is another question! (#10, p.4-5).

A caring work environment. In addition to agency commitment, several social workers pointed out that the way the organization treats its staff is an important determining factor regarding continuation at the agency and/or the field.

Three high level administrators talked about recognizing the need to treat staff well at their agencies:

At the agency, we spend a great deal of time working on staff morale and on creating a nice environment. People are treated well. Because they are treated well, and because they are doing good work, there's a high spirit and decor. We have a very client-centered approach. Everyone from my secretary to a cook to the CEO knows our philosophy: we live our philosophy and breathe it. It's a place that to many of us feels like a family. Many stay for 20-30 years (#6, p.2).

It [the agency] is very focused on supporting staff. Some people focus on a treatment plan for clients, we have treatment plans for our staff [laughs]. The treatment plan is how to make it a good place to work? How to make it a good environment for them? And how to make it a rewarding experience? They keep leaving here and when they go to other places, they hate being there. They may make more money someplace else and more responsibilities, but they feel that they have lost that support network system that is here (#1, p.9).

We believe in parallel process here. So that clients are included in their treatment plan and the programs, and I include all my staff in how I am going to run the department (#8, p.2) An inclusive agenda, where they view me as a colleague and a support system for them....So that when they need things and they are waiting for their next client, they'll tell me they need a copy of the treatment plan and I'll become their secretary. We worked out a way at our team meetings where everyone gets to express their thoughts and feelings, even the negative, resistant ones, in a supportive environment. My theory is, and theories of many people that I've learned from and been supervised by, is that once your emotional expression of all your conflict and negative predictions is expressed and validated, then you can move on with renewed energy and enthusiasm because you've been heard and understood, which is the very same for our clients! So the parallel process is alive, and well here, and well recognized! (#8, p.5)

This social worker talked about when the working environment is good, other relatives were brought here to work:

My [relative] works here in [department] and he met his wife here. I assume that one day my [child] will be here working as a counselor at one of our group homes and it will be a good thing for [child] (#6, p.3)

Managerial style. In addition to the agency commitment to the population and a caring work environment, many of the social workers talked about the importance of the managerial style of the agency where they worked on deepening their interest and continuation in the field of developmental disabilities. Social workers liked agencies, and stayed for long periods of time at agencies that employed a participatory management style, and liked a management style that gave high level administrators as well as clinicians autonomy in carrying out their work.

Several participants talked about liking a *participatory management style*:

One social worker defined this term:

The idea is to incorporate people at all levels into the decision-making of the agency. Everybody feels a part of the agency, so the decision has not come from the top. The idiot at the top has not made another stupid decision. So everybody feels empowered. It comes from the bottom up, top down, and it meets at all levels. And it is a process of people at all levels participating in the decision making that will affect service delivery, their lives, and how they will carry out their jobs...It is a lot of time and effort and direction of resources to it (#1, p.9).

Social workers talked about how this style helped them to get involved:

I think that the managerial style that encourages participation from staff has been most helpful to me. I found it to a greater or lesser degree at some places. It was a great motivator for me (#22, p.3)

I think it had gone from hierarchical to a more participatory. I liked it better when it was more equitable: I was able to get involved more (#20, p.2).

They include me in a lot of administrative stuff that goes on at the facility and they wouldn't divulge this with the direct care staff. But they share that information with me....I like that. I like to know what's going on. I don't like to be in the dark (#17, p.5).

In addition to participatory management style, social work administrators and clinicians overwhelmingly talked about liking a managerial style that gave them a sense of autonomy by the agency. For administrators, this autonomy was particularly discussed in terms of developing programs and services. Several participants, administrators, talked about how responsibility, freedom, leeway, and empowerment positively impacted their work:

I think I was given *responsibility and freedom* to try to develop meaningful programs, and that was encouraging and helpful. The more I did, the better I got at it, and the more supportive the agency became (*italics added*) (#7, p.4)

...I was given a lot of *leeway* to develop services and develop systems. And I think that helped further my interest (*italics added*) (#22, p.2)

The organizational style, I think, is one of *empowering* the middle manager and upper managers, like myself. Giving you the opportunity to develop opportunities, given the regulations imposed by some organizations [state]. Giving you the *space* to develop a program as you go along. I think that impacted on my development as a social worker that I was able to develop a program according to what is needed, rather than being told from a central office exactly how you should do it. I was given some guidelines and structure, but really given much opportunity for developing a [type] program as I think it should be, using staff and a small amount of money made available to me. So it has been that managerial style is a very comfortable one to me (#5, p.4)

The agency is supportive, as long as my ideas have been presented in a way that has shown both time saving qualities and budget qualities about them and betterment of the clients...so long as I've been able to put together my future planning under that paradigm, things are accepted and okayed (#8, p.2)

Autonomy because of program location being separate from the central office location, says this social work administrator, was important to staying with the organization for more than 10 years:

For the most part, because my program is housed in our own building, I have more or less, a lot of autonomy, as opposed to the bigger agency where there would probably be more supervision. So that's one of the good things that I like about working here. I know that I do have a boss, but this person isn't always here. I don't take well with constant supervision (#12, p.4).

Similarly, the concept of autonomy was important for the therapeutic work of the clinicians, as well:

I think that in terms of working with the [type of] clinic where I am [and other places] the styles seem to be very different. There is always paperwork. But in terms of your clinical skills and what you are doing with clients/consumers, that you've been allowed to do that. So the style is more of a respect for what you are doing and what you are capable of. A kind of 'leave you alone' kind of style, so long as you are doing what you are supposed to be doing...Ok to use different therapies. So those kinds of management styles have been good. On the other hand, I've experienced other managerial styles [at other jobs] that can be very controlling kind of a thing, and they've not been very positive. For the most part [here] there's been encouragement to try different things, especially in treatment sessions. It has been a positive experience. It also encourages you to grow and learn new things and bring things back to share with people, so that has been very encouraging (#23, p. 3-4)

I'm my own boss in some sense in terms of I know what I need to do on any given day. There's no time line. I like the independence. I don't like anyone hovering over my work. It doesn't happen here. I do have a lot of independence. They know me by now that I will get my work done. I've proven it to them over the years (#17, p.6).

I think that I was given responsibility and freedom to try to develop meaningful programs, and that was encouraging and helpful. The more I did, the better I got at it, and the more supportive the agency became (#7, p.4).

Another thing that was mentioned by a social worker to be important was the agency's appearance to the outside world:

The [name] agency style was one of the importance of appearance, the external style. If you looked good, you were good. It was presentation. It was packaging. It was marketing. And they were absolutely right and they were successful because of that. They tended to have a bit of corporate kind of a thing (14, p.6).

Benefits of parent-based agencies. In their discussions about agency style, many social workers made specific comparisons between their experiences of working in organizations with strong parent involvement and organizations primarily run by professionals. While most early agencies that served people with developmental disabilities were originally begun by parents, many agencies today no longer have a

strong parent influence. Only some agencies today continue to have parents on their boards as board members. Of the four social workers (out of 24) who talked about parent-based organizations, most recalled the positive impact of this experience on their continuation in the agency and field of developmental disabilities but some recalled the negatives.

Working at parent-founded organizations had certain positives in terms of giving a certain sense of spirit, family, and commitment to the work. These social workers talked specifically about the benefit of working at a parent-founded organizations that had become professionalized:

This agency was found by a parent of a child who had MR about 50 years ago. It was a very grassroots family organization for some time...Personal interest. Personal investment when you know that one of your siblings or your child is part of something, that you try to make it the best possible environment for a person to become independent and to obtain the best services in the community (#21, p.3)

I would say that were I worked, was much more a familial type of style. They were places that developmental disabilities agencies came up much the way that AA did, literally in a church basement with parents being the Board of Directors. And then going through the struggle and transition to become a professional organization, and having to lose a little of that. And these places never lost the connection that they were started by families. And I think that is what influenced me (#18, p.7).

In addition, social workers talked about negatives about working in parent-run organizations in terms of lack of efficiency and low salary. This is in contrast to working in professional organizations where the efficiency and fundraising ability were strong points and the negatives were lacking a connection or a deeper commitment to the work.

Several social workers made these comparisons:

it's [parent based] not a strong point in how it runs, but it's a strong point in the philosophy of the place. And of course in administration, it isn't a benefit (#21, p.3).

I think that they [parent run] were not always as efficient as they could be because of that. But the places that I've seen that are very efficient [professional run], do good work, raise

a lot of money. there's a coldness to them, that I'd never be attracted to (#18, p.7)....I don't think you find [in parent organization] are the most effective, most efficient agency you can be, but I think there's something else gained by that....A type of quality. A personal quality. A loyalty. Sometimes you can buy quality but you cannot buy loyalty. And I think there would be a loyalty, a support, a commitment....(#18, p.8).

This social worker talked about the negatives of both types of agencies:

Two of them have been pretty different. One was a mom and pop that got bigger and bigger and they didn't catch up. So they had more issues than they needed to, if they got professionalized and got a little more together. And the other one is so big, you never guess which one that is (laughs) so sometimes, I think that people get lost, consumers get lost, but they were each different in their own ways (#24, p.5).

The word "dysfunctional" was sometimes used to describe the parent-run organizations. One social worker remembered: "When I used to work at [agency], a high level administrator would say, 'that's a dysfunctional family,' but that's a family nevertheless" (#18, p.8) Negatives of the parent-run organizations were particularly reported to be in terms of the organizations' efficiency, salary, and communication:

There was definitely a family context to it which was sometimes dysfunctional....And I think there is a loss of efficiency. I think there's a loss of efficiency in doing that (#18, p.8)

I think there is a downside to this [family]. I think that agencies get away with paying people partially because of all those good things: because people feel commitment and people feel obligated, and they have a sense of obligation to the individuals and families receiving the services and everything else (#18, p.8).

The organization is disorganized. It was a very small, non-profit agency. They were way behind the times. They were mostly parent based, which was fine. But they didn't want to move. They were very selective in terms of who they wanted to pull into the agency in terms of clients. They were worried about their kids. It was always us [professionals] and them [parents]. It's pretty dysfunctional in that respect (#9, p.4).

Thus, these social workers have experienced both positive and negative experiences with both parent-run and professional-run organizations where they worked.

Supervisors. In addition to agency commitment to the population, a caring work environment, and participatory management style, it was also revealed that supervision

was important to these social workers. The supervisor is the one who you work with most closely at an organization, so it was not surprising that these social workers indicated that supervisors can play an important role in whether someone continues at or leaves an organization.

I think that in terms of the many different jobs that I had, I worked for a variety of agencies. And I think that when I worked at large agencies, my direct supervisor's style was most important to me. When I was working in field jobs, like residential, I don't think the agency was at all that important to me because your connection is much looser. At my last two jobs, I've worked out of central office, so I've had a much better sense of what the agency style was. But I think that it's probably the supervisor which has been more important to me. I've found that some agencies have had management styles that seemed more like styles than substance. So in practical day-to-day operations, the particular people that were important to me in my particular position, was that they were flexible, open, that they welcomed my participation, regardless of what the agency's philosophy was (#16, p.6).

This professional talked about the current supervisor as the primary reason for staying at the current job for close to 20 years:

My current one [supervisor] and that's much the reason that I'm there....What's helpful about her is that she allows. Oh gee, this is a tough one because after [more than 10] years it's almost like you are "married!" She's good in that she always pushes for more in a good, kind way. She is value based....She had a family member.....She remembers some of the things that I've always wanted to achieve....And she said, '[name], do it; it goes back to what your original dream was.' So she never lost what that original dream was. And so she's been extremely supportive. Even if you screw up, there's a supportiveness. And when I went through hard [personal] times, she was there, very much there....She'll find ways [even after all these years] to help me see an issue in a different way because after [more than 10] years, you would tend to think that you know how the other person thinks. So she is a great leader and a kind, good person. And I've always felt that she, more than anyone else, recognized my strengths, and that was something that we had in common. And so, she values me, and still does. She values me as an employee, very much so, and that's what makes it work (#14, p.7-8).

Many social workers talked about the positive impact of supervisors in the field of developmental disabilities. Sometimes it helped to know that a supervisor was a parent of a disabled child. These social workers liked supervisors who were knowledgeable, encouraging, and were role models of dedicated professionals:

I think just their understanding and all the knowledge they had. And eliciting your participation and ideas (#20, p.2).

And I've always had supervisors who have encouraged me and said, 'you know that you can do this, if you tried.' (#24, p.5).

At the [name of agency], my supervisor was an MSW who had a PhD in sociology and [supervisor] was a parent of a [child] with autism....commitment...professionalism, being a parent. Keeping both focuses....commitment (#18, p.7).

This social worker models her management style on previous supervisors:

[name]...was the best boss. She was a very compassionate person. Very encouraging. A lot of positive reinforcement. And I went on to become a supervisor, knowing how important it was to give tons of positive reinforcement. And some things not to do, like my last boss was unavailable. On an emergency she was great, but on a day-to-day basis, she wasn't there. As a supervisor, I've tried not to do that. I try to be very available (#10, p.4).

Some social workers felt indifferent to supervisors:

I have not done badly with supervisors. I've been pretty much been able to work quasi-independently. I produce whatever they need and other things; I have a pretty reasonable latitude. I can be an in trench kind of person to help the service coordinators to get the work done. I'm probably a bit more assertive about that than the others. But unless it is a flat out, contrary policy, I'm not bothered too much (#13, p.4).

They've been helpful to me as far as resources in the DD community. I go to outside supervision (#8, p.3).

Some MSW's received clinical supervision at their organizations:

I do get supervision here because I want to go for the [advanced social work license]. So I have supervision by one of our social workers (#21, p.2).

On the other hand, many social workers complained about the lack of appropriate discipline-based supervision at their jobs. *Few* MSW's had MSW supervision:

And they weren't social workers. I have not had a social worker for a supervisor in a zillion years (#24, p.5).

I've never had a social work supervisor since I've gotten here [more than 10 years ago]. (#15, p.4)

There was never a structured supervisory session throughout my career [in developmental disabilities]....Agency should have social work supervision (#9, p.6).

Part of the problem when I first started here [immediately after MSW degree] was that I did not have an MSW supervisor....The first supervisor lasted about a year. Then I had an ex-monk with a bachelor's degree in philosophy for another year. And then I finally had an MSW for less than a year. And then after that, I became a supervisor...pretty much on my own (#13, p.5).

Support for MSW program. In addition to developing interest and continuation in the field through agency commitment to the population, a caring work environment, participatory management style, and good supervisors, some social workers who were employed at organizations received various kinds of supports for pursuing an MSW degree. However, this seemed to happen to few and was not too common among these social workers. It seems like most received time off or flexible schedules rather than funding for school. Only one social worker talked about a partial tuition reimbursement program. Most social workers who did receive such support were long-standing, older employees. Thus, the discussions with these social workers indicated that agency support for pursuing MSW programs might be something of the past.

This social worker, who had a clerical job at the agency, was given a flexible work schedule and then accepted an MSW position there:

I did them a favor really [accepting MSW job at agency]. It's like me re-paying them. Because when I went to school [for MSW], they afforded me time to go to school for MSW [but no funding]. But this was totally my decision. But they were still receptive to it. I had to work. They adjusted my work hours so I could go to school. I had to work to pay my bills because I was an older student at the time (#12, p.4).

Similarly, this social worker was supported by being given time off from work to pursue the MSW program:

So I got my master's degree [in social work] while I was working at the agency. And the agency supported my participation in that program by giving me release time to do that.

Without that, I couldn't do that. So the agency that I had helped, helped me to achieve that professional dream (#1, p.8).

This social worker mentioned that there is partial funding for college tuition at this particular large agency, which is quite rare in the field:

Almost everyone on my team is in school...There is partial tuition reimbursement. It is given on a seniority basis and we'd love to have more...Agency is supportive of education. If you are not going to do this, you are not going to get the talent...Time is given off but much more stringently than partial tuition reimbursement. You can go to school but on your own time (#8, p.6).

Continuing Education/training. In addition, many social workers talked about the availability of funding for continuing education/training at their organizations and how that was important and necessary in deepening their interest and continuation in the field of developmental disabilities. In contrast to funds for pursuing MSW programs, overwhelmingly, most social workers were able to gain funding from their agencies to develop their clinical and administrative capacities in working with the population. Here the social workers talked about funds for training on particular issues or to attend professional conferences in the field, rather than programs for college credit (previous section):

I think that working for agencies that had at least some sense of the need for training and supervision was very important. It was probably more important when I had jobs that were beyond my wealth of knowledge, because I know that I've had jobs where I wasn't given much training, but liked the job, and I figured out how to do it (#16, p.6).

From many organizations, the opportunity for further training, you know like conferences, things like that have been good (#23, p.3).

I was also given the opportunity to take continuing education courses in rehabilitation. As a result of that, I was really pushed into the literature, and I was able to see how things were done differently [in different countries] and that really pushed me towards initiating changes in [this country] (#22, p.3).

And I go for trainings outside the job that is helpful as well. The trainings are helpful in working with this population. (#17, p.6).

This social worker compared the availability of training in a small family-run organization and a larger, professional organization:

At my last job, one of the staff I wanted to send [for training], her supervisor did not see the benefit, so she did not go. Where here in my current agency, I don't think that would happen. They have a much more proactive feeling about training and stuff, especially if it is free....And I think that the other, because it was mom and pop, they didn't see the bigger picture of how educating your staff would pay off. Yes, you'll lose her for a day or two [for training], but ultimately you lost her period when she left the agency [because she was not sent] (#24, p.5).

Alternatively, some social workers continued in the agency and the field *despite* their complaints about a lack of training, education, and supports available:

They've [organizations] been big, bad, and ugly....I will say that generally, the level of support for staff on every level is inadequate. That for many reasons, for some reason it is not funded for and at some levels that knowledge of supervisory staff is inadequate, so they can't be helpful. What I mean by support is a wide variety of things. I think that training is a real issue. I think that regular supervision is a real issue. I think that many agencies don't really take supervision seriously so there really isn't any professional support. So I think that as you move up the ladder, it's like you now are on your own, and I don't think that's a good way of doing things (#16, p.4-5).

Pursuing professional interests other than education/training: In addition, social workers frequently alluded to the ability to be encouraged by the organization to pursue professional interests, such as being part of inter-agency committees, being able to pursue job-related research, and taking on master's level social work students.

This social workers talked about being allowed to take MSW students:

I went and took a course at [name of] University and supervised a student at our agency. A lot of it was on my own time...But agency gave me permission to do it. And I guess when you asked me why I stayed, I guess those are some of the things. I had some freedom to do the things I wanted...Had a MSW student and it was good...(#9, p.6)

Similarly, this social worker talked about being allowed to attend/participate in additional committees that were of interest:

I think that in one of my positions, because I was kind of required to attend some of the different committees and organizations that are out there, it helped me keep on top of what was going on. I found that helpful only because it enabled me to be aware of what services would be becoming available, being aware of where to refer people. When these things first started, it gave me the opportunity to interact with other people who were also doing the same thing. So you get to know people. Where you get to know people and you call, they try to help out if they can. So then, it got me involved in the local level and the state level, which was good....Agency gave me time to do this (#23, p.3).

Similarly, this social worker talks about the agency allowing pursuit of professional research in a particular area of interest:

I did some research here at our agency on the caregivers of clients that we have that are still living at home with their families. Dealing with how the effect is on the parents. Concerns about caregiver satisfaction with services. Allowing natural progression of client's independence evolve...Agency encouraged this...Was not part of the job (#21, p. 3).

Respect for Social Workers. Respect for social workers and the social work profession by other professionals who they worked with at these agencies was also important. This was sometimes apparent to social workers when they saw members of their profession hold high level positions at the agency, having a social work department, and by inclusion in developing programs and services.

This social worker talks about how having a social work department at the organization serving people with MR/DD helped to form an identity as a social worker:

My prior job at [agency]. Good. Strong sense of department for social workers. You were hired through the social work department even though you were sitting in the vocational program. It had its share of problems, but I had a very strong sense of being a social worker, and a very strong sense of what your job was and responsibilities, weekly supervision on a weekly basis, and it was professional. It was very different from here! [current agency] (#3, p.3).

This social worker mentioned that it is important to see that the agency places social workers in high level positions:

It's very mixed professionally. In my division, which is the adult developmental disabilities programs, there is not a lot of social workers.....Not a very large social work

staff, but very involved. Social workers form the backbone of the agency because they do the treatment, follow up for each individual and their family. Social workers coordinate the services for individuals....One of the directors is a social worker. I report to the associate director who is a social worker (#8, p.4).

Very favorably. And they were very involved particularly with intake. I don't want to say 'power' but they were much more active than some of the other disciplines (#20, p.2).

Similarly, this social worker recognized a sense of overall feeling of respect for social workers at the agency:

I think, across the board at different agencies that I worked with [referring to three in DD field], there is a real sense of respect for what social workers do, what they are capable of, a respect and appreciation for that at all the agencies that I worked with, was there. I don't know that you get that in other fields. I think that the opportunity to use my skills to develop and create, whether it was services or programs, was always there. They've all been very positive experiences on one level (#23, p.3)

This social worker talks about how respect for social workers comes naturally when social workers make up a large number of the staff at any agency, which is rare in the developmental disabilities field:

I did happen to work in an agency where a lot of the supervisors were MSW's and went to the same [MSW] program that I did, so it was like I had joined the club. It was a level of enthusiasm about stepping in their shoes....The agency where I was when I did my MSW, there was a camaraderie about being social workers. I think there was a level of enthusiasm....So I think it is interesting that previous to my job at that agency, I did not know a lot of social workers in the field previous to that job (#16, p.5).

Similarly, one social worker pointed out that Social Work is *rarely* the dominant or leading profession in organizations serving people with developmental disabilities:

...in agencies that served people with developmental disabilities, my experience has been that either psychology or education have been the dominant disciplinary professions. And there are probably a lot of agencies where medicine has been dominant, but I have not personally worked at one of them. Social work has always been a minority voice. I know people at [names of agencies] who are social workers, who run social service departments working as social workers (18, p.7).

One social worker noted that social workers are not the dominant profession in organizations serving individuals with developmental disabilities because some work

with the lower functioning part of the population utilizes "behavior modification," which is thought to be in the realm of psychology and is rarely taught in schools of social work:

It's an organization that puts clinical emphasis on *behavior modification*, not social work intervention. So the over-riding treatment is *behavior modification*, which is the psychologists' venue....Our population reacts better to positive reinforcement. So it leaves little for them [social workers] to do. Social workers were on parts of teams to write psycho-socials and achieve goals of behavior modification plans and to work with families of DD....Psychologists with MA came into the system with higher pay grade than social workers with MSW...a substantial difference in salary highlighted the emphasis on the psychologists, so the psychologists were the ones sought and it was their techniques that were focused on with this population. So social workers were looked on as 'the other clinical profession' (italics added) (#4, p.3).

The diversity of the job itself. The social workers talked about having deepened their interest and commitment to the field through the jobs that they obtained in the field of developmental disabilities which happened to be a good match with their backgrounds/interests and presented a range of professional activities and functions.

Similarly, these social workers talked about liking the diversity of the job:

I oversee day services....Medicaid service coordination. Respite. Recreation. Programs for about 600 clients. And I also act, simply because my heart is into training and because it is the most powerful thing to do that affects our folks, so I also run our training department....and our investigations and program compliance....*So I'm able to wear a number of different hats...*So I really wear two hats, one is overseeing day services and the other is overseeing training and investigations...It keeps me busy (italics added, #14, p.3).

In addition to supervising a day treatment program, I also supervise an ICF for the agency. So it's nice having a *mixture* with ICF, and that is what has made it continually challenging. Day program issues, residential issues, it pulls out all your administrative skills and knowledge. So it's nice having an organizational style that lets me work in two settings (italics added, #5, p.4).

Got a *mix* [of experience]. Not just group after group, but a mix. Did a little bit of everything. Just getting a mix of experience (italics added, #10, p.4).

I really like my job. The quality that I like is that it allows me to do a wide *variety* of things. I do training. I'm always doing something different (italics added, #16, p.3).

I am very enthusiastic. And I have a staff who is empathetic, creative. They make me look good. They are absolutely brilliant. Well, my current job as administrator of the program is to develop new methods of working with people with DD [clinically]. It's a very creative, energizing process. I do that with my team in a very collaborative effort (#8, p. 2).

Similarly, this social worker pointed out that the diversity of the job and what is enjoyed most about it comes from doing non-traditional social work. This leads to the issue of generic social work, which emphasized that the integration of practice and advocacy skills helps prepare social workers for working with this population:

I do very little social work these days. I do a lot of legal work these days. Advocacy work. Architecture. Lobbying. Working through people. A lot of supervision of staff. I do a lot of hiring and disciplinary action of staff. I work with the Board to formulate policy. I work with the financial department to create structural rates and budgets. The further up in the hierarchy in the organization, the less you were trained to do, you do. I'm never bored....Never had a time when there was not enough work (#6, p.3).

Colleagues/the informal organization. Many social work professionals talked about the impact of professional colleagues on their careers in the field of developmental disabilities. They often mentioned people at the agency who were not always social workers, as well as people they met who worked at different agencies. These individuals either helped them to deal with difficult agency circumstances, which kept them at the job and the field, or these individuals furthered their interest in the field of developmental disabilities.

Colleagues are important to these social workers:

What keeps me at a job is my colleagues, as opposed to the population (#3, p.2). I'm not sure it is the field that I have chosen to stay with. Other fields are equally interesting and equally beneficial. What keeps me at my job is my colleagues, as opposed to the population...Hearing what goes on in the residences. It's hard for me to tell someone to put their child in a residence. Resources are slim. It's a frustrating field (#3, p.2).

My staff. Besides the clients, I really like my staff...Some I have inherited but they've since gone, but I still have a few left. Most of them have been here for quite a while....On a whole, I have people here from when I first started [more than 10 years ago]. When people do leave the agency, most people move out [of geographic area] (#12, p.4).

Several individuals talked about the impact of knowing social work colleagues while working in agencies serving people with developmental disabilities early in the career which led them to pursue careers in social work:

I think that part of me, deciding to go to social work [MSW program] and stay with it. I think that I did meet some excellent social workers working in these agencies....Some of the people had MSW's at the [name of agencies]. They were people who were in the field and did have a social work degree and did have a commitment; and married those things together. But there were not a lot of them out there. But they were particularly good social workers. And I admired their commitment, their focus, and their attention to the family (#18, p.7).

I saw special education as just being in the classroom, where I saw social work as being a much broader field of study. So I think that is what attracted me to social work. And I think that I tend to be process oriented and very people oriented and the philosophy of social work went with my own philosophy, so it was a natural attraction....Actually when I think of it, I was in an agency where there were a lot of social workers. I don't think it was the factor, but I think it was a factor. There were a lot of people who identified as social workers, but they were not in social work positions, they were in management positions. So I think it was a factor (#16, p.8).

Some spoke generally about their co-workers in general:

There's a support aspect to the places I've worked with, not having to do with social workers per se, but having to do with all the staff (#18, p. 7-8).

I have a good relationship with the director of the program and the assistant director...to me it's a small program, compared with other programs. So everybody becomes like a family in a sense (#17, p.5).

This social worker talked about the impact of having colleagues to discuss things informally through "peer supervision" when social work supervision was not available:

Yes, I think for the most part, the people that I've worked with have been more mentors than supervisors. Like I said, hardly any MSW's supervised me...My first job was actually, he was my peer, and we kind of supervised each other. He had more experience

working in developmental disabilities than I had at that time. So I would say that mentoring was very important (#24, p.6).

We had peer supervision, primarily. It was among all the social workers. There were a lot of social workers at the agency... Just a lot of people that you could talk to about cases (#20, p.2).

Social work supervisors? No. I've never had a social work supervisor since I've gotten here [more than 10 years ago]....A couple of other people from other disciplines have been very helpful but it's not because the agency set it up that way, but because we are co-workers. The supervising psychologist has been very helpful, especially when I was supervising a student...A lot of moral support. Nothing specific. Some strategies and ways of dealing with things. And just exposure to his vast knowledge, and listening, and watching him helping people to establish skills (#15, p. 4-5).

Social workers talked about noticing and admiring the dedication of their colleagues in the field of developmental disabilities as role models:

I also find that most of the co-workers that I have here are great clinicians and medical staff. So they are dedicated...For a lot of them, this is what they are doing part-time. So they are doing a variety of other things, working at a hospital, working at private practices, and they make the time to do this [work with this population], whether it is once a week or once a month; it varies depending upon the provider. And you listen to them, taking the time with these clients and have an interest in how the clients are doing at home, and it shows being dedicated (#21, p.2)

..the staff. How understanding they were. How knowledgeable they were. How you know they were very dedicated and committed to working with this population (#20, p.1).

On a positive note, I have met quite a number of people who are clearly committed and who clearly did care...who in spite of it all, they were not just showing up for paychecks, they were putting their all into it (#16, p.5).

Social workers also discussed the benefits of working in an interdisciplinary team of professionals. This social worker talked about the ability to learn from psychologists and psychiatrists:

And I also try to talk to the psychologists and try to utilize their perspective; they are more concrete, testing perspective, and are a lot more structured to how they perform their testing situations and therapy. So learning what they are doing can complement what I'm doing. And working with the psychiatrists and learning more about the medications and how they are used to manage certain behaviors and certain moods (#21, p.2).

On the other hand, some social workers, complained that they felt isolated in their jobs due to a lack of professional colleagues:

Sometimes I miss having colleagues, you know, other social work colleagues....It's nice to speak with another social worker about your cases and about your frustrations on the job. Where here, it's like I'm by myself, in the sense that I'm the only social worker in the program, besides the director of the program who is a CSW. Her master's is in social work, but she's not like having another colleague to bounce off different ideas and outlooks about what's happening (#17, p.3).

There really weren't positions for social workers [at this small, parent-run organization], except for one social work position in the entire agency, which was a social work position at an ICF setting because it was mandated and that was it (#9, p.5).

In contrast to those social workers who talked about professional colleagues at their agencies, several social workers talked about the impact of having colleagues from *outside* the agency whom they met at meetings:

I would say, believe it or not, [name of state agency]...I think in terms of helping me to understand how the regs. [regulations] actually do apply in the real world has been very useful and has had an impact. And it has changed some of the things that I do and ways how I think. Instead of flying by the seat of your pants, it has been very useful. I've met some influential people there. It's not what one expects to see of government: I expect to see disinterest or lack of interest, but seeing their very strong feelings towards the population, I think has been very influential (#22, p.4).

Case managers, service coordinators, workers from [name of state agency] who come here for meetings are very helpful. You can bounce things off of them. You talk about the consumers and you talk about the system. So there's a lot of people that I speak with. I wouldn't say there is a particular person. Lots of people come here to the program and I speak with them and they give me information or insight about something (#17, p.6).

I have friends who opened their own agency, and we've had many mutual consumers. And they've been a support system. They also started out working here and they know the deal. So I've always relied on the friendships I've made here and throughout the field, and it's been very supportive.... We can bitch and moan about the same things. We could talk about how to get things done. We helped each other with referrals. And we've socialized (#13, p.5).

Easy job/ Low stress/Easy supervisor. Some social workers admitted that they stayed at the current job in the field because of having gotten lucky with an easy, low-stress job and/or a good supervisor rather than their dedication to the field.

For these social workers, the job is more important than the field.

The population for me is not as important as the job itself....I'm there and have stuck with it because I have a good boss. And I can do what I want to do and get away with what I want. It is a good working relationship that I don't think I can create elsewhere (#14, p.4).

I have to say that my current job is much saner in that many jobs, as you rise professionally, it becomes more and more demanding, and I think that the level of supports are not really there. So either you can end up compromising and you don't really feel good, or end up working 24 hrs/day/7 days/week and getting burnt out. And so I think it's really difficult. So I think that a lot of program managers and program supervisors really struggle. But I'm out of that loop. So nobody calls me at home (laughs) and that's a positive. It comes that point in life that you want to have a personal life and you don't want to be on a beeper (laughs) (#16, p.3).

I could not work in residential again because if you are in a responsible position, it's not like you can go home but it follows you there. When I go home at 4:30 [as a staff trainer now] . I know that these consumers are in the care of someone else. When you work in residential and you are the primary caregiver, it follows you home (#15, p.6).

Opportunities for promotion. Many of the social work professionals talked about staying in the field due to promotions that they anticipated or received early on in their careers at the organizations where they worked. Rather than an increase in salary, for many of these social workers, these promotions led them from clinical to administrative positions.

I'm not working in a job that was stagnant. I'm not working in a job that doesn't grow. I was promoted in the organization [number] of times. I'm working on developing new group homes and that's what keeps me going (#6, p.3).

I stayed at that agency [for more than 20 years]. That job [in recreation] was the first job that I had at that agency and then I moved up, till I made it to the top... (#9, p.1)

[agency] hired me. They first gave me a great student experience. I was promoted twice. In that respect, they gave me a terrific broad based experience (#10, p.4).

They [DD agencies] gave me a lot of opportunities to grow. They really supported me in trying new things and doing different things. I could have stayed a social worker and just had my own little caseload, but the agencies were into training and sending you for training (#24, p.5).

I've had 4-5 promotions....I've moved up as far as I want. I don't want to move up any further. This is fine. I really like where I am and what I do. What I did was to carve out what I like. Forget the title (#14, p.3).

On the other hand, some social workers thought that some promotions at the organizations were unfair:

...there is too much in-breeding, because the higher-ups owe someone something; and nepotism (#15, p.6).

Agency Negatives. In contrast to the positive feedback about their agencies, some social workers expressed *negatives* about agency management style when they had been asked only for positives. Some of these negative qualities of agencies were described in terms of a "bureaucratic" style, where things took a lot of time and there was a lot of "red-tape." And they used this term to refer to both voluntary and government agencies.

Frustrating....Also a lot of administrative and political stuff. It's not always the consumers (#15, p.6).

Probably, I've stayed despite it [the organization]. Well, because as you would know yourself, it's a major bureaucratic environment. And many of the policies that are changed are reactive instead of proactive for the consumer. And it's usually under some court sanction. And what we try to do is work around that. Have to keep your eye on the ball in terms of who you work for. I try to forget that I'm working for the agency and that it's the consumer that I'm working for. And we do the best to cope with all the challenges. And there are lots of changes going on constantly...Working with the organization, I've gotten better at it. I mean, I used to fight all the time. I pick my battle and we do what we can to comply with absolutely necessary rules that we can't avoid and do the best we can anyway (#13, p.4).

You mean the structure of the agency? It's not [helpful]. It's usually an obstacle. As with most agencies that I've worked with, the people at the top don't know how what

they are saying is impacting down in the trenches. It sounds good on paper, but when it gets down to the trenches, it falls apart. It doesn't always work out as they had planned. They don't know how consumers are going to be impacted from the decision that they are making higher up. And don't say that I ever said that! (#15, p.4).

Sometimes things I want to see happen, just take forever to happen, you know. I don't have the power to put things into action....It takes forever to get things off the ground.... If I had more power over running things, it would have happened sooner than that. So you just get frustrated and disgusted sometimes with the process of getting things done in an organization where you don't have much authority and power to do things (#17, p.4).

My agency has a degree of dysfunction that frustrates me...I spend lots of time and energy on things that should be systematized, and not enough time doing what I want to do. I get caught up in things that I shouldn't, and that creates frustration which may be related to the nature of the field of social services. There's a non-business attitude and yet we have to function as a business, which creates chaos and if they are chaotic, you feel chaotic...If they don't worry, I shouldn't worry. This impacted negatively as a professional. I've had high standards as a professional, but when you see an agency that lacks it. The standards and the pay are not high enough....It was disappointing to me that there are no standards across the board. Lose sense of professionalism. I found that to be a very disruptive thing to me as a young professional....It's hard to maintain your standards, I guess, when those around you don't maintain the same standards.... (#3, p.3).

[agency] Always late. Never start meetings on time. Raises are delayed. Lots of paper. Bureaucracy is getting worse and worse. They talk about money all the time. They act like a fortune 500 company, but they are a non-for-profit (#10, p.4).

I'm very aware that this is African American history month and it has not been mentioned in the agency....Over 60% of our population [clients at agency] is African American and there probably is not one Board member who is African American. Nor are there enough African Americans represented in upper level positions at the Agency (#8, p.7).

Mentors: A way of deepening commitment

I think everyone has mentors. I think you can learn something from everyone. My first mentor was my high school track coach. I mentioned it a million times that there are a lot of brilliant people who work here [at this agency]. (1) It [mentoring] teaches you professional style, everything from how to dress, to how to answer the phone, to how to talk to your staff, and (2) There are substantive issues that you learn from mentors as well, here at the agency and throughout the field. There are some very capable people on both sides, on the government and on the voluntary side. In order to be successful, you have to learn from the people who you work with....no particular person...more of learning pieces from everyone, people who supervise you and people whom you supervise (#6, p. 5-6).

This quote was a good example of the ways in which many of these social workers were impacted by the influence of mentors. Fifteen out of 24 social workers (62.5%) revealed that mentors impacted on their careers as professionals in the field of developmental disabilities, which deepened their interest, commitment, and continuation in the field. The only other category that had more responses was organizations (n=22).

Mentors that were mentioned by these social workers were current or previous supervisors, current or previous Executive Directors at the agencies where they worked, Executive Directors at other agencies, and Social Work professors. Some social workers talked about having more than one mentor. Mentors were often informal arrangements that happened naturally. These social workers talked about the role of mentors in teaching ethics, linking them with professional activities (including AAMR), networking, encouraging them to pursue higher education, providing career advice, helping them to problem-solve situations, and dealing with policy issues.

This social worker tried to define the term "mentor" and the impact of a mentor:

Tremendous [impact of mentor]. I don't think I knew what a mentor is. It happened naturally at times. When people become your mentor, you recognize the quality, the talent, or a skill, a technical knowledge, and you get attracted to it....Because I think that mentors are people who naturally stay with you for a very long time in your life, they either stay with you by contact or you integrate them somehow in your psyche, and you say how they've done it (#11, p.6).

Sometimes, social workers had more than one mentor. One social worker said, "I've had a few mentors in my time...." (#4, p.4). Another social worker reflects back on the impact of two mentors. One mentor was particularly helpful for networking:

The mentoring, and the connections, and opportunities that they provided for learning and for exposure and for linkage and for networking (#7, p.5).

This social worker made a powerful statement about the impact of a mentor in maintaining interest and connections in the field of developmental disabilities:

[name] was the most significant [mentor] of them all [had two mentors]. Everybody in the world and the field knew him and came to him for guidance and advice...He was the guru. *He was critical in maintaining my interest and connections* [in the field of MR/DD] He dragged me around with him from monasteries in Staten Island to Nebraska to work on a project to develop standards. He just opened doors to anyone that was associated with him or was identified as one of his students had instantaneous access almost anywhere around the world (*italics added*) (#7, p.5).

The ways in which mentors impact on career development. Teaching human rights philosophy is one way in which mentors can impact on career development. This social worker describes how mentors can teach philosophy related to social work and the field of developmental disabilities, which is generally not taught in social work school:

I have three mentors in the field of developmental disabilities, and they are all helpful in a different way than everyone else [supervisors, professors, colleagues] was. They were helpful in understanding where a philosophy of human rights and humanness come together. What's different about the field of developmental disabilities, is that you need lots of clinical skills to help people grow, but it's all fundamentally based on inherently people need to be treated. I don't think that social work gets to talk about that a lot. It [social work] gets into history and skills. It doesn't get philosophical about where we derive our values and ethics about how people should be treated or work. There is no reason why people with developmental disabilities or other disabilities should live in institutions? If they are dangerous, maybe? If they can hurt themselves or others, maybe? But if they are cognitively impaired, which means that they have some difficulty in learning, is it a reason? So mentors in this field began to help me to think about things from a philosophical perspective (#11, p.7).

In addition to teaching human rights philosophy, another role of mentors, as described by these social workers, was to link them with professional activities, such as professional organizations and/or conferences:

In varying ways, each of the mentors directed me towards things to do, and directed me towards organizations to join. [name] told me about AAMR initially. Overall, it made me feel part of a group of people that dedicated their careers to people with developmental disabilities (#11, p.7).

Was recommended to AAMR [by mentor], became a member (#7, p.5).

Came to agency in year [early 1970's]...[Mentor said]: You have to start your professional career with conferences....He says why don't you prepare your experience of starting a community residence, so others in the field could learn. People were not doing that stuff (#1, p.10).

Similarly, this social worker points out that mentors can provide information, resources, and career development:

I think that I've had good experiences from different people, not necessarily my supervisor, but other managerial staff....Again, I think by providing information and informal mentoring....Actually, again, this is someone who was more of a friend, but she was more well up in the agency. She was a senior administrator.....and she helped me professionally in terms of sharing information, and kind of giving me some professional mentoring in terms of what would be a good thing for me to do professionally and what would help in moving ahead in my career. In providing me with some direction(#16, p.5)

In addition, this social worker talked about knowing an executive director of another agency who was also helpful with resources and information:

The Executive director of [another agency]. They have MR council meetings once a month. Another committee meets once a month that I attend. That one person is always someone I can call for advice or to bring me up-to-date on something if I don't understand it. She's not there to help me, but I sought her out. From being at the meetings, I know that she's quite knowledgeable. Our agency isn't as big as [mentor's agency], so they have a lot more resources. She's been to my agency. She's given in-services to parents. She's always there to share information with someone if they need her. I think in terms of working with this population, from the outside help, she's been the most significant person (#12, p.5).

Another role of mentors, as pointed out by this social worker, was assistance with recommending readings and workshops:

My current clinical director emeritus and a mentor at the hospital, the social work director, encouraged me, told me which articles to read, which workshops to attend, and how to refine my diagnostic and clinical skills. I've been fortunate to have two outstanding mentors (#5, p.5).

In addition to teaching ethics, linking them with professional activities, and recommending readings and resources for training and education, another role of mentors was to give encouragement to pursue higher education:

I think it was he [mentor] was the one who encouraged me to go to school...to the doctoral program. Once I got to school, we hit it off, and we just continued to work together. And I still maintain a relationship with him [thirty-years later] (#7, p.5).

I guess the greatest impact that I had was from a professor from [another country] who became sort of my mentor as it were. And he really encouraged me to go further with my studies and do my doctorate. So he pushed me further into the field...Yes, he was a social worker (#22, p.4).

It was the previous director [at this job] who helped me complete my post-master's certificate...gave me time off to attend. I also got time off for the doctoral program. It was wonderful. I've had a lot of help (#4, p.5).

This social worker pointed out that another role of mentors is to provide different perspectives on the world:

My first mentor was the assistant director in camp, who took a liking to me, which was the start of it. So someone lets you in and there is some rapport. We spent a lot of time together, her talking about her experiences in camping. I learned about how she looked at things. [For example:] To me, the ultimate definition of success in intelligence is ability to problem solve; other schools would define it very differently. As far as I'm concerned, the IQ test and salary are not necessarily indicators [of intelligence]; it's how you look at the situation itself and I've used mentors to see how they've looked at the world and to solve problems. And there are different people who do it in different ways, and I've tried to integrate that (#11, p.6).

In addition, mentors were also helpful with problem-solving day-to-day problems:

For example, a social work supervisor at a job helped with problem-solving:

[second mentor] At the [name] hospital, head of the social work department became a mentor in social work. She had a way of telling you how she solved the problem by asking you questions. So it was more in the therapeutic mode where you had to find your own answers but the way she led you down the road of questions was extremely interesting. And I still call her. I've lost track of my first mentor sadly enough (#11, p.6).

Similarly, a former MSW field placement mentor helps with problem solving:

Yes, I mean from past internships....Just maintain that connection. Because they are in [another state], they are separate from what I do here. I run scenarios by them....One is in developmental disabilities. One is in a hospital. Just networking what is going on back there. Just sharing experiences (#21, p.3).

This social worker had a mentor with a strong vision and commitment to the population:

He was supportive of further education and he had a passion for the commitment for the human rights commitment of people with disabilities. And that passion wore off [on me]. So it was these two mentors, one in social work and one in rehabilitation...and he [executive director] viewed the concept of habilitation of people with disabilities and it was our responsibility as professionals to create programs necessary to meet their needs (#1, p.8).

This social worker talked about a mentor who was on the Board of Directors, who was once the Executive Director. To this social worker, a mentor was someone who provided high quality services to the clients at the agency:

...people who are mentors to me who really took the patience to create perfection in services to people with disabilities to want to bring service delivery up to an unbelievable level. That was something I kept striving for was to bring our services up to an unbelievable level. To build an organization that was excellent. To build an organization with participatory management (#1, p.8).

This social worker talked about a mentor who happened to be a supervisor:

At the [name of agency], my supervisor was an MSW who had a Ph.D. in sociology and [supervisor] was a parent of a [child] with autism....commitment...professionalism. being a parent. Keeping both focuses....commitment (#18, p.7).

This social worker talked about being influenced by the writings of a mentor:

...in terms of the work that he had done was [giant in field]. A wonderful man...I met him...I just feel that he has written so much about [particular DD issue] that I was so impressed with what he wrote. I am a 'moonie' of his...Since the 1990's, I've read all his works up until last year. What I like about his work is that he tries to make it as quantitative as possible, although he does use a combination of qualitative and quantitative research. So he is able to put across the person's story and then give the statistical backup. He has developed a wonderful tool that measures [particular concept] in an objective way as possible. He is using the person's story, rather than using the caseworker, case manager, social worker, psychologist stories, to tell you how the person feels. So those are some of the things that for me, made him into a mentor (#22, p.4).

Thus, mentors provided these social workers with important values, information/resources, and connections that helped them to deepen their interest and commitment to the field of developmental disabilities.

A role model. In addition to mentors who provided social workers with ethics, linkage to professional activities, resources, information, some social workers talked about how these mentors played an important role in their lives. Revealed in their stories about mentors was a strong sense that these social workers looked up to their mentors as role models. Social workers talked about mentors who were good examples of professionals, whether it be good administrators or social workers.

This social worker talks about an administrator who is a role model:

I think that in my current job, which is a smaller agency, my executive director has become a *role model* for me. I think that's because of [name] management style as well as again, real interest and commitment. [name] spends a lot of time outside the office to see how things are going and to get people's feedback. So I find that both helpful and inspiring that people can move to an executive level and still have some interest in being connected while facing the daily challenges of running an agency. I think that in terms of my personal connection to [name], has definitely shown an interest in my professional development which is helpful to give me an opportunity to be involved in different levels of management and that has been very positive....Has shown interest by asking my opinion on things that were not directly related to what I was doing, by acknowledging work that I've done, by asking for help in projects and committees that were not necessarily exactly related to my particular job or job function (*italics added*) (#16, p.6).

Without using the word role model, but implied, this social worker talked about the unique qualities of a high level administrator:

I think of my current boss [of five plus years] as my mentor. I like her a lot...For me to be comfortable with a supervisor or boss, they have to have more of a knowledge base than I do. The boss has to have more knowledge than me. I can safely say that my supervisor is so well versed in the field, so well known in the field, *and she has the skills I want to acquire...I truly admire her...I truly adore her*. She lives and breathes the field. She develops a wonderful rapport with the consumers. She is just a wonderful person. She keeps me engaged in the field more than anything else....She treats me like a peer-professional. She doesn't make me sign in and out....Get lots of feedback...A caring, loving person, and she's just a great person....She's a naturally loving person. To see her

with the consumers, they adore her. I can't remember names, but she knows everyone's name...Most jobs I've had, I've not had too much respect for the supervisor. She's not just pushing paper (*italics added*) (#3, p.4).

Similarly, this social worker talks about a colleague in government who is a good example of a high level administrator:

I worked with a deputy director who is a good example of an administrator. He was a great person to work for...The fact that he would stand up for what is right, which is a rare thing in a bureaucratic system. He stood up for what consumers needed. And fought for it. And he encouraged us to do so. And not to be concerned about with what the rest of the system was doing (#4, p.4).

On the other hand, 37.5% of the social workers did not have mentors. One of the nine social workers that did not have a mentor, talks about not having had mentors:

Pretty much none. I don't think I had any mentors who were interested in what I was doing. I don't think I ever came across anyone who was interested in what I was doing (#9, p.7).

The ways in which mentors were important in the lives of these social workers was discussed. Mentors helped to develop interest and commitment to the population and the field by influencing these social workers through teaching social work values, linking them with professional activities such as professional organizations and conferences, providing resources, recommending articles, giving them encouragement to pursue higher education, providing career advice, being there for problem-solving and resources, and for dealing with policy issues. Moreover, many social workers indicated that their mentors were thought of as role models for what they did. We will soon see that mentors were just as important as AAMR, for these social workers, in deepening their interest, commitment, and continuation in the field of developmental disabilities. This paper now moves on to look at the impact of AAMR.

AAMR: A way of developing commitment

Social workers in this study or their agencies are members in AAMR, the American Association on Mental Retardation, Social Work division. Early on in the interview process, one social worker revealed that AAMR often played an important role in career development. Thus, a question about AAMR was added to the interview guide. Further discussion with other social workers revealed that AAMR was important in terms of opportunities for attending conferences, presenting papers, and meeting colleagues, which deepened their interest and commitment to the field of developmental disabilities.

Fifteen of 24 (62.5%) social workers revealed that AAMR was important to them; however, five of the fifteen who felt AAMR was important also revealed complaints about AAMR. The number of social workers who talked about AAMR was equal to the number of social workers who talked about the impact of mentors (n=15). These social workers joined AAMR at varying points in their careers. Many social workers have been members for many years since the onset of their work in the field of developmental disabilities. Some social workers joined in recent years. This section will attempt to describe the role that AAMR has played in their careers in the field of developmental disabilities. It will begin with how these social workers first came to hear about AAMR. Finally, this section will address the ways in which AAMR was helpful to their careers in the field of developmental disabilities. Disappointments with AAMR will also be addressed.

These social workers learned about AAMR in a variety of ways. Some social workers learned about AAMR on their own. Most seemed to have learned about AAMR from supervisors, colleagues, mentors, and organizations where they worked or did social

work internships. Some social workers were encouraged to join by others and some social workers took it upon themselves to join:

I joined it because it was recommended by a supervisor ... It was recommended, so I joined it (#23, p.6)

[Mentor said:] You have to start out your professional career with conferences (#1, p.10).

I received something about the organization [AAMR] here...No one encouraged me. I'm a joiner. I actually joined, since I'm a graduate student [in doctoral program], at the student rate which made it possible to join. Now that I'm coordinator, the organization pays my dues for joining (#8, p.3).

I think that I heard about it at work. I think that the agency was a member. We would get the journals and stuff. It would be passed around. There would be a list and it would go from person-to-person. And I just felt...let me get my own membership and that way, I can get the journals myself (#24, p.6).

Some of the agencies would pay for my membership. They were corporate members and would have material from AAMR around in staff lounges and things like that (#18, p.8).

[Joined it] when I was a student in my master's degree....Social workers at the institution were members and encouraged me to join, and I did (#7, p.4).

On the other hand, not all participants learned about AAMR at their jobs. Some social workers first discovered AAMR when they were students in MSW programs:

I learned about it [AAMR] when I was in graduate school [MSW program]. I was in the field many years before I heard about AAMR. I picked up journals and said, 'Gee, this looks useful, too bad I didn't know about this sooner.' So it was through the need of doing research [that I found AAMR] (#16, p.6).

I first heard about AAMR when I found the *Journal of Mental Retardation* at the library [during MSW program]. I kept reading and xeroxing articles from there throughout the MSW program: it was the best place for getting articles in the field (#2, p.2).

Some joined after having experience with AAMR in school and then being exposed to it at the job:

My clinical supervisor [right after MSW program] was a psychologist and he'd come around once or twice a month for supervision with the most recent copy of the journals for us [myself and two psychologists] to share. This reminded me of articles and journals that I had read and liked in the MSW program. One day, I just decided I didn't want to

have to wait my turn anymore. I wanted to get my own subscription, so I xeroxed the membership application and sent it off. And I've been a member ever since (#2, p.2).

Reasons for joining. The stories of these social workers revealed that there were two main reasons for joining the organization, AAMR. First, some social workers talked about having joined the organization as a way of being aware of news in the field of developmental disabilities. They also joined AAMR because they wanted the feeling of pride that comes with being part of a well-known advocacy organization for people with developmental disabilities.

Belonging to AAMR gave these social workers information that kept them up-to-date in the field of developmental disabilities:

I was also a member of NASW, the National Organization of Social Workers. And I thought it would be a good way of staying in touch with the field and what's going on. And sometimes, there would be an article by someone that I know and I would be happy (#24, p.6).

So having the journals and the web-site, has really kept me informed about what is happening in the field in terms of practices, funding, and it has really helped me keep current. I find it is a really important connection because I often find that people in the field aren't current (#16, p.6).

And it was really that I was feeling that I was getting away from the field, that I joined AAMR, and that I felt I needed to keep connected. It's done that! (laughs) I feel I've been connected. You know, having a sense of what is going on in the field. Because I'm not exactly working in it right now....But not being there, I felt I needed to do something to keep my hand in there [planning to re-enter field again] (#18, p.8).

AAMR gave these social workers a sense of belonging to a larger group of professionals who worked in the field of developmental disabilities. The following quotes illustrate this point:

It is the national organization, so I feel it is important that I belong (#23, p.9).

It gave me a sense of belonging to a group that supported what I was doing (#9, p.6). It's also to me, paying all that money was supporting an agency that supported my field and that's great (#9, p.7).

Because when I came to this country, I joined it because I thought it was important to associate with the organization that seemed to be out there advocating and doing (#22, p.4).

My point is that I thought it is important as a social worker to connect up with a profession of social work and AAMR gave me the opportunity to do that. To meet other people doing similar things to what I did. And to share experiences. And to listen to the so-called experts in the field (#11, p.5).

Thus, we can see that these social workers chose to be part of AAMR to gain information about developments in the field of developmental disabilities and to be part of a larger movement of professionals with similar interests. Regardless of why these social workers joined AAMR, many used the benefits that come with AAMR, a large, national organization, to deepen their interest, commitment, and careers in the field of developmental disabilities. AAMR was just another contribution to their careers in addition to the other influences previously mentioned such as connection with the field, clients, the agency, doing administration, and mentors.

Impact of AAMR on Careers. The stories of these social workers revealed that AAMR made small, but important, contributions to their career in the field of developmental disabilities. AAMR was not something that was mentioned at the onset of the interviews with the social workers about reasons for their interest and continuation in the field. A few professionals talked about AAMR on their own; however, most social workers only talked about AAMR when it was specifically asked of them. The feedback about whether or not AAMR had been helpful to their interest and continuation in the field of developmental disabilities was mixed. While some social workers reported it was helpful to them, others expressed disappointment in the organization.

Some felt that AAMR was very helpful at the beginning of their careers, particularly in regard to the ability to make presentations, publish, and read journals:

It's helpful. I mean, it's helpful to connect and stay on top of what is going on. Some of the articles in their journals, I've found to be very helpful and I've been able to use it in my work. I think that it's been helpful in terms of advocacy kind of element. I think it's important that one belong to the professional organization for the particular field (#23, p.6).

Actually, I went to one of their conferences a few years ago, and I enjoyed it. Just went to find out what was going on and it turned out to be something that we [at this agency] were already doing. And other than that, I just keep up the membership to get the books, you know monthly magazines. I like it (#13, p.5).

Some social workers particularly addressed the usefulness of the journals that are published by AAMR:

The journal is very helpful (#5, p.5).

It has been helpful because of the resources. I think that the journals that they provide are top notch journals in terms of what is happening in the field (#22, p.4)

In AAMR, the most I've gotten out of it has been the journals...I actually get more out of the AAMR journals than the NASW journals, actually I don't know why. Maybe because I'm in the field. I also tend to read them [AAMR journals] more carefully (#24, p.6).

They always have good literature and they always know what's going on....Read the journal all the time (#12, p.5).

In addition to journals, some social workers talked particularly about the benefits of conferences. Some attended conferences. Some presented at conferences. Some used the conferences to meet professional colleagues.

In terms of attending their conferences, I've presented at their conferences (#22, p.4).

I presented at one of their conferences, and I was proud to be accepted there (#8, p.3).

In the years that I heard there would be a conference, I would join [for member discount]. Presented three times at AAMR (#11, p.6).

I spoke twice at conferences. It was great. It gave me the opportunity to travel and meet other professionals, and I see what wonderful work's being done throughout the country (#10, p.5).

I have found it [AAMR] not to be terribly helpful to me, other than the conferences (#11, p.5).

Thus, the two ways in which AAMR was helpful in deepening interest and continuation/commitment to the field, for these social workers, was through the AAMR journals and conferences. The journals were very informative. The conferences were ways of making presentations and meeting professional colleagues. Some social workers also expressed complaints about AAMR.

Complaints about AAMR. In contrast to social workers who talked highly of the AAMR journals and conferences, some had complaints or disappointments about AAMR. While this interviewer did not ask for these negatives, they were revealed in the discussion about the positives. Some of the complaints were very general and some were specific.

Here is a general complaint: Did it give me anything? No (#9, p.6).

I joined AAMR to find out if they had workshops and opportunities to sharpen my skills and to meet like-minded individuals, and I haven't found it to be so (#5, p.5).

Some social workers expressed a mix of disappointment with AAMR conferences. The conferences were thought of as being too expensive and too far away.

I haven't seen topics at conferences that really interested me (#5, p.5).

I wished I could go for more conferences but they are usually not here [in this geographic area] and my agency and I will have to split the bill (#24, p.6).

Unfortunately, I could only do this [attend conferences] if the agency paid for it. I couldn't go to places like New Orleans or San Diego (#10, p.5).

This complaint was specific to the weaknesses of the Social Work division:

....The social work division [of AAMR], I have not found to be terribly strong. I have found it to be like what I found in the hospital: the social worker is visiting someone else's house. The doctor is the landlord and the social worker is the tenant [comparison made]. Have always felt that social workers are secondary to psychology and special education. I never really found there to be a strong focus on social work and developmental disabilities. Occasionally, there would be a conference with a few good speakers and I would go, but the goal [of joining] didn't work for me....I just have ambivalent feelings about AAMR (#11, p.6).

In summary, AAMR was helpful in deepening interest and continuation/commitment to the field, for these social workers, particularly through journals and conferences. These social workers heard about the AAMR and joined it for two main reasons, staying up-to-date about the field and wanting to have a sense of belonging with a larger group of professionals. Despite these positives, some social workers expressed complaints about AAMR in terms of the conferences being too far away and too expensive. AAMR was a big influence in the lives of these social workers and their commitment to the field of developmental disabilities. This paper now moves on to look at the impact of working with clients/consumers.

Day-to-day work with clients/consumers: A source of developing commitment

There's no thunderbolt from the sky that got me to do this [work with people with developmental disabilities]. It's my own predisposition to find this population an attractive one to work with and to be a real social worker. *I think this is real social work...not the shingle [private practice] (italics added, #13, p.8).*

The above quote is indicative of the positive feelings social workers expressed regarding how their work with clients at their jobs contributed to deepening their interest to the field of developmental disabilities. In addition being part of the early history of the field of developmental disabilities, these social workers also talked about several different ways in which work with the clients helped to build a commitment to the field.

They felt that this work was meaningful to them. They talked about the relationship with clients. The work was often described as fun, enjoyable, and rewarding. They liked being able to see the results of their work in terms of getting client services and seeing client progress. They also felt that had the ability to learn from the clients.

Fourteen social workers out of 24 (58.33%) of the social workers expressed these positive experiences about clients/consumers. This was almost as many social workers who expressed positives about mentors (n=15) or AAMR (n=15), but less than those who cited positives about their organizations (n=22). Clients were more widely discussed than the other influences of the field, doing administration, family, teaching, or religion. Some negatives or “challenging” situations were also expressed by eight social workers. Of these eight social workers, seven had expressed **both** positive and negative experiences.

Meaningful work. Many social workers talked about how their commitment to the field grew out of feelings that they were doing “meaningful” work.

I moved from [another state] after my MSW, and chose to stay with this population because it felt *meaningful* (#21, p.1) It [field] has *meaning* for me. So by having meaning, it is something that I feel very comfortable working in....To me this population really holds my attention (*italics added*) (#21, p.2).

So that has been a hectic place [at agency], but I was glad to be part of something that I thought really had *meaning*. I really helped people get out of here [institution] and that's a nice accomplishment....The fact that I still care as much today as when I started makes me feel good (*italics added*) (#13, p.7).

...to work with families of DD, that's an area where there is room for social work intervention that is *meaningful* with the families (*italics added*) (#4, p.3).

The relationship with the clients. In addition to the work being meaningful to them, many social workers talked about a commitment to the field that developed out of working with the clients and developing working relationships with them over time.

Two social workers reflect back on these relationships with clients:

But it was the friendships, the closeness, and the contact with these people. There is something beautiful about people with mental retardation. Just being nice, open, and sincere. They are not encumbered by all the craziness in the world and the falsities. But anyway, that's when I decided that I wanted to make a commitment and do more. I guess it was that experience, plus other experiences of talking to families and the parents talking about the need of having a disabled child and what they needed. To try to help the parents with their needs (#1, p.4).

My favorite time is the time I spend with consumers....The best time is the time I spend in the office and a consumer comes in and gives me a big hug because he doesn't see me in a week. So that's the best part (#15, p.3).

It's fun/enjoyable to work with clients. In addition to viewing the work with people with developmental disabilities as "meaningful" and developing a relationship with the clients, social workers also expressed that they enjoyed working with the population which could sometimes also be fun or enjoyable. This was particularly true when social workers worked in community-based settings, such as recreation programs or group homes. The following quotes give a sampling of these good feelings:

The main reason is that I really like it and really enjoy it (#24, p.2).

And I've enjoyed working with them. They are very special people (#20, p.1).

The #1 thing that I like about it is that consumers, because they bring joy to your life. They are a lot of fun to work with [at day treatment program] (#17, p.4).

I ran in-house activities [at group home]. It was fun. Probably the best time I ever had (#9, p.1).

Rewarding work. In addition to finding the work to be "meaningful," developing a relationship with the clients, and enjoying the work, many social workers specifically talked about developing a commitment in the field of developmental disabilities because they found the work with clients to be personally rewarding:

Rewarding comes in many, many different ways. Whether it is helping an individual who might be living with elderly parents to finally get a residential placement?

Rewarding in terms of someone moving from a supportive employment type of job into a job, a real job? *Rewarding* when people are having difficulties, such as behaviorial difficulties, and helping them to work their problems through without beating someone else up or whatever that might be. Or hooking people up with the services that they are entitled to. So, again, it can be as simple as getting someone connected to a residential habilitation worker who will take someone out in the community. Again, those kinds of things are *rewarding* (italics added) (#23, p.2).

It's *rewarding* because the consumers, they make me laugh everyday.... It's *rewarding*, I think, helping them out with different services because I'm the only social worker, you know, in the whole program with approximately 100 consumers who attend the day treatment program everyday, so I'm pretty busy....So I find it *rewarding* (italics added) (#17, p.1).

And it can be very *rewarding*....And I think that if I had to do an ad [advertisement], I would say that it is more than just behavior programs and psycho-socials. That there is really a need to help people to learn to live a happy life. And I think that can be very *rewarding* (italics added) (#16, p.7).

Seeing results of your work. In addition to viewing the work as "meaningful," developing relationships with clients, enjoying the work, and finding the work to be rewarding, social workers talked about how good it felt to see the results of their work and how this contributed to their commitment to the field of developmental disabilities. This included the good feelings of getting needed services for consumers, after having completed much paperwork, dealing with family obstacles, and waiting many months. Such services included things like residences or recreation programs.

Seeing the good that's been done. Seeing consumers get into a residence. Seeing what I've done. That's the best (#15, p.3).

Well, it feels good knowing that you've helped people who need help. For example, through residential placement or just helping change the quality of their life; that in itself is very rewarding. You have to remember that without your help, they would be likely to remain under the same conditions. Sometimes the rewards are few and far between, but when they happen, they are usually big (#15, p.6).

Like working with providers and families and consumers. It's always gratifying to work with those who give to someone else [foster care providers] (#4, p.4).

Seeing client progress. It has already been discussed how viewing the work as “meaningful,” developing relationships with clients, enjoying the work with clients, and finding the work to be rewarding contributed to a growing commitment to the field. In addition to the good feelings that came from helping clients and families to obtain material goods and services, some social workers talked about the good feelings that came from providing counseling, like client progress in regard to particular areas of behavior or skills:

When you work with people with mental retardation, you can see the growth. You can actually observe it even in small ways, through data collection or in large ways, when you see people doing things differently. Everything from skill acquisition to behavior issues. You can see the differences immediately, and you can get a lot of positive feedback immediately from dealing with that experience (#11, p.3).

Helping other people get things in life is really valuable work. It’s a tremendous amount of satisfaction to help someone to get to a different place in their life (#13, p.3).

Ability to learn from clients. In addition, the social workers specifically talked about liking their work with clients with developmental disabilities because of the ability to learn from clients. Social workers talked about being able to learn lots of different things from clients. Some of these things that social workers shared that they can learn from clients were to appreciate simple things in life, to be grateful/thankful for the abilities one has, and being able to take care of one’s personal needs.

The consumers are always wonderful to work with in most cases. The consumers remind you of what’s important. For example, [they remind you of] the simplest things in life, like meeting a need. Like assuring that a person can stay with a person they love [in foster care] year in and year out (#4, p.4).

A lot of it is purely selfish reasons. I think that I’m fortunate to be working with people who see the world in a different way, really. Their experiences are unique and humbling. Things that I take for granted. I am constantly learning from my clients.... So it’s definitely someplace where working with this specific population it is really a good experience because it makes you appreciate what you have. Whether it be able to

make your own decisions or handle things for yourself. It's simple; it's not any kind of a complex answer for me (#21, p.1).

This social worker talks about how clients with disabilities can remind one to be thankful or grateful for the abilities that one has, such as having the ability to speak and communicate with others, and not to complain too much about little things:

I like the clients. I mean, it goes without saying. They've taught me a lot. You give to them, but you get a lot. It has really broadened my perspective of human nature, what to be thankful for. Just in general, it's a life lesson. It stops me from complaining over little things. I can really shake things off now and put things in perspective, so you don't get bogged down by little things... You can complain about something you have but when you look at the other side of the fence, you could be non-verbal. For example, we have to be thankful. I mean sometimes, I see clients crying and you have to take them to see the nurse. We have to think why they are crying about, make a complete assessment, and when we do the thinking, we might be wrong. If this were one of us, we'd say, 'I've got a headache.' It really shows you to be grateful for what you have (#12, p.2).

Similarly, this social worker talked about how learning from people with developmental disabilities can lead to feelings of being grateful about simple things in life, such as sending holiday cards, using the telephone, and interacting with neighbors:

People [with DD] we had [at the residence] had a recent history, within 5 years before I came there of being institutionalized, so they were not used to such things such as going to the store to buy a soda or going to the card shop to buy cards. I can remember that they always liked going to the card shops to buy cards to send to someone to make a connection with someone. I remember at X-mas time, sitting around in groups. In groups, we sat around and wrote cards. I should say that they did the talking and we did the writing. They wanted to send X-mas cards. *It sounded like a simple thing, but for people who had been institutionalized, they were not used to mailing cards or receiving cards, so that was one thing that we take for granted: being able to send cards that people in institutions could not do. And telephone calls, which we take for granted...* Calls could diffuse incidents of tantrum behavior or writing a card could diffuse some feelings of loneliness. *The very simple things. Just being in a community and knowing neighbors,* was a big thing, too, with the people that I worked with (#5, p. 1-2).

And social workers learned from the clients that the clients had needs to be able to give and receive, and to be seen as valuable in their communities:

I also found that *people with disabilities wanted to give something as well as receive.* They liked being part of a community group that worked on getting the streets cleaned up

even if it was nothing but sweeping up around the residence. They liked being part of a large community. And *seen as having a value, or being valued* (#5, p.2).

Another thing that social workers learned from clients relates to relationships with co-workers and people in general. The following quotes capture the things that social workers learned from clients such as about having tolerance, compassion, love, acceptance, not to judge people by the way they look, and to listen more:

Learning from them would be indicative of how I view other relationships with coworkers, and with people in general. Be more tolerant of others. Not looking at things at face value. Really taking the time to get to know people better and learning to appreciate other people's experiences. So it's an overall, no particular experiences to speak of (#21, p.2)

The people [at Willowbrook volunteer position] were something else. They were really helpful and showing me and teaching me. That's what I love about people with mental retardation. They teach me. They teach me all the time...How to be a person. (Not all of them because they fight.). They teach me compassion, love, and acceptance. They teach a lot of lessons. And I think that's what I love about them. I always told staff when I used to supervise people: 'Don't think that you are going to be the only one to teach them. Listen to them because they can teach you a lot.' (#9, p.3).

After a while, it doesn't matter what someone looks like. They have feelings. And if they are treated with respect and self-worth and given credit for what they accomplish, then both of you will really profit from it [the professional relationship] but it's not one sided (#12, p.2-3).

Additionally, what can be learned from working with clients is a change in thinking/beliefs that can lead to more empathy:

Just my experiences with people with a self-advocacy organization helped me to rethink about prejudices that I had and some of the stereotypes. More importantly, it's made me think that it's one thing to imagine and put yourself in someone else's shoes, but it's another thing to hear someone say that their day program keeps telling them that their day program is not giving them what they want. Which brings it to a whole new level of understanding of people's frustrations (#16, p.7).

Thus, we have seen the many ways that these social workers deepened their commitment to the field of developmental disabilities through the work with clients. It is my impression that these experiences were positive on the whole, but nevertheless, a

discussion about these positives often led social workers to disclose negatives as well. Next, the paper will look at some of the negative experiences these social workers encountered with clients.

Challenging, Frustrating, Depressing Experiences

At the same time that most social workers gave positive feedback about their work with clients, within some stories some social workers also pointed out some difficulties about their clinical work with this population. While some complaints were directly related to clients, others were related to agency bureaucracy, which will be discussed in a separate section. These complaints were about the population as being “challenging” and regarding the ability to use therapeutic counseling approaches with this population. It is possible that this difference in experience is because these social workers worked in a wide range of treatment settings with individuals who had a wide variety of disabilities, such as mild, moderate, severe, and profound levels of mental retardation. In addition, many social workers worked in settings where individuals have dual-diagnoses, such as mental retardation as well as psychiatric issues.

Six social workers (25%) used the word “challenging” to describe their experiences working with this population; all six had also described positive feelings in the prior section. On one hand, the use of this word by social workers could be seen positively or used when they could not find a more appropriate word, but at the other extreme end of this description, use of this word became somewhat negative. They explained that “challenging” seems to come from a variety of reasons. Behavioral/emotional issues, family resistance, client inability to have insight into

actions, consequences, and their difficulty talking about feelings, all contributed to making the work with clients challenging.

The most positive use of this word came from a social worker who pointed out that this challenging work could still be experienced as satisfying:

I think that although it [clinical work] presented with a whole lot of *challenges*, and I hate to use the word, I think that it was, I also hate to use the word, very satisfying. I saw individuals and families who were struggling move in a positive direction (#16, p.3).

This social worker is feeling somewhere in between positive and negative:

It's very *challenging* work. Most have a dual diagnosis of developmental disabilities and significant emotional problems. It was a treatment *challenge* to develop a plan to develop their optimal functioning so that they did not have to spend their lives in psychiatric institutions or wards or emergency rooms. To help them to function in the community. It was a treatment *challenge*, really....I'm in day treatment. There is the *challenge* to help the individuals reach the highest level of functioning they can reach in a community setting.....The *challenge* is to keep them moving, even though full employment will not be their life goal, but to help them reach the maximum of what they can do, whether it is supported work, sheltered workshop, or day treatment. Just a *challenge* to come up with new opportunities, new uses of the community (#5, p.2).

The following social worker seems to be more negative about the population. This social worker says that "challenging" is because of client's behavior, family resistance, client lack of insight, and client inability to discuss feelings:

Let me say that *challenging* can be in dealing with different issues, behavioral issues. For example, I had a guy this morning. He's in a workshop. His attendance is poor. Trying to think of what can be done. Trying to see if he can come in and if he can stay at the job. I'm also thinking of another individual who lives at home with his parents and has a lot of problems with anger. He takes it out on the family. The parents are elderly. Trying to find out, what can be done? What's going on? The *challenge* is that a lot of these individuals I work with do not always have a lot of insight or they are not always able to connect different things, like, 'I'm angry because of this and I take it out on.' So the *challenge* is just trying to work through that. So how can I help this person to connect. So it can be difficult when the individuals do not have the insight or ability to connect or to be introspective. Or they have problems with feelings and talking about that. The *challenge* is that you cannot always assume just because they are telling you this is how I feel or that is going on. So in those ways it can be *challenging* (italics added) (#23, p.1-2).

Again, this social worker also makes an analogy between the work of social worker and a police detective when working with clients who often cannot express themselves well or talk about their feelings to say that the social worker who works with this population has to take on the role of "clinical detective":

In a way, it's more *challenging* when you work with someone who cannot express their feelings or talk about what is really happening. So you have to be more of a '*clinical detective*.' I think that it's about showing the clients how much you care: I think they just sense that. I think that just being genuine is so important and they know who cares and who doesn't (italics added) (#20, p.4).

Some social workers talked about the work as "challenging," "frustrating," or "depressing." One social worker talks about the work being challenging because client progress is slow, clients can be violent, and progress is small:

"Frustrating"....their progress is slow. It's not like they are going to make progress by leaps and bounds. Sometimes they get nasty. Sometimes they get violent. I've been scratched and hit many times in [more than 10] years...It's the knowledge of knowing that you are helping them that makes those frustrations easier to deal with. It is the knowledge of helping them, and without it things would be worse (#15, p.6).

"Depressing"....Well, it's hard to see life situations that other people are in and the conditions in which they live. I come from an upper-middle class background. I've done home visits. It's hard to believe that people actually live like that. It's those situations that we try to change that are the most rewarding. The rewards don't come in quick; they come in small, baby steps. You have to be patient. You have to keep it in perspective what you are doing and why you are here. Try not to take it home (#15, p.6).

Similarly, this social worker talks about the work being "challenging" and "frustrating" because client progress can be slow:

I mean it's *challenging* as well...Sometimes you can get frustrated or overwhelmed because in social work, you want to see progress, you want to see outcomes. But in this field, it will take time to see outcomes and progress with consumers. Because each consumer here had goals they work on. It may take them a long, long time to complete a goal. It can be frustrating to someone who is goal oriented. You need a lot of patience. I feel in working with this population... (#17, p.7).

On a clinical level, it's frustrating. When they go for counseling, I think that a small number benefit (#3, p.2).

You don't see a lot of progress. I think that you see a lot of progress in small steps. Just developing more self-confidence. Many have poor self images. It's hard to describe other than to say that they've developed sometimes a lot more self-confidence (#20, p.1).

Success has to be measured from where people are coming from (#16, p.4).

This social worker talks about the difficulty between making the transition from the therapeutic techniques that are learned at school to working with this population:

One of the things that I learned when I first came into [this agency], is that the population doesn't lend itself to 'traditional social work,' such as insight therapy....The population does not lend itself to insight therapy. Their intellectual functioning is such that it is not responsive to insight therapies or other treatments that social workers use....Social workers who do one-to-one with this population, it needs to be publicized. It's not clear to social workers outside the field what social workers in the field do with this population...If it was a clinical job, I would feel like other social workers feel, that there is not much we can do (#4, p.3).

Thus, we can see that for some social workers the work was challenging, frustrating, and depressing in regard to counseling opportunities. Many social workers found the work to be "meaningful" and enjoyed the relationship with clients, and doing enjoyable/fun work. " They found the work to be "rewarding" and enjoyed seeing results of their work, seeing client progress, and learning from clients. Working with clients definitely contributed to deepening interest and continuation in the field of developmental disabilities. We now move on to discuss social workers who made a historical connection.

Historical issues: A way of developing commitment

"It's a wonderful field to work in," one social worker remarked. Another social worker said: "Here in this field, you can really make a difference and make change happen." Many of the social workers expressed positive feelings about working in the field of developmental disabilities. This section will address how social workers

deepened their interest and developed a commitment to people with developmental disabilities through their connection with historical issues of the field.

Thirteen of 24 social workers (58.33%) reflected back on the impact of historical issues on their career with this population. Many social workers talked about entering the field during the time of de-institutionalization and being part of the social movement. These social workers talked about realizing that through a commitment to the field they had the power to prevent abuses/mistakes of the past from repeating. They also talked about the feelings of working in a field that has been historically ignored by social work.

Being part of the spirit of the deinstitutionalization movement. Many social workers talked about having entered the field of developmental disabilities at the time when there were historical changes going on during the 1970's, such as court cases and other events leading up to deinstitutionalization. It was revealed that living near institutions, working at institutions, or hearing about the closing of institutions through the media, became an important part of their lives. Geraldo Rivera's expose of Willowbrook was certainly revealed to be one of the significant events for these social workers. Through the move towards deinstitutionalization and to help prevent horrors, many new and exciting jobs were created, in both government and non-profits. These social workers reflect back on the history of deinstitutionalization and how it led to the availability of such jobs:

There was a catastrophe: Willowbrook....The expose was done by Geraldo Rivera...it drew public attention. It spurred lots of changes in the system. One of the changes it initiated, was a splitting off of the division between the DD population and the mentally ill. Before that, the state treated people with MR and MI in the same system...Before that, there was one big system....Unfortunately in the years leading up to 1974 or 1973, people were admitted without expansion going on. By the early 1970's, there was crowding in the system, all over, particularly in Willowbrook...Budgets were decreasing at the same time while admissions were increasing. It happens that there was a staff of 1-

2 covering a ward of 50 people. So there was bound to be abuse and all kinds of neglect. And this was essentially what was exposed by Geraldo Rivera. It led to changes. The biggest change was that this population was split off and a whole new organization was created....The state, then to meet the mission of deinstitutionalization, had to finally hire people to make that happen. It required additional staff and resources...This was the time that more staff and resources were now available. The Willowbrook injunction was created which led to an increase in the [state budget]. So the budgets began to increase on a yearly basis [in 1980's] . That work was to build residences, so they needed staff (#4, p.1).

Willowbrook. I remember Willowbrook on TV, when Geraldo Rivera exposed it.... I was aware of the deficiencies in systems and how much better it was to do things in smaller, decentralized systems than through large organizations. Differences in the sixties and now (#8, p.6).

Working in the field brought some of these social workers closer to the people and the issues at heart. They felt that they were part of a "social movement." The spirit of deinstitutionalization is reflected by these social workers who entered the field during that time:

I was lucky that I entered the field that was ready to bloom, blossom, and grow. When I entered the field, there were only institutions. I feel that I was able to become part of a *social revolution* and that was really important for me (*italics added*) (#6, p.3).

[Willowbrook, it was] The spark that ignited everything. [state] funded the non-profits. There was the spirit of advocacy. It was a *revolutionary* feeling working for [state]. *We were on a mission, saving people, and creating...* We all felt wonderful things. All of that was related to Willowbrook. Over the years, people have come and gone and seen the system in different ways. It's the reason for all of the services that we have today which link back to Willowbrook. It's a unique social phenomenon. Nothing like that happened anywhere else...(*italics added*) (#5, p.6).

Willowbrook, you know, it was pretty exciting being part of a paradigm shift to deinstitutionalization. To actually feel that I was part of the movement that was going to make the lives of other people much better (#13, p.7).

Similarly, this participant alludes to being part of the Willowbrook era and having known the leaders of the historical movement:

I think in a large part, as a student, going from a professional in the field and as a student again...there was a real excitement that existed when I worked with and had relationships with many, key players in the field of deinstitutionalization (#7, p.4).

This social worker makes the point that the values of social work and developmental disabilities have a lot in common:

That one can have an impact. That the field is moving. There have been so many great changes in the field in terms of helping people have control over their lives. There is a whole self-determination piece. Each time we talk about self-determination as a value and an ethic, we don't always have the opportunity to see it operating. I think that when you can see people growing and being able to advocate for themselves and do things for themselves, that to me is very rewarding...I think that each consumer has like anything: if you give a plant water, it blossoms. If you give a client the attention and belief that they can grow and develop, they will also blossom (#22, p.5).

Even those social workers who didn't make specific mention of Willowbrook, made a connection to the history of the field of developmental disabilities and people with disabilities in general. Some social workers talked about the opportunity to be part of a social movement that continues to change and grow:

And again, because of the field. I wouldn't say that it changes as much as it develops. And I think for me, that's rewarding too. Again, because it is never stagnant. So for me, that's rewarding too (#23, p.2)

The field of developmental disabilities had made amazing strides in a great many places, but there are still places where it [abuse and discrimination] happens. And I can still see that so much of what happens is so segregated. You know a big movement, that is still going on is a movement towards inclusion. And certainly I'm a middle of the road, person. I think that with inclusion that people miss the point when they want someone with a severe disability to be in a calculus class because I don't know if this will be a meaningful experience for the person. On the other end, you still have so many schools where individuals are not only in separate classes, but separate gym classes and separate cafeterias. There's no reason that they can't eat together. And schools, where there's a mix of regular ed. and special ed., special ed. is down the hallway, behind the stairs, in what would be a dressing room for the stage, and nobody even knows where those rooms are (#18, p. 5).

Preventing abuses/mistakes of the past.

I think it's the feeling of this being particularly a group that needs people to be present to them...They need help. They need protection (#18, p.5).

In addition to being part of the deinstitutionalization movement, these social workers indicated that another reason that a commitment to the field developed was when they realized through experience that they had the power to prevent a repetition of the horrors or abuses of the past, such as Willowbrook, from happening again. Having moved into administrative and training positions over time, these social workers realized that they had the power to impact on staff and students.

Here we see how Willowbrook highlighted their awareness and concern that such abuses did not happen again:

Being able to take people out of [abusive, deteriorating] situations makes me feel good (#15, p.2). What went on [at Willowbrook] was horrible. *To make sure that it doesn't happen again....*The way things are going politically and financially, one has to wonder if it could happen again (italics added, #15, p.6)?

Willowbrook. I'm not of the generation of professionals who personally experienced it. I do remember seeing it on television and just seeing the visual images was something I'd never forget. I think that it was something that just stayed with me about how bad things could be. And one thing that I did leave out was my student teaching positions at [another institution] and I didn't find it to be a whole lot better. I thought of it as Willowbrook with McDonald's colors and it was a very horrible experience. And I think that it impacted me to know how bad things were for people who were living in institutions. So I think historically, *both of those things made me think that things were very bad and needed to be better* (italics added, #16, p.7).

The staff that are coming in now, we still show them the Willowbrook tape. And we still talk a lot about it. We still talk about how could a family put their child there? We talk about how it could happen to any of us. You know, trying to see the whole picture. *And also as a way of trying to make them vow never to let that happen again because it was so horrible* (italics added, #24, p.9).

Similarly, a social worker demonstrates a commitment that came out of Willowbrook and working as head of an abuse investigations team:

And I always wanted to create a system where parent advocacy is unneeded because it comes from within. It is usually the parents complaining and pushing for higher quality and it shouldn't happen; it shouldn't have to be. So I have taken on that parental nudging role because the parents are going to die and the clients are young and they are going to live. And I would want to see that there is someone raising hell, as they might put it, so

that they know that there is someone from within doing that, and they don't have to be the bad guy (#14, p. 5-6).

This participant discusses the impact of working with consumers who were once living at Willowbrook and deinstitutionalization on a career decision to work in the field of developmental disabilities:

We have some consumers who were in Willowbrook and who can recount stories where they worked as staff and earned 25 cents to buy a soda or extra cookies or meals at lunchtime. If they took care of the babies and lower functioning ones and cleaned them, they did this for a dime or nickel. They would wash, shower them, dress, and feed them. They [institution] used the high functioning to take care of the lower functioning. *Horrendous stories. It was the beginning of the population that I worked with. I worked in the community. It had a big impact on my career. Instead of working in an institutional setting, I worked with the same population in the community. It [deinstitutionalization] enabled me to work with this population...What Willowbrook [Descent Decree] did was to release some of the millions or thousands of people with all abilities who were never pursued or evaluated or acknowledged. People who had abilities and were never educated. Today, they are productive citizens in the community, some with jobs, and some at sheltered workshops* (italics added, #5, p.7).

Working in a field that is historically ignored by the social work profession. This was another way that several of these social workers indicated that they developed commitment to the field. It was when they realized that there was a connection between the values of the field of social work and the field of developmental disabilities that their commitment developed. This connection can be easily seen in generic social work practice, where all social workers recognize a holistic approach to people's problems, valuing rights, worth, and human dignity, and using a task-oriented, problem-solving approach to their work (Simons & Aigner, 1985, p. 17). Working with this population is an ideal match for social workers who are trained in generic social work practice.

Thus, when these social workers realized that people with developmental disabilities were another disadvantaged, underserved, neglected, overlooked,

misunderstood population where they could utilize all the generic social work skills that they had learned, their commitment developed. They realized that this was a population where they could use casework, groupwork, community organization, administration, research, policy, and advocacy. Such a realization brought about a deeper commitment to the population for five social workers in the study.

One social worker reflected back about the realization that few social workers worked in this field during the late 1960's:

And it [working in MR/DD] gave me a very strong background as well as a commitment that I wouldn't have gotten with many of the other populations. I don't think it would have happened in the same way if I had worked in mental health or with the gerontology population...Maybe it was because for those fields, there were many more people for those fields and there was more interest already. *It [MR/DD] was a smaller, narrower category, and there weren't that many people involved,* and it was easy to get to know the key people and for them to get to know you (italics added. #7. p.6).

Even today, social workers made the point that the social work profession has continued to ignore this population, particularly in the United States, leaving the work to other professions:

I think it's a neglected field by social work. I think it's an important area. I think it's a field that has gotten a lot of support from psychology, and has gotten a lot of support from education, and so I think it's a well-developed field, but social work has not had a big presence in it. And there is a place for social work, particularly having to do with policy and advocacy, and ensuring that people get the services they are entitled to get. And ensuring the rights of individuals that they continue to be mainstreamed into society. And there is a big policy piece and a big advocacy piece about it. And from my personal perspective about what social work is about. I come from an orientation about that being my view of social work. And it is a perfect place to do that-advocacy and policy development. Advocacy in many ways: to ensure people's rights to protection, ensuring that people are integrated, and brought into, and made part of society (italics added) (#18. p.4).

...but for the most part, this is a very legitimate and valid population to work with. And this may come from my experience in [two other countries] where social workers there do work with people with developmental disabilities and it is very much a social work field, more than here (#22. p. 1-2).

In addition to social workers ignoring this population, this social worker makes the point that this population is often misunderstood by the public and is at the heart of social work, which is to work with disadvantaged populations.

Well, I enjoy helping people who are at a disadvantage.....It's a population that most people misunderstand. Some people just think that they are too psychiatrically involved and most people have no exposure to them. And the community has had a hard time with them and most of it is lack of exposure and lack of knowledge. People think they are dangerous, but the majority of them are sweethearts most of the time and just need someone who cares about them just a little extra....I've always wanted to help and this is a population that needs as much help as people are willing to give them. There are a lot of people who want to help kids and to do clinical work, but there are not enough people out there who really give a damn [about the MR/DD population] (*italics added*) (#15, p.2).

Similar to the literature discussed earlier, a social worker makes a connection between society placing a low value on this population and social work students who also give low preference to working with this population:

They [people with MR/DD] are the *lowest on the rung*. I think that society in general looks at that population on the *lowest rung*. I know that when I was in graduate school, everyone in my class wanted to be therapists. I think I was the only one who wanted to do concrete services with the retarded. I was like really abnormal. On a scale of 1-10, you were the only one and they were the highest. What you wanted to do was not important and I got that feeling throughout my career. But it didn't matter. Because once you've worked with the population, I think that you really get attached to it (*italics added*) (#9, p.2).

Thus, these social workers have pointed out how their commitment to the field developed through a connection with being part of the history of the field, working to prevent the abuses/mistakes of the past, and working in a field that is ignored by social work. This following section will discuss how social worker interest was impacted by doing administration, which was ranked by them to be just as important.

Administration: A way of developing commitment

There isn't a day that passes that I don't shake the hands and touch the life of someone with a disability on a large scale that I didn't do one to one (italics added, #11, p.5).

I made a decision that I didn't want a caseload where I could change twenty people's lives. I wanted to change hundreds of thousands of lives (italics added, #6, p.7).

The above quotes echoed the thoughts and feelings of nearly all the social workers who had moved on to administration: that they could make a bigger impact as administrators. Eighteen of the 24 participants (66.7%) identified themselves as administrators. Thirteen of the 24 social workers (54.1%) talked about how doing administration impacted on their careers. The types of administrative work they did varied from being a clinic supervisor or program supervisor, all the way to senior-level administrators, such as associate and executive directors. The social workers managed group homes/residences, pre-school programs, day treatment programs, sheltered workshop programs, family care/foster care programs, case management/waiver departments, day habilitation programs, staff training units, abuse/neglect units, major divisions of agencies, and operation of entire agencies.

One social worker points out the importance of continuing to identify as a social worker rather than an administrator:

I identify myself as a social worker in the developmental disabilities field. I know I'm an administrator, but I still see myself as a social worker. And when someone else doesn't any longer, it tells you more about them then it does about what they are doing (#11, p.5).

Another social worker mentioned that administration, policy, and practice are an important part of social work organizations:

I think that administration is a very big piece of social work. I think that it is a very big piece of organizational social work that often gets neglected. I think that the piece of policy and social work is, as policy-practitioners from an administrative perspective, a very big piece that needs to be looked at and examined. I think that social workers can

use their clinical skills very well in administration in terms of managing people. I think that it fits in very much so (#22, p.2).

Quick promotion to administration. The stories of these social workers revealed that many of these social workers had not planned to be administrators and were pushed into administrative roles by their supervisors at the organizations. Some received little preparation or no training for doing this type of work other than day-to-day experiences of learning on the job. It was understood that a move to administration was a type of promotion and most social workers felt good about having been given the opportunity.

The following social worker felt good about an opportunity to do administration:

Yes, it's a very, very good match [the administrative position]. I didn't plan on administration, but I use it all; I use all the social work training being an administrator. And I can think of no better preparation having met people who had their MBA and MSW. I've asked them which has prepared you better for your administrative job, and everyone will say the MSW...I probably couldn't have made it. I think that my success is largely due. I don't think I would have made it so far or have been as successful, not just having a piece of paper that opens doors, but because of what I learned: I think I am much more skilled because of what I learned (#14, p. 9-10).

Working as a part-time social worker at a group home, after the MSW degree, this social worker got pushed into administration by a supervisor who had gotten promoted.

We badgered around and I took the job as manager on a dare. She said 'I dare you.' I thought that administration was too compromising for some values that I was adhering to my best. With the compromise that if I didn't like it, I could have my old job. It was up to me to make my decision. As manager, as long as I kept it [MSW position] open, I could always move back into it or I could get another part-time social work job in another group home at the agency. So I had nothing to lose and so I did it. And so I found out that I liked it [administration]. I really liked it. I liked having the power to have intuition for clinical services and the whole range of good living services for our folks. I liked being able to make a decision and have it happen, even as a manager (#14, p.2).

Some social workers reported that they were soon expected to supervise other social workers when they themselves had not been supervised by a social worker. This

social worker became a supervisor of other MSW's after a very short time, with little training or preparation:

Part of the problem when I first started here was that I did not have an MSW supervisor....The first supervisor lasted about a year. Then I had an ex-monk with a bachelor's degree in philosophy for another year. And then I finally had an MSW for less than a year. And then after that, I became a supervisor...pretty much on my own (#13, p.5). There's a handful of social workers, probably seven or eight under me in this unit (#13, p.4).

There was never a structured supervisory session throughout my career [in developmental disabilities]....Agency should have some social work supervision. I supervised....Had a master's student [in MSW program] (#9, p.6).

Pursuing administration by choice. In contrast to being quickly promoted to doing administration, for some social workers, doing administration was a matter of experience and personal choice that led to such a decision over time. Moving to administration was a way of increasing salary and/or a way of trying to make changes at the organization.

One approach to move into a higher administrative role, for someone with a BA degree, was to go to school for an MSW degree:

I only got my master's three years ago. By the time I went for my master's, that's what I wanted to go in for....I was already an administrator, but knew it would get me a better opportunity and better skills (#16, p.3).

An interest in administration developed over time for this social worker:

I studied community organization at [MSW program]. I'm an organizer. I've developed hundreds of group homes. My background in planning made this the perfect job for me. I learned to be an administrator after [years] of doing it. Last week I spent 3 days in Court defending a negligence suit. Tonight I'm going to [town] to argue about opening up a new group home (#6, p.1).

This social worker talks about staying with an agency and moving from one position to a higher and higher one in order to make changes:

I wanted to change things (#9, p.4)...What happened with me was that I changed positions. I moved from probably the lowest rung, as part-time recreational assistant, to Executive Director [with other positions in-between]. And through that I had some impact (#9, p.5).

Similarly, this social worker talked about wanting to be a better administrator to make changes and to be different than other administrators encountered in the past:

...that's why I became an administrator because I hated administrators. That's one of the things I wanted to change (#1, p.7)...And it was, I guess, my despising administrators, because I felt that many administrators are very bureaucratic. Most administrators are very rigid and not open to change or different creative ways. I'd created a goal in life to become an administrator that was good instead of bad, that was open instead of closed, that was flexible instead of rigid, that created a place where people would feel good to work, where people would come and enjoy work and really feel good about what they were doing because they were treated well. So to treat people well, whether they were disabled in the programs and to treat people well even though they were the staff. If you could create an environment to treat people well, people felt good and they wanted to come to work, that they would do a very good job and make the services that good for the people that needed them. That's something I really striven for having forced not to be a bureaucratic administrator to keep the door open. To in a sense, when people ask for help, to be there....Always to make the time when there is problems. To make a difference in people's lives (#1, p.8-9).

Thus we have seen the ways in which social workers became administrators were though being pushed into administration as a promotion, or pursuing administration by choice to change their agencies or get a better salary. Regardless of how they got to do administration, they liked it. The following section discusses what these social workers liked about doing administration that has deepened their interest and commitment to the field of developmental disabilities.

Positive aspects of administration. Regardless of how they got into administration, many social workers described their experiences as administrators as positive ones. They discussed several different reasons that explained why they particularly enjoyed the work. One reason for liking the administrative work was that it allowed them to make an impact on the attitudes of staff who work with the consumers.

A second reason for liking administration was because it gave them the ability to set standards of appropriate treatment of the clients. A third reason for liking administration was because it gave them the ability to interest others, such as staff and social worker students, to work with this population. Finally, some social workers admitted that they liked doing administration because administrative positions in the field of developmental disabilities simply paid better than clinical positions.

Impact on attitudes of staff who work with the consumers. Social workers who worked as administrators talked about the ability to impact on the attitudes of staff who work with people who have mental retardation/developmental disabilities. In some cases, there was the ability to impact on societal attitudes towards this population.

This social worker who does administration talks about the ability to make a difference in staff and societal attitudes towards people with developmental disabilities:

I guess being able to have the opportunity to affect the way that people treat, not diagnose, but relate to people with developmental disabilities. And having the opportunity to change attitudes, both workers and society. I use plenty of my clinical skills when working with staff and clients and their families (#22, p.2).

These social workers talk specifically about impacting on staff:

You know, I have oversight of [300+] consumers now and so I have about a staff of 20 under me who work directly with the consumers. So that is my constant philosophy: getting people to care about what they do (#13, p.3).

And also, a major component of what I do and why I like what I do, although I miss the rewards of working directly with the individuals, I find a lot of rewards working directly with the staff trying to motivate staff and trying to keep them in the field. I think that has replaced my other experiences as a motivator for me. And I have the opportunity, not only through training, but there is a small number of staff that I have gotten to know better and I help with resources when they are working on different projects for school or resources for the job. And so I find it [administrative job] very rewarding (#16, p.3).

Administration. I like it because it's offered me a whole new angle. I like mentoring young staff...Supervise staff who supervise direct staff, which is another new experience. I like mentoring. I can do it by role modeling, teaching, the supervisory process...I have a

direct knowledge base of the field...it's added a different dimension...I can approach another administrator, and say this 'this is wrong' or 'this has to change.'...So many different cases and staff that I can have a diverse experience and day, and I can mentor a young person that I can impact on and I didn't think I could have that impact on consumers and the hundreds that I was responsible for (#3, p. 2-3).

I think I am in a position to make good decisions, to effect change, and to be what I always wanted to be: a benign administrator, not someone who stood over people's shoulders and cracked the whip. But to be an effective agent for positive change. It was a combination of what people wanted to change and what you thought was necessary to change, so I like administration (#11, p.4).

Ability to set treatment standards. In addition to the ability to impact on staff and/or societal attitudes towards people with developmental disabilities as an administrator, these social workers also talked about liking the ability to set high quality standards for acceptable treatment of clients. This was noted in the following responses:

I can get a lot of services for my [child]. We [parents] can get a lot of services, but have no control over the quality of the people who are providing them, and that gets frustrating. You have no control over the staff we are hiring. We [agency] take advantage of the probationary system. We [agency] fire a lot of people (#3, p.7).

Again, it's being able to push people into thinking differently and having a higher standard [for staff]. I like working with staff. This is perhaps negative, but if left to their own devices, I see things constantly deteriorating and eroding. Good people don't get it, it is like atrophy. And what I am finding is that I have to take on a leadership role in terms of standards and quality and raise hell from inside. I'm not popular. I'm kind of the police. They get very angry because I do the investigations. I judge. I set those standards (#14, p.4).

And I think what I like is being able to stir up the pot and to work to see that those standards, which are constantly being attacked and eroded, are maintained. So I can look parents in the eye and say, 'I can't make you any promises, but our standards are high.' So I think that's what I enjoy doing....Maintaining those standards. I know it sounds corny, but I like how it plays out....I see it as some kind of a social work commitment. It's client centered and a lot of people don't get the client-centered mentality. It's going back and saying, 'we are not here to take care of staff, we are here to take care of clients.' I don't think that any other profession pushes in that way that social work does (#14, p.5).

To try and interest students and staff in working with this population.

In addition to being able to impact on the attitudes of staff who work with consumers and/or society and being able to set treatment standards, social work administrators also talked about being able to use their positions of authority to influence or interest students and staff in working with people with developmental disabilities.

The ability to influence both staff and students through the administrative position held at the agency was one of the positives reported about doing administration:

It's an opportunity to proselytize the pleasure of working with people who are developmentally disabled to the staff. And that in theory leads to how they perceive their work. And I've worked over the years with student interns [MSW program] and always suggest the possibility of this field as a career...two of them did. No, three or four. And they [former MSW students] keep in touch. A couple of them are here [at this agency]. It's nice (italics added) (#13, p.8).

A social work clinic administrator talked particularly about being able to interest MSW students in working with people with developmental disabilities:

Had a master's student and it was good. It was a little tough. It was good. It was taxing because I was doing that along with my job [and had no MSW supervision herself!], so it was difficult in that respect. It was good. I felt like I was able to give some of the experiential learning I had over [to her] and it was nice...*I gave it to a student who got interested in it* (italics added) (#9, p.6).

Administrative title, but does variety of work. Social work administrators also talked about liking the job because it involved them in a wide variety of job duties.

A social work administrator talked about running the agency as well as spending time with clients and staff at the program sites:

Well nobody does only administration. I'm out there all the time....Fortunately, I came in the early stage, where I was able to be involved in the intake for group homes and day treatment programs and after school programs for almost everyone who is at this agency...I know a lot of them [consumers]. I see them all the time. [Now] I spend four out of five days, out of my office, in the programs talking to staff and doing a lot of the work that I do administratively on the site so I get a feeling for what goes on. I actually

require that all of the administrators report to me. From a management perspective, you have to be very close to the staff for an effective workforce (#11, p.3-4).

Similarly, these social work administrators who work at adult day programs, such as day treatment, day habilitation, and sheltered workshop programs also talked about doing clinical work when needed. It is generic practice when a social worker can do both administration and clinical practice and use a variety of skills at the job.

This is not a job where I'm isolated to do clinical stuff or administrative stuff. It's versatile. At any given moment, you can be thrown into anything....I do everything.... I do bank statements. A diverse job. If I didn't want it, I wouldn't be here....It's a job where you don't get bored; it's always something going on and something to do. Always something new....With this job, I can do different things, and I don't really get bogged down...I like the variety (#12, p.2).

Manager of day habilitation is probably my favorite [administrative job], because I got some contact with consumers. I was also able to work with staff and supervise staff. Got a mix. Not just group after group, but a mix. Did a little of everything. Just getting a mix of experience (#10, p.4).

Many times at the workshop, even though I was director, when there were big problems, they [staff] would come to me, and I'd just drop everything, whatever paperwork I was doing. And if they needed more interaction, we had it; they were my priority, not my paperwork. But it was not a sanctioned position [doing counseling with MR/DD]. I did a lot of social work but not in the traditional sense (#9, p.5).

Administrative jobs pay better. In addition to the other reasons for why they liked administration, social workers also made the point that administrative positions paid better than clinical ones.

Social workers complained that the field does not pay well, but working as an administrator allowed them to continue in the field by being able to earn a manageable salary to support one's self:

And I certainly don't feel that I earn enough. But I feel lucky that I've earned a livable wage doing this in this field as part of human services....But I've been able to make a living at this, so that was some part of it...financially, I had to go where the bucks were (#24, p.2).

Money wise, the field isn't the best, but with my longevity here [more than 10 years at agency and administration job], my salary has increased so moving to another agency, it would be difficult to get the same salary. So I must say that it has been the salary issue that has perpetuated my longevity here (#15, p.2).

One administrative position leads to another higher one. Finally, several social workers talked about how administrative jobs kept them in the field because it was easy to move up in the agency structure and make a career after the first administrative job was attained. One administrative job led to another higher one and another higher one and eventually these social workers held the highest and next to highest positions in their agencies. Several social workers talked about their experiences:

I probably moved from the lowest position, as part-time recreational assistant, to executive director [after few promotions, such as workshop director] (#9, p.5).

So I did the manager [at group home] for about a year. And then was promoted [even higher] to director of programs, in which I was overseeing three to four group homes a year and was then promoted to senior director of programs...and a couple of promotions later, to [second highest position in agency] (#14, p.3).

Thus, we have seen how social workers liked administration because of the ability to impact on the attitudes of staff who work with consumers, ability to set treatment standards, ability to interest staff and students in working with the population, doing a variety of work, a good salary, and an ability to move up in the agency structure. These are some of the administrative reasons that kept these social workers in the field.

Initial negative feelings about doing administration. On the other hand, some participants initially felt that there were negatives about doing administration. Some felt that somehow doing administration was secondary to doing therapy and clinical work. They missed the personal satisfaction that comes from direct work with consumers and

families. While most seemed happy with how their administrative positions turned out, some still miss the direct work with clients.

These social workers reflect back on their early thoughts regarding the move to administration:

And for me, it was moving a step away from what I wanted to do, which was client centered and more clinical. I was really into the clinical aspects (#14, p.2).

I felt bad in a lot of ways each time I moved to a position that took me further and further from the consumers, because that is really what I'd like to be doing (#24, p.2).

As a social worker, the only way to move ahead is to move for administration. And as you do, you get further and further away from the clients. I guess that it is that way in any field (#10, p.4)

For these social workers, negative feelings about administration are still there:

I do training....The thing that I miss about my last position, when I worked in family support, is the connection with individuals and their families (#16, p.3).

And then they opened a new day treatment program in [county] and I was director there for 2-3 years. And then I left because I was getting further and further away from social work (#18, p.4).

Things changed, but part of me asked for the change [to administration] because I want to do this for my own personal growth. So it is yes and no about how I like it....I liked it when I was a supervisor in two programs because I was able to do more hands-on. But now, with five programs in different locations, there is less time for that. Lot of traveling...I enjoy the supervising but supervising is overwhelming sometimes because it is more work than one person can handle. I'm a bit negative about the job right now. I am overwhelmed with conversion stuff from state in addition to day-to-day stuff; lots of paperwork, doing psycho-socials, getting levels of care....(#15, p.3).

The salary does not allow you to attract a workforce that you would really like to be able to...organizationally, that's critical. When you see certain staff are maintained, who you know staff do not maintain respect, who consumers complain about, then it's hard to respect the agency and for the work that has to get done. And it's a shame about standards and salaries that need to be increased up...Sometimes, I'll panic about an uncovered caseload...A body is better than nothing. Quality across the board is very mixed. It's hard when you are a hard worker and the people around you are fooling around, then your standards go right down. I'm sure salaries have a role. It's not a high paying field...I think I've lost some professionalism. I was a gung ho professional...I'm more complacent and older and at a different point in life. At this agency, I come in late.

I don't set the same values as I would as a younger professional. When you are in this environment, you lose values. Not that they don't do good work for the consumers, it's hard to say that you are doing something but that the other person is not busting chops, so I'll say that organization is a big piece (#3, p.3-4)

Thus, we have seen the impact of how administration in the field of developmental disabilities helped deepen their interest.. It was discussed how social workers liked the ability to impact on the attitudes of staff who work with consumers, ability to set treatment standards, ability to interest staff and students in working with the population, doing a variety of work, a good salary, and an ability to move up in the agency structure. The negatives about administrative work, such as getting away from the consumers and getting away from clinical work, were also discussed. We will now address the impact of having family members with disabilities on deepening interest and commitment to the population.

Family/personal experiences: A way of developing commitment

My sister-in-law [brother's wife] is an epileptic, which is a minimal brain disorder and is classified as a developmental disability, but she is not MR. I can't say that it has influenced my choice as a career. It may have happened subtly. Epilepsy is sometimes accompanied by MR. She's very active epileptic for all of her life. She's taken some powerful medications. She does not have that many [seizures] anymore...But she is not retarded in any way. So, if I have to say that if there was any influence, it was subtle. I didn't think of her as 'disabled' until I came to work at [this agency]. I began to understand what she's been through all of her life. The prejudices that employers have; they think that she is out of control...it's scary. She's been prejudiced as a result...It's complicated her life...I've known her since she met my brother and they married in the 1970's (#4, p.5).

The quote above illustrates the trend of the discussion to follow: how social workers tended to put family and personal experiences with this population secondary to interest that came from work experiences. This section will address the impact of having personal/family experiences with people with developmental disabilities in the lives of these social workers and the impact on their careers in the field.

Nine social workers (37.5%) talked about being impacted by family members who had disabilities, some of them developmental disabilities. These experiences **deepened the connection** with the field of developmental disabilities. Once they had found the jobs, they made connections with these family and personal experiences. These experiences happened at varying times in their lives such as when they were young and growing up, and also later in their adult lives. These personal experiences lasted a short time or were on-going for many years.

Family members. Contrary to expectations, it was revealed that very few social workers had family members who had developmental disabilities in their families of origin or in their adult families. None had siblings with developmental disabilities in their families of origin when they were growing up. Five social workers had distant relatives

with developmental disabilities, such as aunts, cousins, second cousins, nieces/nephews, and a sister-in-law. Also three social workers had their own children with developmental disabilities later on in their careers. One social worker related the experience of caring for a mother with Alzheimer's disease.

But for those social workers who did have family members with any type of disabilities, this was important to their continuation in the field. This social worker talks about having a child with a disability:

My [child] brought me to the other side of the table. It was kind of interesting to be a professional and yet to have to function on the other side. I gained confidence as a result of that. Professionals allude themselves to knowing more than we [parents] do. Why do they align themselves so much against parents? There's a risk of putting parents against professionals...especially at the Board of Education. As a parent, I was doing social work stuff as a parent. I decided that I would start parent groups. I was involved with PTA and parent support groups, and the social worker in me came out. I went to the principal [at child's school] and told her that I wanted to distribute a flyer. The principal said that 'it's dangerous when parents get together and transmit dangerous information' and I said 'it's a good thing I'm a professional social worker' and she was shocked, but later became more friendly with me. When you talk with parents, there is pure honesty that comes your way. Professionals have no idea what they are talking about but they pretend to know everything because they've got the degree. Professionals need to be honest to say 'I'm not sure of this' or 'this is tough'...but as a parent, I saw they didn't know what the hell they [professionals] are talking about, so if I want information, I go to another parent (#3, p.5).

Similarly, this social worker also talks about having a child with developmental disabilities who was born after working in the field for several years and how this experience helped to connect with other parents:

It's ironic that after working in the field for so many years that then I had a child with a disability. But then I had the same human frailties of every parent of how to get the best services...how to get the services I did not have...differences in services between [geographic areas]...the same frustration with systems...how to help him or her to overcome it...the anxieties you carry over a life-time...feel fortunate to make a difference for other families...make a difference in the life of a family member, the impact might be long-lasting, as long as you keep their memory in your hearts. Hope they have good memories of me...have to work to make the systems work...feel better about

what I've done...Any disability conditions of the worker that contribute to moving to help the profession to make the world better...(#1, p.11).

In addition, this social worker talked about having a son and nephew with developmental disabilities after being in the field for many years and how it helped maintain continuation in the field:

My nephew, [school age], is DD. My [child] [school age] has a learning disability. I was already in the field before both of them were born...I think in some ways, it maybe helped me stay in the field as long as I have. Because after they were born, you really want to be in a field where you can be of some assistance to them. So yes, I would say yes, but that I had never thought of it before. I hadn't consciously thought about it, but maybe that had something to do with it. I was really in the field long before they were born (#8, p.6)

Similarly, this professional talked about having a mother with Alzheimer's disease who lives in a nursing home and how this helps with understanding some of the issues and needs of the consumers with developmental disabilities and their families

My mother has Alzheimer's, so she was home for many years, but then had to be in a nursing home for several years. But observing from a family perspective what it is like to have to be dependent upon staff. To have your loved one cared for, bathed, fed, all that stuff, by people that she does not know, that you do not know, scares the shit out of me, pardon that word. Some [staff] were wonderful and some were not. I try to be a little more cognizant [at the job], if we have an issue of confidentiality or an issue of treatment of a person or consumer...So I guess that it is that experience which has given me a lot more empathy with what some of our families and consumers go through and I didn't have that much before...Are they going to treat them well? Are they going to treat them respectfully? ...And just trying to think about how does the person feel about what is happening to them? (#24, p.9)

In another way, social workers also had less direct personal experiences with family members who had developmental disabilities. A social worker grew up with a distant cousin who had a learning disability and emotional disability:

My cousin's cousin [name].... Everyone would talk about him at family gatherings and try to help his parents. He was kicked out of so many schools. We felt sorry for him. His parents were worried what was going to happen to him when he got older, how he was going to work? I was too young to say anything. He finally got into a group home and

straightened out. If I knew then about all the services that I know about now, maybe all their lives would have been better (#2, p.4).

Another social worker talked about working in the field and then having a second cousin with a disability:

I was very fortunate at that time [when growing up]. Subsequently, I have a little second cousin with pervasive developmental disability, who is probably about seven-years-old. Because I was in the field, I was able to help out my cousin with suggestions of what to do (#13, p.6).

Similarly, a social worker talked about having a niece with a disability, but it was not a "front end" reason for working in the field:

I guess another piece of it, which keeps me going in the field, which is always at the back of my mind, is having a family member...I have a niece with severe developmental disabilities...I guess it has always been in the back of my mind. I guess that it is because my family is in [another country] and I'm here. It is sort of my contact as it were with the same sort of things. I'm not sure how it has impacted. If it has, maybe it has in the way that I can personalize the experiences at that level....I've experienced the trauma, pain, and grieving, etc., etc., over the years from a different perspective which is different than being there with the family. I think it is an added impetus, rather than something that has impacted me and said, 'oh, this is why you have to be in the field of developmental disabilities' (#22, p.1).

Personal experience of illness. Two social workers who acknowledged personal experiences of illness when they were young talked about how this helped them to deepen the connection with the field of developmental disabilities. A social worker reflects back upon the experience of being hospitalized and how it is related to working with people with developmental disabilities:

In terms of anything that happened to me, I don't know? (pause) I was once in the hospital for surgery; it was minor surgery and not anything major. But I remember the man in the bed next to me. They came and brought him a meal and he couldn't eat it. He needed to be fed. And I went over to feed him. I don't know. But it is things like that, that kind of connect...And I think of that in terms of people who need assistance and don't get it or are told that they have limited rights and that they cannot do what other people do. I think that it is connected in many ways. I think that in many ways, people with developmental disabilities face that on many levels, though it is getting a little bit better.

I think that is those kind of experiences, which did not get me into the field, but once I got into it, this is what really helped me connect to it (#23, p.7).

Similarly, another professional talked about having been hospitalized at the age of 10-years-old for several months, but was unsure whether or not there was a conscious connection to the work with people with developmental disabilities:

I, myself, actually experienced an extended period of time where I was in the hospital. Now that you mention it, that is the first time that I see it or have made a connection to it....I was 10-years-old. I got up one day and couldn't walk. I was hospitalized for months until I was diagnosed. It was very interesting that there might be a connection there. I don't remember if there were social workers there but there were lots of people who came and helped me and helped me meet my needs and be protected and be protected in the hospital...I guess the person who was most helpful to me was a nun, as I remember. And she used to come and check to make sure that I had candies and a drink. That was interesting...I never thought of it before. Maybe, just having been cared for. I really don't know. I don't know if there is a connection (#22, p.6).

Thus, we have seen how family experience with disability and personal experience of illness were important in deepening the commitment to working with people with developmental disabilities for these nine social workers. Having a family member with a developmental disability, after having worked in the field, and remembering personal experiences of illness, once working in the field, deepened their interest in the job and the field of developmental disabilities.

Doing teaching and doctoral degrees: A way of deepening commitment

The study revealed this was a particularly well-educated group of social work professionals. Of the 24 participants, four had doctoral degrees (16.6%) and five (20.8%) were in doctoral programs right now, which made a total of 9 participants (37.4%) who had some doctoral experience. Of the 24 participants, three (12.5%) talked about their experiences of teaching social work part-time in universities in addition to working full-time jobs in the field of developmental disabilities. Generally, social workers saw the need for doctoral degrees for teaching or because they wanted to be more effective in their jobs, as a clinician or an administrator. Five of the 24 participants (20.8%) talked about the impact of either teaching or doing doctoral degrees on their career. Because these two categories are so closely connected, they will be discussed together.

Those who went into teaching went into it with the goal of trying to interest social work students in this field of practice. Some social workers pursued doctoral degrees early on and some pursued doctoral degrees later in their careers. This social worker said: "It wasn't until many years later that I went back for the doctorate [in social work]." (#1, p.8). In addition, there were some similarities revealed between teaching and administration, which was previously discussed. Like administration, some social workers also talked about teaching as ways of impacting further student interest in the field of developmental disabilities, affecting attitudes, and preventing harms of the past from recurring.

These social workers talked about how teaching can encourage student interest in the field of developmental disabilities:

All of them (teaching jobs) were challenging and exciting. I enjoyed being able to take my practice wisdom and experience and sharing it with students. So the teaching became a way of broadening the base, and as a way of encouraging students...(#7, p.4).

I've taught a course, two credits, in developmental disabilities, community, families, and individuals. It was an elective course. Initially, it was a small group of eight students and it grew to 32 students. The goal is to turn social workers on to it and recruit them to the field. It was very successful; twenty of them work here (#11, p.7)...and an additional twenty BA level employees went back to social work school (#11, p.8).

A social worker talked about how teaching can impact on student attitudes and sometimes a field trip is helpful:

I'm constantly amazed at the negative impression that most social workers have about working in the field of developmental disabilities. As part of the class [that I teach in the MSW program], I take my students on a class trip to a day treatment program and a group home. I wanted them to see what it was like to be in that environment and I think that really helped them (#11, p.8).

Another social worker discussed how teaching is a way of preventing abuses that happened the past from happening again:

I teach research. I talk about Willowbrook Wars.... In the 1960's, doctors were feeding live hepatitis to individuals with disabilities because they wanted to know how it got spread on the unit....But to feed the live virus to people was obscene....And in teaching research, I talk about how people can get so caught up in what they are doing that they can miss the ethics altogether, just not seeing the individuals or residents as human (#18, p.5).

Some social workers were encouraged to pursue doctoral degrees because of their experiences in the field of developmental disabilities, in the hopes of being more effective at their jobs:

They've [consumers] helped me grow as a professional. They've led me to go back for my Ph.D...I wanted to increase my own clinical background base and it got me back there. I was doing supervision for [college] and I had to get certification [for MSW field instruction]. And I went back to [college] and I just decided that it was time to go back to school [for Ph.D] (#13, p.2).

I went back for my doctorate because of the field. I wanted to maximize my ability to be effective. Doctorate...helpful to understand the profession. Did academic work in the

field. Learned a lot than otherwise would. It was a beneficial experience. It spurred me on to get doctorate... (#4, p.6).

Family background was part of the reason that motivated this social worker to pursue an advanced/doctoral degree:

Neither one of my parents graduated from high school. I'm the first and only college person in my family. And I'm going all the way to be the heroine in my family. So that tells you something about my family structure. Only child (#8, p.6).

Another social worker talked about a mentor suggesting a doctoral program:

When I took that first teaching position, [name] told me to go back for my doctorate... I took a leave from my academic job and did the doctoral program (#7, p.2)

Social workers were not asked about the impact of NASW on their careers.

However, one social worker remarked about being motivated to pursue a doctoral degree by attending workshops of the National Association of Social Workers, NASW:

NASW-National Association of Social Workers. I attended workshops and training seminars and symposiums. That encouraged me to go for my advanced degree, a Ph.D....It made me want to know more. Attending seminars made me want to know more. After having been in the field for 20 years, I went back to refresh my skills. I thought I'd take one or two courses just to see, then I really got involved and liked it (#5, p.5).

The study revealed that some of these social workers are teaching social work in universities in addition to working at full-time jobs in the field of developmental disabilities. Social workers obtained doctoral degrees for teaching or to be more effective in their jobs. Some social workers pursued doctoral degrees early on and some pursued doctoral degrees later in their careers. Similarities between teaching and administration were discussed, such as ways of impacting further student interest in the field of developmental disabilities, impacting attitudes, and preventing harms of the past.

Religion: A way of developing commitment

In addition to deepening commitment through their organizations, mentoring, AAMR membership, day-to-day work with clients, doing administration, connection with the history of the field, teaching and pursuing doctoral degrees, some of these social workers talked about how their commitment to the field was deepened through their connection with religion/spirituality. Like AAMR, this was not originally part of the interview guide, but it was added when suggested by a participant sometime during the middle of the interviewing process. Thus, most of the responses came from later interviews. Three of the 24 social workers (12.5%) mentioned that religion was important to them. They talked about having recognized the need for more outreach programs for people with developmental disabilities and the need for more inclusion in religious organizations.

These social workers talked about recognizing the need for more inclusion of people with developmental disabilities in the Orthodox Jewish community:

Religious community is not doing enough outreach. I think they are doing a lot more than they used to do. I think that particularly, the Orthodox community, had pretended for a while that developmental disabilities did not occur. I think that from the biblical perspective that there are a lot of issues in dealing with people with disabilities because people with disabilities are in some ways treated as children. This ties somewhat into the general myths of people with developmental disabilities as being the eternal child. And then of course, you get the other side of the coin, where they are treated as holy innocents, so if you work with these people, you are doing G-d's work. It is not in the way that it has impacted on me, but I can see how it has impacted on other people (#22, p.7).

I grew up Orthodox for a period of time and not a lot was talked about. What was done, pretty much was to shun this population and hide them away. It wasn't a values system and ethics system that was consistent with what we were praying, and reading, and learning. How your own values and prejudices develop from your religious background (#11, p.10).

Similarly, these social workers discuss the need for inclusion in both Judaism and

Catholicism:

Not included enough. They can do tremendously more. I don't think the Catholic Church is very good or progressive about including people. I think there are individual people who are very good examples, and individual churches and parishes, but on a large scale, I don't see the Catholic Church as being as very progressive and including people. I don't see them being progressive about including people with developmental disabilities...I don't see it on a global scale. I don't see it in my parish (#18, p.9).

More inclusion is the biggest change that the community can make, which is what they are doing a lot more often. I think they are getting there...I think they include them into regular services and I think that is good. I think that is better than making special services for them...They are adapting them to this way in the best way possible into the service. For some people it means going to the Kiddish; I don't know how to say this in English. It is after the service, and for some guys, that is what it means to them. And you know what, for a lot of people without a disability, that is not very different. So for them, it is the same thing (#22, p.7).

The parish that I grew up in and when I was an adult, and I was leaving. The Pastor was someone who, we were in the parish for [particular children's hospital]...He started a whole project of bus service and a van and people volunteered to bring individuals [with developmental disabilities and physical disabilities] who wanted to come to Church to come over there. And he had a whole special area because most of the kids that were coming were in wheelchairs. And he set up a special area near the alter. So I've certainly seen these individual things done before (#18, p.9).

Thus, it was seen that a connection with religion was also possibly related to a deepening commitment to the field of developmental disabilities for these three social workers. These social workers recognized the need for inclusion of the disabled in religious organizations. It was one small, but important, influence in the lives of these three social workers. This was the smallest influence, out of the nine that were discussed. We will now consider the responses that social workers gave to the open-ended question about why they stayed in the field.

(5c.) Commitment and planting roots: Why they stayed in the field

I love the population. I love the job. I love the organization (#11, p.5).

In working with this population, I say that I have family issues related to this population. So I don't get to see my nephew often, but I get to work with people who have a variety of disabilities. They are different from his and yet I feel that I can give back to the community. So it's great to do a job that you can support yourself doing and feel good about what you do everyday (#21, p.2).

The above quotes are indicative of the many reasons that these social workers revealed through the open-ended question about why they stayed in the field of developmental disabilities. Social worker interest in the field bloomed through organizations, mentors, membership in AAMR, the day-to-day work with clients, history of the field, doing administration, family/personal experiences, teaching/doing doctoral programs, and religion. This section of the chapter focuses specifically on the reasons that social workers gave to the open-ended question regarding why they **stayed** in the field of developmental disabilities. While some social workers focused on many reasons for staying, some focused on one reason for staying. Their responses were consistent with expectations and discussion thus far.

Six social workers (25%) indicated that they stayed in the field for multiple reasons which were: enjoying the work with consumers, working with parents and families, knowing leaders in the field, teaching, the agency, being able to make a difference in people's lives, earning a good salary, and making the connection between their work and the history of the field and larger issues of the field of developmental disabilities. Even those who expressed multiple reasons seemed to prioritize their answers.

For this social worker, staying in the field was due to involvement with professionals, parents, consumers, contact with leaders in the field, which led to teaching:

It was an interest. I think it was the people I worked with, the professionals and the parents. It was the parents and the consumers, the clients, I worked with. At that time, I spent four months in [another country] working with the [then] largest provider of services to developmentally disabled children. I did three research reports and published four to five papers in the late 1980's. And I was involved with the [organization]....It was their activism, their attempts at advocacy, their real desire to create better services for their own children and the children of others...I think in large part, as a student, going from a professional in the field, and a student again with [name of professor/mentor], there was real excitement that existed. That I worked with and had relationships with many...I had a close relationship with the major players in deinstitutionalization. All of them [jobs in MR/DD and teaching jobs] were challenging and exciting. I enjoyed being able to take my practice wisdom and experience and sharing it with students...So the teaching became a way of broadening the base and as a way of encouraging students, which we have never been highly successful in doing, to the field (#7, p.4).

Similarly, this social worker also expressed several reasons for staying in the field which were enjoying the work with clients, earning a good salary, and being able to make a difference in people's lives:

Because I really like it, for starters. And I know that one time when I left and went to work in the field of aging, it didn't pay as well, believe it or not. And that was one reason why I left that. And I feel that certainly I don't earn enough, but I feel lucky that I've earned a livable wage doing this field as part of human services. I've never worked in hospitals or anything like that, and I'm sure that there are a lot of other places where I'm sure that you get paid a lot more. But I've been able to make a living at this, so that was some part of it. The main reason is that I really like it and enjoy it. I've had opportunities. I started out as a clinician and became a supervisor. And now I'm doing training. So there have been opportunities to grow and develop. I worked one time in a mental health setting and didn't feel very comfortable. I didn't like the bureaucracy. It was very big and I didn't feel that I could effect much change. Whereas in agencies that I've worked at, three in DD, I was lucky and felt that people listen and we could make changes and make things better for our folks, which I liked being able to do (#24, p.2).

In addition, this social worker talks about staying in the field because of enjoying the work with clients, learning new things, and liking the agency:

I think that because it is rewarding and I'm having a positive experience at this agency, this location, and I am able to meet my needs, learning wise, and it been just really good. I'll stay and learn what I can. I'm enjoying it. There's no big great answer...The field

has meaning for me. So by having meaning, it's something that I feel very comfortable working in...To me, this population really holds my attention (#21, p.2).

One social worker talked about staying in the field and pursuing a career when it was realized that the job with consumers would be enjoyable and it would have a good enough salary to support one's self independently:

Well, I enjoy helping people who are at a disadvantage. I've stayed in this position [more than 10] years because I enjoy the consumers. I mean I really enjoy the consumers. Money wise, the field isn't the best, but with my longevity here [more than 10 years at agency and administration job], my salary has increased so moving to another agency, it would be difficult to get the same salary. So I must say that it has been the salary issue that has perpetuated my longevity here [at this agency] (#15, p.2).

Another social worker talked about staying in the field of developmental disabilities because of developing a close connection/relationship with consumers and their families, and recognizing the need that this population needs help and protection:

I think it is the connection to the individuals and families themselves...there were dozens where I've had a strong connection. And I think that's it. I think it's the feeling of being meaningful. I think it's the feeling of this being particularly a group that needs people to be present to them. I'm careful about the words. They need help. They need protection. And I think there are realities to that. Having worked with individuals in the self-advocacy movement, recognizing their right to stand up for themselves as well. Even though the field has grown and come into its own, it's so different. I've read about it. There is so much history where individuals with disabilities were barely part of society but treated as non-humans....[goes on specifically about the field] (#18, p.5).

The connection to the field, consumers, and other professionals that has developed over time was another strong reason for staying in the field:

I've found it to be very interesting, as far as all the progress that has been made. And also looking into it what is happening in the field. And also the people that you work with, both as professionals and clients(#20, p.1).

Changes in the field, the challenging work with consumers, and opportunities to do a variety of work in the field was also a reason that workers continued in the field:

I think a number of different reasons. One is that the field itself seems to be constantly changing, in the sense that there are always new developments, always new things

happening, so it never gets dull, which is nice. I think, two, in terms of doing therapy and counseling with people with developmental disabilities is relatively new. There has not been a lot written about it or discussed about it until the last 13 years, so in a sense that's kind of exciting and I like that. I think that there are so many possibilities and so many things that social work can do. For me, that's opened up different areas and different skills, that I've been able to develop and things I've learned. And that's kind of why I stay with it. Also, working with the individuals themselves can be kind of challenging and it can also be very rewarding. And yes, I think they constantly challenge me in my work to look at new ways in terms of trying new ways to do things. Things are never the same each day. And sometimes that can be really good and other times, you wish that there would be a 'normal' day whatever that is. But I think that there are so many opportunities in the field and social workers are being called on to be a tremendous resource in many, many different areas. I've become very familiar with entitlements and benefits, future planning needs, the whole range of programs and services that are available. Working with families. There is a lot there. And I think there are great opportunities and a challenge. I think that more and more, the work that's being done with individuals with developmental disabilities is being recognized and respected outside the field, and that's always been a nice thing. So in a nutshell, that's why I stay in the field (#23, p.1).

Opportunities in the field. Three social workers focused their discussion on staying in the field because of a variety of jobs in the field and/or a strong connection to the field that had deepened over time. This social worker talked about staying in the field because of the wide variety of work opportunities in the field:

I actually have gone in and out [of the field]. I graduated with my BA [in 1980's] and did special education, among other things. I got back to the field because I got my master's degree [in last 5 years]. I got back to the field because it offered me more opportunity. I think that's why I've stayed in the field. I've done a wide variety of jobs, so it's given me the opportunity to try a lot of different things...person-centered planning movement, and it's helped to recommit me to some degree. And it's kept the commitment fresh....It's finding that community of people who are really invested and who are really enthusiastic about individuals and their capabilities and also optimistic about the possibilities that the field has. I think had re-invested me in the field. And second, I think that there is the opportunity to do a wide variety of things: I've worked in recreation. I've worked in residential. I've worked in family support. Now I do training. So I really had the opportunity and it's kept me fresh and interested. I think, I know that residential was the hardest experience. I'm almost sure that if I would have stayed in that area, that I would have left the field because it was too demanding and too draining. And you know, I think that hopping around from one area to the other has helped out a lot (#16, p.3).

Motivation, based on a connection with the history of the field of developmental disabilities over time, was another reason social workers continued:

Because I see a difference in what had been with people with disabilities between today in 2001 and what was happening when people were institutionalized. I've seen the trend, the move from institutions to developing community settings for people with developmental disabilities. I thought it would be a great professional challenge. I liked that professional challenge of developing programs, residential opportunities, and fostering community placements for people with developmental disabilities because I felt basically that everybody has a right to live in the community and be part of a community (#5, p.1).

One social worker talked about deepening interest, expertise, and commitment to the larger issues of the field:

It interests me. I've developed some expertise in the area. So that over the years, going for continuing education, whether it be here or in [other country], or here, where I've completed my doctorate. And I've always focused on the field. I think that the field is underserved by social workers. I think in this country, the people who tend to become involved with this population are those in the field of education, educational psychology, and various therapies, and not many in the field of social work. I think that this is something that as a profession that we need to look at. We need to think about why as a profession we are choosing not to get involved? Is it because the people themselves with developmental disabilities are not attractive to us due to their cognitive abilities, and therefore the work with them is more concrete in terms of working with families to help them access services, and not enough 'therapy' that social workers can do with this population? I'm not sure, but I think that some of these need to be looked at from a professional perspective (#22, p.1).

In a different way, this social worker admits to staying in the field because of developing expertise in the area which has hindered movement elsewhere.

Again, I think when you get all experiences in one field, you have more strength...but it's also hard to change...I've tried elsewhere to get jobs, like school social work. But I saw that I did not have the experience and I was competing with other people's experiences. Part of it is when you pick the first few jobs, you get pegged in that respect. I might like a broader base to make choices on. Once again, I like the administrative part. I find that it's a difficult population. Rewards are few and far between at times, especially in a big system like [geographic area], with limited resources...it's a handful of things that you can offer a family. It's very frustrating, even though there are a lot of resources, it is an overburdened system (#3, p.2).

The clients. Four social workers (16.6%) talked about staying in the field of developmental disabilities because of enjoying the work with clients. The work was often described as challenging and/or enjoyable. As this social worker explained in a nutshell: "Once you work with a population, you really get attached to it." (#9, p.4)

This social worker talked about staying in the field because the work with consumers was challenging:

To me, it was kind of one consumer with developmental disabilities encompasses so many different challenges. We have consumers with developmental disabilities who have mental illness who are homeless. You can deal with every challenge with our consumers. It would be kind of strange for me to deal with just one kind of problem after working here. It would be too easy. You know, you see everybody here. It's very challenging work that is just encompassing everything....I enjoy it. It was very challenging...They push all your buttons....You really don't see that in other fields. Amazing change. I'm interested in facilitating people through change (#10, p.3).

Similarly, these social workers talked about staying in the field because the work with consumers was enjoyable:

The #1 thing that I like about it is that consumers, because they bring joy to your life. They are a lot of fun to work with [at day treatment program] (#17, p.4).

First and foremost, I love this population. I absolutely love working with them [at foster care program]. I love trying to help them to get to a better place of independence. And I've never gotten tired of it....First of all, their needs base is pretty consistent and they need in general, many of them are appreciative of the efforts that are made for them. They are a lot of fun to be with (#13, p.2).

The job. Four social workers (16.6%) talked about their current job as being the number one reason why they stayed in the field.

This social worker talked about the staying in the field because of experiences at the job and the variety of the job:

I think, maybe, more the human part. My own feelings about developmentally disabled people changed, where you sort of realized that they are people with common human needs. It broadened my horizons. It made me a lot more sensitive and understanding. Just want to emphasize the fact that people are people regardless of their limitations. I get to

meet the parents. It's a job where you don't get bored; it's always something going on, always something new. You can get burned out because it can be sort of overwhelming at times. With this job, I can do different things and I don't really get bogged down...I like the variety (#12, p.1-2).

Similarly, a social worker stayed in the field because of having received several promotions and enjoying the job:

I'm now the coordinator of the program that I used to work in [when a MSW level clinician]. And it's innovative, creative, and I never have a boring day (#8, p.1).

In another way, a social worker enjoyed working at a job that is a non-traditional social work job:

I stayed because I really liked the work. It was different from any other kind of social work that I did in the past. I had other social work jobs in the past. This job really involves me in developing aspects of programs and other aspects of work that social workers do not usually do. For example, in creating programs for people, I worked with architects and engineers to renovate and design buildings and real estate agents to find sites. The job was to find the sites, and advocate for the sites, which means going to Community Boards and dealing with resistance. This was before it was known that group homes would not adversely affect the neighborhoods. It required skills like coordination of skills, a number of administrative skills, abilities to use techniques to keep things on track, and accountability work. I was involved in things that most social workers were not doing in the 1980's....I prefer development over operations; it is more cleaner and has an end. It has a clear beginning, middle, and end (#4, p.2)

I ask myself that [why stayed]. Probably because I relate well to them [people with DD]. I believe in what we're [agency] doing, and I think of myself as a quiet leader. I'm not into getting into committees outside my agency. I'm not into that kind of stuff. I'm into them but at the same time, I don't think that I couldn't be with another population. I would and have come close on one occasion to leaving to work with another population. The population for me is not as important as the job itself. So if I could have my job serving another kind of person, I would be fine with it. So I don't have a special...It's not like I see myself after all these years as a DD person. I would like to, if I had other opportunities, I would do the same for elderly people, another interest I had. Or I could see myself working with transitional psychiatric issues (#14, p.4).

Social workers revealed that they stayed in the field of developmental disabilities for a number of different reasons, including: enjoying the work with consumers, working with parents and families, knowing leaders in the field, teaching, the agency, being able

to make a difference in people's lives, earning a good salary, making the connection between their work and the history of the field and larger issues of the field of developmental disabilities, developing expertise in the field, receiving promotions at the jobs, and enjoying their jobs.

Summary: Commitment and planting roots: Why they stayed in the field

This chapter discussed the research findings of this study regarding the ways in which social worker interest and commitment to the field of developmental disabilities blossomed/bloomed/deepened. The stories of these twenty-four social workers revealed that the main factors influencing the development of their careers in this field were their organizations, mentors, AAMR membership, day-to-day work with clients, connection with the history of the field, and doing administration. In smaller ways, the study revealed that teaching/doing doctoral degrees, religion, and personal/family experiences also played some role for some social workers.

The study found that social work/human service organizations and mentors play a key role in keeping social workers in this field. The fact that a professional organization, like AAMR, played such a large role in their careers was also a surprise. It was also a surprise that few social workers had family members with disabilities. It was also revealed that these social workers tended to overlook personal and family experiences in favor of the work related experiences as reasons that kept them in the field. Social revealed that they stayed in the field for many of the same reasons that first got them interested in the field.

(5d). The future of social work and people with developmental disabilities**The MSW Program**

This study focused on the ways in which social workers became interested and stayed in the field of developmental disabilities. The study has shown that the MSW program was not reported to be an important experience in terms of the development of interest or continuation in the field of developmental disabilities by any of the participants. Overwhelmingly, the social workers expressed feelings of disappointment about the preparation that they received for the field of developmental disabilities. They reported very little, if any, exposure to this population through class assignments and field placements. Some social workers revealed that the MSW gave them a basic framework for working with people with developmental disabilities or any population or practice field of social work, while others said that it did not prepare them whatsoever. Some participants had mixed feelings. Most of the professionals expressed that it was difficult for them to make any connections from the MSW program to their work with people with developmental disabilities.

This section will look at the criticisms that these social workers expressed regarding MSW programs, with a focus on what can be changed for the future. Criticisms were voiced surrounding the lack of content on developmental disabilities in coursework and the classroom and how few internship opportunities there were. For those who did have internships in developmental disabilities, it was often difficult to make connections with the classroom.

Courses in developmental disabilities. No social workers in this study had taken courses specifically in developmental disabilities, and few such classes were available in MSW programs. One social worker reported that a class in developmental disabilities was offered at the MSW program, once a year, as an elective course; however, it conflicted with another required course (#21, p.4), which made taking the class impossible. Other social workers complained that there was an MSW course available in disability, but they decided not to take it because was thought to be too general for those who were in the field for a long time (#1, p. 10; #16, p.7).

Student internships/field placements. Many of the complaints about the MSW program surrounded internships/field placements. This social worker complained that there were no field placements in MR/DD: "There was no choice to do developmental disabilities field placements [in mid 1970's]." (#13, p.6).

One social worker reflected back about having had to put up a fight to get a field placement in the field of developmental disabilities:

They [MSW program] had virtually nothing....The school had no field placements available that were directly related to people with disabilities. I was able to make the contact at the [agency] and they [agency] agreed to it. And then I really had to fight the school and it took quite a lot of fighting for them to accept it (#18, p.3).

Another social worker claimed that the school ignored her practice interests:

They [MSW program] matched me [to field placement in a particular ethnic neighborhood] because of my [last] name and not my interest [in MR/DD] (#9, p.7).

These social workers expressed that their MSW program was totally unrelated to their work in the field of developmental disabilities.

...we didn't get any training in graduate school (#23, p.4).

Directly related [to developmental disabilities], no. Directly related to disabilities, I don't think anything (#18, p.3).

Coursework? Zero. Nothing. Mental retardation was non-existent...There were no courses whatsoever (#13, p.5).

No developmental disability content [in MSW in mid-1970's]. I don't remember anything being mentioned. Definitely not developmental disabilities courses (#11, p.7).

Learned nothing about mental retardation....The MSW coursework was not helpful. Nope (#9, p.7).

Got MSW in 1981....I can't say that there were any courses or content. Awareness was very localized, but not in schools of social work....For the MSW, I can't say there was any content (#4, p.5).

I was a groupwork student. And because I knew that I was going to be working with the retarded [due to grant], I took an extra class at the school of Education on special education, which really focused on educational curriculum. But it was the only course in the entire university that addressed any issue at all in the field of mental retardation [in late 1960's]. So I wound up with an extra course in my master's degree. There were no electives in MR. I had to go outside the school, and I went outside the school to do a course in Education (#7, p.5).

The few social workers who had internships in the field of developmental disabilities reported that they had difficulty making a connection between the field and the class. This social worker points out that one of the reasons for the difficulty in making the connection between social work and people with developmental disabilities later on is because it is sometimes not talked about in MSW programs:

...many people in social work schools are placed during their graduate program into a setting where there are persons with developmental disabilities but there are not a lot of opportunities to learn about this at school (#20, p.1).

I was the only, almost any mention of the field of developmental disabilities in classes. If it [mention of MR/DD in class] happened, it was because myself or others in the field mentioned it; it was not something that teachers brought in (#16, p.7).

It's not that you can't take the things that you've learned [in MSW program] and bring them to this field, you do, but I had to make my own connections. I don't recall hearing about this population in school (#23, p.4).

You have those skills but then adapting them to developmental disabilities population and knowing different developmental levels that they were at was challenging (#20, p.3).

There were meaningful things [in MSW program curriculum] but I had to make the transition from the curriculum to the field. There wouldn't be an example about individuals with disabilities [in class discussions] (#18, p.3).

What can be changed about MSW programs?

This quote captures the essence of their complaints about MSW programs:

If someone doesn't tell you about it [working with people with developmental disabilities], you don't hear about it, you don't learn about it, then you are not even going to think about it because you don't know that it exists. So kind of getting the word out through the schools [of social work] would be helpful (#24, p.7).

Since social workers thought that schools of social work were key gatekeepers to this field of practice, they felt it was important for MSW programs to change. Overall, they expressed a desire that MSW programs encourage social workers to enter the field, have social work professors with developmental disabilities backgrounds on staff, encourage higher salaries, add content on developmental disabilities into the coursework, and that they encourage contact with people with developmental disabilities through internships/field placements.

Need encouragement to enter the field. Social workers complained that social work students are not encouraged enough to enter this field at the MSW programs:

Students are not encouraged, but if your expertise is needed, people will call you for it. It is unfortunate that they are not being encouraged (#23, p.5)... I think that the field and the work is getting more respect, but you don't see it until you are out of [MSW] school, unfortunately (#23, p.6).

...what I do find is problematic is that a lot of people going through the MSW program don't realize or don't put in very high self-esteem this type of work as very fulfilling and challenging. It is equally rewarding or good as working in a mental health field or mental health clinics...And I think this is fine for a lot of people, and certainly people need to help those folks, but sometimes, our part of the world gets overlooked...And yet, when you talk to people, they just love it [working in DD field]. So what are we doing wrong to get our message out? (#24, p.3)

Need professors with MR background in MSW programs. These social workers also complained that schools of social work generally do not have professors on staff who have backgrounds in developmental disabilities. Professors with such backgrounds would be able to bring their experiences into the classroom to interest students in this area as well as being able to relate better to students who are doing field placements with the population.

These social workers point out the need for professors with MR/DD background. too, in schools of social work:

The problem is that schools of social work [note: did MSW in 1980's] have no faculty with mental retardation backgrounds. Have AIDS and ethnic diversity. If they can get to [employ those with] mental retardation [as professors], they can have it all (#9, p. 7).

I don't know how many professors [in MSW programs] really know much about this [MR/DD population] (#24, p.7)?

Need higher starting salaries. Social workers complained that the field of developmental disabilities does not pay well in general. Social workers point out that the field needs to have higher salaries to attract MSW graduates:

It is a factor that is going on in the field of social work is that potential salaries coming out of MSW programs are driving some of the career choices. And working with people with developmental disabilities would not be in high competition with that and that is such a shame (#18, p.10).

The problem is that the field does not pay well at all levels and it's hard to get caring people. this includes all of them: direct care and clinical people. So even though the consumers get people who are caring, we need staff that cares more. People can live on nothing or things can change (#15, p.5).

Curriculum changes needed in MSW program. Social workers also pointed out the need for changes in social work curriculum at the master's level, so all social workers could be more prepared to work with people with developmental disabilities.

I think it would be helpful for them to do maybe some readings about it [developmental disabilities field], as they can incorporate it into social work school in one of the preliminary classes there. When I was in school [20 something years ago] we had some type of class. I don't know what it was called. We had it each semester and it focused on what your internship experience was. It was like some sort of tutorial. And it depended upon who was in there. And it depended on what the placements were. And it was probably random. And we did readings on different types of people and situations and what kinds of services social workers did...So just kind of getting out the word that way (#24, p.6)

Even if you don't go in the field, there's a need to become more informed because parents have such bad experiences with professionals, who don't know what they are talking about. Even if they don't go into the field, they should have a basic understanding of what services and supports can be available. It is important for parents to have that knowledge. So if you are a school social worker or a hospital social worker, even if they are not going into the field, it's important for them to have this knowledge base And they will have to get that because it's not readily available (#16, p.7).

The institutions [MSW programs] have to be more supportive of it. If a master's program or undergraduate program does not have anything about MR in it, people are going to think, well, gee, they are not interested, so why should I be? Why would I want to go into a field if the 'places of education and learning' exclude them? (#9, p.7)...I'd like to tell institutions something: to open another field and give people the opportunity to learn about the field. Make your programs more diverse. Don't go by the 'in' issue of the year. This year it is AIDS. Next year it is lesbians and homosexuals...Let's make MR part of the programs. That's where the problem is, not with social workers...Problem lies in social work schools....Maybe society in general, not just social work schools is where we need to go (#9, p.7-8).

Social workers pointed out that curriculum changes were necessary because this was a population that many social workers would encounter one day:

I think that even if they don't get into it directly, that somewhere in their work, they will be confronted by it. Whether it is working with a family and you find out that a brother, sister, cousin has DD. They will be confronted with it (#23, p.5).

I'd love for part of anyone's internship somewhere to be exposed to people with developmental disabilities. And I think that somehow, some way, most people are. In any agency, you need to come across it and to have more people get interested is what I'd like to see happen (#13, p.6).

Needing contact with people with MR/DD. Social workers also pointed out the need for contact with people with developmental disabilities through availability of

field placements because they know that students will “love” the clients. They also discuss other ways of encountering people with developmental disabilities. One way would be to have students visit programs for people with developmental disabilities, as this social worker said: “Or maybe having them visit a program or clinic (#24, p.7).” Another social worker pointed out the need for there to be some type of public service volunteer program through the Board of Education where youngsters can be exposed to people with developmental disabilities as they are growing up (#15, p.6).

A social worker highlighted that the need for personal contact with the population is important to developing a true understanding of the population:

Every time I would meet someone, they would say, ‘You work with the retarded? So sad.’ My question back to them is: ‘You don’t know any retarded people.’ And invariably they don’t (#9, p.2).

Another social worker suggested:

Go visit an agency. Go to conferences on these subjects [DD]. Talk to people who have relatives. Go the extra mile to find out more about them. People are usually very welcoming about it; people usually like to talk about the field (#13, p.6).

The social workers in this study wanted MSW programs to encourage social workers to enter the field, have social work professors with developmental disabilities backgrounds on staff, advocate for higher salaries, add content on developmental disabilities into the coursework, and encourage personal contact with people with developmental disabilities through internships/field placements/site visits. It is implied that there is value in teaching so called “generic” social work practice skills, rather than specific practice skills, because many social workers talked about being able to using empathy, advocacy, individuality, and a holistic approach with this population. There is also the ability to use practice, policy, casework, groupwork, community organization,

and administration skills with the population. The section now moves on to discuss what these social workers wanted to let other social work students know about working with this population.

What to tell social work students about the field of developmental disabilities:

Most social workers spoke positively about working in the field and wanting to let students to know about their experiences. These quotes captures the essence of the potential for social workers in the field of developmental disabilities.

One of the strengths of the field of developmental disabilities is in the diversity of the work and the clients:

I couldn't think of a better field of endeavor for social workers to practice where they can practice every learned skill and to enhance every skill that they've developed over time. They can work with individuals, families, communities, administrative roles, they can do group work, they can do intensive therapy. It's varied. It keeps me interested. The population for the most part, although it varies from person to person, are eager to receive services; it's not like a population that is a captive audience that they don't want your help. And generally speaking, I think although there are issues of motivation and thinking, you really get to see changes in people (#11, p.8).

In this field there is the ability to make change and to be creative:

I think it's a field, if MSW students are looking to make a change, it's a place where you can change people's lives (#6, p.7).

Don't get bogged down by the rules and regulations that contain you. Find ways to get beyond them and create your own destiny. Don't be limited by mundane responsibilities in carrying out a job. Look for a job that can give you an expansive view, one which you can bring to it your skills, your strengths, and recognizing that everyone has their own limitations and their own disabilities. That there are no limits to success. And don't get contained by the term 'social work'. Don't get limited by what the field is today, but move it to the vision of the world tomorrow. Dream about the future to make people's lives better and then go out and do it (#1, p.7).

Try it. In general, social workers suggested that social work students should keep an open mind about the field of developmental disabilities and not prejudge its potential without having had some experience. The idea seems to be to try it and explore what the field has to offer, and social workers think that students will probably like it and find it to be rewarding. The personal satisfaction will outweigh any possible negatives:

Try it. You'll like it. I have this ideal that social workers want to be social workers to help the world. After my master's program, I sort of changed that to prestige. But for the ones who really want to help the world, there's a lot to do with the MR population (#9, p.7).

And find a place where you can get these experiences when you are right out of school. Don't wait for your career to just happen. Don't put it off because something is convenient and/or if it satisfies financial reasons. If you can afford it, working directly with the clients, it is rewarding (#21, p.4).

I would encourage people to work with the population [DD], especially if they are new. I would encourage them to get the experience and see how they feel afterwards. Because in my own experience, I find that's rewarding (17, p.4) ...I would tell them to try it because it's very rewarding and they'd probably have a lot of fun working with the consumers (#17, p.6).

Come here to [this department at this agency] for your internship. Let us infuse you with our motivation and our creative process. And become a team player, so you can go on to other areas of disability and pass it on (#8, p.5).

The work is very rewarding; it's very gratifying (#10, p.5).

It could be very rewarding. It could also be frustrating and depressing, but the rewards and the knowledge that you are helping those not able to help themselves outweighs that frustration and depression. I think it's a matter of not getting discouraged. You'll have good times and bad times, but it's that way with any job. It's the consumers that keep me here and dedication of some direct care staff. (#15, p.5).

And I think that for social workers in particular, I think it can be a rewarding way to get in a career. I think it is an optimal way to go. I know that many people are not interested and it baffles me all the time. It's a great way to meet people and to recognize how much we are alike we are different. And I mean, I couldn't recommend it highly enough for any brand new social worker (#13, p.6).

Oh, I would definitely encourage social workers to come and do this. It's much more challenging than what social workers want to do (#5, p.3).

It's a population that is difficult work but rewards are out there in terms of achievement and helping someone to live life as normal as possible in a non-restrictive community setting (#7, p.6).

Moreover, this social worker makes a suggestion about how social workers could "try out" working with the population through part-time work in a residence:

I went into it by accident. No one sold me on it. It was an accident. And if I didn't have that accident or didn't want that job, I probably wouldn't have found out about the population any place else (#9, p. 7)....I'm telling you, I would have never known about [field of] mental retardation, if I didn't happen to want a part-time job. Unless someone starts off as a direct care worker, because they haven't graduated yet, and sees this is good and it pays, and gets to know people who are mentally retarded, how else do you get into the field (#9, p.8)?

Be open-minded. In addition to the social workers suggesting that social work students try out the field, they also suggested that social work students keep an open mind about the population because it is a diverse population. As this social worker says:

"I think they should definitely be open-minded about it." (#24, p.6)

Similarly, these social workers also suggested "keeping an open mind" about the field of developmental disabilities:

Just keep an open mind and you'll be surprised. Because I had no idea that this population was so diverse....You keep an open mind....The key is to keep an open mind and don't put everyone in the same box. That's basically it (#12, p.7).

Keep options open. If somebody says: 'I've got a field placement opportunity for you to work with the developmentally disabled, and it's not something that you should run away from it' (#7, p.6).

Need for a self-assessment. In addition to trying it out and keeping an open-mind, these social workers also suggested that social work students should know themselves well before going into the field. They get some of this knowledge about themselves through social work courses and field placements.

A self-exploration exercise is suggested by several of these social workers:

You need to know yourself, too, and this might not be your field, but until you learn about it, you can't make a decision either (#24, p.7).

....I think it depends on a person's personality, too....So I think that you have to look at your personality. Are you a person who is understanding? Would you feel comfortable working with people with different abilities and disabilities? Ask yourself if you have a warm, caring personality? I think you need to have some compassion in this field. I don't think being cold will work....So in other words, you have to use your judgment and you have to be open and flexible to try new things (#17, p.4).

Utilize all social work clinical skills. In addition to trying it out and keeping an open mind, these social workers pointed out the need to make social work students aware that the same social work skills that can be used with other populations can also be used with people with developmental disabilities. Again, this points our attention toward the importance of a generic practice method in social work, which is being utilized in recent years.

I think they should know that it is a field that allows for all the same skills to be practiced. That you can practice in any of the fields that deals with minorities. But more than that, it allows skills that can also be used in any of the areas. There are specializations within the field in terms of practice, whether it be grieving, and anything that applies to anyone else. Anything that applies to anyone else, applies to people with developmental disabilities (#22, p.5)

I know that some agencies are leaders of there being counseling groups, AA groups, sexuality education groups, which are all kinds of services that there are for all different populations, but individuals with disabilities are not thought of as needing this array of services, but they are. Whatever there would be for a social worker to do in a nursing home or hospital, is there to be done in a facility that serves individuals with disabilities. The opportunity for support groups, counseling groups, education groups, are all there (#18, p. 5-6).

We have clients, not just with MR diagnosis, but some have other problems too. Some are dual-diagnosed, so you may have to do research on their diagnosis. You have to keep up-to-date with medications. So you still need to keep in contact with the medical side, and you still keep in touch with your analytical side, and you still keep in touch with your research side (#12, p.7).

I think that if you are interested in attacking this field from a casework viewpoint, a groupwork viewpoint, administrative viewpoint, or a CO [community organization] viewpoint, it's all there and there is plenty to do. I happen to do all of this at my job. I don't just do a piece of it...Whatever you want from social work practice, you can get here, what I mean, in this field. You have to select a good agency (#6, p.7).

Yes, you can do therapy, with some MR/DD, and their families. In addition to trying it out, keeping an open mind, and ability to utilize all clinical social work skills, these social workers made a point about being able to do psychotherapy with individuals with developmental disabilities and their families although clinical skills with this group may be very different than other settings where you can use insight-oriented techniques.

These social workers reflect back about doing psychotherapy:

Because everyone says with retarded people, you can't do therapy with them, which is a lot of bunk. I've done things with retarded people and it works...They get some insight but not with everyone. But hey, I've worked with the quote 'normal' population doing therapy for five years, and want to talk about insight? And there's been none in the ones I ever came across (#9, p.5)!

But I think that all the clinical skills that I learned, people out of the field, don't, I guess, think of our folks as having the same issues as just about anybody else....And you work with them through counseling or therapy, whatever it might be. So whatever skills I picked up, not realizing that I'd be using them with people with developmental disabilities, such as group work, and I've done a lot of group work with our folks, and it's been very beneficial. They respond really well. And so both individual and family and group work certainly did me well! (#24, p. 2) Not to feel that it will not be challenging enough....Don't feel like you will not be using your skills because you will be. It is a wonderful way, I think, to give and learn (#24, p.7).

You can do just counseling, if you want to. Again, you can't do counseling with severe MR, but that's the image for some people, so what can I do. But what you are talking about is that you can do counseling with mild MR. It's a great way to bring things down to basics, make things more concrete. It's like re-learning. (#10, p.6).

Some of the social workers point out that many of the skills learned will especially be useful when working with difficult families:

You have to be sensitive. You have to deal with the parents. Sometimes, I tell you, the parents need you more than the clients. You have parents that are borderline [intellectually or emotionally] themselves and you have to understand that. You have to

understand where they are coming from. So sometimes, you can't just start where the client is, you have to start where the parent is. Because when you first work with the parents to see positive results, you can see positive results with the clients. If you can't get through to the parents, you are never going to get through to the clients. So there's this whole other side (#12, p.7).

On the other hand, a few social workers thought that students should know that this was not an ideal population for psychotherapy:

Frankly, if looking to do clinical work, there are other populations that are more satisfying to work with (#4, p.3)...I don't think that there is much opportunity for social workers interested in clinical work within this system [state agency] (#4, p.4).

You can't do traditional psychotherapies. You have to be more comfortable with a behavior approach and working through issues of living in the community using a behavior approach vs. a verbal therapy approach because the population that you are working with may not be able to relate to it or not much at all. You have to be willing to consider more things other than psychotherapy as a way of treating someone because it does not work with this population (#5, p. 3-4).

Similar issues. In addition to trying it out, keeping an open mind, ability to utilize all clinical social work skills with this population, and being able to do psychotherapy with individuals with developmental disabilities and their families, these social workers talked about wanting to let social work students know that people with developmental disabilities face similar issues as other populations.

At the most basic level, social workers talked about these individuals also needing advocacy like any other population:

Pretty much, what I said before that it's a wonderful opportunity to work with a population that generally has needs just like everyone to negotiate the system, but certainly needs a little more help to do so (#13, p.6).

Similarly, these social workers talked about people with developmental disabilities trying to fit in with society and having substance abuse issues:

Some of our clients have sobriety issues. They want to fit in, so they drink and hang out with friends and do drugs, and they get caught up in all of that just as anybody else does (#21, p.1) Just because someone has DD, doesn't mean that they don't have other issues

as well, whether it be psychiatric or sobriety or other issues that affect how they navigate through different services or obtain or maintain services (#21, p.4)

In addition, social workers also talked about people with developmental disabilities and teenagers facing similar life tasks:

Maybe they don't realize that some of the issues of our folks are like teenagers in some ways. The same issues, like autonomy. They want to be more independent but their judgment, their reasoning is bad. Maybe their social skills are lacking. If they are working with teenagers or working with folks with mental illness, they are going to find the same issues working with our folks... And then you have the whole dynamics of families. Sometimes, families can be more challenging than our consumers are. Sometimes families are holding them back. Or they are borderline themselves or have mental health or substance abuse issues themselves. It's is the same stuff. (#24, p.7).

Opportunities. In addition, these social workers also talked wanting to let social work students become aware about the potential of wide variety of opportunities in the growing field of developmental disabilities. Some social workers spoke generally about the opportunities that are in the field now that may not have existed when they first got involved. "What I experienced initially is very different today because the model that I entered was an institutional model and now we have a community-based model (#7, p.6). Nevertheless, this social worker said: "The opportunities are there and it's an exciting place to work." (#7, p.6).

This social worker pointed out that some areas of opportunity are in autism and sexuality counseling:

Wealth of opportunity in special education and clinical areas or dealing with people who have autism or issues of sexuality and relationships. I think there is a lot of opportunity to specialize in different areas (#16, p.7).

Some social workers talked about specific growth areas in clinical aspects of the field, such as doing psychotherapy, and working with infants, families, addictions, and working with elderly.

I would say that there are tremendous opportunities to do many, many kinds of different work in the field. It is almost a microcosm of the larger population. You can start working with infants and families with an early intervention program or work with elderly. It's a field where you certainly, how can you put it, be eclectic. If you like to be creative, if you like to be willing to step back and say, this doesn't seem to be working, what might work, kind of a thing, it's a good profession to get into. There are so many developments in the family that are new, whether it is working with elderly or doing psychotherapy. There are so many opportunities opening up, which affords so many opportunities in different areas (#23, p.5)....So many of the fields that are relatively new will grow and grow (#23, p.6).

So much in any area that you have interest in, especially now, you can find with MR. If you like to work with [people with] mental illness. If you like addiction. If you like residential placement. There's so much work to be done. A dynamic field...Even elderly. Our consumers are living longer. There's everything (#10, p.5).

I think it is a field of opportunities and I think that as a field it is in a very different place in terms of people being very sensitive to the psychosocial needs of the people that we serve. So it's not just about doing casework anymore. There really is a huge need and a huge wealth of information out there regarding how to best serve people with cognitive disabilities (#16, p.7).

Administrative opportunities. This social worker pointed out that there are good administrative opportunities available in the field:

There's room for growth for social workers in this field.....I think this field is good for managerial work, running programs, or developing programs. There is good potential for advancement along managerial lines, with just an MSW. [state agency] has lots of opportunities to advance with just an MSW, assuming that the state hires. There has been a hiring freeze...Large numbers of social workers with BA and BSW's are needed for case management (#4, p.4).

Social policy opportunities. Several social workers talked about specific opportunities to work on integration and social policy issues.

Because the need to be a viable part of the community is still as important as it was 20 years ago. In fact the movement to community inclusion is to help them get out there and helping them to interact with other human beings. When I first started, the schools, kids ate separately at lunchtime; it was terrible discrimination. It took a long time for people to realize that, hello, they have every right to eat at the same time as other individuals and that type of stuff has not really gone away. There is still a lot of work to be done along those lines. People have to understand that truly we're more alike than different and they are entitled to the same types of exposures as anyone else. Even going to the movies occasionally, something that primitive, people should understand that they should be

there, and they shouldn't have to be stared at because people see them so rarely. So there continues to be a great need. There is no true integration yet (#13. p.7).

And there is a place for social work, particularly having to do with policy and advocacy, and ensuring the rights of individuals and that they continue to be mainstreamed into society. And there's a big policy piece and big advocacy piece about it (#18. p.4)....Inclusion, education wise, and inclusion across the board in all these types of services. That whole idea of advocacy, inclusion, and integration and that these individuals with disabilities become part of society. Social work, being part of agents of change, is an important part (#18. p.5).

Some social workers pointed out that developmental disabilities is a new field:

You are dealing with a population that is very much ignored. This is a population that is probably ignored the most. Up until 50 years ago, there weren't even services for our people with mental retardation. You would be involved in a type of work that is almost in its infancy. So there's still so much to learn and so many changes to come (#10. p.5).

On the other hand, some social workers pointed out other areas of developmental disabilities that are not growing areas for social workers:

Social workers in general are not recognized in the field. When I'm looking at where the State is going and where the funds are, the funds are not for social workers in the MR field [in residential or day programs]. They are trying to get rid of social workers. State doesn't fund social workers in the MR field. They are trying to make everything into Article 16 clinics. They are moving the professionals out of the agencies. You have to go to another building to get services. They [state] take it from society. We have to label them [MR/DD consumer with a mental health diagnosis] to get a social worker (#9. p.8).

Unfortunately, a social worker pointed out that there are a lot of opportunities because of a high turnover rate for staff in the field, especially at entry-level positions:

That there is a need for people to work in mental health and health care with people with developmental disabilities.....There is a high need for people to take an interest in this population because the turnover is high in social work (#21. p.4).

Individuality theme. These social workers also talked about the need for students to learn that people with developmental disabilities are individuals, like anyone.

The individuality theme is an important social work value.

It's a lot more to it. It's not just some developmentally disabled person and that's all they are. They have different personalities; it's more like people in the general population.

They have their likes and dislikes. It's a job and it has different areas. It has different personalities. Every single client here has a different personality. They need group therapy, they need individual therapy, the psychologist has groups, and the social worker has groups (#12, p.6)...It's a diverse population, even if they have the same diagnosis. But their personalities are so different. No one's personality is really similar...

I would tell them that there's no one picture of a DD person. He's not just like the Down's Syndrome person that you see on television. Like every person with mental illness is different, so too every person with DD is different. Just like there is no one exactly like me, so is every person with DD different (#10, p.5).

Similarly, these social workers thought that it is important for students to focus on the individual and not the disability:

...don't look at the disability. Treat them as people. And I found out that I always would do that. And I think that as a student or someone graduating who wants to work in the field, that would be really important. Focus on the disability, and you lose the person; you are working with a label or diagnosis, but you are not focusing on the person. Once you are able to do that, it really frees you up and the consumers respect you for that (#23, p.4).

I don't even like to say 'disability.' I like to say 'other abilities.' Disability and IQ and all of that is a measure of what we see as strength with the disabled population, but they have strengths in other ways than we have learned to measure. It sounds delusional to some behaviorists, but it works and we don't get burnt out here (#8, p.5).

Importance of the involvement of families: In addition, these social workers talked about the importance of including the family when working with the individual.

These suggestions came from two social workers who are parents of DD kids:

I think future social workers who want to work with people with disabilities, they have to get rid of a model of social workers telling families or imposing their ideas. And they really need to try to involve the family unit to elicit the individual and family into developing a plan that reflects what they want, but we have to do this more. That's what the literature is saying. [name] of the [state] regulatory agency is also saying this. We're not coming to take care of them, but coming to work with them. A new milieu: families and client will direct treatment vs. social workers imposing treatment. It is one that I have to get used to...different than the medical field. What does X think? What does his family think and what would the family want for him? Social workers of the future have to go to the family unit much more to even developing programs, the individuals and the families have to tell us what they want (#5, p.3).

Other parents are your best, greatest resource. The best thing a professional can do is to link parents together, instead of being afraid that the parents will get together and make havoc. They [parents] want your services (#3, p.6).

Need for patience. These social workers pointed out the need to have patience because progress is slow with this population.

So you do see progress. It's not happening overnight, but it takes time. That is one thing I would say to others working with this population, is that you are not going to see results right away. It takes time to see progress, and you do need patience (#17, p.4). You need a lot of patience. I feel in working with the population (#17, p.7).

What I would say to prospective students is that there is like some sort of a systematic desensitization that one goes through. And to combine that with positive reinforcement. And as they become used to the population and you get tons of feedback from the people that you are working with, for the most part, it certainly makes it easier (#22, p.5)

You don't see the successes like you see in the general population at times, but there is work to be done (#12, p.6).

Tell them their emotional structure inside, we call the 'emotional gym' will get challenged and made stronger in ways of compassion and patience, in ways they never thought they had...it's a very spiritual exercise. (#8, p.5).

Importance of Supervision. The need and importance of supervision was discussed. Thus, this social worker points out that need for supervision in the field of developmental disabilities is essential because of the work involved:

...the turnover is high in social work. A lot of people get burnt out. So clinicians should learn to take good care of themselves so they can provide better care for their clients...When you get into the field, you will be hearing horrendous stuff. No matter how hard core your personal experiences are, you are going to be affected. That's why the need for supervision is so great. That's why people who don't need supervision, I'd still recommend that they keep it or get it. Because it is a way to sort of talk through the experiences that your clients have been in (#21, p.4).

We worked out a way at our team meetings where everyone gets to express their thoughts and feelings, even the negative, resistant ones, in a supportive environment. My theory is, and theories of many people that I've learned from and been supervised by, is: that once your emotional expression of all your conflict and negative predictions is expressed and validated, you can then move on with renewed energy and enthusiasm. Because you've been heard and understood. Which is the very same with our clients. So the parallel process is alive, and well here, and well recognized (#8, p.5).

Overall, it can be seen that these social workers wanted to let other social workers know that this is a wonderful population to work with.

Summary: The future of social work and people with DD

Many criticisms were made regarding MSW programs surrounding the lack of content on developmental disabilities in coursework and the classroom and how few internship opportunities there were. For those who did have internships in developmental disabilities, it was often difficult to make connections with the classroom. The changes that these social workers suggested for MSW programs were discussed in terms of wanting MSW programs to encourage social workers to enter the field, having social work professors with developmental disabilities backgrounds on staff, having MSW programs advocate for higher salaries, adding content on developmental disabilities into the coursework, and encouraging personal contact with people with developmental disabilities through internships/field placements/site visits.

The social workers in this study would like social work students and others to know about working the field of developmental disabilities. It was pointed out that social workers suggested that social work students try out working with this population, keep an open mind about the field, will utilize all clinical social work skills with this population, can do psychotherapy with individuals with developmental disabilities and their families, will deal with similar issues as other populations, can utilize the wide variety of opportunities in the growing field of developmental disabilities, should focus on individuality of clients, should include the family when working with individuals, will need to have patience, and recommend supervision because of many of these difficult issues.

CHAPTER 6:

SUMMARY, IMPLICATIONS, RECOMMENDATIONS, AND CONCLUSIONS

Introduction.

This research effort explored the process by which social workers became interested, deepened/developed commitment, and stayed in the field of developmental disabilities. Given the lack of recent literature on this subject and the complexity of the subject, a qualitative approach was utilized to address this gap in the literature. Thus this qualitative study attempted to address recommendations posed by Sterns and Jarrett (1969) who wrote: "Further research could be done in the area of student interest in mental retardation and how this interest is developed." The central question of the study was: What are the processes of experience and events that lead social workers to become interested in working with people with developmental disabilities and stay in the field? Twenty-four social workers, AAMR members with MSW degrees, were interviewed.

To explain the nature of the study findings, it might be useful to explain them through the metaphor of a seedling growing in a garden. The findings indicated that social workers interest in working with people developmental disabilities began from experiences with the population and continued to grow or blossom/bloom over time, as they made a commitment or put down roots in the field.

Summary of findings

1. An interest begins and grows

TABLE 2: Summary of an interest in working with people with DD begins and grows

Entered field by "accident" at these points of entry	Multiple Experience: family, jobs, & history	First Jobs in the field of MR/DD: Positive aspects	Other ways of getting interested	Nurturing influences to deal with negative work environments, fear, anxiety, and working with an unfamiliar population
HS to College After graduation from college MSW internships After MSW program. Many years after MSW	Willowbrook. First jobs. Family members	Enjoy the work with clients. Dedicated supervisors. Helpful coworkers. The agency. Met well-known leaders	Historical, especially Willowbk Neighbors Friends AAMR Family MSW program	Change settings/worksites. Continued contact Education/Training. Supervision Personal experiences. Knowledge from MSW program. Using religious/spiritual values. Practice wisdom from day-to-day work

The **major finding** of this study was that 70% (n=17) of these 24 social workers attributed their initial interest in the field of developmental disabilities to a single "accident" which was their "first jobs" in the field. Contrary to expectation, these social workers did not attribute much influence to family, neighbors, friends, history, and MSW internships, although, as we discussed, some of these also played a small role for some social workers. Of these other experiences, Willowbrook was most often reported (29%.

n=7), followed by neighbors (25%, n=6), friends (16%, n=4), AAMR (16%, n=4), family (12.5%, n=3), MSW program (12.5%, n=3).

The above finding of this study about the strong impact of work experience was similar to DeWeaver's (1980) dissertation which found that the primary reason given by social workers for their current job in the field of developmental disabilities was previous work experience with this population. In DeWeaver (1980), not one social worker attributed selecting the current job in the developmental disabilities field because of having a family member. However, DeWeaver's question was posed regarding their current job, which may or may not have been their first job, and the study did not ask a question specifically in regard to their first job, which could have yielded a different answer. So the current study contributes the perspective that the "first job" can come at different stages of a person's life.

Regarding **entry points** to the field, this study found that these social workers entered the field of developmental disabilities at various points in their careers, but with 50% (n=12) entering the field at two major entry points: (1) 25% (n=6) entered during part-time/summer/direct care jobs sometime between the end of high school and before graduation from college, and (2) another 25% (n=6) entered immediately after the MSW program. Other entry points to the field of developmental disabilities were after graduation from college and many years after the MSW program.

In terms of MSW education, this study revealed that only four of these social workers (16%) had MSW field placements in the field of developmental disabilities. This is in spite of the study by Sterns and Jarrett (1969) which found that 61% (n=33) of 54 MSW programs had utilized field placements. Similar to DeWeaver (1980) which

found that 86% (n=142) of 165 social workers had never taken a course in mental retardation. this study also found that MSW programs rarely provided content or specific courses in developmental disabilities. This study did not seem to offer an explanation for DePoy and Miller (1996), which found 21% of social work schools offered a specific course in developmental disabilities, and 88% of these offered it in field practice. Thus, it continues to be difficult to get a clear picture about what is going on in terms of developmental disabilities in the curriculum at various social work schools other than it seems like that not enough is being done. Although there are courses, the courses are not available enough to reach people who wind up in the developmental disabilities field.

Offering courses in developmental disabilities needs to be addressed by MSW programs. A recent study in the field of corrections, another area of social work practice that also has been ranked low by MSW students, found that after taking a course in corrections, 63% (n=46) students reported that they were more interested in working with offenders than they were prior to the course (vanWorner & Roberts, 2000 in Young & LoMonaco, 2001). Thus, offering courses in such overlooked populations, like developmental disabilities, might be one way of interesting students in such fields.

But for the four social workers (16%) in this study who did have MSW field placements in developmental disabilities which were their first work experiences with this population, these experiences were valuable contributions to their initial interest in the field. As Cramer (1977, p. 43) wrote:

As students work with community agencies, their classroom understanding of social systems is supplemented by true-life experiences. They face both the functional and dysfunctional aspects of the community as well as the institutional setting. They begin to identify significant gaps in services, discover barriers to services, and empathize with the retarded and their families.

Among their stories about their “first jobs,” they mentioned that they enjoyed the work with clients, had dedicated supervisors, had helpful co-workers, liked their agencies, and met well-known leaders in the field. In their stories about their “first jobs,” it was clear that many referred to the positive qualities of their agencies. These social workers talked about having experienced a good work environment with dedicated, committed, experienced, helpful supervisors and colleagues. It also helped that these social workers were able to see some client progress, which implies it is important to give newcomers a diverse caseload of individuals with different ability levels rather than giving them the most difficult individuals. This is similar to Cramer (1977) who noted the importance of first impressions with this population in discussing pros and cons of approaches that introduce MSW students to the most disabled vs. least disabled individuals first. These findings also imply that the supervisor, who represents the agency, is one of the primary reasons why someone new to developmental disabilities stays in the field or leaves.

The finding of this study that **supervisors and colleagues** at the agency are particularly important at the “first jobs” in the field of developmental disabilities is consistent with the literature. If these social workers had not received support from their co-workers and supervisors, perhaps they might not have stayed in the field. These social workers described their supervisors as patient, giving good feedback, finding the time, and being seen as role models. They described their co-workers as friendly, energetic, enthusiastic, optimistic, and as role models. They were lucky to have been in such positive work environments for their “first jobs.”

Similarly, Larson, Lakin, and Bruiniks' (1998, p. 110) study of newly hired direct service workers in the field of developmental disabilities found that "...both staying and leaving direct support workers identified their supervisors as a key factor in leaving or wanting to leave the agency." In regard to colleagues, that study found that "...supervisors and direct service workers reported that teamwork and positive relationships...were important to overall staff retention." Those researchers also found that the first few months at the job were critical, with 45% leaving during the first six months and 23% leaving between six and 12 months.

It was also found that certain **work environments** could impact negatively on the workers as well as the clients. Institutions, workshops, day treatment programs, and other places where working conditions might not be appealing and where there are large numbers of people with physical issues were reported to be upsetting to newcomers to the developmental disabilities field. This was not surprising given that many of these professionals had entered the field in the 1970's when institutions were commonplace. Today's, residential settings for people with developmental disabilities are smaller, more community-based, and the conditions are getting better and better over time, since they are very closely regulated by government agencies created as a result of court cases and legislation. Thus, today's focus on "individualized" services in the "least restrictive environment" will benefit both clients and workers. Sheltered workshops are still an issue needing attention and will be discussed later on.

In addition, these social workers revealed the ways that they were able to **adjust to working with the population** of people with developmental disabilities at these "first jobs." One way of dealing with negative environments was simply changing their work

location. Some social workers came to the “first jobs” without prior contact and had a fear about the population. These nurturing influences played a role in adjusting to the population: education/training provided by the agency, using personal experiences to understand, knowledge from the MSW program, religious/spiritual values, and practice wisdom that came from day-to-day work with the population.

The finding that many of these social workers experienced initial discomfort with people with developmental disabilities is consistent with Birenbaum (1979) who wrote about the discomfort experienced when interacting with people who are different. In addition, this study found that the discomfort these social workers experienced disappeared after a few successful encounters. This finding is just as Bogdan and Taylor (1987) would have predicted when they wrote that regular, positive contact between people with and without disabilities will reduce discomfort, build trust, and ability to relate to the person as a person rather than on the basis of stereotypes.

Regarding **MSW programs**, it was revealed that despite receiving little or no content on developmental disabilities, these social workers were able to draw upon the “generic” social work skills that they had learned. Generic or generalist social work practice, is a multi-method approach where social workers do practice, policy, and research to help people to deal with challenges in their lives, promote human dignity and social justice, and maximize human functioning in the environment (Miley, O’Melia, and DuBois, 2001). Similarly, the literature indicates that generalist practice seems to be regaining in popularity in schools of social work today these days, as evidenced by many recent book publications (Johnson & Yanka, 2001; Miley, O’Melia, & DuBois, 2001; Kirst-Ashman & Hull, 1999; Landon, 1995) and a journal article (Cox, 2001).

These social workers revealed that due to their MSW education that they were able to use listening skills, build trust, feel empathy through connection with personal experiences, and connect with social work values and larger issues of social justice in adjusting to initially working with the developmentally disabled population when it was new and unfamiliar to them. Also, several social workers talked about the developmental stages that they had learned as being useful. Thus, MSW programs seem to be fulfilling their mission by providing a basic framework for working with all populations. With continued utilization of generic social work skills in MSW programs, social workers will be better prepared for working in the field of developmental disabilities.

2. Blooming and Blossoming: How their interest in the field deepened

The second part of the study looked at how social workers' initial interest in people with developmental disabilities developed into a deeper commitment to the field over time. The table below indicates how social workers reported the importance of organizations, mentors, AAMR membership, day to day work with clients, historical issues, doing administration, personal/family, teaching/doing doctoral degrees, and religion/spirituality as factors that were related to the development of commitment to the field of developmental disabilities. Two things that stand out in my mind among their stories is their perceived support of the supervisors and co-workers at the agency, and the discovery process that they felt good about the work they did which came from being successful with their initial clients.

TABLE 3: Factors that led to commitment to the field of developmental disabilities.

Rank	Experience	Details of experience
22/24 (top)	Organization	General satisfaction. Multiple reasons. Agency commitment. A caring environment. Managerial style. Parent-managed. Supervisors. Support for doing MSW program. Continuing education/training. Pursuing other interests. Diversity of the job. Colleagues/informal organization. Easy job/low stress. easy supervisor. Opportunities for promotion
15/24 (tie)	Mentors	Career development. Role models
15/24 (tie)	AAMR membership	Staying up-to-date. Feeling of "belonging"
14/24	Day-to-day work with clients	Meaningful work. The relationship with clients. It's fun, enjoyable work. Rewarding work. Seeing the results of your work. Seeing client progress. Learning from clients. Challenging/negative experiences
13/24 (tie)	Historical issues of the field	Being part of de-institutionalization. Preventing abuses/mistakes of the past. Working in a field ignored by social work.
13/24 (tie)	Doing Administration	Quick promotion to administration. Pursuing administration by choice. Positives: Impact on staff attitudes. Set treatment standards. Interest staff/students in the field. Administrative jobs pay better
9/24	Family/Personal	Helps connect to work.
5/24	Teaching/Doing doctoral degrees	Interest students in the field
3/24 (least)	Religion/Spirituality	Also helps to make a connection.

As the table indicates, this study found that **organizations** seemed to have made the largest impact on these social workers, with 22 out of 24 social workers reporting such impact. This was followed by the impact of mentors, AAMR membership, day-to-day work with clients, connection with historical issues of the field, doing administration, family/personal issues, teaching/doing doctoral degrees, and religion/spirituality (least).

In terms of **organization**, nearly all of these social workers talked about the **work atmosphere** at the social work organizations where they were employed. These social workers talked about the following organizational characteristics that were positive: seeing their agency's commitment to the population, a caring environment, participatory management style, good supervisors, support for doing MSW programs, availability of continuing education/training, ability to pursue professional interests other than education and training, respect for social workers at the agency, variety of the job, colleague support/the informal organization, the job itself, opportunities for promotion, and administration.

The positive organizational characteristics that these social workers talked about were found to be similar to those mentioned in Weinbach (1998) as being important for employee satisfaction at social service agencies. Weinbach (1998) discusses providing rewards to workers through continuing education, promotions, leadership, supervision, and participatory management. In addition, Poulin (1994) studied social workers in the field of gerontology and pointed out that organizations have a "key role" in positively or negatively impacting on social worker job satisfaction. Similarly, Larson, Lakin, and Bruiniks' (1998) study of staff recruitment and retention among direct service workers in the field of developmental disabilities suggested that agencies should provide longer

training to employees and supervisors, post-secondary education options, utilize participatory management, and recognize good workers.

Similarly, Sarata's (1972) study of direct care workers in the field of developmental disabilities found that variety of the work, autonomy of the job, feedback from supervisors, and opportunities for learning were associated with higher levels of employee satisfaction. Sarata (1983, p.83) said:

...overall satisfaction of individuals working with the mentally retarded could be substantially increased by appropriately altering their roles and responsibilities....overall satisfaction was more highly related to situation-specific satisfactions than it was to satisfaction with the field of mental retardation as a field of employment .

In addition, Sarata (1972, p. 83) found that satisfaction with the agency is more of a determinant of job satisfaction than satisfaction with the field of mental retardation. Similarly, DeWeaver (1980) found that the primary reason given by social workers for their current job in the field of developmental disabilities was previous work experience with this population, which implies that the agency also plays a major role in staying in the field of developmental disabilities. Thus, an important part of staff retention in this field lies in the strengths or deficits of the agency. Recruitment and retention efforts for social workers in the field of developmental disabilities need to utilize the existing literature on organizational theory.

The impact of **mentors** on the careers of these social workers was a surprising finding in this study. These social workers talked about mentors being seen as role models, useful for resource exchange, problem solving, and teaching them human rights values. Fifteen of these 24 social workers (n=62.5%) had mentors, and some had even more than one mentor. The finding that having mentors is important in a career is consistent with the findings of Curtis, Wilson, and Clingman (1998) who found that

having a mentoring program at their organization that provides residential services to people with developmental disabilities reduced staff turnover from 36.8% to 14%. The findings are also similar to Browning and Blumenthal (1999) who found that 95% of those direct service workers who participated in the Kennedy fellows program, which includes mentoring and education grants, are still employed in the field.

Similarly, the finding that so many social workers were impacted by **AAMR** was a surprising finding of this study. Fifteen out of 24 social workers (62.5%) indicated that AAMR was important in their careers. They relied on AAMR to keep them up-to-date in the field through conferences and journals. They liked the feeling of belonging or being part of a larger community of professionals with a similar interest/goal. I am unaware of any studies that look at the impact of professional membership and career development. On the other hand, the findings should not be a surprise, given that the respondents were contacted from the AAMR membership list.

On the other hand, the positive impact of **clients** was not a surprise and it is perhaps the strongest impetus to interest in this field. Fourteen out of 24 social workers (58%) talked about the impact of day-to-day interaction with clients on their career. They talked about the feeling of doing meaningful work, the working relationship with clients, enjoying the work, that the work was rewarding, seeing client progress, seeing clients get services, doing challenging work, and learning from the clients. On the other hand, a few complaints arose about the clients and their ability to respond to psychotherapy. Thus, it can be seen that on-going contact with people with developmental disabilities is important because people with developmental disabilities can be sweet, friendly, and appreciative, as are their families. Also having a varied

caseload of people with various levels of abilities is important so that progress can be observed in some cases.

The fact that these social workers overwhelmingly enjoyed the work with clients is contrary to Sarata (1972, p. 145) who studied direct-care staff working at group homes and found: "Working exclusively with mentally retarded clients does not provide a particularly satisfying work situation." Perhaps the difference between these findings can be explained by the differences in educational levels that correspond to differences in job responsibilities working with the population. Increasing education levels might lead to more satisfying jobs in the field that will keep workers in the field.

The mixture of positive and negative feelings that arose in regard to the work with clients in this study is consistent with the findings of Larson, Lakin, and Bruiniks (1998), where direct support workers indicated that there were both positive and negative characteristics about working with this population. In that study, among the positive things cited were that the work could be rewarding and fun. Among the negative things cited were that the work could be difficult because of the behavior/medical needs of the residents, working varying hours, and low pay. These individuals resolved the initial low pay issue by going on to graduate school because there are few career opportunities for direct service workers. Should there be careers for direct service workers?

The positive impact of **historical issues** was a surprise finding. Thirteen out of 24 social workers (54.1%) talked about being part of a "spirit" of the deinstitutionalization movement, particularly through their involvement with Willowbrook, which they described as social movement. They liked having the power to prevent such abuses and social injustices from happening again. They working in a field

that has been neglected, overlooked by the social work profession. Today, there is no Willowbrook, but sheltered workshops exist. Many individuals with developmental disabilities do not need sheltered workshops, but are kept there by the agencies who receive funding from the government. Perhaps, it is time for social workers to become active and join together to help close down the sheltered workshops, as they did during the time of Willowbrook?

3. Staying in the field.

This study found that these social workers explained their reasons for **staying in the field** as due to factors which involved the field, clients, and their jobs, or one specific reason. Although they tended to favor work experiences, it was also apparent from the study that personal, family, neighbors, and religious experiences also played a role. Many of these experiences happened when the social workers were youngsters.

Thus, the findings of this qualitative study, particularly regarding the responses about working with clients and their agencies, helped to better understand or explain DeWeaver's (1980, p. 106-107) quantitative finding about why 75% of social workers wanted to continue in the field of social work and his conclusion that "...despite how they entered the field, once in the field, the social workers become very attached to it." It is now very apparent from this study how these social workers became attached to the population and stayed working in the field. Thus, this study did fulfill Patton's (1990, p. 32) statement that qualitative research would "...put flesh on the bones of quantitative results, bringing the results to life through in-depth case elaboration."

LIMITATIONS OF THE STUDY

The study is based solely on the interviews with master's level social workers who are members in the organization, AAMR, and as such relies entirely upon their recollections of experiences. It is possible that their responses may differ from social workers who are not AAMR members, but this is not known since there was no comparison group studied. It is also possible that their memories of events and experiences that happened many years ago might not be accurate. It also does not include social workers who have left the field of developmental disabilities.

The study sample has certain limitations as well. The first limitation is the size of the sample. The second limitation is that the sample is not random and does not reflect a larger population. The study only looks at social workers who are currently members in AAMR and not those who might have been members in the past and left. Thus, these findings can only be generalized to these particular 24 social workers.

However, it is important to remember that this study, as qualitative research, does not strive for generalizability beyond this sample of these social workers:

...the issue is not one of generalizability. It is one of access. The purpose of the qualitative interview is not to discover how many, and what kinds of, people share a certain characteristic. It is to gain access to cultural categories and assumptions according to which one culture construes the world...qualitative research does not survey the terrain, it mines it.... 'less is more.' It is important to work longer, and with greater care, with a few people than more superficially with many of them...it is important to remember that this group is not chosen to represent some part of the larger world. It offers, instead, an opportunity to glimpse the complicated character, organization, and logic of culture. (McCracken, 1988, p. 17)

A further limitation is in the interview guide, which was developed by this researcher. There were no pre-existing scales on social worker interest in working with people with developmental disabilities that were available for use in this study.

However, as discussed earlier, the interview guide was pilot tested with six professionals in the disabilities field. The benefits of pilot studies were noted:

Pilot studies serve some of the same functions as prior research, but they can be focused more precisely on your own concerns and theories. You can design pilot studies specifically to test your ideas or methods and explore their implications, or to intuitively develop grounded theory...it provides you with an understanding of meaning that these phenomena and events have for the actors who are involved in them, and the perspectives that inform their actions (Maxwell, 1996, p. 45).

In addition, the use of a structured interview guide enhanced reliability by making sure that the same questions were asked of each participant and at the same time allowed for creating questions in the moment. As McCracken (1988, p.1) pointed out about the benefits of using a structured interview guide:

It is a sharply focused, rapid, highly intensive interview process.....calls for special kinds of preparation and structure, including the use of an open-ended questionnaire, so that the investigator can maximize the value of the time spent with the respondent. It also calls for special patterns of analysis so that the investigator can maximize the time spent analyzing the data. In other words, the long interview is designed to give the investigator a highly efficient, productive, 'stream-lined' instrument of inquiry.

In terms of validity in qualitative studies, Patton (1990, p. 85) pointed out:

The validity, meaningfulness, and insights generated from qualitative inquiry have more to do with the information-richness of the cases selected and the observational/analytical capabilities of the researcher than with the sample size.

Thus, the tradeoffs in doing qualitative research were "breadth versus depth," by which Patton (1990, p. 162-168) points out that in obtaining the depth or details of participant responses, the number of people we can study is limited.

**TABLE 4: GROWING, BLOOMING/BLOSSOMING, AND PLANTING ROOTS:
A SUMMARY OF THE WAYS THAT SOCIAL WORKERS BECAME INTERESTED
AND CONTINUED IN THE FIELD OF DEVELOPMENTAL DISABILITIES**

(Page 1 of 2)

Variable	Growing: How they first became interested	Blooming Blossoming: How interest deepened	Planting Roots: Why they stayed (their reasons)
Multiple experience	First work experience. History-Willowbrook Family experience		The field. The clients The jobs
First job in MR/DD	Enjoys the work with clients. Staff/co-workers. Dedicated supervisors. The agency. Met leaders in the field		
The clients	Enjoyable work	Day-to-day interaction: Meaningful work. Fun/enjoyable work. Rewarding. Seeing client progress. Challenging work. Learning from clients	Attached to the clients. Enjoyable work. Making a difference
The agency	Growing agency. Programs address unmet client needs	General satisfaction. Multiple reasons. Agency commitment. Caring environment. Managerial style. Supervisors. Support for doing MSW. Education/Training. Professional Interests. Respect for social workers. Diversity/Variety of the job. Colleagues./Informal org.. Easy job/Low stress. Opportunity for promotion	Having received promotions. Doing non- traditional social work. Salary
Doing administra tion		Impact on staff attitudes. Set treatment standards. Interest students. Salary is good	
Family	Family member with disability	Children with disabilities	Children w/ disabilities

Neighbors or Friends	Comfort, increase awareness about disability/difference. Friendship develops. Awareness of societal tx		
History of the field	Willowbrook	Being part of Hx. of field, Working in an ignored field. Preventing abuse/neglect	Lots of opportunities Expertise developed. Connects w/ large issues
MSW	Internships		
AAMR	Conferences. Presentations	Staying up-to-date. Journals Feeling of belonging.	
Mentors		Role Models, further career	
Religion		See more work to be done	
Teaching		Encouraging students	

IMPLICATIONS FOR FUTURE OF SOCIAL WORK:

Education, Social Service Organizations, Social Policy, and Future Research

A purpose of social work is to represent the most vulnerable and disadvantaged groups in society. As discussed earlier, people with developmental disabilities are considered such a group, and this is a new and growing field for social workers. Therefore, several recommendations follow from this study in terms of social work education, administration, policy, and future research.

Education

At the pre-professional level, the stories of these social workers revealed that many entered the field by accident during high school or college. Because they enter by accident, this makes it difficult to train or prepare students in advance. Therefore, training and education needs to be available at the high school or college level for those who seek it. There also needs to be stronger connections between local high schools and agencies serving people with developmental disabilities to further the use of community service and internship possibilities, both during the school year and during the summer. As this study found, summer jobs were an important way of “hooking” these individuals to the population. If they are “hooked” early enough, they might not look elsewhere.

There also needs to be a way of supporting dedicated, direct care workers to continue to further their education over time so that they can grow into professional social workers and/or other human services professionals. As the study found, agency support was crucial to staying in the field. These individuals have considerable experience with the population and it would be sad if they were lost to other non-human

service fields, like accounting or computers. There should be in-service opportunities and continuing education opportunities available through agencies.

At the professional level, the failure of MSW programs to pay adequate attention to this population is reflected throughout the stories of all of these social workers. Nearly every social worker pointed out how working with people with developmental disabilities is ideal for social workers who work with vulnerable, disadvantaged populations and how social workers can make an impact through counseling (with individuals, families, and groups), administrative work, community, advocacy, research, and social policy changes. Yet, there is little coursework or content on developmental disabilities available in most MSW programs. As we have seen from the field of corrections (vanWormer & Roberts, 2000 in Young & LoMonaco, 2001), another overlooked area in social work, coursework at the MSW level, might also be useful in interesting students to working with such populations.

MSW programs need to do the following to interest students in working with people with developmental disabilities:

- (1) include content on working with people with developmental disabilities in all courses through the use of *case studies* and *role plays*, as this population is often not mentioned in traditional social work textbooks. Such case studies would also look at nontraditional families, where one member of the family has a developmental disability: for example, a grandmother raising a grandchild. Also, to point out the local community resources. However, this will depend on the initiative of the classroom professor to locate such materials and utilize them. Also it could be pointed out in particular classes, such as HBSE, what the impact on the family and

the individual is when there is a member with a developmental disability during different stages of the lifecycle and at life-transitions: impact of genetics, prenatal care, and culture; and use of family strengths. In the Social Policy course, content could focus on deinstitutionalization, closing down of sheltered workshops, and current legislation could be utilized.

- (2) offer ***field placements*** in the area of developmental disabilities. The caseloads should be diverse caseloads, with individuals of various abilities. There should also be the opportunity to do practice with groups and families, as studies have shown that many MSW students are interested in doing family work. Also it is important for them to be able to work with the siblings who will be the caregivers one day.
- (3) assist MSW students who have an interest to obtain such field placements when they don't exist rather than discouraging them to another field. Schools should continue to develop new field placements in this area of practice.
- (4) discuss and ***link theories***, like ***strengths*** perspective (Weick et al., 1989; Saleebey, 1992), to working with people with developmental disabilities, both in the classroom and in the field. This theory is in contrast to other theories, which are often used and based on private practice, which see people according to symptoms and diagnoses (Weick, et al., 1989). A strengths perspective sees clients as having strengths, abilities, capacities, resources aspirations, capable of growth, and having wisdom (Weick et al., 1989). Saleebey (1992) sees clients as having knowledge, experience, ideas, energy, and talent. Help students to make the connections between the population and application of strengths-based approaches, as in Russo (1999). Keep in mind that certain types of strengths-based interview questioning, such as Cowger

(1994, 1992) and DeJong and Miller (1995) may need to be slightly adapted for people with developmental disabilities who have limited knowledge and verbal capacities.

- (5) to point out that as in *Generic or Generalist Social Work Practice*, a multi-method approach where social workers do practice, policy, and research to help people to deal with challenges in their lives, promote human dignity, and social justice (Miley, O'Melia, and DuBois, 2001), so too, this is true in developmental disabilities. Social workers in developmental disabilities work with individuals, groups, families, and communities through counseling, case management services (referrals for recreation, respite, summer camp, housing, medical services, and more), advocacy (entitlements, negotiating Board of Education bureaucracy), research (about counseling effectiveness and needs of parents), and social policy (participating on interagency-government committees/coalitions).
- (6) convey to students that this is a legitimate area for MSW level practice by having *guest speakers* who practice in the field of developmental disabilities come to the school and speak at luncheons and give lectures. Then students will also be able to ask questions about their concerns which may alleviate some misconceptions about the population, and the students might get invited to visit the agencies.
- (7) have *professors* on the faculty who are experts in the field, so they can share stories of their experiences in the field. Many MSW programs should look to have a more diverse faculty that represents the most overlooked populations.
- (8) offer *field trips* to organizations that serve people with developmental disabilities. Having contact with the population has been shown to be important.

- (9) utilize *current events* issues regarding people with developmental disabilities in the classroom, such as court decisions and movies. Also, social work students could get involved in the closing down of sheltered workshops movement, as they did in the deinstitutionalization movement.
- (10) introduce students to *professional organizations* early on, and to those organizations that serve particular populations.
- (11) provide students with *mentors*, former graduates, who are willing to share their experiences about working in the field of developmental disabilities. MSW programs could do a survey of their graduates to find out what fields they are working in and whether or not they would be interested in mentoring current students or recent graduates. Alumni can be an invaluable source of information to students.
- (12) continue to develop *coalitions* between schools of social work and social service organizations that serve people with developmental disabilities to develop field placements and job opportunities. Through the development of such *school/agency coalitions*, I am proposing that MSW programs try to make use of the summer between the first and second years of the full-time MSW program by offering students the opportunity to work at summer day camp programs, sleepaway camps, and recreation programs that serve people with developmental disabilities. Right now, most MSW programs are not utilizing this block of time but could be. Although the students would not be doing traditional "social work" it would give them the opportunity for initial contact with the population in a low pressure environment, where they can feel successful and see client progress. As we saw in this study, many of the MSW's began in such jobs, felt successful, and became "hooked" to the field.

Thus, this summer position might lead to a field placement during the following Fall semester and/or a possible job opportunity after graduation from the MSW program. As Liese, Clevinger, and Hanley (1999) wrote in their article on University Affiliated Programs and schools of social work: "Collaboration is the key."

Social Service Organizations

This study finds implications for human service organizations in terms of staff recruitment, retention, and training. Since the study pointed out that most social workers entered the field by "accident" it is important for agencies to know that social workers, with no prior experience with the population, can become interested in the field and stay at the job and/or the field due to good working environments at the agency. Agencies need to be aware that they can capture someone's interest in the population as easily as they can lose it. The study also found that supervisors and co-workers have shown to play a key role in the adjustment of a new worker to the agency.

In light of these findings, social service agencies need to:

- (1) provide new staff with work environments where there are *good supervisors, training, mentors, diverse caseloads*. Social workers need to be able to feel supported in their jobs and be able to learn. As we have seen, these factors will help deepen their commitment to the population.
- (2) demonstrate that social workers are respected and valued through having an agency management style where there are opportunities to contribute to agency policy. Some social workers talked about participatory management.

- (3) encourage social workers to participate in *professional organizations*, like AAMR or NASW, and give them the time off or funding for such activities
Social workers want to stay up-to-date in the field. It will give them a sense of belonging, which will deepen their commitment.
- (4) provide a *decent salary and opportunities* for growth and promotion for experienced workers. Quite accurately, Gibelman and Schervish (1993) in Hopps and Collins (1995) pointed out that social workers in the fields of aging and disabilities earned less than social workers in other fields of practice. Social workers will leave for other fields of practice if their salary is not adjusted fairly.
- (5) Provide discipline specific supervision to professionals. MSW social workers should be supervised by MSW social workers. Too many social workers in this study complained that this was lacking in their agencies.
- (6) develop *coalitions* with high schools, colleges, and graduate programs so they will have interns, workers, and ultimately an educated, trained, available workforce. Such partnerships will benefit agencies, students, and the clients.

Social Policy

The findings do highlight a number of crucial policy issues that need consideration. Many of the social workers in the study became involved in working with the population during the time of deinstitutionalization, such as the closing of Willowbrook, a huge, well-known institution located in Staten Island, New York, where abuses were common. They indicated that their interest developed through their ability to

impact to prevent such abuses from happening again. Today, we don't have Willowbrook, but we do still have sheltered workshops, where the rights of individuals are oppressed. It is agreed that some individuals do need workshops, but many do not. Each individual should be re-assessed. Many agencies keep these individuals working in the workshops because of the money received from government, without consideration for the individuals abilities and rights to be working in the most integrated setting in the community. Social workers should join hands in this movement, as they did in the closing of institutions.

In addition, many of these social workers grew up at a time when people with developmental disabilities were institutionalized. Yet, some of these social workers were able to remember neighbors who had developmental disabilities when they were young. Although they did not report that this contact stimulated interest in the population, they acknowledged that this experience might have impacted on them in some subtle ways. Contact with people with developmental disabilities was reported by them to reduce stigma, stereotypes, and discomfort.

In recent years, contact with this population has been encouraged by social policies of inclusion, such as the Education for All Children Act of 1973 that keeps people with developmental disabilities in the least restrictive educational setting and thus provides youngsters important contact with these individuals, and the 1990 Americans with Disabilities Act which helps people with developmental and other disabilities gain access to employment, housing, education, public accommodations, and transportation. Public policy needs to continue moving in this direction. Thus, today, there are more



possibilities to come across people with developmental disabilities, and this may be a more important area in future years.

Public policy needs to:

- (1) focus on closing sheltered workshops and increase community-based employment for people with developmental disabilities.
- (2) advocate for higher salaries and better working conditions for those who work with people with developmental disabilities to legitimize the importance of this field of practice.
- (3) continue to advocate for integration of this population in the community in all areas of life.

Future Research

Future researchers should utilize these findings when designing other qualitative studies. These findings can be used to develop a future quantitative study that will investigate this subject with a larger sample. This will allow for a sample in a different geographic area or a national sample, which could include both AAMR and non-AAMR members. In this qualitative study, the social workers can select the one path that was the most important for them or they can rank on a scale how important each of these factors was to them. Another study will try to locate social workers who have left the field of developmental disabilities to find out the reasons why they decided to leave the field.

CONCLUSION

Overall, this study demonstrates the value of qualitative research methods in social work. This study was able to capture the complexity of details about the process and experiences of these social workers and to tell their stories of how they became interested and stayed in the field of developmental disabilities. Recommendations for MSW programs, social service organizations, social policy, and research have been made. Hopefully, we can learn something about how to attract and retain dedicated professionals to this field of practice from this study and its similarities with the findings of direct care studies.

More than twenty years ago, similar issues were addressed in the literature. DeWeaver's (1980) dissertation identified this need when he studied a similar topic quantitatively. Horejsi (1979) talked about the need for social workers to make a commitment to working with people with developmental disabilities, because social workers have a "...rich tradition in the fight for human rights, the profession has an opportunity to lend support to this struggle for dignity."

Today, the need continues to be there.

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Appendix One:

DEFINITIONS:

It is important to take brief look at some of the language used in this area of social work practice. Although there have been some changes in the language over time, these are thought to be the most recent and widely accepted definitions.

Developmental Disability:

“Developmental disabilities are severe, chronic disabilities attributable to mental and/or physical impairment which manifest before age 22 and are likely to continue indefinitely. They result in substantial limitations in three or more areas: self care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency, as well as the continuous need for individually planned and coordinated services....”

(Administration on Developmental Disabilities, 2000)

“The terms ‘mental retardation’ and ‘developmental disability’ are often used together as if they were synonymous. However, it should be noted that although all persons who are mentally retarded are developmentally disabled, not all persons who are developmentally disabled are mentally retarded. The concept of developmental disabilities originated in the early 1970's and is officially defined in P.L. 94-104. In general it refers to disabilities attributable to mental retardation, cerebral palsy, epilepsy, autism, and certain other conditions closely related to retardation in terms of intellectual and adaptive problems and the types of services needed.”

(Horejsi, 1979, p. 40)

“Developmental disability is not a diagnostic label as much as a legislative concept developed as part of entitlement statutes...” (Brier, 1998, p. 897).

Mental Retardation:

“According to the 1992 AAMR definition, an individual is considered as having mental retardation if the following three criteria are met:

- (1) the intellectual functioning level is below approximately 70-75;
 - (2) significant limitations exist in two or more adaptive skill areas (communication, home living, community use, health and safety, leisure, social skills, self-direction, functional academics and work);
 - (3) and the condition is present from childhood which is defined as age 18 or younger.”
- (American Association on Mental Retardation, 2000, p.1)

Appendix Two: AAMR letter granting permission of their list

AMERICAN ASSOCIATION ON MENTAL RETARDATION

AAMR

October 31, 2000

Ms. Rose Russo, MSW, CSW
201 W. 70th St., Apt. # 2-C
New York, NY 10023

Dear Ms. Russo:

The American Association on Mental Retardation (AAMR) is pleased to assist you in conducting the research for your doctoral dissertation; *Social Workers Who Work in the Field of Mental Retardation: A qualitative study exploring the processes of entry and continuation in the field.* Accordingly, we will provide you with the mailing list of AAMR members who belong to our Social Work division. I also suggest that you contact the President of the Social Work Division through the AAMR web page. (<http://www.aamr.org>) Perhaps the President can provide some additional publicity for your research, which may help with the response rate.

When your dissertation is complete, I would be most interested in the results and would appreciate a copy of the findings. Furthermore, you may wish to submit the study for publication in one of our journals or as an article in *News and Notes*.

I wish you much success with your dissertation! The information you seek is important to our field.

Sincerely,



M. Doreen Croser
Executive Director

444 NORTH CAPITOL STREET NW SUITE 846 WASHINGTON DC 20001-1512

PHONE: 202.387.1968 FAX: 202.387.2193

www: <http://www.aamr.org>

Appendix Three: AAMR letter to the participants

AMERICAN ASSOCIATION ON MENTAL RETARDATION

AAMR

TO: AAMR Social Work Division Members
FROM: M. Doreen Croser, Executive Director 
RE: Dissertation Research Project
DATE: October 31, 2000

As you know, the American Association on Mental Retardation (AAMR) encourages scholarship in our field by actively supporting student members who are conducting research in pursuit of a doctorate degree. Ms. Rose Russo is an AAMR member who is working on her dissertation entitled; *Social Workers Who Work in the Field of Mental Retardation: A qualitative study exploring the processes of entry and continuation in the field*. This topic is critically important to our association because we are continually challenged by acute personnel shortages in our field. Useful research data that will assist us in finding ways to recruit and retain qualified social workers is clearly needed. Accordingly, I encourage you to support Ms. Russo's research by speaking with her when she calls to arrange for an interview. She will be asking you for information and personal insights about the challenges and rewards of being a social worker in the field of mental retardation.

Your willingness to participate in this important research initiative is greatly appreciated. Should you have concerns or comments, please do not hesitate to contact me. Thank you!

Thank you, too, for your continued support and participation in AAMR! You are a valued member!

444 NORTH CAPITOL STREET NW SUITE 846 WASHINGTON DC 20001-1512

PHONE: 202.387.1968 FAX: 202.387.2193

www: <http://www.aamr.org>



Certificate of Completion

The NIH Office of Human Subjects Research certifies that **Rosalie J. Russo** completed the computer-based training course on the Protection of Human Research Subjects.

Serial: 972741639

Date: October 28, 2000

<http://ohsr.od.nih.gov/cert/cert.php3>

10/28/00

Appendix Five: Hunter College IRB approval letter

HUNTER COLLEGE

OFFICE OF RESEARCH ADMINISTRATION

695 PARK AVENUE

NEW YORK, NY 10021

(212)772-4020 FAX (212)772-4941

To: Rosalie Russo
Michael Smith
Social Work

From: Terry Mizrahi, Chair *TM*

Date: 1/9/01

Re: Human Subjects Review

Protocol # HC-01001004

Project: "Social Workers Who Work with People Who Have Mental Retardation"

The Hunter College Committee for the Protection of Human Subjects has approved your project with the following provisions:

- a. This approval is for a one-year period. You will receive a renewal notice approximately four weeks before the expiration of this project's approval.
- b. The approved and stamped consent form must be used by all subjects. You are responsible for maintaining signed consent forms for a period of at least three years.
- c. All modifications and/or changes to the approved protocol must be reviewed and approved by the IRB prior to implementation.
- d. All adverse events as a result of this research, must be reported to the IRB at the time of occurrence.
- e. All key personnel must have CBT training certificates on file at the Office of Research.

Good luck with your work!

By signing below, I acknowledge that I have received this letter and am aware of and agree to abide by all of its stipulations in order to maintain active approval status, including prompt reporting of adverse events/serious problems and annual continuing review. I am aware that it is my responsibility to be knowledgeable of all federal and state regulations including CUNY's Multiple Assurance (MPA) with the Department of Health and Human Services.

Signed: *Rosalie J. Russo Michael J. Smith*

Rosalie Russo
Michael Smith
Social Work

PLEASE SIGN AND RETURN ONE COPY OF THIS MEMO TO CAROLYNN JULIEN, OFFICE OF RESEARCH ADMINISTRATION, 695 PARK AVENUE, NEW YORK, NY 10021.

YOUR PROJECT WILL NOT BE APPROVED UNTIL WE RECEIVE THE SIGNED COPY.

Committee for the Protection of Human Subjects from Research Risks

Appendix Six: "Letter to Participants"

(ROSE) ROSALIE J. RUSSO, MSW, CSW
 201 West 70th Street, Apt. # 2-C,
 New York, NY 10023
 (212) 362-3808 (home/eve), (718) 722-6779 (office)
 E-mail: RoseRusso@aol.com

2001

Dear Mr./Mrs.

My name is Rose Russo and I am a social worker who is a member in the AAMR, Social Work Division since 1995. I received your name from AAMR. Like yourself, I have worked in the field of mental retardation and feel very committed to it. In addition, I am pursuing a doctoral degree in Social Work at the Graduate School and University Center of the City University of New York (CUNY), Hunter College School of Social Work. I am writing to invite your participation in a study that is **vital** to the Social Work profession and people with mental retardation/developmental disabilities (MR/DD). According to data from the US Department of Labor, Bureau of Labor Statistics, and NASW, the National Association of Social Workers, it indicates that there is a projected increase in jobs available in the MR/DD field. However, the literature shows when MSW students select populations to work with, people with MR/DD has ranked low.

I will be interviewing social workers who have worked in the field of mental retardation. We will talk about such things as your experiences with people with mental retardation in your life such as through family, at schools, at internships, and at jobs.

The main questions of my study are:

- (1) How did you become interested in working with people with MR/DD?
- (2) Why have you have stayed working in the MR/DD field?

In a few days, I will be contacting you to see if you are interested in participating. You are under no obligation to participate, but I hope that you will. Confidentiality will be assured. Only the researcher will know that you participated. No one from AAMR will know whether or not you participated. Your name and all unique identifying characteristic information (ex. agency affiliation, educational institution) will be disguised in my dissertation and in all reports/publications resulting from this study. If you are interested, I will set up an interview at a mutually convenient time.

The interview, which will be by telephone or in-person, is approximately one hour long. I will be writing down the information or tape-recording responses with your permission. Although the study is for my dissertation, I hope to publish the results to share with the social work profession and to interest Social Work students in this field of work. If you have any questions before, during, or after the study, please contact me at the above numbers. I am attaching a letter from AAMR about their interest in this research study. Thanks for your time.
 Sincerely,

(Rose) Rosalie J. Russo, MSW, CSW

Appendix Seven: Telephone Script to the participants

My name is Rosalie Russo and I am a Social Worker who is a member in the AAMR, Social Work Division since 1995. Like yourself, I have worked in the field of mental retardation and feel very committed to it. In addition, I am pursuing a doctoral degree in Social Work at the Graduate School and University Center of the City University of New York (CUNY), Hunter College School of Social Work. I hope that you have received the information package about my upcoming study in the mail.

I am calling to invite your participation in a study that is **vital** to the Social Work profession and people with mental retardation. According to data from the US Department of Labor, Bureau of Labor Statistics, and NASW, the National Association of Social Workers, there is a projected increase in jobs available in the field of mental retardation. However, the literature shows when MSW students select populations to work with, people with mental retardation has ranked low. I will be interviewing Social Workers who have worked in the field of mental retardation to find out the processes of how they got interested in the field and why they stayed in the field. We will talk about things such as your experiences with people with mental retardation in your life such as through family, at schools, at internships, at jobs, and more. Although this study is for my dissertation, I hope to publish the results to share with the social work profession and to interest social work students in this field of work.

I need to discuss the confidentiality and consent policy of this study with you. You need to understand the following: No one but the researcher will know that you participated in the study. No one from AAMR will know whether or not you participated. Your name and all unique identifying characteristic information (ex. agency affiliation, educational institution) will be disguised. Consent forms will be kept separately from interview notes. You are under no obligation to participate. You do not have to answer every question in the study, if you prefer. You can ask questions about the study. You can withdraw from the study at any time. This interview may be tape recorded with your permission. All notes and/or tapes will be kept locked up. Notes and/or tapes will be shredded one year after completion of the study. By responding to these questions, you are indicating that you have received information about this study, understand the purpose of this study, understand your rights, and agree to voluntarily participate in it.

Can we set up a mutually convenient time and place for the interview?

(I will re-read all this information again at the time of the interview, and at the end of this telephone script. I will say, "Do I have your consent to begin?" Then, I will go to the interview guide.)

Appendix Eight: I.R.B. approved/stamped written consent form

CONSENT FORM

Social workers who work in the field of mental retardation/developmental disabilities: A qualitative study of processes of entry and continuation in the field

I understand that I have been asked to participate in a research study with the following purpose: The purpose of this study is to talk to Social Workers who have worked in the field of mental retardation to find out processes of getting interested in the field and why they stayed in the field. In this one hour long interview, we will talk about things such as experiences with people with mental retardation such as through family, at schools, at internships, at jobs, and more. This study is important to the field of Social Work and people with mental retardation because of data from the US Department of Labor, Bureau of Labor Statistics, and NASW, the National Association of Social Workers there is a projected increase in jobs available in the field of mental retardation. In addition, the literature shows when MSW students select populations to work with, people with mental retardation has ranked low. We need to be able to interest students in this area of work.

I am not obligated to participate. The interview is approximately one hour long. Confidentiality will be maintained. No one but the researcher will know that I participated in the study. No one from AAMR will know whether or not I participated. My name and all unique identifying characteristic information (ex. agency affiliation, educational institution) will be disguised. Consent forms will be kept separately from interview notes. I do not have to answer every question in the study if I prefer. I can ask questions about the study. I can withdraw from the study at any time. This interview may be tape recorded with my permission. All notes and/or tapes will be kept locked up. Notes and/or tapes will be shredded one year after completion of the study.

If I have any questions about this study, I will contact: (Rose) Rosalie J. Russo, 201 West 70th Street, Apt. # 2-C, New York, NY 10023 (212) 362-3808 (home) or (718) 722-6779 (office). Her faculty advisor is Dr. Michael Smith (212) 452-7029. The e-mail address is: RoseRusso@aol.com If I have any questions about my rights as a volunteer, I will contact: Terry Mizrahi, IRB Chair, at Hunter College School of Social Work, 129 E. 79th St., NYC, NY 10021 (212) 452-7000.

Consent Statement: By signing below, I am indicating that I have received and read the information sheets, understand the purpose of the study, understand my rights, understand that I can ask questions, and I am agreeing to voluntarily participate in this study. I have received a copy of this form. If I have questions at any time, I will contact the researcher.

X _____ Date: _____
Participant Signature

Your participation is appreciated very much.
Please circle yes or no: I would like a copy of the findings of this study.

Consent Form Approved.
Hunter College IRB
Expiration Date 11/9/02

Appendix Nine: "INTERVIEW GUIDE"
(one of two pages)

Do I have your permission to tape record? Do I have your consent to begin?

(Note: Questions 1 and 2 are the broadest, open-ended questions.)

1. Tell me how you first became interested in working with people with MR/DD?

Probe: What circumstances lead to accept the job?

Probe: How did you hear about the job?

2. Why do you think that you have stayed in the MR/DD field?

Probe: What do you like the most about working in this field?

3b. Let's talk about your CURRENT JOB. What do you like the most about it?

Probe: Can you talk about a particular consumer who made an impression on you?

Probe: If doing administration, do you miss clinical work?

Probe: How administration fits in with social work?

- a. How did ORGANIZATIONS where you work impact on your interest and/or continuation in the field of MR/DD?

Probe: The managerial style of the organization?

Probe: How did supervisors impact? Co-workers?

Especially @ 1st job? Support for further education? Financial/emotional?

- b. To what extent have MENTORS (outside of your agency) impact on your interest or continuation in the field of MR/DD?
- c. What has been the impact of AAMR, on your career in MR/DD in terms of interest or continuation in it?
- d. Let's talk about your MSW program. How did that impact on your interest or continuation in the field of MR/DD?

Probe: Did you do your internships in MR field?

Probe: What aspects of your coursework helped prepare you for job in MR field?

Probe: What would you like to tell other MSW's about the field of MR/DD?

“INTERVIEW GUIDE”

(p. 2 of 2)

e. Let's talk about FAMILY. How did your family contribute to your interest or continuation in MR/DD field?

Probe: MR/DD among your siblings when growing up?

Probe: How about among cousins or aunts/uncles?

Probe: What was your birth rank order? Did you have a lot of caregiving responsibilities?

Probe: Does anyone in your current family, such as a child, have MR/DD?

f. Let's talk about your experience with FRIENDS with MR/DD at schools.

Probes: Did you know anyone with MR/DD when growing up at school?

At after-school programs? Volunteer positions? summer jobs? neighbors?

g. How have any PERSONAL EXPERIENCES you've encountered helped you understand the needs of people with developmental disabilities or connect w/your work?

h. How have HISTORICAL EVENTS impacted your career in MR/DD?

Probe: Willowbrook? Civil Rights? ADA?

i. How have RELIGIOUS/SPIRITUAL influences impacted on your career in MR/DD?

j. Please discuss any other experiences that we did not discuss that you feel are closely related to your interest and/or continuation in working with people with MR/DD?

DEMOGRAPHICS:

Date of MSW degree _____

Ethnicity: _____

Highest degree _____

Male/Female: ____

Practitioner/Clinician or Administrator: ____

Public/Voluntary _____

CONCLUSION: Well, these are all the questions that I have to ask you today. Do you have any questions to ask me about what we discussed. Thank you for taking the time to share your career interests with me. Your participation is most appreciated.

REFERENCES:

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